

# Mental Health support in Higher Education

March 2023



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# Mental Health support in Higher Education

March 2023



# About the Committee

The Committee was established on 23 June 2021. Its remit can be found at:  
[www.senedd.wales/SeneddChildren](http://www.senedd.wales/SeneddChildren)

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Current Committee membership:



**Committee Chair:  
Jayne Bryant MS**  
Welsh Labour



**James Evans MS**  
Welsh Conservatives



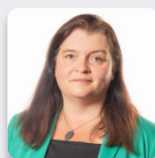
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## Chair's foreword

Going to, and studying at university is exciting and can be life-changing. For many students their experiences are positive. But for others they may find times when they struggle with their emotional and mental well-being. As well as facing all that life can throw at any of us, university life can bring some unique and specific challenges. This may exacerbate existing mental health struggles, or can cause the development of new issues.

The world can sometimes be an overwhelming place. This is particularly true recently with the pandemic; the current cost of living crisis, and climate change. All of this can have an impact on our emotional and mental wellbeing. It has been clear throughout this inquiry that these challenges have hit the student population hard.

In our report we set out:

- the extent of the issue within the student population,
- the factors that can lead to mental health issues,
- the different routes and support needed to help with the transition to higher education,
- the support available within institutions,
- how providers can work with other services to provide seamless support, and finally,
- how NHS and other statutory services can play a role.

The student population has become more diverse and representative of the wider population in recent years. The evidence we heard was very striking about the need for support to be more responsive to meet the diverse needs of the student population. The importance of ensuring support is tailored to students actual needs was a very strong theme throughout all the evidence.

Everybody we spoke to was clear of the scale of the problem, and the importance of getting the support in the right place at the right time. We are particularly grateful to the students who completed our survey, and to the students and staff members who met with us in person to discuss their experiences. They gave us powerful evidence of what can happen when a provider

gets the support right, and also, sadly, of when support is lacking, and this was an invaluable element of our inquiry.

We make over 30 recommendations which we believe could help make a big difference in improving the quality and consistency of support across higher education provision in Wales. They cover a wide range of issues such as the impact of pandemic, mitigating the impact of the cost of living crisis, improved data collection; better information sharing; training and awareness raising for staff and students and more sustainable funding which matches the level of need.

We hope that our report and recommendations will help ensure that no-one is denied their chance to realise their potential whilst at university because of their mental health.

**Jayne Bryant MS**

Chair

## Recommendations

**Recommendation 1.** The Welsh Government in conjunction with HEFCW and the incoming Commission should draw together a data set that they wish to collect from higher education providers that provides accurate and timely data on the extent of mental health issues within their student body; the demographics of those reporting mental health distress; the interventions that they are putting in place; and evaluation of the interventions. In drawing up this data set, robust assurances must be provided, and safeguards put in place to ensure that if the data does indicate issues in a particular institution it will not have a negative impact, as long as the institution can demonstrate the actions they are taking to address any issues. It must be possible to disaggregate the data to understand the different patterns and trends for different groups, and whether any particular groups face additional challenges accessing support, and the barriers. This will help inform service planning and funding allocations, both in the education and healthcare sector. The Welsh Government and HEFCW should work together to identify the most appropriate way to publicly share these findings to support a greater understanding of student need for mental health support in higher education.....Page 42

**Recommendation 2.** The Welsh Government, HEFCW, the incoming Commission, higher education providers and student representatives need to work together to set a base level of provision for international students, taking into account the specific needs of the different groups which make up the international student community. This may involve the development of specific peer networks for groups of international students. This base level of provision should not be too prescriptive, as each provider will need to tailor their provision to meet the specific needs of their cohort, and takes account of their own institutional circumstances, but it should ensure that there is a clear minimum of support that all international students across Wales know they can access. This framework should be clearly publicised in ways that will reach the different parts of the international student community, from pre-application right through to post graduation.....Page 46

**Recommendation 3.** For students on healthcare and social care courses, the Welsh Government, HEFCW, the incoming Commission, higher education providers, placement providers and student representatives need to identify the specific challenges and barriers they face, and then develop a base level of provision for these groups of students taking into account the specific needs of the different groups across these cohorts of students. This base level of provision should not be too prescriptive, as each provider will need to tailor their provision to meet the specific needs of their cohort, the courses they deliver, the types of

placement these courses run and takes account of their own institutional circumstances, but it should ensure that there is a clear minimum of support that all students on these courses across Wales know they can access. This framework should be clearly publicised in ways that will reach the different groups of these students from pre-application through to graduation.

..... Page 46

**Recommendation 4.** The Welsh Government commits to commissioning an independent evaluation into the impacts of the pandemic on readiness for, and transitions into higher education. This should then help identify any longer term impacts and what good practice from the pandemic should be mainstreamed into “business as usual”; and provide a clear evidence base for future interventions. The findings of this evaluation should be published, and used by the Welsh Government and Commission to help inform funding decisions, guidance and advice.

..... Page 67

**Recommendation 5.** In the short term, the Welsh Government and HEFCW should work to continue to develop the evidence base around the effectiveness of blended learning and student wellbeing support and facilitate sharing of good practice across the sector. This work must include the staff and student voice and experience in identifying what works effectively and what does not. HEFCW and then the Commission should continue to publish regular updates to inform evolving good practice in this space.....

..... Page 68

**Recommendation 6.** The Welsh Government in conjunction with HEFCW continue to monitor the pressures on providers to provide additional financial support to students who are facing financial hardship. In particular close attention should be paid to the links between drop out and attainment rates and the need to access financial hardship support. If providers are struggling to meet demand, the Welsh Government should look to provide further in-year funding to providers. ....

..... Page 69

**Recommendation 7.** The Welsh Government when drawing up any cost of living support measures must take into account the specific needs and challenges faced by all students, including post-graduate students. In announcing any support they must make clear how they have addressed these challenges faced by students. In particular, the Welsh Government must consider that some students will not be able to access benefits such as Universal Credit, or may not be able to access any UK benefits (such as international students) or face barriers in securing or increasing the number of hours of paid employment (such as post graduate students).

..... Page 69

**Recommendation 8.** That the Welsh Government provides us with regular information and any available data on the roll-out of the whole-system approach in pre-16 education. This information should be provided twice a year and should provide us with the information to understand the impact the roll out is having on children and young people’s emotional and mental well-being, as well as the extent to which it is building resilience..... Page 83

**Recommendation 9.** The Welsh Government, in conjunction with HEFCW and the new Commission should commission work looking at good practice on educational transitions from compulsory to post compulsory education across the world. This work should identify good practice which would translate to the Welsh sector, it should be published and used to inform future policy in this important area..... Page 84

**Recommendation 10.** The Welsh Government outlines to the Committee how it will take forward the recommendation from the post 16 education sector to consider ways universities can work with local post-16 colleges / schools to support learner mental health in advance of the transition to higher education..... Page 84

**Recommendation 11.** The Welsh Government provide the Committee with details of the new cross sector policy advisory group on mental health in tertiary education, including the terms of reference and membership, and how it will help inform the work of the Commission as this becomes established. An annual update on the work of the Group should be provided to the Committee..... Page 85

**Recommendation 12.** That the Welsh Government and HEFCW update the Committee with details of where the additional funding for the Post 16 and Transition Project funding has been allocated. The evaluation of the effectiveness of the expenditure and any lessons learnt or good practice that will be shared across the sector should be made available to the Committee as soon as possible..... Page 85

**Recommendation 13.** That the Welsh Government ensures that the Commission prioritises the establishment of a whole system approach to mental health and wellbeing across the post 16 education sector. In doing this, that the Welsh Government and then the Commission keeps the Committee updated on a regular basis (at least annually) on progress in embedding this approach across the sector..... Page 85

**Recommendation 14.** In developing the supporting student welfare registration condition, the Welsh Government, the Commission, and Higher Education sector collaborate to explore how institutions can support students to disclose any mental health conditions. This may reflect

examples of existing practice in providing multiple opportunities through the application,  
induction and welcome process for students to declare an existing mental health condition.  
..... Page 86

**Recommendation 15.** The Welsh Government ensures that the Commission prioritises the  
development of a common framework for mental health support across the higher education  
sector. The Commission must ensure it engages with all key partners, but particularly students,  
in developing this framework. This framework should set out a baseline but be flexible enough  
to enable institutions to design services that takes account of their own specific contexts and the  
specific needs of their students. It should also reflect and complement any wider work on mental  
health support in the post 16-sector more broadly..... Page 110

**Recommendation 16.** The Welsh Government in establishing the Commission’s role and  
remit makes explicit the role the Commission must play in sharing and pro-actively  
disseminating best practice in mental health support across the higher education sector. In  
delivering on this the Commission must ensure that good practice remains up to date and  
reflects the most recent developments in this area.....Page 111

**Recommendation 17.** The Welsh Government should undertake a realistic assessment of the  
funding levels needed to deliver effective, timely and student need driven support services.  
Once this is done, the Welsh Government should ensure that sufficient funding is provided to  
HEFCW, and through NHS budgets to support education and healthcare providers to deliver  
effective student mental wellbeing support. Sufficient funding should ensure that effective  
support is available to all students when needed and meets the needs of all sections of the  
student community. ....Page 111

**Recommendation 18.** The Welsh Government should move towards longer term funding for  
mental health support, and should encourage the Commission to continue the approach taken  
by HEFCW in providing more longer term funding commitments. The Welsh Government and  
then the Commission should make clear their intention to maintain an annual funding allocation  
targeted at mental health support, and commit to the current levels of annual funding as a  
minimum for future budget rounds to enable higher education providers to plan their services  
more confidently in a long-term and sustainable manner..... Page 112

**Recommendation 19.** The Welsh Government and the incoming Commission work with  
higher education institutions in a social partnership model to ensure that working conditions,  
including terms and conditions of employment, do not undermine staff in providing effective  
support to students..... Page 113

**Recommendation 20.** The Welsh Government works with HEFCW, the incoming Commission and the wider sector to encourage providers to provide meaningful mental health training for staff that takes account of the individual institutions' context and its student body. Such training should empower staff to provide appropriate support, including details of the support that can be provided by the institution and other local partners to enable effective signposting where appropriate. The Welsh Government should encourage all providers to ensure that such training is accessible to all staff, both academic and support staff, and to those providing services that have been contracted out by the institution. In offering such training, providers should ensure protected time for staff to attend training. .... Page 113

**Recommendation 21.** The Welsh Government provides further funding to HEFCW and then the Commission to support the widening of mental health support to students through the Welsh language. This funding should be an on-going commitment to ensure longevity of Welsh language support. .... Page 113

**Recommendation 22.** The Welsh Government works with HEFCW, the incoming Commission and the wider sector to encourage all higher education providers to deliver meaningful mental health training for students within their first year of study. This training should be delivered in a range of methods that ensures it is accessible to all students, and should be made available at a range of points throughout the first year. The Welsh Government should encourage providers to ensure all students have the opportunity to access this training..... Page 114

**Recommendation 23.** The Welsh Government starts scoping work with the NHS and higher education sector on the development of a shared understanding of the roles and responsibilities across healthcare and education for student mental well-being. This must encompass agreement on thresholds, language and definitions. Once the Commission is established, they should take lead responsibility for continuing the work and ensuring it remains up to date and reflects current practice..... Page 132

**Recommendation 24.** The Welsh Government in its first remit letter to the Commission asks the Commission to take the lead in establishing effective data sharing protocols between higher education providers and the NHS in relation to mental wellbeing..... Page 132

**Recommendation 25.** The Welsh Government, HEFCW and the incoming Commission should build on the learning and evaluation from the Mental Health University Liaison Service in Cardiff and start planning for a full roll-out of this model across Wales. As part of this planning, long term funding should be committed to support full roll-out, development and maintenance of this model across Wales..... Page 133

**Recommendation 26.** The Welsh Government in the next iteration of the Mental Health Strategy and any accompanying action plans must ensure that the particular position of students is being considered, and opportunities are identified to address the strategic and policy gap in bringing together the healthcare and education providers..... Page 133

**Recommendation 27.** The Welsh Government provides annual updates or where there are significant developments to the Committee on the performance of Betsi Cadwaladr University Health Board as it relates to mental health support to children, young people and any higher education students within the Health Board area..... Page 148

**Recommendation 28.** The Welsh Government explores the feasibility of a common approach to GP registration across Wales with a view to standardising how this is done across Wales. As part of this study, the feasibility of introducing online GP registration must be considered. The findings of such a feasibility study should be reported back to the Committee when completed, and should be made publicly available. .... Page 149

**Recommendation 29.** The Welsh Government provides the Committee with regular updates on the implementation of the GP to GP Project. These updates should be provided annually as a minimum. .... Page 149

**Recommendation 30.** The Welsh Government explores the feasibility of establishing a student passport which would enable students to share their healthcare information more easily, and would help mitigate some of the specific challenges faced by a highly mobile population. As part of this feasibility work, a pilot should be supported, with a view to rolling it out across Wales if the pilot is successful..... Page 150

**Recommendation 31.** The Welsh Government outline in the response to this report whether Health Boards by April 2023 have made the significant improvement expected of them on CAMHS waiting times. If Health Boards have not made the improvements, the Welsh Government should outline what steps will be taken to ensure the necessary improvements are made. .... Page 151

**Recommendation 32.** The Welsh Government provide an update in response to this report about the work being done to improve the mental health core dataset including: when the work will be completed, when the new data will start to be collected, and how it will be published. As part of this, the Welsh Government should indicate whether the changes will ensure that data is collected on follow-up appointments. If not, the Welsh Government should indicate how



performance on follow up appointments is managed and monitored by Health Board and the Welsh Government, and how they envisage the Senedd being able to scrutinise on this issue. 151

**Recommendation 33.** The Welsh Government commits to implementation of all the recommendations in Mind Cymru's Sort the Switch report, and to report regularly on progress in implementing this recommendations..... Page 151

## Mental health and emotional support

This report covers issues around mental health illness and difficulties. We would like to make readers aware of this before they read the report.

If you need help and support, the C.A.L.L mental health helpline for Wales provides mental health and emotional support, and signposting to local services.

Freephone 24 hours a day on 0800 137 737 or text HELP to 81066

Website: <http://www.callhelpline.org.uk/>

If you are struggling to cope, need to talk to someone or feeling suicidal, you can contact the Samaritans:

Freephone 24 hours a day from any phone on 116 123.

Welsh Language Line: 0808 164 0123 (7pm-11pm, 7 days a week)

Email: [jo@samaritans.org](mailto:jo@samaritans.org)

Website: [www.samaritans.org/samaritans-cymru](http://www.samaritans.org/samaritans-cymru)

Papyrus provide support for children and young people under the age of 35 who are experiencing thoughts of suicide and for anyone concerned that a young person could be thinking about suicide.

HOPELINEUK (Open 9am – midnight every day of the year)

Call: 0800 068 4141

Text: 07860039667

Email: [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

Website: <https://www.papyrus-uk.org/>

## 1. Introduction

This work stems from our legislative scrutiny and priorities consultation. In doing this work we tried to ensure we heard from students, as well as staff and organisations. We have also reflected on a number of reports from other organisations.

### Background

1. During our consultation on Committee priorities in Summer 2021 the issue of mental health support in post-16 education was raised by a significant number of stakeholders.<sup>1</sup> In our strategic plan, we have prioritised issues around children and young people's emotional and mental well-being. We have also committed to build on the work of other Senedd committees; including committees from previous Senedds. Our predecessor Committee did a lot of work on children and young people's emotional and mental wellbeing, culminating in the seminal **Mind over Matter**, and **Mind Over Matter: Two Years On**.
2. Emotional and mental wellbeing is everybody's business. The Welsh Government says this in the Together for Mental Health Delivery Plan 2019-2022.<sup>2</sup> It is not just the responsibility of the NHS. We are committed to playing our part in this agenda. While this inquiry is specifically focused on mental health, in all our work, whether directly related to mental health or not, we are considering the impacts on the emotional and mental wellbeing of children, young people and where appropriate, adults.
3. At the start of the autumn 2021 term, we were referred the then **Tertiary Education and Research (Wales) Bill** to scrutinise. This Bill was passed and became the **Tertiary Education and Research (Wales) Act 2022** ("the 2022 Act") in September 2022. The Act establishes the Commission for Tertiary Education and Research ("the Commission") as the independent regulatory body responsible for the funding, oversight and regulation of tertiary education and research in Wales. It has responsibility for further and higher education, apprenticeships, adult education, adult community learning; and sixth forms.

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<sup>1</sup> Children, Young People and Education Committee webpage, Sixth Senedd priorities, consultation responses

<sup>2</sup> Welsh Government, Together for Mental Health Delivery Plan 2019-2022

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4. As part of our Stage 1 scrutiny, we touched on issues around student well-being and welfare, and highlighted that we were “likely to revisit these issues in more detail during the Senedd term.”<sup>3</sup>

## Our inquiry

5. At our meeting on 29 March 2022, we agreed to look at the effectiveness of support for students’ mental health and wellbeing. We agreed our terms of reference at our meeting on 29 June 2022.

### 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.
- 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.
- 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.

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

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<sup>3</sup> Children, Young People and Education Committee, Tertiary Education and Research (Wales) Bill: Stage 1 report, March 2022, paragraph 444

age where they are transitioning from CAMHS to adult mental health services; any issues with data sharing.

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

### **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.
- In the context of the Tertiary Education and Research (Wales) Bill, 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.
- How the new Commission for Tertiary Education and Research should approach mental health and wellbeing for students in higher education, and in the wider tertiary education sector

### **Recommendations for change**

- Whether there are any recommendations that the Committee should make.

**6.** We note that some stakeholders raised concerns that the inquiry was only focused on higher education provision. We decided to focus on this because of some of the particular challenges faced by students in higher education, and the feedback we received as part of our priorities consultation. In light of the nature of our findings, and the desire to create a whole-system approach to tertiary education, we hope that the evidence that we have outlined and the recommendations we make will have a broader use for the Welsh Government and the Commission as it begins its work.

**7.** We launched our written consultation in July 2022, which ran until November 2022. We received 34 written responses from a range of organisations. Full details of all those who responded to the consultation can be found in Annex B.

**8.** We are very clear that hearing lived experience must be a critical part of our work. This is a clear commitment within our Strategic Plan. To try and maximise students' voices in this work, we undertook visits to higher education institutions and held an online survey.

**9.** The survey was open from 5 September to 14 October 2022 to current students and recent graduates from Welsh higher education institutions. The survey covered 27 questions on a range of issues. We received 254 responses.<sup>4</sup>

**10.** We made two in-person visits to Cardiff Metropolitan University and University of Wales, Trinity St David; with two virtual visits to Bangor University and Wrexham Glyndŵr University. At all these visits we spoke to students and staff directly involved in providing student support.<sup>5</sup>

**11.** We would like to thank all those who participated in any of our engagement activity, especially as we know that sharing these stories can sometimes be difficult. It has enriched and deepened our understanding of the challenges faced by students and institutions in supporting students.

**12.** We took oral evidence from representatives of 16 organisations, and one academic, concluding with a session with the Minister for Education and Welsh Language (“the Minister”), and the Deputy Minister for Mental Health and Wellbeing (“the Deputy Minister”) in late November 2022. Annex A provides further details.

## Other work

**13.** This report also takes account of a number of other reports which have been published recently on issues around mental health. The Committee has endorsed recommendations from each of these reports, more details can be found within the report.

- **Mind Cymru, Sort the Switch, May 2022;**
- **Post-16 Education Sector Working Group, Post-16 Mental Health Policy Recommendations, May 2022;**
- **Welsh Youth Parliament, Mental Health and Wellbeing Committee, Young Minds Matter, November 2022;** and
- **Health and Social Care Committee, Connecting the dots: tackling mental health inequalities in Wales, December 2022.**

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<sup>4</sup> Children, Young People and Education Committee, Mental Health support in Higher Education, Survey Findings, November 2022

<sup>5</sup> Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022

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## 2. The extent of mental health concerns among students

Students, just like the broader population, are reporting more mental health issues, and those issues are becoming more complex. It can be difficult to understand the exact extent across Wales, but it is clear that some particular groups are facing higher prevalence and / or barriers in receiving the right type of support at the right time.

**14.** While the common perception of the student population is that of 18-21 year olds living away from home for the first time, this does not reflect the wide diversity of the student population in Wales in 2023. Students are not a homogenous group of people, something which we heard throughout our evidence. Therefore the trends we see around mental health prevalence throughout the wider population, we also see in student populations. Just as there has been a significant increase in people reporting mental health issues across Wales, there has also been a significant increase within student populations. While these trends have been exacerbated because of the COVID-19 pandemic, the upward trend was already evident before the pandemic.<sup>6</sup>

**15.** AMOSSHE – the Student Services Organisation Wales, which represents student support services said that it's really important not to "other the student population as if they are not part of the wider population of Wales, the UK and the world."<sup>7</sup>

**16.** Throughout the inquiry, we endeavoured to keep at the forefront of our mind, the diversity of the student population. That this will mean the issues they face may differ, and the support they need and the format of that support will differ depending on the individual student's needs and requirements. We look at some of the specific issues faced by particular groups of students later in this chapter.

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<sup>6</sup> Written evidence, [MHHE 25 Universities Wales](#)

<sup>7</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 17.](#)

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## What is the extent of mental health issues among students?

**17.** Everyone we heard from talked about the increase in prevalence of mental health issues. Higher Education Funding Council for Wales ("HEFCW") said both the number and proportion of higher education students in Wales "presenting with mental health conditions has been increasing in recent years."<sup>8</sup> In terms of the overall numbers, Student Minds said that consistently there is "around 1 in 4 students reporting having a diagnosed mental health issue and a further 1 in 4 self-reporting an undiagnosed mental health issue."<sup>9</sup>

**18.** NUS Wales told us that there should be "no doubt that we are in the midst of a student mental health crisis here in Wales and across the rest of the UK." They highlighted that far more young people are entering higher education having previously experienced mental health issues. They said the whole system needs to be "geared up to deal with the sheer volume of students" who will need to access support while at university.<sup>10</sup>

**19.** HEFCW said the:

*"number and proportion of student enrolments in the nine Welsh universities and three further education colleges regulated by HEFCW 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."*<sup>11</sup>

**20.** A large number of stakeholders including:

- British Medical Association ("BMA") Cymru Wales;<sup>12</sup>
- Council of Deans of Health Wales;<sup>13</sup>
- HEFCW;<sup>14</sup>
- Mind Cymru;<sup>15</sup>

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<sup>8</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>9</sup> Written evidence, [MHHE 8 Student Minds](#)

<sup>10</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraphs 9 -10](#)

<sup>11</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>12</sup> Written evidence, [MHHE 24 BMA Cymru Wales](#)

<sup>13</sup> Written evidence, [MHHE 26 Council of Deans of Health](#)

<sup>14</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 259](#)

<sup>15</sup> Written evidence, [MHHE 27 Mind Cymru](#)



- NUS Wales;<sup>16</sup>
- Royal College of Psychiatrists Wales;<sup>17</sup>
- Student Minds;<sup>18</sup>
- Universities Wales;<sup>19</sup> and
- the Welsh Government<sup>20</sup>

cited the statistics from UCAS, which show a 450% increase in applicants disclosing a mental health condition as part of the application process. While this is a huge increase, this actually only results in around 3.7% of students declaring at the application stage.<sup>21</sup>

**21.** We explored why applicants may not declare a pre-existing condition at application stage, and what the impact of not declaring can be. Universities Wales also highlighted that not all students will apply via UCAS, and that this route for declaring is not available for all students.<sup>22</sup> We cover this in the Chapter 4.

**22.** A number of institutions provided us with data on prevalence within their own student populations. Universities Wales told us that “anecdotally” universities are reporting an increase in students accessing support services “in crisis.”<sup>23</sup> ColegauCymru said that some colleges have reported an increase as high as 96% of higher education (“HE”) students accessing “internal college mental health services”.<sup>24</sup>

**23.** The Open University in Wales said that “approaching one in six of our students” have declared a mental health condition. They said that both the overall number of students declaring; as well as the proportion of students has been “steadily growing since at least 2017/18.” Although they also highlighted that this data may not reflect the actual levels because of the stigma associated with declaring and accessing mental health support. We look at this in more detail in Chapter 4.

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<sup>16</sup> Written evidence, [MHHE 4 NUS Wales](#)

<sup>17</sup> Written evidence, [MHHE 9 Royal College of Psychiatrists Wales](#)

<sup>18</sup> Written evidence, [MHHE 8 Student Minds](#)

<sup>19</sup> Written evidence, [MHHE 25 Universities Wales](#)

<sup>20</sup> Written evidence, [MHHE 34 Welsh Government](#)

<sup>21</sup> [UCAS, Starting the Conversation, UCAS Report on Mental Health Declarations Data, June 2021](#)

<sup>22</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 118](#)

<sup>23</sup> Written evidence, [MHHE 25 Universities Wales](#)

<sup>24</sup> Written evidence, [MHHE 19 ColegauCymru \(Consultation response\)](#)

*"In that year [2017/18], there were 672 such students representing 9.8% of our overall population; by 2021/22, that had grown to 2,130 students representing 14.4% of our overall population."*<sup>25</sup>

**24.** Cardiff University said that since 2016/17 they have seen an 89% increase in students declaring a mental condition during the application process. Like the Open University in Wales they flagged that some students will not declare because of concerns around stigma, or because they may not encounter issues until later in their student life.<sup>26</sup> They said that out of their student population of "about 33,000 students" their mental health services "collectively had engagement with about 5,800 of them." They emphasised that not all of these would be students in crisis.<sup>27</sup>

**25.** Cardiff Metropolitan University said that from a student population of 12,500; their "combined disability and well-being team....saw about 2,800 students". Although they highlighted this covered a range of support needs "from dyslexia and specific learning disabilities through to the crisis presentation and all points in between."<sup>28</sup> They said that since 2018 they have seen a "doubling" of support need, with "just over 15% of all new students in 2022-23" declaring mental health issues or disability prior to enrolment. They expect this figure to "double during the course of the year."<sup>29</sup>

**26.** During our engagement with staff and students, we heard from one university that their student support team's caseload (which includes students with broader support needs than mental health alone) had already surpassed their usual annual caseload and they were still only in the first term of the academic year. All the staff we spoke to said there had been a "significant increase" in the numbers of students needing support. We also heard that while in some institutions capacity had been increased, the demand had swallowed this additional capacity up, meaning there was still an issue of demand outstripping supply.<sup>30</sup>

**27.** Stakeholders told us that these increases in declaration was not in itself a bad thing. Cardiff University said it was "not necessarily a 'crisis', as is often reported in the media." They felt that it was a "good thing" that students are pro-actively seeking support and that the services are

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<sup>25</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>26</sup> Written evidence, [MHHE 30 Cardiff University](#)

<sup>27</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 44](#)

<sup>28</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 46](#)

<sup>29</sup> Written evidence, [MHHE 15 Cardiff Metropolitan University](#)

<sup>30</sup> [Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022](#)

“effective and accessible.”<sup>31</sup> While AMOSSHE also said it was not negative and that it shows that “the population is more mental health aware, more willing to seek help and often does so earlier.”<sup>32</sup>

**28.** The Minister told us that the Wales specific data shows that for the periods between 2018-19 and 2020-21, around 4% of students in Wales were declaring a mental health condition. While the data is “essential” he said that it was important that we “look behind” the data and “understand the human experience...”<sup>33</sup>

## Data gaps

**29.** Stakeholders raised concerns about data gaps, and in particular a lack of Welsh specific data about prevalence. NUS Wales said that they often have to use UK wide data to identify what issues students are facing. This is a problem because “each university student body is unique and faces its own set of challenges that need addressing by student support services.” They said it was essential to talk directly to students, and not just rely on data provided by institutions. They also highlighted that student unions can be a useful source of intelligence, as they are dealing with “students with complex mental health issues on a daily basis.”<sup>34</sup>

**30.** The National Student Survey (“the NSS”) is an annual UK wide survey, which is completed by final year students. In Wales, students from higher education institutions or further education institutions with directly funded higher education students are eligible to complete the survey. It is commissioned by the Office for Students on behalf of the UK funding and regulatory bodies (HEFCW in Wales).<sup>35</sup> The 2023 survey includes a question on mental wellbeing services, for the first time. It asks students “How well communicated was information about your university/college’s mental wellbeing support services?”<sup>36</sup> We explored with stakeholders if this question will help aid deeper understanding of mental health issues in universities.

**31.** NUS Wales told us that this change may lead to an improvement in data collection, but they flagged the limitations as it will be aimed at those who accessed support services. Therefore it should be seen as one part of a “range” of necessary data collection.<sup>37</sup> While Dr Kim

<sup>31</sup> Written evidence, [MHHE 30 Cardiff University](#)

<sup>32</sup> Written evidence, [MHHE 11 AMOSSHE The Student Services Organisation Wales](#)

<sup>33</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 16](#)

<sup>34</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 14](#)

<sup>35</sup> [National Student Survey, Frequently Asked Questions \[accessed 16 January 2022\]](#)

<sup>36</sup> [National Student Survey, Annex A Questionnaires for NSS 2023 and 2022](#)

<sup>37</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 14](#)

Dienes called for Welsh specific survey data. She said that Wales was also lacking a “qualitative database of actual student experience...”<sup>38</sup>

**32.** HEFCW felt this question was “a helpful addition” but that it needed to be “understood in the context” of what the NSS is. They said the responses will need “some contextualisation to understand them....” because a negative response may not mean a provider isn’t providing those services, it may mean that the respondent did not have any need for them. They said it would be a useful data source for providers to better understand the level of awareness within their own student population, but that there are other ways to better understand issues around mental health support.<sup>39</sup>

**33.** AMOSSHE highlighted that the question is asking about awareness of the support available as opposed to satisfaction with the available services. They also said that the phrasing of the question may lead to “some challenges around the language that’s used because not all universities will describe services in the same way”, but they indicated that they “welcome the conversation.”<sup>40</sup>

**34.** The Minister’s view was that the new question was a “positive suggestion”, and that the data could then be interrogated at both an institution and Wales wide level, so it will “help us significantly better understand students’ own perspective on the services they’re getting.”<sup>41</sup>

**35.** HEFCW also collect and collate data around mental health, including prevalence. They said this helps to encourage institutions to record information “about the number and proportion of disabled students reporting a mental health condition” in a consistent way on an annual basis.<sup>42</sup>

**36.** The academic Dr Kim Dienes told us about the COVID-19 Insight survey in England. This survey is being conducted by the Office for National Statistics. It is an online survey open to 100,000 students ranging from foundation students through to post graduates in English universities. The survey is seeking to analyse student behaviour during the pandemic. She said that this has “wonderful evidence” on how the pandemic has affected students, but that she was unable to find something similar in Wales. She felt this could be “a wonderful survey evidence base, going forward....”<sup>43</sup> The Royal College of Psychiatrists agreed that there is a gap in the

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<sup>38</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 253

<sup>39</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraphs 256-257.

<sup>40</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 8

<sup>41</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 24

<sup>42</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 254

<sup>43</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 232

evidence base on the longer term impacts of COVID-19 and how students can be better supported in this context.<sup>44</sup>

**37.** The Royal College of Psychiatrists called for better joint working to ensure that there is more “robust data”. They emphasised the importance of having improved outcome measures on support initiatives. This needs to compliment feedback from students on a specific intervention, and should look long term, so that there are “robust outcome measures of whether something is effective or not, so that we’ve got an evidence base and we actually know how to deliver effective interventions in university and clinical settings.”<sup>45</sup> Dr Kim Dienes agreed saying there was not currently an evidence base for interventions.<sup>46</sup>

**38.** Student Minds called for longer term tracking to improve our understanding of the challenges faced. They wanted to see longitudinal studies which track people from pre-entry to post graduation. They also identified some specific data gaps, in particular those who do not disclose or are not accessing support.<sup>47</sup> We cover this in more detail in Chapter 4.

**39.** Mind Cymru suggesting identifying what data is being collected by providers, including access to support services and the type of support being accessed. They felt this could improve understanding of extent along with helping to identify particular “pinch-points” across a year.<sup>48</sup> They also said that there were still “clear” data gaps which “urgently need resolution.” They said much of the data is held at an institutional level, and that there is a need for “a joined-up approach to data sharing” across the sector. They suggested that the UCAS model on admissions data provides a helpful model, and that “a top-down approach....would greatly assist strategy development.” Besides from the pinch points across the year, they also identified gaps on “access and throughput of their wellbeing services, as well as detailing what type of support is being sought.”<sup>49</sup>

**40.** The British Association for Counselling and Psychotherapy recommended that the creation of a national data set for pooling data should include an assessment of trends in student mental health over time. They also recommended that all mental health support services in higher

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<sup>44</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 247

<sup>45</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 248

<sup>46</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 253

<sup>47</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 296

<sup>48</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 298

<sup>49</sup> Written evidence, MHHE 27 Mind Cymru

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education should “sign up to the Smarten Network to share data, measure impact and help create an evidence base for professionals.”<sup>50</sup>

**41.** Aneurin Bevan University Health Board suggested “extending” the existing Schools Health Research Network data collection beyond the age of 16.<sup>51</sup> The Network is based at the DECIPHer in Cardiff University. It is a partnership between a number of health and education bodies, and is supported by the Welsh Government. It runs a Student Health and Wellbeing survey every two years, which is completed by students in schools which are part of the network. All maintained and mainstream secondary schools are part of the network. Aneurin Bevan University Health Board suggested that the data collection could be extended up to the first year of university, therefore increasing the cohort to students up to the age of 20. They said that the data collected has enabled schools to better understand the needs of their own school population, with services then being developed according to need.<sup>52</sup>

**42.** The Minister said there was no need to “reinvent the wheel” as there are plenty of “existing mechanisms” that can be built upon to improve the data available.<sup>53</sup> He also highlighted there has been “significant investment” in data gathering and use of data analytics in these areas. He said this investment has been quite successful, and is enabling early intervention and “how that then translates through to individual student outcomes.”<sup>54</sup>

### **Are certain groups facing additional challenges or barriers to accessing support?**

**43.** As we highlight at the start of this chapter, the student population is not a homogenous group. Expansion of higher education access has seen the student population more broadly reflect the wider population. HEFCW highlighted the Universities UK report *Minding our Future* which states that students “are now not an elite minority” with “half of all young adults” accessing higher education before they are 30.<sup>55</sup>

**44.** The evidence we gathered identified a number of groups that may face a higher prevalence of mental health challenges and / or barriers to accessing appropriate and timely

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<sup>50</sup> Written evidence, MHHE 29 British Association for Counselling and Psychotherapy

<sup>51</sup> CYPE Committee Paper, CYPE(6)-25-22 – Paper to Note 1, Additional information from Aneurin Bevan University Health Board following the meeting on 19 October

<sup>52</sup> CYPE Committee Paper, CYPE(6)-25-22 – Paper to Note 1, Additional information from Aneurin Bevan University Health Board following the meeting on 19 October

<sup>53</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 24

<sup>54</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 30

<sup>55</sup> Written evidence, MHHE 14 Higher Education Funding Council for Wales (HEFCW)

support. The Royal College of Psychiatrists said that there was “robust evidence” about those groups who are at higher risk and that there should be better targeting at those groups.<sup>56</sup> We outline some of these groups below, although we would note that this list is not exhaustive, and we acknowledge that there are a number of other groups who may also face similar challenges or barriers. We also note that students may be a member of more than one group, and recognise that an intersectional approach should be taken.

**45.** NUS Wales told us that a targeted approach to support is needed because:

*“... there are so many groups of students for whom the default approach just doesn't work.”<sup>57</sup>*

They said that both providers as well as the NHS needs to take account of the range of different groups making up a student population. They called for each institution in Wales to “adapt its provision to suit its demographic.”<sup>58</sup> As well as the need for targeted support, we also heard calls for culturally competent services so they can cater fully for students from under-represented groups.<sup>59</sup> Something we heard from the students we spoke to as well.<sup>60</sup> We will look at the issues around the type of support in Chapter 5.

**46.** The Open University in Wales called for more research so that there was a better understanding of the “intersections between mental health and other factors...”. The outcomes from this work should then “inform university-level decision-making as well as strategic decision-making and the distribution of resources at a national level.”<sup>61</sup>

## Care experienced students

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**47.** The Centre for Mental Health said there are some “very, very particular issues” for care experienced students going to university. They said it’s a “really vulnerable time” for anyone with experience of the care system especially as its about “the experiences that young people bring with them and the anxieties they have about their future.”<sup>62</sup>

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<sup>56</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 154

<sup>57</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 18

<sup>58</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 23

<sup>59</sup> Written evidence, MHHE 4 NUS Wales

<sup>60</sup> Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022

<sup>61</sup> Written evidence, MHHE 5 The Open University in Wales

<sup>62</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 41

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**48.** Student Minds said that there was a need for additional support for care leavers, and that need came clearly through the research and data.<sup>63</sup> We also note the recent report published by UCAS, which found that care experienced students may not receive any specific guidance at school or college about applying for HE from a care background. This is despite the fact that there are a number of support mechanisms both financial and practical which could make a difference to them deciding whether to apply.<sup>64</sup> The findings of this report chime with the evidence we have been hearing from young people who have experience of the care system.

**49.** At the time of publication, we are currently scrutinising the Welsh Government's progress in delivering its Programme for Government commitment to "explore radical reform of current services for children looked after and care leavers."<sup>65</sup> One strand of the inquiry is looking at the support that young people receive after they have left care, and we will reflect on the relevant evidence from this inquiry in that work.

### **Disabled students and students with long-term health conditions**

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**50.** There are a very wide and diverse range of disabilities and long term health conditions, and it is not within the scope of our inquiry to consider in detail how different disabilities affect students' experience of mental health in higher education but our evidence highlighted some particular challenges for some specific disabilities.

**51.** We were told about some of the additional barriers that neurodiverse students may face. For example, NUS Wales highlighted information not being communicated in a "digestible format that they're able to interpret and process" and that the support that is offered will not take account of some of the additional challenges faced by neurodiverse people who may feel more isolated because of "social difficulties" further compounding issues.<sup>66</sup> Hywel Dda University Health Board agreed that people with autism or neurodivergent conditions may face additional pressures and "may struggle to adjust to the different experiences University brings."<sup>67</sup>

**52.** The National Deaf Children's Society Cymru said research suggests deaf young people are more likely to have mental health challenges. They said "around 40% of deaf people will experience a mental health problem" which is double the incidence rate in the wider population. Additionally, they said, the pandemic has had a particular impact on the mental wellbeing of

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<sup>63</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 308.

<sup>64</sup> UCAS, Next Steps: What is the experience of students from a care background in education, November 2022.

<sup>65</sup> Welsh Government, Programme for Government – Update, December 2021.

<sup>66</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 22.

<sup>67</sup> Written evidence, MHHE 16 Hywel Dda University Health Board



deaf people. They said deaf students are “particularly vulnerable to negative impacts on their mental health.”<sup>68</sup>

**53.** Diabetes Cymru highlighted that the most vulnerable age group of people living with diabetes are students between the ages of 18 and 25 with type 1 diabetes who have recently moved to Wales and transferred from paediatric to adult care. They called for higher education institutions to take “extra thought and care” to students with long term conditions such as diabetes in providing support with the current cost of living crisis, highlighting the importance of eating well and “hidden costs” of type 1 diabetes such as “storing insulin and travel costs” for medical appointments.<sup>69</sup>

**54.** During our focus groups with students we heard directly of some of the additional barriers faced by disabled students. We heard students may be struggling to manage more than one neurodivergent condition, and may feel “too overwhelmed to access support or ask for help.” We also heard of how this group may be finding the transition from pandemic related restrictions more challenging. One student told us:

*“Disabled students, who are really struggling with the transition out of COVID, could have some sort of mitigation in place to support them in returning from blended learning to only in person. It is having quite a big, disproportionate impact on some students and that does include students who are struggling with their mental health, to the point where some are considering dropping out of university because they can't attend via live stream anymore.”<sup>70</sup>*

**55.** AMOSSHE explained that there is “quite often” a “co-morbidity with the mental health declaration and some other disability.”<sup>71</sup> They said that this can create “complexity in terms of support needs.”<sup>72</sup> The University Mental Health Advisors Network agreed on the increasing complexity of cases being seen:

*“... co-occurring, dual and comorbid diagnoses common, especially Autism and other neurodevelopmental conditions. Additionally, students are presenting with complex ACEs as well as current issues such as financial*

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<sup>68</sup> Written evidence, [MHHE 6 National Deaf Children's Society Cymru](#)

<sup>69</sup> Written evidence, [MHHE 31 Diabetes Cymru](#)

<sup>70</sup> [Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022](#)

<sup>71</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 24](#)

<sup>72</sup> Written evidence, [MHHE 11 AMOSSHE The Student Services Organisation Wales](#)

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*problems and caring responsibilities. Many of our members find themselves working in a case management capacity, similarly to a social worker...".<sup>73</sup>*

**56.** The Open University in Wales told us that 26.7% of their students declare a disability (a figure which has increased since 2017/18) but that only 10% access the Disabled Students Allowance. They believe this is the result of a number of factors such as stigma, but also down to the "overall administrative burden of completing the process." (See also paragraph 333). They also highlighted to us that there is:

*"... an overall lack of clarity on how such welfare support can impact on students' broader welfare entitlements, which can exacerbate existing mental health conditions or precipitate the development of mental health conditions in students."<sup>74</sup>*

### **Healthcare and social care students / students on placements**

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**57.** Stakeholders raised some of the specific issues facing those on professional courses, in particular those on health and social care courses, or other courses which include time in industry or abroad. NUS Wales highlighted that a lot of students on allied healthcare courses who will "prop up the NHS" often drop out because of a "lack of support." They said this may be because a lot of these students will be those returning to education later in life, and may face additional barriers and challenges.<sup>75</sup> (We cover this group in more detail below.) The Council of Deans of Health said students on healthcare courses "are disproportionately affected by poor mental health."<sup>76</sup>

**58.** We heard about the particular stigma that students on certain courses may feel about disclosing issues. BMA Cymru said stigma still exists both in wider society and "within the medical professional" which can cause students to be reluctant to seek help. They highlighted that medical and dentistry courses have the lowest levels of declaration at application stage. They said that the recent UCAS report on student mental health suggest this low rate may be partly down to "fears that sharing this information will have implications for their fitness to practise requirements." As a result, BMA Cymru endorse the recommendation in the UCAS report for "targeted action" in subject areas with low declaration rates, and with a particular emphasis on medicine and dentistry courses so students feel more confident declaring. They

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<sup>73</sup> Written evidence, [MHHE 20 University Mental Health Advisers Network](#)

<sup>74</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>75</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 20](#)

<sup>76</sup> Written evidence, [MHHE 26 Council of Deans of Health](#)

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also shared details of a recent Welsh Medical Student Committee survey which found 70% of respondents had mental health issues when at university. They called for work to “actively reduce the stigma” for medical students.<sup>77</sup> NUS Wales also called for “some reassurance” for these students that there won’t be “consequences later down the line” for reaching out for support.<sup>78</sup>

**59.** The Council of Deans of Health agreed that more work was needed to remove the barriers to students on healthcare courses declaring a mental health condition. They called on universities to “work closely with professional regulators to improve transparency and understanding of fitness to practice procedures to overcome fear and misconceptions.”<sup>79</sup>

**60.** Mind Cymru said students on healthcare courses “are often overlooked” despite the specific pressures they may face while on placements. They also said that NHS capacity issues have an impact on healthcare students. They cited the pressures faced by nursing students with “placements, a shortage of breaks and a demanding work schedule.” Some who develop mental health issues find they cannot complete their training.<sup>80</sup>

**61.** Cardiff University said they have identified that there may be a need for “specific support” for students on professional healthcare courses, which they say is “an issue we are addressing.”<sup>81</sup>

**62.** Students across a range of different subjects may go out on placements or study abroad. Universities Wales highlighted the recent guidance published by Universities UK on the specific support that may be needed for students on placements including “including ensuring they are aware that they can continue to access central university support services, creating peer support networks and embedding wellbeing in pre-placement briefings, training and resources.”<sup>82</sup>

## **International students**

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**63.** NUS Wales told us that international students are less likely to disclose they are having mental health issues. This can be because of cultural stigma or because they are concerned about the potential impact on their immigration status “particularly where this might impact sponsor relationships.”<sup>83</sup> Others who highlighted the higher prevalence of mental health issues

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<sup>77</sup> Written evidence, [MHHE 24 BMA Cymru Wales](#)

<sup>78</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 94](#)

<sup>79</sup> Written evidence, [MHHE 26 Council of Deans of Health](#)

<sup>80</sup> Written evidence, [MHHE 27 Mind Cymru](#)

<sup>81</sup> Written evidence, [MHHE 30 Cardiff University](#)

<sup>82</sup> Written evidence, [MHHE 25 Universities Wales](#)

<sup>83</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 20](#)

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within the international student community included the Centre for Mental Health;<sup>84</sup> Royal College of Psychiatrists;<sup>85</sup> and Student Minds.<sup>86</sup>

**64.** The issue of stigma was raised by some of the international students we spoke to. They told us they knew of fellow international students who did not come forward when struggling because of the stigma. They also highlighted that international students may define mental health issues differently and it was suggested that having a common understanding or definition could help break down some barriers for international students. The additional challenges faced by international students in integrating into the wider student community was also highlighted as a potential factor.<sup>87</sup> NUS Wales said that international students faced greater levels of loneliness and are more likely to struggle with student life “and cultural norms.”<sup>88</sup>

**65.** Mind Cymru highlighted that for universities with a “diverse student population, language will be fundamental to helping many feel that they can reach out for support” and that this was particularly important for international students.<sup>89</sup>

## **LGBTQ+ students**

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**66.** We heard from a number of organisations that LGBTQ+ students face higher rates of mental health issues, including:

- AMOSSHE;<sup>90</sup>
- Cardiff Metropolitan University;<sup>91</sup>
- Cardiff University;<sup>92</sup>
- Centre for Mental Health;<sup>93</sup>
- HEFCW;<sup>94</sup>

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<sup>84</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 14

<sup>85</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 154

<sup>86</sup> Written evidence, MHHE 8 Student Minds

<sup>87</sup> Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022

<sup>88</sup> Written evidence, MHHE 4 NUS Wales

<sup>89</sup> Written evidence, MHHE 27 Mind Cymru

<sup>90</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 18

<sup>91</sup> Written evidence, MHHE 15 Cardiff Metropolitan University

<sup>92</sup> Written evidence, MHHE 30 Cardiff University

<sup>93</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 14

<sup>94</sup> Written evidence, MHHE 14 Higher Education Funding Council for Wales (HEFCW)

- Royal College of Psychiatrists;<sup>95</sup>
- Stonewall Cymru;<sup>96</sup>
- Student Minds;<sup>97</sup> and
- Universities Wales.<sup>98</sup>

NUS Wales highlighted rates can be even higher for trans and non-binary students, who are four times more likely to report issues such as depression and suicidal ideation.<sup>99</sup> They said that the support systems in place can often place additional stress on trans and non-binary students, as they may find that they have to “misgender themselves on forms, use dead names...” which can compound distress. They emphasised the need for tailored support to prevent this.<sup>100</sup>

**67.** HEFCW highlighted work from AdvanceHE in 2019 which said that LGBTQ+ students “may experience higher rates of non-continuation in studies, have specific needs around mental health support, and may face higher rates of harassment’.”<sup>101</sup>

**68.** Stonewall Cymru highlighted the importance of an intersectional approach by indicating the LGBTQ+ students as well as being more likely to declare a mental health condition, are also more likely to “come from a disadvantaged area.” They also said some additional barriers for LGBTQ+ students may arise from “familial conflict or estrangement” meaning they may struggle to find secure and affordable housing outside of termtime.<sup>102</sup>

## Male and female experiences of mental health

**69.** Student Minds, along with others such as HEFCW,<sup>103</sup> indicated that female students are more likely to disclose a mental health issue. Student Minds indicated this could mean that there is a greater need for women, or that men are more reluctant to disclose or seek support. They said that there is research that “says both of those things can be true...”<sup>104</sup> The Open University in Wales said 16.6% of their female students declared in comparison to 10.3% of men and 14.4%

<sup>95</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 154

<sup>96</sup> Written evidence, MHHE 33 Stonewall Cymru

<sup>97</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 308

<sup>98</sup> Written evidence, MHHE 25 Universities Wales

<sup>99</sup> Written evidence, MHHE 4 NUS Wales

<sup>100</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 18

<sup>101</sup> Written evidence, MHHE 14 Higher Education Funding Council for Wales (HEFCW)

<sup>102</sup> Written evidence, MHHE 33 Stonewall Cymru

<sup>103</sup> Written evidence, MHHE 14 Higher Education Funding Council for Wales (HEFCW)

<sup>104</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 310

of the overall student population.<sup>105</sup> The Royal College of Psychiatrists also highlighted young women as a group disproportionately affected by mental health issues.<sup>106</sup> While Universities Wales said the evidence is that young men are less likely to seek support.<sup>107</sup>

**70.** HEFCW outlined that while women are more likely to come forward with an issue, there is a higher rate of male suicide than female suicide. They believed this showed there are “clearly issues about people being comfortable to share...” and that there needs to be a culture that encourages sharing. This needs to be supported by an environment in which students feel confident that:

*“... it's going to be handled sensitively and appropriately, but also that something will happen as a result of sharing; you don't want to share twice if nothing happened the first time. So, we just need to make sure that there is positive consequence for people in sharing.”<sup>108</sup>*

**71.** In light of this difference between disclosure rates and suicide rates between men and women, HEFCW called for services to be “designed to engage and treat not just those students who proactively seek them out.”<sup>109</sup> We heard directly from students that men can face additional barriers, sometimes societal and stigma based to reaching out and seeking help, or in identifying that they are struggling.<sup>110</sup>

## Post-graduate students

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**72.** Both NUS Wales and the University and Colleges Union (“UCU”) raised concerns about some of the particular challenges facing post-graduate students. NUS Wales said that post-graduate research students feel that current support is “heavily targeted towards undergraduates...” They suggested something as simple as changing the messaging and advertising can open up these services to a wider group of students.<sup>111</sup>

**73.** The UCU said that as post-graduate research “acts as a gateway to academia, poor expectations and negative experiences of mental health can be solidified during early career.” They highlighted concerns around low pay and insufficient support for career development as

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<sup>105</sup> Written evidence, MHHE.5 The Open University in Wales

<sup>106</sup> Written evidence, MHHE.9 Royal College of Psychiatrists Wales

<sup>107</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 126

<sup>108</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 260

<sup>109</sup> Written evidence, MHHE.14 Higher Education Funding Council for Wales (HEFCW)

<sup>110</sup> Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022

<sup>111</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 21

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key issues for post-graduate students.<sup>112</sup> We look at issues around staff mental health and wellbeing more generally in Chapter 5.

**74.** In relation to low pay, we note the summary report by UCU “**Getting a better deal for postgraduate researchers**” which outlines some of the financial challenges faced by postgraduate research students. Financial pressures can be linked closely to mental health challenges; and we are conscious that in the current cost of living crisis, some of the challenges faced by this student cohort may be significant. They may find it difficult to take on extra work; or in some cases, may be restricted to the number of hours they can work.<sup>113</sup>

### **Students from an ethnic minority background**

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**75.** NUS Wales told us that students from an ethnic minority may face more mental health challenges than their white counterparts because of:

*“... oppression and cultural stigmas within their backgrounds, and, as a result of these stigmas are often less willing to reach out for support, either because they do not recognise mental health illness as it's not talked about in their cultures, they don't feel listened to, or because the only help available comes from white professionals who do not understand their experiences of racism and discrimination.”<sup>114</sup>*

**76.** This view was confirmed when we spoke to students as part of our engagement activity where students shared their personal experiences of how receiving support from a professional with a similar cultural background made a huge difference.

**77.** Others who highlighted the additional challenges faced by this group of students included:

- British Association for Counselling and Psychotherapy;<sup>115</sup>
- Cardiff Metropolitan University;<sup>116</sup>
- Mind Cymru;<sup>117</sup>

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<sup>112</sup> Written evidence, [MHHE 13 University and College Union](#)

<sup>113</sup> [UCU, Getting a better deal for postgraduate researchers, May 2022](#)

<sup>114</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 19](#)

<sup>115</sup> Written evidence, [MHHE 29 British Association for Counselling and Psychotherapy](#)

<sup>116</sup> Written evidence, [MHHE 15 Cardiff Metropolitan University](#)

<sup>117</sup> Written evidence, [MHHE 27 Mind Cymru](#)

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- Stonewall Cymru;<sup>118</sup> and
- Universities Wales.<sup>119</sup>

Student Minds also made the link between exposure to racism, discrimination and prejudice and mental health issues.<sup>120</sup> While AMOSSHE identified this group as being more likely to face challenges but less likely to seek formal support through the university.<sup>121</sup>

**78.** The Centre for Mental Health said that some people “particularly from black African and Caribbean communities do not, for very good reason, trust mental health services.” This can then lead to a greater risk of mental health issues and of a poorer experience of support services. They said it was important for mental health support services to “work alongside and in partnership with communities and community organisations...” They said services needed to understand how “structural and systematic racism work” and then develop services to respond to these.<sup>122</sup>

**79.** The Open University in Wales said that their data did not show a “significant difference” but that declarations are growing at a faster rate among “Black and Asian students, and students of other minoritised ethnic identities.”<sup>123</sup> Universities Wales said there is evidence that “black and minority ethnic students, are often less likely to seek out that support.”<sup>124</sup>

### **Students from a lower socio-economic background**

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**80.** We heard from a large number of stakeholders that students from more disadvantaged backgrounds are more likely to face mental health issues:

- AMOSSHE,<sup>125</sup>
- British Association for Counselling and Psychotherapy;<sup>126</sup>
- Cardiff Metropolitan University;<sup>127</sup>

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<sup>118</sup> Written evidence, [MHHE 33 Stonewall Cymru](#)

<sup>119</sup> Written evidence, [MHHE 25 Universities Wales](#)

<sup>120</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 309](#)

<sup>121</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 18](#)

<sup>122</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraphs 33 -34](#)

<sup>123</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>124</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 126](#)

<sup>125</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 18](#)

<sup>126</sup> Written evidence, [MHHE 29 British Association for Counselling and Psychotherapy](#)

<sup>127</sup> Written evidence, [MHHE 15 Cardiff Metropolitan University](#)

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- Centre for Mental Health;<sup>128</sup>
- HEFCW;<sup>129</sup>
- Mind Cymru;<sup>130</sup>
- Open University in Wales;<sup>131</sup> and
- Student Minds.<sup>132</sup>

Student Minds said that less well-off students would be a key group needing support as the cost of living crisis started to bite during winter 2022.<sup>133</sup> The Open University in Wales said that “around 50%” of their students who declare a mental health issue, live in an area which is in the “lowest two quintiles of the Welsh Index of Multiple Deprivation.”<sup>134</sup>

**81.** HEFCW placed this inequality within the context of the socio-economic duty which the Welsh Government has enacted.<sup>135</sup>

### **Students with caring responsibilities / returning after a break in education**

**82.** The expansion in higher education has seen greater numbers of people entering university later in life, rather than going straight from college / school. The needs of this cohort of students can be quite different to that of a student arriving directly from education at the age of 18. They are more likely to live locally, rather than in student accommodation; and may have significant caring or professional responsibilities. They may also be distance learners, rather than living close to their HE institution.

**83.** As part of our engagement work we spoke with students who were returning to education and / or had caring responsibilities. We heard calls for specific induction programmes to help reduce anxieties that can be associated with returning to education. Students at University of Wales, Trinity St David highlighted the “boot camps” which are available in the summer before

<sup>128</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 14

<sup>129</sup> Written evidence, MHHE 14 Higher Education Funding Council for Wales (HEFCW)

<sup>130</sup> Written evidence, MHHE 27 Mind Cymru

<sup>131</sup> Written evidence, MHHE 5 The Open University in Wales

<sup>132</sup> Written evidence, MHHE 8 Student Minds

<sup>133</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 311

<sup>134</sup> Written evidence, MHHE 5 The Open University in Wales

<sup>135</sup> Written evidence, MHHE 14 Higher Education Funding Council for Wales (HEFCW)

term and provide an introduction to higher education study and skills, saying they were very helpful.<sup>136</sup>

**84.** The Open University in Wales said there is “a marked intersection” with those declaring a mental health condition and those with caring responsibilities (this is also the case for those living in the most deprived communities in Wales). They said 16% of students with caring responsibilities make such a declaration which is 4.9% higher than those who have not declared a mental health condition.<sup>137</sup>

**85.** We heard that older students and / or students with caring responsibilities may struggle to access services that are aimed at on-campus and / or younger students. This may be because of difficulties of accessing services at a convenient time whilst also juggling other priorities or because the support services are “marketed towards younger students” according to NUS Wales.<sup>138</sup> Universities Wales also highlighted the different challenges faced by part-time students who may be more likely to be juggling caring responsibilities.<sup>139</sup> The Royal College of GPs agreed and said that this is a group of students who “need a lot more support than we currently are in a position to offer.”<sup>140</sup>

**86.** Mind Cymru highlighted the higher prevalence in Wales of people with caring responsibilities for family or friends than any other nation in the UK. They said that for students “balancing their caring responsibilities and studies are likely to feel intensely pulled between trying to meet deadlines and look after their loved ones...” and that “adaptive care” was needed. This could include flexible timetabling or other adjustments. They also noted the inter-section between people with caring responsibilities and people living in poverty. They called for the Welsh Government to work with institutions to provide targeted support so that carers “will not be left behind.”<sup>141</sup>

**87.** In the context of distance learners, NUS Wales said it was important institutions provide remote mental health support.<sup>142</sup>

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<sup>136</sup> Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022

<sup>137</sup> Written evidence, MHHE 5 The Open University in Wales

<sup>138</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 20

<sup>139</sup> Written evidence, MHHE 25 Universities Wales

<sup>140</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 223

<sup>141</sup> Written evidence, MHHE 27 Mind Cymru

<sup>142</sup> Written evidence, MHHE 4 NUS Wales

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## Our view

**88.** Students, much like the wider population, are reporting higher incidences of mental health issues. The reasons for this are multi-factorial and complex. As stigma has reduced to some extent, part of this is down to a greater willingness to seek help when people are struggling. This is to be welcomed. If people are struggling, it is important that they seek help. But, stigma still continues to play a part, and some people, and in particular some groups are less likely to come forward and seek support. More work is urgently needed to continue to further reduce the stigma, we must not become complacent on this issue. We look at the issue of stigma in more detail in Chapter 4 on Transitions to Higher Education.

**89.** The sheer number of people struggling, whether they feel able to come forward or not is staggering. Each of these is an individual struggling in some way; we must not lose sight of the personal experience behind these big numbers. During our work we heard numerous personal stories which resonated strongly with us. We appreciated people sharing their stories in such an open way in order to try and improve things for their fellow students.

**90.** We explore the factors causing mental health distress in the next chapter, but we would note here that students are at university for a short period, but it can be a defining time in their life, regardless of whether they are entering at 18, or later in life. The impacts can be lifelong, so getting the right support at the right time will not just pay off in terms of their ability to achieve in their studies but also throughout the rest of their lives.

**91.** Data is essential to understand the scale and extent of the issue. While there are some useful publicly available data sources, such as the UCAS admissions data, we agree with stakeholders that there is a clear need for better data on the extent of need in Welsh universities. The data gap is not just about the extent of need, but also about data and evidence on the effectiveness of specific interventions. HEFCW do important work in disseminating good practice, but there needs to be better data and intelligence that is publicly available that enables anyone who may have an interest or need in understanding what interventions might work. Data that is collected must be used meaningfully to improve delivery of support to students, and to ensure interventions are targeted appropriately.

**92.** Higher education providers need to be supported to ensure any data accurately reflects the scale of the issue within their institution and the extent to which support is meeting need. They should not be fearful that reporting such data will have adverse consequences for the institution. They should be provided with assurances that if the data indicates particular issues that this will not have a negative impact on them, as long as they can demonstrate the actions

they are taking to address any concerns. It is likely that some institutions may be more likely to have a higher number of students with mental health issues; or there may be reasons why the support is not currently meeting need (for example if the provider is working to revise and redraw services, or for circumstances beyond their control, such as issues with access to NHS services within their area.) Accurate data is essential to us understanding the scale, extent and the solutions that may work.

**93.** We agree with the Minister that there are already a number of data sources that could be built upon, rather than having to build something new from scratch. It is important that any data sources and wider intelligence and evidence that is developed is publicly accessible. The question in the NSS is a good start, but we note the limitations on what this question is asking and that it provides useful information on awareness of support services but does not go further. We think the idea from Aneurin Bevan UHB on how the SHRN could be a model or could be extended into post-16 education is one that deserves some further consideration as do the ideas made by Dr Kim Dienes about the COVID-19 survey in England.

**Recommendation 1.** The Welsh Government in conjunction with HEFCW and the incoming Commission should draw together a data set that they wish to collect from higher education providers that provides accurate and timely data on the extent of mental health issues within their student body; the demographics of those reporting mental health distress; the interventions that they are putting in place; and evaluation of the interventions. In drawing up this data set, robust assurances must be provided, and safeguards put in place to ensure that if the data does indicate issues in a particular institution it will not have a negative impact, as long as the institution can demonstrate the actions they are taking to address any issues. It must be possible to disaggregate the data to understand the different patterns and trends for different groups, and whether any particular groups face additional challenges accessing support, and the barriers. This will help inform service planning and funding allocations, both in the education and healthcare sector. The Welsh Government and HEFCW should work together to identify the most appropriate way to publicly share these findings to support a greater understanding of student need for mental health support in higher education.

**94.** Both the evidence we have gathered and the extensive work undertaken by the Health and Social Care Committee on tackling mental health inequalities in Wales shows that some specific groups face higher rates of mental health issues; barriers to mental health issues being identified; and then barriers to receiving appropriate and timely support. We support the work of the Health and Social Care Committee which was a comprehensive and thoughtful piece of work, but in light of the evidence we have heard as part of our inquiry we would like to

specifically highlight and endorse these following recommendations that relate to the issues raised in this Chapter. We note the Welsh Government's response to these recommendations<sup>143</sup> and look forward to being able to explore these responses further during the Plenary debate on the report and the Welsh Government response.

*Recommendation 5. The Welsh Government should, in line with the recommendation from our advisory group, publish a roadmap setting out clear actions at national and local level to improve mental health among neurodivergent people. This should be published by July 2023, and include actions to simplify and make more accessible the process for adults and children to be assessed/diagnosed for neurodivergent conditions.*

*Welsh Government response: Accept.*

*Recommendation 7. In its response to our report, the Welsh Government should set out a clear timeline for the urgent review of mental health provision for deaf people and commit to providing us with an update on the review, and any conclusions or emerging findings, by Jul 2023. It should also provide assurances that the review will take account of the issues raised by the All Wales Deaf Mental Health and Well-Being Group in its report, Deaf People Wales: Hidden Inequality, and consider whether the establishment of a national specialist deaf mental health service for Wales is required.*

*Welsh Government response: Accept.*

*Recommendation 13. The Welsh Government should work with partners including local authorities, Regional Partnership Boards and community organisations to use the outcomes of its recent community mental health service mapping exercise to co-produce an online directory of community and digital services available locally, regionally and nationally across Wales. The directory should be publicly accessible, should be designed to complement and signpost to information that already exists rather than duplicating it, and should include information about what support is available and how it can be accessed, including whether a referral is required.*

*Welsh Government response: Accept in principle.*

<sup>143</sup> Welsh Government. Witten response from the Welsh Government to the report by the Health & Social Care Committee entitled Connecting the dots: tackling mental health inequalities in Wales. 20 February 2023.

*Recommendation 19. The Welsh Government should work with neurodivergent people to co-produce training and awareness raising campaigns to increase understanding in schools and across public services of neurodiversity. The focus of the training should be on understanding neurodivergent people's lives, how to support and help them, and developing positive constructive and helpful attitudes and culture, not just on specific conditions. In line with our recommendation 22, the Welsh Government should provide an update on this work in December 2023.*

*Welsh Government response: Accept.*

*Recommendation 24. In its response to our report, the Welsh Government should confirm that the data to be collated and published as part of the mental health core dataset will enable us and stakeholders to see and track progress over time in mental health inequalities relating to access to mental health services and outcomes for different groups and communities. This should include information about what data will be included, how frequently data will be published, what analysis will be undertaken and confirmation that the data will be disaggregated on the basis of diversity characteristics.*

*Welsh Government response: Accept.*

*Recommendation 25. Following the completion of the research commissioned from the University of South Wales on measuring clinical and social outcomes, the Welsh Government should set out a timetable for the development and implementation of wellbeing measures to inform the monitoring and evaluation of the impact the new mental health strategy has on tackling mental health inequalities. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.*

*Welsh Government response: Accept.*

**95.** We have not been able to cover all the different groups who face additional barriers in dealing with mental health issues, but we wanted to highlight those groups which were raised with us. It is clear that the Welsh Government; higher education institutions, the NHS and other organisations working in this space need to take account of the specific issues that are faced by some groups of students. We will cover the support provided by universities and the NHS in subsequent chapters, but we think at this stage it is important to emphasise the importance of

all these bodies understanding the barriers faced by some groups, and looking at how services and support can be designed to overcome these barriers.

**96.** Careful consideration needs to be given to how a student may be a member of a number of different disadvantaged groups, to ensure an intersectional approach is taken. Support should be culturally competent and students should be made aware of the support available to them in the manner, mode and language which will ensure they are able to make informed choices about reaching out and seeking support.

**97.** While there is a lot of work going on in this space, it was clear to us that there is a slight disconnect in places between the support that is available and students being aware, or of the services fully meeting the needs of students. This disconnect suggests the need for more students to be involved in the service design and delivery, ensuring that services and how they are communicated meets all needs. By involving students in the design, delivery and evaluation of services these services are more likely to meet the needs of the broadest range of students. The Commission could play an important role in ensuring that an intersectional approach is taken to service delivery and that students are involved in the design and development of services across the whole sector.

**98.** Both during this inquiry and in our work exploring what radical reform of the care system should look like, we have heard powerful stories directly from children and young people with experience of the care system. Those who have gone onto higher education have told us that they are often having to seek out support which they should be offered as a matter of course. It is essential that support that is available for these students is easily and readily accessible to them, they should not have to seek it out themselves. Institutions must be pro-active in offering this support.

**99.** We think there is a particular issue around ensuring international students are receiving appropriate levels of support. We heard directly from students about their experiences of mental health not being openly discussed in their home countries, and how this can make it more difficult for them to identify that they are struggling and then to reach out for support. This is compounded by the fact their families and friends could be thousands of miles away and they are also navigating living in a different country, with all the additional challenges that can bring. They may also face additional financial challenges because of the limitations placed upon them for seeking paid work, which can cause significant additional stress. (We will look at the impact of financial difficulties in the next Chapter).

**100.** Through our own work within our constituencies and regions, we have heard some very upsetting experiences of international students who have faced significant financial challenges, which has affected their mental health and wellbeing. Although this is anecdotal, we believe that these incidents are not focused on a particular institution, and that international students across Wales face a range of significant challenges.

**101.** Often international students are seen as a single homogenous group, despite the fact that international students are as diverse a group of students as the wider student and general population. What may work for a student coming from one part of the world, may not work for a student coming from somewhere else. Based on the evidence we heard as part of this inquiry, but also our contact with international students as part of our wider roles as Senedd Members, it seems clear that we have not got the support right for international students, in particular around financial hardship and the linked issues of mental health.

**Recommendation 2.** The Welsh Government, HEFCW, the incoming Commission, higher education providers and student representatives need to work together to set a base level of provision for international students, taking into account the specific needs of the different groups which make up the international student community. This may involve the development of specific peer networks for groups of international students. This base level of provision should not be too prescriptive, as each provider will need to tailor their provision to meet the specific needs of their cohort, and takes account of their own institutional circumstances, but it should ensure that there is a clear minimum of support that all international students across Wales know they can access. This framework should be clearly publicised in ways that will reach the different parts of the international student community, from pre-application right through to post graduation.

**102.** We also note some of the additional challenges faced by students on healthcare and social care courses, who are balancing the pressures of study with placements. This has been particularly challenging during the pandemic, where they may have experienced unprecedented pressures and situations while on placement. We heard that for some of these courses there will be a significant number of students who are also balancing their studying with other commitments which can bring additional stresses. We received a number of specific suggestions for changes which could help improve the support provided to these cohorts of students, which we look at in Chapter 5.

**Recommendation 3.** For students on healthcare and social care courses, the Welsh Government, HEFCW, the incoming Commission, higher education providers, placement providers and student representatives need to identify the specific challenges and barriers they



face, and then develop a base level of provision for these groups of students taking into account the specific needs of the different groups across these cohorts of students. This base level of provision should not be too prescriptive, as each provider will need to tailor their provision to meet the specific needs of their cohort, the courses they deliver, the types of placement these courses run and takes account of their own institutional circumstances, but it should ensure that there is a clear minimum of support that all students on these courses across Wales know they can access. This framework should be clearly publicised in ways that will reach the different groups of these students from pre-application through to graduation.

### 3. What factors are leading to mental health challenges at university?

There is often a range of factors that can lead to mental health issues. Students do face some particular challenges which can be unique to the student experience. The impact of the pandemic and the cost of living crisis are creating additional challenges.

#### Are the issues university specific or broader?

**103.** As we highlighted in paragraph 14, the student body is diverse, and issues faced by the wider population are also faced by the student population. However, there are some issues that are specific to the student population. The South East Wales Mental Health Partnership said:

*"Previously it has been noted that vulnerabilities manifest in the form of unique problems; happiness and life satisfaction are consistently twice as bad amongst HE students as the wider UK population, and anxiety is 2.5 times that of the general population. 23% of students feel lonely most/all of the time compared to 5% of the general population. HE students have also been listed as a group disproportionately affected by the COVID-19 pandemic (ONS, 2020), although evidence points towards many of these issues being independent of it (Neves & Brown, 2022)."*<sup>144</sup>

**104.** When thinking about the factors that cause mental health issues, we must also consider it through the prism of the mental health inequalities faced by some groups. We have covered this in the previous chapter and our observations are informed by this.

**105.** Some of the challenges faced by students reflect those faced by the wider community. Mind Cymru said that students who experience poor mental health are often the same people in the wider population who will suffer poor mental health, but that they are in a different

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<sup>144</sup> Written evidence, MHHE 17 South East Wales Mental Health Partnership (Cardiff University, Cardiff Metropolitan University, University of South Wales, RWCMD, Cardiff and Vale UHB)

setting which requires “specific support relevant to that setting.”<sup>145</sup> In particular the impact of the pandemic, and the current cost of living crisis, both of which we cover later in this chapter have a specific student dimension. However, it is clear that there are some university specific factors which can trigger new mental health illness or exacerbate existing issues.

**106.** Academic pressures can be specific to the university experience, especially as the approach to learning and teaching can be different to the forms found in a student’s previous experience of education, either as a student coming directly from school / college or as an older student returning after a break in education. Stakeholders who highlighted the impact of academic pressures on mental wellbeing included HEFCW;<sup>146</sup> NUS Wales;<sup>147</sup> Student Minds;<sup>148</sup> University Mental Health Advisers Network;<sup>149</sup> and the Royal College of GPs Wales.<sup>150</sup>

**107.** Dr Kim Dienes said that the first year of university is “one of the biggest transitions in life” and also “one of the biggest stressors in life...”. She said it “leads to skyrocketing rates of mental health that might not have reached levels where they’re going to have psychiatric care or going to have really advanced care, but they actually need the support.”<sup>151</sup> Mind Cymru said that this moment of transition can create a situation where “young people can feel very isolated, they can feel disconnected and kind of lose who they are a little bit.”<sup>152</sup>

**108.** Closely linked to the daily academic pressure of study, stakeholders like NUS Wales said students are anxious about their post university future, and career prospects. They cited work from the Mental Health Foundation which reports that three in five young people struggle with the pressure to succeed.<sup>153</sup> They also raised the value of a degree saying there is more pressure “to get a first-class honours, and then there’s more pressure to pursue a Master’s, which comes with financial implications as well.”<sup>154</sup> The Centre for Mental Health said the combination of the amount of student debt being incurred while the future labour market becomes less welcoming adds pressure.<sup>155</sup> Mind Cymru called for further consideration to be given as to how students are supported once they have left university.<sup>156</sup>

<sup>145</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 390

<sup>146</sup> Written evidence, MHHE 14 Higher Education Funding Council for Wales (HEFCW)

<sup>147</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 64

<sup>148</sup> Written evidence, MHHE 8 Student Minds

<sup>149</sup> Written evidence, MHHE 20 University Mental Health Advisers Network

<sup>150</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 218

<sup>151</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 200

<sup>152</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 302

<sup>153</sup> Written evidence, MHHE 4 NUS Wales

<sup>154</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 64

<sup>155</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 40

<sup>156</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 325

**109.** BMA Cymru said that a “recurring theme” amongst medical students was about their “ability or suitability to become a doctor...”. This has been compounded by the pandemic as medical students have suffered “disrupted training”. A recent survey from April 2021 indicated that 27% of respondents felt they had “not been able to gain enough experience in urgent and unscheduled care...” to fulfil the core competencies required for the training.<sup>157</sup> The Council of Deans of Health also highlighted the particular impact of COVID-19 related disruption on healthcare students and how reduced work experience opportunities have led to these students being more nervous about joining the clinical workforce.<sup>158</sup>

**110.** The Council of Deans of Health identified some general additional risk factors for healthcare students including “the intensity and length of programmes, the contrast between academic and practice placement environments, practice placement transitions, workplace culture, and unsocial hours.”<sup>159</sup>

**111.** University can also come with social pressures, which may impact on mental health and wellbeing. For those students who are moving away from home for the first time, they will find they have to establish new social groups and support networks which can be very challenging. The Royal College of GPs Wales cited the work by Mind which sets out some of the factors that can impact on a student’s wellbeing. Those that are linked to leaving home for the first time, include meeting and working with new people; managing their finances for the first time; homesickness; maintaining relationships with family and old friends; and finding new housing and living with new people.<sup>160</sup> Others who highlighted some of these issues included Dr Kim Dienes;<sup>161</sup> HEFCW;<sup>162</sup> and the University Mental Health Advisors Network.<sup>163</sup>

**112.** A number of other issues related to the university experience were highlighted. The University Mental Health Advisers Network said inflexible and bureaucratic university process, including assessment processes can negatively impact on mental health and wellbeing.<sup>164</sup> Beat told us that the significant period of change and pressure that can arise from going to higher education can trigger or exacerbate eating disorders. They said that the “university environment

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<sup>157</sup> Written evidence, [MHHE 24 BMA Cymru Wales](#)

<sup>158</sup> Written evidence, [MHHE 26 Council of Deans of Health](#)

<sup>159</sup> Written evidence, [MHHE 26 Council of Deans of Health](#)

<sup>160</sup> Written evidence, [MHHE 10 Royal College of General Practitioners Wales](#)

<sup>161</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraphs 221-222](#)

<sup>162</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>163</sup> Written evidence, [MHHE 20 University Mental Health Advisors Network](#)

<sup>164</sup> Written evidence, [MHHE 20 University Mental Health Advisors Network](#)

can mask symptoms and make it harder for students to stay connected to treatment services and their support network.”<sup>165</sup>

**113.** Stakeholders including Mind Cymru;<sup>166</sup> and Student Minds<sup>167</sup> highlighted the importance of not overly medicalising issues around mental health and wellbeing. Mind Cymru said that there will be students who either have or develop a mental health issue that needs support, but for others it may be a:

*“temporary situation when they are readjusting, they’re finding themselves, they’re developing their resilience and their ability to cope with all these emotions, and I think it’s really important that we don’t rush to stick a ‘mental health’ label on some of that. That is about well-being, it is about support, it is about making sure that there’s an open, welcoming approach for young people to talk about their mental health at that point.”<sup>168</sup>*

## What has been the impact of COVID-19?

**114.** Everybody in Wales was impacted in some way as a result of the pandemic, but it was clear that some groups faced far greater challenges in navigating and mitigating the worse impacts. There has been plenty of evidence showing the unequal impact the pandemic has had, in particular on those sections of society that already face barriers; for example those from lower socio-economic groups; people from ethnic minority communities and disabled people.

**115.** HEFCW highlighted research that showed the proportion of the population with a severe mental health issue increased from 11.7% in February 2020 to 28.1% in April 2020. Overall mental health issues “increased by 17%” between February and November 2020. However, they went on to say it was “unclear” what the longer term impact of the pandemic would be on applicants and students. Although in citing the British Academy’s work on the long term impacts of the pandemic, they highlighted this conclusion:

*“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*

<sup>165</sup> Written evidence, MHHE 23 Beat

<sup>166</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 303

<sup>167</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 308

<sup>168</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 303

*will be vital to consider whether lifelong educational opportunities are sufficiently comprehensive, diverse and flexible.”<sup>169</sup>*

**116.** Our own survey found 57% of respondents saying that the pandemic had an effect on their mental health while they were studying, 16% said it did not, while 10% said they were not sure, and 17% said this question was not applicable.<sup>170</sup> We also discussed this with students as part of our visits and it was clear that both the pandemic but also the transition out of lockdown restrictions have had an impact on mental wellbeing.<sup>171</sup>

**117.** The Royal College of Psychiatrists said that the pandemic threw up a “new raft of issues” that needed to be considered in relation to student mental health, which would apply to all students but “will weigh more heavily on those with histories of mental ill health.” These issues included:

- Increased general anxiety and depression amongst students, arising from the impact of COVID-19, concerns about their finances, and anxieties about living in shared accommodation;
- Social isolation, as more learning was provided online and social distancing affected students’ access to clubs and societies;
- Issues with accessing healthcare, as more NHS and university-based services may be provided online; and
- Students struggling with academic expectations, particularly those whose education and assessments were significantly disrupted by COVID-19.<sup>172</sup>

**118.** Students faced significant upheaval as institutions closed and moved to virtual learning. NUS Wales described the “Covid generation” who had both their academic and social experiences “disrupted by” the pandemic. They also described the research from the School Health Research Network which found the pandemic exacerbated pre-existing mental health

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<sup>169</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>170</sup> [Children, Young People and Education Committee, Mental Health support in Higher Education, Survey Findings, November 2022](#)

<sup>171</sup> [Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022](#)

<sup>172</sup> Written evidence, [MHHE 9 Royal College of Psychiatrists Wales](#)

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issues in school age children. They believed this need will place even more pressure on support services both within higher education institutions and on the NHS.<sup>173</sup>

**119.** Hywel Dda University Health Board echoed NUS Wales in highlighting how the disruption to “normal developmental activities” such as leaving home / going to university has resulted in young people missing out on “key life events which may have an impact on their future resilience and opportunities.” They said that this level of disruption must “be acknowledged and prevented from occurring in the future.” They said that they are seeing higher levels of mental health issues, need and complexity arising from the pandemic.<sup>174</sup>

**120.** Universities Wales also noted these issues, saying that they are seeing social development is not what they would have expected in previous years for “that traditional student body.”<sup>175</sup> The Royal College of Occupational Therapists also flagged concerns about the transition to higher education for some students, because of missed “important key milestones in their development and pastoral support.”<sup>176</sup>

**121.** We look at the issue of transitions in more detail in Chapter 4, but it is important to note the additional challenges faced by the cohorts of students who will join higher education having had their previous education disrupted by the pandemic, or for those students who are re-joining education after a break.

**122.** NUS Wales said that both universities and student unions are “putting in place things like consent education to counter that impact slightly.”<sup>177</sup> ColegauCymru said they are also looking to do further work around resilience and maturity of those students coming directly from school.<sup>178</sup> These issues were also borne out in the discussions we had with staff from universities across Wales.<sup>179</sup>

**123.** NUS Wales highlighted how the pandemic may have directly affected some students, in particular disabled and neurodiverse students, ability to engage in their studies. This could be for a range of reasons from having to work from home, including not having sufficient space to

<sup>173</sup> Written evidence, MHHE 4 NUS Wales

<sup>174</sup> Written evidence, MHHE 16 Hywel Dda University Health Board

<sup>175</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 137.

<sup>176</sup> Written evidence, MHHE 18 Royal College of Occupational Therapists

<sup>177</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 28

<sup>178</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 143.

<sup>179</sup> Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022

work; not being able to afford or access books or other necessary resources and equipment; to “simply struggling to focus on learning in the same place all the time.”<sup>180</sup>

**124.** Universities Wales said there was a need for “more general academic support” following the pandemic, with particular reference to “studying methods” along with exams and other forms of assessment.<sup>181</sup> The Royal College of Psychiatrists said that they have seen “increased rates of anxiety and depression” because the learning of students during the pandemic has been “so different....” with students “really having to adjust to different ways of learning.”<sup>182</sup>

**125.** NUS Wales drew our attention to the particular challenges faced by international students, either because they could not return home or because they could not return to Wales to continue their studies. They said that some had to “take enforced interruptions of study... caused a significant number of difficulties” including “extending visa applications and having to apply for last-minute visas to meet the return-to-campus deadline...” They also said this could impact on being able to apply for graduate route visas at the end of their courses if there were any delays in completing their course.<sup>183</sup>

**126.** Institutions described the impact of the pandemic, and how this has led to an increase in requests for support. Grŵp Llandrillo Menai said increases in anxiety and stress was “caused by the challenge of meeting assessment deadlines whilst coping with the impact of COVID-19 on their personal/work life.” They said this was a particular challenge for part-time learners, and those on healthcare courses, who had to cope with “increased pressure as a result of changes to shift patterns, and the impact of COVID-19 infection/isolation.”<sup>184</sup> While Bridgend College talked about the impact on their HE students who often had to juggle studies with home educating children; managing households; being in employment, all while dealing with limited support because of lockdown restrictions. They also talked about the impact on students of bereavement throughout the pandemic.<sup>185</sup> ColegauCymru also highlighted similar issues across the higher education provision within further education.<sup>186</sup>

**127.** AMOSSHE said that both the number and complexity of mental health presentations have “accelerated” since lockdown restrictions were eased. They said that the cohort joining university during the pandemic (similar to the comments made by NUS Wales in paragraph 119) have had

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<sup>180</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 27

<sup>181</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 136

<sup>182</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 216

<sup>183</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 29

<sup>184</sup> Written evidence, MHHE 1 Grŵp Llandrillo Menai

<sup>185</sup> Written evidence, MHHE 2 Bridgend College

<sup>186</sup> Written evidence, MHHE 19 ColegauCymru (Consultation Response)



fewer opportunities to “develop relationships and explore independent living” before university; leading to trickier transitions. They also said that “parents and families are much more involved in their lives than before, and are testing the boundaries of the legal definition of an adult in regard to their involvement with HE providers.”<sup>187</sup> Cardiff University also raised these issues.<sup>188</sup>

**128.** Universities Wales said that the pandemic has affected staff as well as students, and that it was important to “remember staff in this dynamic.”<sup>189</sup> We look at the issues around staff mental health and wellbeing in Chapter 5.

**129.** The Open University in Wales highlighted that the pandemic impacted on students’ success as well as their mental health and wellbeing.<sup>190</sup> Cardiff Metropolitan University said that one early impact they have noted is a “greater struggle to manage relationships and conflict, which contributes to poor wellbeing and mental health.”<sup>191</sup>

**130.** NUS Wales described how the restrictions and lockdowns were “particularly acute” for students. They said that some students, particularly students in their first year and those students living away from home for the first time, might struggle to make new friends or get involved in social activities. They cited work by the Office for National Statistics which found a quarter of students felt lonely during the pandemic.<sup>192</sup> They also highlighted that friendships and networks can often “mitigate the impacts” of other stresses such as financial and academic pressures, saying “anything that gets in the way of students making friends will make mental health issues worse.”<sup>193</sup> The Royal College of GPs highlighted that as well as challenges in making new friends, the pandemic also affected students’ ability to maintain existing relationships because of social distancing and travel restrictions.<sup>194</sup>

**131.** Students’ ability to earn money was also impacted by the pandemic, with NUS Wales highlighting that many students rely on work in the hospitality sector which was significantly affected by the restrictions. Additionally, some students may have found that those who had previously been able to help support them, such as family, also had their finances negatively affected by the pandemic.<sup>195</sup>

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<sup>187</sup> Written evidence, [MHHE 11 AMOSSHE The Student Services Organisation Wales](#)

<sup>188</sup> Written evidence, [MHHE 30 Cardiff University](#)

<sup>189</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 135](#)

<sup>190</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>191</sup> Written evidence, [MHHE 15 Cardiff Metropolitan University](#)

<sup>192</sup> Written evidence, [MHHE 4 NUS Wales](#)

<sup>193</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 65](#)

<sup>194</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 218](#)

<sup>195</sup> Written evidence, [MHHE 4 NUS Wales](#)

**132.** A clear consequence of the pandemic across all aspects of life was the embrace of digital technologies to help connect people, and to provide services. This was a particular feature of both education, and support services during the pandemic. Institutions told us of how they pivoted to online teaching and support services, something that has continued to be a feature of higher education life as restrictions were relaxed and then removed. Dr Kim Dienes said there was a “big difference” between remote learning and mental health support. She said blended and online learning tends to increase “accessibility wonderfully” but that for mental health support most people prefer face to face support.<sup>196</sup>

**133.** Cardiff Metropolitan University said that their move to video appointments for all services was “welcomed by students, and saw higher levels of engagement, as measured by a fall in ‘no-shows’...”. They will continue to provide this as an option “to ensure that all students are able to access support when they need it.”<sup>197</sup> The University Mental Health Advisors Network agreed, saying that they have received feedback from their members that the move to more flexible types of support because of the pandemic has “benefitted many, with cancellation levels dropping significantly.” They noted though that there has been “pressure from HEPS and Student Loans Company to return to on-campus support.”<sup>198</sup>

**134.** We heard that the provision of online support helped widen access and support more groups of students. The University Mental Health Advisors Network said that this has “improved access and uptake for some hard-to-reach groups, such as men, students on placements, diverse ethnic groups and autistic students.” They also highlighted that the range of digital support has expanded to include text and chat functions.<sup>199</sup> Mind Cymru said for some the online offer enabled them to access support and services that they would not have felt comfortable accessing in person.<sup>200</sup> AMOSSHE highlighted the benefits for students on placements, who can now access support wherever they are on placement.<sup>201</sup>

**135.** Universities Wales cited the Connect Project, which was a partnership between Swansea University, University of Wales, Trinity St David, HEFCW and local further education colleges and their student unions. It moved peer support onto Zoom and online, while also using “safe outdoor spaces to encourage socialising within the parameters of social distancing.”<sup>202</sup>

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<sup>196</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 232.

<sup>197</sup> Written evidence, MHHE 15 Cardiff Metropolitan University.

<sup>198</sup> Written evidence, MHHE 20 University Mental Health Advisers Network.

<sup>199</sup> Written evidence, MHHE 20 University Mental Health Advisers Network.

<sup>200</sup> Written evidence, MHHE 27 Mind Cymru.

<sup>201</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 14.

<sup>202</sup> Written evidence, MHHE 25 Universities Wales.

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**136.** We heard about Student Space, a project run by Student Minds and funded in Wales by HEFCW. It provides access to online support, such as information but also webchat, text messaging and email support. They also provide phone based support. NUS Wales said it is a valuable resource but “a number of students have not heard” of it. They called for more promotion.<sup>203</sup>

**137.** The Centre for Mental Health evaluated Student Space calling it “excellent”. They said it was “a different and really interesting route” to access support.<sup>204</sup> They said that it offers a “valued and valuable extra form of support, particularly during a difficult time...” adding that they believed it should have “longevity.” In particular they were impressed with the fact the resources were linked to institutions making it cohesive. They also highlighted that it “had a really strong sense of working with particularly marginalised and disadvantaged groups of students and providing resources specifically to meet their needs.” They said it’s important that this is seen as an additional resource, rather than a replacement for other forms of support.<sup>205</sup>

**138.** However virtual support is not appropriate for all. Mind Cymru said that issues included a lack of privacy (which is particularly acute for students living in shared housing) and digital access, with 13% of Welsh households unable to access the internet.<sup>206</sup> While the National Deaf Children’s Society Cymru highlighted the importance of considering individual access needs when moving to remote delivery for both academic work and wellbeing support. They cited a survey which found “over 40% of our university respondents said they did not find online lectures accessible due to the lack of captions and communication support.” For wellbeing support they said services should “confirm” with the student their “preferred method of communication...” noting that every “deaf individual will have their own preference.”<sup>207</sup>

**139.** Some of the responses to our survey highlighted the limitations of online support, with one respondent saying that online counselling “isn’t as effective.” Another respondent said that face to face support was needed for a student’s “safety and confidentiality.” Another respondent said that only having access to online support caused further feelings of isolation. Some respondents also said they felt that the pandemic had led to an increase in waiting times for support.<sup>208</sup>

<sup>203</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 81

<sup>204</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 27.

<sup>205</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 90

<sup>206</sup> Written evidence, MHHE 27 Mind Cymru

<sup>207</sup> Written evidence, MHHE 6 National Deaf Children’s Society Cymru

<sup>208</sup> Children, Young People and Education Committee, Mental Health support in Higher Education, Survey Findings, November 2022

**140.** The Royal College of Psychiatrists said there was a need for further research to “look at the benefits and advantages of learning virtually, treatment virtually.”<sup>209</sup> Mind Cymru said a hybrid model is “most suitable” because the pandemic has shown that either fully virtual or fully in-person models do not work for everybody.<sup>210</sup> NUS Wales also called for flexibility in the ways in which support is offered, saying that this can be “very beneficial” for a student.<sup>211</sup> AMOSSHE noted that services are trying to continue to offer choice for students, saying there is an “advantage” in ensuring student choice.<sup>212</sup>

**141.** Student Minds felt that digital support could play a particular role in bridging the gap from when a student has reached out for support, but is waiting to begin counselling or clinical care. They said it can ensure that during the in-between stage they have access to someone to talk to whether that be peer support or support from third sector organisations. They said it was “really important” that students are not “just left during that waiting period.”<sup>213</sup>

**142.** NUS Wales said that it was too late to mitigate for the impacts of the pandemic on the mental wellbeing of students, but that what was needed now was “clear communication” to reduce further impacts. They said that this would help them to “interpret any changes to their routines and any other alterations...” which may cause them uncertainty and / or distress.<sup>214</sup>

**143.** HEFCW told us that in response to the pandemic, they allocated an additional £50million of funding from the Welsh Government to support students, which included support for well-being and mental health.<sup>215</sup> The Welsh Government also highlighted this funding, saying that £10million of this “specifically for student mental health and well-being services and £40m to boost support for students facing financial hardship.” They also referenced an additional £27m of funding for HEFCW to establish a Higher Education Investment and Recovery Fund which is “designed to support the sector in mitigating the effects of the pandemic including maintaining teaching capacity to support continued learning.”<sup>216</sup>

**144.** The Welsh Government also highlighted funding that was made available to students most in need because of the pandemic and lockdown restrictions. As well as providing mental health support, it also included food packages, support for accessing resources and digital learning,

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<sup>209</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 229.

<sup>210</sup> Written evidence, MHHE 27 Mind Cymru

<sup>211</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 36.

<sup>212</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 15.

<sup>213</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 358.

<sup>214</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 34.

<sup>215</sup> Written evidence, MHHE 14 Higher Education Funding Council for Wales (HEFCW)

<sup>216</sup> Written evidence, MHHE 34 Welsh Government

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assistance with accommodation costs, as well as counselling and bereavement support. Additionally, there was funding as part of the Winter of Well-being to support well-being for students aged 25 years and under to “help them to better engage with their learning and wider society.”<sup>217</sup>

**145.** The Deputy Minister for Mental Health and Wellbeing said that “really good progress” was being made before the pandemic, but that it has had an impact with “significantly rising levels of people coming forward for mental health support, rising levels of anxiety.”<sup>218</sup>

### Could the cost of living have a similar impact to the pandemic?

**146.** We heard some very strong evidence around the impact of the cost of living crisis and students’ mental health. There is already a well established link between financial concerns and mental health. The Centre for Mental Health said:

*“What we’re now seeing is more and more people being pushed into poverty and those who are in poverty going deeper into poverty. We know that that creates a risk to mental health; we know that that has a major causative effect on experiencing mental health difficulties—it’s not an association, it’s not a coincidence.”<sup>219</sup>*

**147.** Students can face a particular perfect storm as they have limited means to reduce their outgoings; or increase their income. The Open University in Wales said that having recognised the link between financial difficulties and mental health they have “resourced a specialist Mental Health Educational Adviser” who works with students who applied for their COVID Student Assistance Fund.<sup>220</sup>

**148.** Other stakeholders who raised the impact of financial hardship and mental health included:

- AMOSSHE,<sup>221</sup>
- BMA Cymru Wales;<sup>222</sup>

<sup>217</sup> Written evidence, [MHHE 34.Welsh Government](#)

<sup>218</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 46](#)

<sup>219</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 46](#)

<sup>220</sup> Written evidence, [MHHE 5.The Open University in Wales](#)

<sup>221</sup> Written evidence, [MHHE 11.AMOSSHE The Student Services Organisation Wales](#)

<sup>222</sup> Written evidence, [MHHE 24.BMA Cymru Wales](#)

- Centre for Mental Health;<sup>223</sup>
- ColegauCymru;<sup>224</sup>
- Council of Deans of Health;<sup>225</sup>
- HEFCW;<sup>226</sup>
- Student Minds;<sup>227</sup> and
- Unison.<sup>228</sup>

**149.** Dr Kim Dienes said that in focus groups with students they have:

*"... talked about loss—lots of different kinds of losses, loss of financial support. A lot of them are reporting loss of hope, which is very unfortunate, especially in the cost-of-living crisis. They're about to go out and get jobs. There are no jobs, and they're very scared about that. This age group also has had a lack of trust in their Government, a bit, and also in the universities. .... They're feeling very alienated, and I think that's something that has to be addressed through communication, perhaps—a kind of comms initiative...."*<sup>229</sup>

**150.** HEFCW highlighted the intersectionality of financial pressures citing the 2022 report from NUS and Higher Education Policy Institute "Student Cost of Living Support". This report stated that food bank usage was higher for "mature students, those in further education, disabled students, and students from lower socio-economic backgrounds." It also said that "trans and non-binary students, as well as students of colour are more likely to have less than £500 a month in income ." Parents and carers are "more likely to report extreme concern" about managing their finances and more likely to use credit schemes and cards.<sup>230</sup>

**151.** Stonewall Cymru said that in dealing both with the current cost of living crisis and the impacts of the pandemic, some students will be facing "disproportionate hardship" and that it is "vital when determining the extent of need that we account for students who may face unique

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<sup>223</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 40

<sup>224</sup> Written evidence, MHHE 7 ColegauCymru (Committee Paper)

<sup>225</sup> Written evidence, MHHE 26 Council of Deans of Health

<sup>226</sup> Written evidence, MHHE 14 Higher Education Funding Council for Wales (HEFCW)

<sup>227</sup> Written evidence, MHHE 8 Student Minds

<sup>228</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 161

<sup>229</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 222

<sup>230</sup> Written evidence, MHHE 14 Higher Education Funding Council for Wales (HEFCW)

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challenges due to facets of their identity and experience, and the ways in which these identities intersect.”<sup>231</sup> The Open University also said that the “intersection of mental health need with other categories of students and deprivation is certainly playing out.”<sup>232</sup>

**152.** NUS Wales said the crisis was having “a significant impact” on student wellbeing, calling it a “significant threat”. A NUS survey from June 2022 found that 91% of students in Wales said that it was having an impact on their mental health; with 29% saying it had a major impact. NUS Wales highlighted that around a third of students have less than £50 a month to live off after paying rent and bills. While they acknowledged that Wales has a “comparatively generous student support package” they said that “around half of HE students” in Wales come from elsewhere, resulting in either less support or in the case of international students “no support”.<sup>233</sup>

**153.** We also heard directly from students during our engagement activity that financial concerns are causing anxiety, and how limited finances are causing students to have to make difficult decisions.<sup>234</sup>

**154.** We heard of the impact of the cost of accommodation which can be particularly challenging for students. Stakeholders such as Mind Cymru,<sup>235</sup> and NUS Wales highlighted the double challenge of expensive but poor quality housing both of which can impact on mental wellbeing. NUS Wales said that 65% of Welsh students have said that poor housing has impacted on their mental health.<sup>236</sup>

**155.** Coleg Cambria highlighted in particular the impact of the cost of childcare. They called for a “ring-fenced, needs-based hardship fund” which would enable FE colleges to provide their HE students with “responsive, timely and accessible financial support.” This, they argued, would help reduce anxiety and improve resilience.<sup>237</sup> This also resonated with what we heard directly from students about the challenges of securing affordable and appropriate childcare, and then how that can affect a student’s ability to fully engage with their studies.<sup>238</sup>

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<sup>231</sup> Written evidence, [MHHE 33 Stonewall Cymru](#)

<sup>232</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 147.](#)

<sup>233</sup> Written evidence, [MHHE 4 NUS Wales](#)

<sup>234</sup> [Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022](#)

<sup>235</sup> Written evidence, [MHHE 27 Mind Cymru](#)

<sup>236</sup> Written evidence, [MHHE 4 NUS Wales](#)

<sup>237</sup> Written evidence, [MHHE 3 Coleg Cambria](#)

<sup>238</sup> [Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022](#)

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**156.** UCU said that along with the broader cost of living pressures, there may be an increase in loneliness and isolation as students find themselves “‘priced out’ of social activity.”<sup>239</sup>

**157.** Numerous stakeholders suggested that the cost of living crisis needed to be treated with the same urgency as the pandemic. The Open University in Wales said that it is likely the current situation will “exacerbate” existing financial pressures, as well as creating “new adverse conditions that might previously have been absent.”<sup>240</sup> While the University of South Wales Vice-Chancellor who was giving evidence on behalf of Universities Wales said that the current cost of living crisis “will be harder” for some of his students than the pandemic.<sup>241</sup>

**158.** We heard of the work that is already underway in some institutions to provide additional support to students. The Council of Deans of Health outlined some of the work across Welsh universities, including providing warm places; food packages; increases in hardship funds; support in budgeting and accessing external funding; and freezes of library fines.<sup>242</sup> The Vice-Chancellor of University of South Wales representing Universities Wales said “there are 101 things we could do if we had the money.”<sup>243</sup>

**159.** Stakeholders made a number of suggestion as to how the impact of the cost of living crisis could be mitigated. NUS Wales recommended that “Welsh and UK governments put in place additional financial support in the short term and ensure student maintenance support matches inflation in the long term.”<sup>244</sup> They also called for “action on spiralling student rent” citing the Scottish Government’s temporary rent cap which includes student properties, and that they wanted to see introduced in Wales. They also wanted more investment to support mental health and wellbeing, so that both providers and student unions can reach more students.<sup>245</sup>

**160.** While Student Minds called for funding to be ring-fenced to support “reactively, students with urgent needs.” They suggested such funding could help with the ongoing challenges faced as a result of the pandemic, and the current cost of living crisis and “long term housing challenges.”<sup>246</sup> They also highlighted the need for “lots of good communication” about hardship

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<sup>239</sup> Written evidence, [MHHE 13 University and College Union](#)

<sup>240</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>241</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 150](#)

<sup>242</sup> Written evidence, [MHHE 26 Council of Deans of Health](#)

<sup>243</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 216](#)

<sup>244</sup> Written evidence, [MHHE 4 NUS Wales](#)

<sup>245</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 79](#)

<sup>246</sup> Written evidence, [MHHE 8 Student Minds](#)

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funds eligibility and access because there is a lot of “self-stigmatising” with students not realising they were eligible or believing that there would be others who were more in need.<sup>247</sup>

**161.** In reference to the increase in the maximum amount of maintenance support available from 2021/22 to 2022/23, the Council of Deans of Health said the 3.5% increase was “inadequate” to address the cost of living pressures, when inflation is “over 10%”. They called for the support to increase in line with inflation. They wanted to see more funding for higher education institutions to be able to sustain measures they are putting in place to support students.<sup>248</sup> NUS Wales also called the 3.5% increase as “woefully inadequate”.<sup>249</sup> Since we finished taking evidence, the Minister announced the new levels of student support for 2023/24. We look at this in paragraph 172.

**162.** The Royal College of Psychiatrists Wales said one way Welsh Government could help improve student mental health is by “introducing stricter controls on energy prices and the cost of living.” They also called for the Welsh Government to work with institutions to make sure that there are warm spaces on campus for students.<sup>250</sup> Mind Cymru also called for issues around fuel poverty to be “confronted” and that the Welsh Government should work with universities to improve support in this area.<sup>251</sup>

**163.** ColegauCymru suggested more help was needed on the “cost of courses or other learning provision...”. They said this was a particular issue for higher education students in a further education setting, who are often older and may have other commitments such as family or work; and are more likely to come from a lower socio-economic background.<sup>252</sup> For further education students aged 16-18 they have access to a financial contingency fund but they noted this was not available for higher education learners.<sup>253</sup>

**164.** Students can access hardship funds although this can sometimes be challenging. Universities Wales said that they need to identify what financial problems students are facing and then use hardship funds “to plug those holes.” However, they noted the situation is “moving very fast” and that “any extra money for hardship would always, always be appreciated, because I know that we can distribute that to those most in need.”<sup>254</sup> UCU called for “more emphasis” on

<sup>247</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 321

<sup>248</sup> Written evidence, MHHE 26 Council of Deans of Health

<sup>249</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 77

<sup>250</sup> Written evidence, MHHE 9 Royal College of Psychiatrists Wales

<sup>251</sup> Written evidence, MHHE 27 Mind Cymru

<sup>252</sup> Written evidence, MHHE 19 ColegauCymru (Consultation Response)

<sup>253</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 246

<sup>254</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 244

hardship funds,<sup>255</sup> saying that support needs to be on the scale of the COVID-19 response in terms of “planning, mitigation” while accepting that same level of resources is unlikely to be available.<sup>256</sup>

**165.** BMA Cymru called on the Welsh Government to “review the funding arrangements for medical students”. They said that the NHS bursary needed to take account of “the unique situation of medical and dental students” in particular those who are on graduate entry schemes.<sup>257</sup> The Council of Deans of Health also called for greater support for healthcare students, saying that they should be able to access both the standard maintenance package and the NHS bursary “to cover full tuition fees and additional costs related to clinical placement expenses.”<sup>258</sup> One of the Universities Wales representatives who is also the Vice-Chancellor at University of South Wales said the crisis would be particularly challenging for their nursing cohort, where the average age is over 25, and who have often have family and other life commitments.<sup>259</sup>

**166.** NUS Cymru were concerned that students have been “frozen out of” the cost of living support that has been announced. They said there is a “postcode lottery” to accessing financial tax rebates, while there is no guarantee that landlords will pass on energy discounts, and that full time students are unable to access Universal Credit, even if they are in need.<sup>260</sup> Universities Wales said there was learning from the pandemic to ensure that support is passed onto students. They said for example they need to ensure students living in halls of residence are not having the increases in energy costs passed onto them.<sup>261</sup>

**167.** Universities Wales felt that there was momentum from the collaborative working between institutions, trade unions, student unions and the Welsh Government that was forged during the pandemic that needs to be maintained to deal with the cost of living crisis. This joint working needs to be maintained once we are in more “normal times.”<sup>262</sup>

**168.** The Welsh Government said that the student finance package for Welsh students provided “the highest level of maintenance support of all the UK administrations for undergraduate students.” This includes a “guaranteed level of maintenance support, based on the National

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<sup>255</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 195

<sup>256</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 236

<sup>257</sup> Written evidence, MHHE 24 BMA Cymru Wales

<sup>258</sup> Written evidence, MHHE 26 Council of Deans of Health

<sup>259</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 150

<sup>260</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 77

<sup>261</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 243

<sup>262</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 153

Living Wage, irrespective of their household income.” They highlighted that other grants and additional support will be available to some students.<sup>263</sup> The Minister noted that students from outside of Wales “will often need to make greater calls on the hardship funds...” He believed this is currently the pattern being seen across Wales.<sup>264</sup> Subsequently, the Minister noted in his paper on the Welsh Government draft budget 2022/23, that universities are meeting additional needs out of their own budgets and the Welsh Government along with HEFCW and providers are monitoring the situation.<sup>265</sup>

**169.** The Minister said that the additional support available during the pandemic reflected the “additional funding available in the COVID response...” but that “for obvious reasons, isn’t the situation that we are in at the moment...”. He said that they are working closely with HEFCW and have been in discussion with Universities Wales about:

*“... extended campus opening hours, whether it's around food, you know, discounted food or free breakfasts in some institutions; there are discounted travel programmes being looked at, additional hardship funding, obviously. So, all of those things are areas that we're working with universities on.”<sup>266</sup>*

**170.** On the specific issues international students may be facing, he said that “institutions are alive” to the barriers they may face in accessing financial support such as concerns about breaching visa restrictions. He said institutions are “looking at ways to make sure those messages are reaching international students particularly.”<sup>267</sup>

**171.** We recognise that the Welsh Government’s Childcare Offer provides some help for childcare costs for eligible parents of 3 to 4 year olds. When this was originally introduced it did not extend to parents in education and training, but it has now been expanded to cover parents who are enrolled on an undergraduate, postgraduate or further education course that is at least 10 weeks in length.<sup>268</sup> Eligible parents can claim up to 30 hours of early education and childcare a week for up to 48 weeks of the year.<sup>269</sup> The Cooperation Agreement between the Welsh

<sup>263</sup> Written evidence, MHHE 34 Welsh Government

<sup>264</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 59

<sup>265</sup> Children, Young People and Education Committee Paper, Minister for Education and Welsh Language – CYPE(6)-01-23 – Paper 1

<sup>266</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 56

<sup>267</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 60

<sup>268</sup> Welsh Government, Press Release, Childcare Offer extended as providers receive funding boost, 2 March 2022

<sup>269</sup> Welsh Government, The Childcare Offer for Wales [webpage accessed 20 January 2022]

Government and Plaid Cymru has a commitment to expand free childcare to all two-year olds.<sup>270</sup>

**172.** Since we finished gathering our evidence, the Welsh Government has announced the student support package for higher education students for 2023/2024. The rate of maintenance support for full and part time undergraduate students will increase by 9.4%. The regulations have now been made and came into force on 22 February 2023.<sup>271</sup> All full and part time students who began a course on or after 1 August 2018 will receive the increase.<sup>272</sup>

## Our view

**173.** Going to higher education has always brought with it new challenges and opportunities that can be tricky to navigate. This is the case whether you are an 18 year old going straight from education, or a older student returning after a break in education, although the particular challenges you may encounter and the support networks you may need will differ from student to student. An 18 year old leaving home for the first time has to navigate entering the adult world with possibly reduced support from their family, while an older student may be juggling work and family commitments but is not finding themselves living away from their support networks. Many students are able to navigate these new situations with ease or some low level support from family, friends and possibly their institution. However, for others, it may exacerbate existing mental health issues or trigger new ones. They may need more support in managing this along with the other changes brought about by the start of higher education.

**174.** These were issues that all students faced until recently. However, recent graduates, current students and aspiring students are facing these traditional challenges within the context of living through and studying through an unprecedented global pandemic and now a cost of living crisis, as well as other ongoing uncertainties such as climate change, and conflict across the world. Just as the wider world is a challenging place for everybody, so it is for those studying. Yet they also have some unique pressures, not just the academic ones but also the limitations they may face in being able to increase their incomes as core expenditure continues to rise.

**175.** As well as academic pressures, there can be strong social pressures encountered by students, in particular any student who may feel like they do not “fit in.” If you feel like you don’t fit it, it can put you under pressure. As we have detailed in the previous chapters there are some

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<sup>270</sup> Welsh Government, The Co-operation Agreement, December 2021

<sup>271</sup> The Education (Student Finance) (Miscellaneous Amendments) (Wales) Regulations 2023

<sup>272</sup> Welsh Government, Written Statement, Student support for higher education students in the 2023/24 academic year, 19 January 2023

groups of students who may be either at higher risk of developing mental health issues; and / or will face barriers in accessing appropriate support.

**176.** It is essential that higher education institutions consider these aspects in developing support services and how they may communicate to their students about the support available and the modes of access.

**177.** The pandemic has had an impact on everybody, but students faced some particular challenges in terms of disruption to learning. For those students who have started university during the pandemic and were going straight from college or sixth form, it was clear that the lack of freedoms during the pandemic have meant they have not developed some of the broader personal skills and experience which help ease the transition to higher education. It may also be that those students who are living away from home for the first time may also find that they need to support housemates, and / or friends who are struggling and they won't necessarily know the best way to do this.

**178.** We note that the pandemic accelerated the use of digital and virtual tools both for learning and for wider pastoral support. The evidence was split: for some people it has opened up access to services they may not have accessed in person previously, but for others, it created a barrier. The importance of ensuring support is available in a format that is accessible for all students is essential. Higher education institutions need to ensure they continue to provide support in different modes, but to do so in a way that meets student need, and not just making assumptions about what works for students.

**179.** We are also aware of the additional stresses and strains that delivering both online and in person teaching can place on staff. Any further development of blended learning options must include the staff voice. We note the Royal College of Psychiatrists view that further evidence is needed into the use of digital tools to better understand when they are best deployed.

**180.** It is still very early for us to fully understand the impact of the pandemic across the whole of society, never mind its specific impact on students and higher education more broadly. The whole education sector and students' studies have been disrupted significantly, which has an impact both academically and socially. We therefore believe there is a clear need for further research and study into this area in the coming years, which can then inform how the higher education sector addresses these impacts.

**Recommendation 4.** The Welsh Government commits to commissioning an independent evaluation into the impacts of the pandemic on readiness for, and transitions into higher

education. This should then help identify any longer term impacts and what good practice from the pandemic should be mainstreamed into “business as usual”; and provide a clear evidence base for future interventions. The findings of this evaluation should be published, and used by the Welsh Government and Commission to help inform funding decisions, guidance and advice.

**Recommendation 5.** In the short term, the Welsh Government and HEFCW should work to continue to develop the evidence base around the effectiveness of blended learning and student wellbeing support and facilitate sharing of good practice across the sector. This work must include the staff and student voice and experience in identifying what works effectively and what does not. HEFCW and then the Commission should continue to publish regular updates to inform evolving good practice in this space.

**181.** The cost of living crisis clearly presents a significant concern to student mental health and wellbeing, as the pandemic. We heard lots of examples of how the sector is trying to help support students from ensuring there are warm places on campuses, to subsidising food or providing hardship funds. This is all to be welcomed. But it is clear that students face particular challenges in dealing with the cost of living crisis. Some students will have less opportunity to increase their incomings or reduce their expenditure, due to the limitations on them being able to access paid employment or deal with fixed costs such as rent or energy bills.

**182.** We welcome the recent announcement on the student support package for 2023/24. We believe this will help mitigate some of the impacts of the cost of living crisis, although we are concerned that rising costs are so significant that even this increase will not fully address the pre-existing financial strains placed on some students. Additionally, this increase will only apply to Welsh-domiciled students, and around half of the student population in Wales is not Welsh-domiciled. We also note that the childcare offer which is available for some students to access can have a huge impact on certain groups of students, in particular woman. We look forward to this offer being extended to those with even younger children and expect that any extension of the offer continues to be open to those in education and training.

**183.** We welcome the recent funding allocation to HEFCW of £2.3million from the Welsh Government. The Minister has asked that this funding should be focused on measures which will help address the impact on learners and students of the cost of living crisis, including the well-being and health impacts. This funding must be committed by March 2023 and spent by July 2023 so should seek to address some of the immediate impacts.<sup>273</sup> We will be interested to see

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<sup>273</sup> HEFCW Circular, W23/01HE: Well-being and health and additional financial support for higher education students, 24 January 2023

the report requested by the Minister on how the funding has been allocated which is due in October 2023.

**184.** We note from our budget scrutiny that there has been no uplift in funding for higher education in the 2023-24 budget, and that providers are meeting any costs arising from cost of living pressures from their existing resources. We acknowledge that this has been a challenging budget round, and there is limited money. However, we believe that the Welsh Government and HEFCW should continue to monitor the pressures on providers in relation to hardship funds and if providers are struggling to provide this necessary support to students look to make in year changes to the budget, to provide additional hardship funding.

**Recommendation 6.** The Welsh Government in conjunction with HEFCW continue to monitor the pressures on providers to provide additional financial support to students who are facing financial hardship. In particular close attention should be paid to the links between drop out and attainment rates and the need to access financial hardship support. If providers are struggling to meet demand, the Welsh Government should look to provide further in-year funding to providers.

**185.** We are also concerned that students may not be able to access all the cost of living support that is available. We are aware not all of these policy decisions are made at a Welsh Government level and our comments are framed in that context. Firstly, students may not be aware what they are eligible for; and secondly in some instances (such as support for energy bills) they may be reliant on others, such as landlords passing on that support. Further consideration needs to be given to the specific needs of students when drawing up cost of living support, and where institutions are also acting in another capacity, such as a landlord for student halls, they must ensure they are passing on energy support or ensuring that they are not increasing the costs of energy to such an extent that will cause financial hardship for their students.

**186.** Both providers and the Welsh Government need to work together to identify innovative ways to help support students and reduce their essential living costs. While we are already seeing providers doing this through at cost meals on campus, or with the introduction of warm spaces on campus, all other options should be pursued. We note in particular the impact transport costs can have on students, especially as students increasingly may well live some distance from their main campus.

**Recommendation 7.** The Welsh Government when drawing up any cost of living support measures must take into account the specific needs and challenges faced by all students,

including post-graduate students. In announcing any support they must make clear how they have addressed these challenges faced by students. In particular, the Welsh Government must consider that some students will not be able to access benefits such as Universal Credit, or may not be able to access any UK benefits (such as international students) or face barriers in securing or increasing the number of hours of paid employment (such as post graduate students).

**187.** We would like to endorse the following relevant recommendation from the Health and Social Care's report on mental health inequalities:

*Recommendation 1. The mental health and wellbeing of the population will not improve, and in fact may continue to deteriorate, unless effective action is taken to recognise and address the impact of trauma, and tackle inequalities in society and the wider causes of poor mental health. This message, combined with a clear ambition to reduce mental health inequalities, must be at the centre of Welsh Government's new mental health strategy.*

*Welsh Government response: Accept.*



## 4. Transitions to higher education

The transition to higher education study can be tricky and can trigger or exacerbate mental health issues. Transitions into higher education are varied, ranging from school leavers to adults returning to education after a long gap. A whole system approach to mental health across all post 16 education providers will help smooth transitions into higher education.

**188.** The traditional view of a student in higher education is that of an 18 year old moving away from home to go to university. But higher education has changed, and this is no longer always the case. We have covered this throughout the report, and have held in our minds throughout the inquiry that students are as broad and diverse a group of people as the wider population from which they come.

**189.** Yet, as we have noted in the previous chapter, the transition for young people going directly from school or college to higher education is a key time, and can present some particular stressors in relation to mental health. We therefore explored issues around transitions into higher education and how transitions can be improved to ensure students are starting at higher education in the strongest position.

### Whole school / system approach to mental health

**190.** Our predecessor Committee in the last Senedd investigated the emotional and mental wellbeing of children in their report **Mind Over Matter**, which was published in April 2018. The report set out that by the age of 14 half of all mental health issues will have begun, and called for a step change in how these issues were dealt with. In particular they called for a shift in focus to early intervention. They subsequently followed this up with **Mind Over Matter: Two Years On** where they said change was starting to happen but that it was not happening quickly enough. They said the focus needed to be on bringing about whole-system change.

**191.** Since these reports were published there has been a focus on establishing a whole school approach to emotional and mental wellbeing, including the development of statutory guidance

to support schools in developing a whole-school approach and the introduction of the new curriculum. This has now developed into a whole-system approach.

**192.** More recently, the Welsh Youth Parliament's Mental Health and Wellbeing Committee published their **report, Young Minds Matter**, looking at mental health and wellbeing for young people. They surveyed 3,679 young people, as well as drawing on their own personal experiences. This report built on their predecessor Parliament's **report, Let's Talk about Mental Health**, which was published in 2020. The current Youth Parliament found there was little to no difference in how often young people struggled with their mental health when compared to the survey conducted for the 2020 report. In particular, they found the amount of mental health support in places of learning did not meet demand. They made a number of recommendations, relevant to these issues including:

*"Places of learning to adopt the approach to embedding mental health and wellbeing into all aspects of the education experience, and for them to learn what works best in practice from one and other so that the experience is as consistent as possible for young people in all parts of Wales.*

*Places of learning to be provided with the resources they need to deliver more timely, consistent, and on-going support of good quality to those young people who require help with their emotions and mental health, and look to mainstream support such as school counselling services to all young people, including those young people who haven't reached out for help.*

*Places of learning to create more safe spaces for young people to talk with other young people and professionals and do more to reassure young people that seeking support can be done privately and confidentially."<sup>274</sup>*

**193.** In responding to the WYP's recommendations, the Deputy Minister did not provide specific feedback on each recommendation, but provided broad commentary on the work that was being undertaken that related to the recommendations.

**194.** Clearly the "pipeline" of how schools deal with mental health and emotional wellbeing will have a significant impact on how students who come straight from school / further education manage pre-existing mental health issues, or the extent to which their resilience has been developed to deal with challenges. Mind Cymru said that both the whole school approach and

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<sup>274</sup> [Welsh Youth Parliament, Mental Health and Wellbeing Committee, Young Minds Matter, November 2022](#)

new curriculum could result in a “step change in how young people think about their mental health.” They hoped that this will increase confidence in talking about issues and develop mechanisms to cope and manage. This will then help ease the transition to higher education for future cohorts of students.<sup>275</sup> They said it was essential that this step change being seen in compulsory education is continued into higher education.<sup>276</sup>

**195.** Hywel Dda University Health Board highlighted the School in Reach Service they have developed. The purpose of the programme is to support teachers in early identification and intervention when a learner is struggling. This benefited from Welsh Government investment, and has resulted in every school having a named link worker who can “deal with requests for consultation, provide training and ensure a whole school approach is adopted.” They felt that a similar approach could potentially improve support within college and university settings.<sup>277</sup>

**196.** The Welsh Government cited the new curriculum and its emphasis on health and wellbeing. It will also emphasise the “importance of transition into post 16 education and any effective transition would need to consider learners’ health and well-being and the support they had received in school.”<sup>278</sup> The Deputy Minister said that has been “good progress” in rolling out the whole school and now whole system approach.<sup>279</sup> She also highlighted that the Government’s approach to mental health is a no-wrong door approach.<sup>280</sup>

## What work is currently going on to support transitions?

**197.** NUS Wales said that mental health and wellbeing needed to be taken into account when planning and managing transitions between compulsory and post 16 education.<sup>281</sup> ColegauCymru said for those with an existing condition the transition should be as seamless as possible.<sup>282</sup>

**198.** As part of our engagement with staff and students, we heard that more should be done earlier in the application and admissions process to support these transitions. Staff said the earlier providers know about needs, the easier it is for appropriate support to be put in place.

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<sup>275</sup> Written evidence, MHHE 27 Mind Cymru

<sup>276</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 304

<sup>277</sup> Written evidence, MHHE 16 Hywel Dda University Health Board

<sup>278</sup> Written evidence, MHHE 34 Welsh Government

<sup>279</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 45

<sup>280</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 102

<sup>281</sup> Written evidence, MHHE 4 NUS Wales

<sup>282</sup> Written evidence, MHHE 19 ColegauCymru (Consultation Response)

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They cited examples of students flagging this as early as open days, and that it is “really, really positive” when this happens.<sup>283</sup>

**199.** We heard from providers of the support they provide for transitions to higher education. Bridgend College describe their “‘next steps’” programme, which includes “‘keep warm’ initiatives to engage students in their learner journey prior to them starting with us” and other mechanisms such as a student handbook and “‘freebies’” which help promote wellbeing. Additionally they have “increased the visibility of the wellbeing team...”<sup>284</sup>

**200.** Cardiff Metropolitan University said it worked with “key partners” but that there are “no formal information-sharing arrangements”, which they believed would create more seamless transitions for students with pre-existing conditions.<sup>285</sup> Universities Wales said that on a “regional context, many institutions do have very good, long-standing relationships with colleges and sixth forms, and some of those are very formal.” They said that in these instances it makes “life a little bit easier because we get to know them in another way.” However, they said that formalised relationships cannot support all transitions, because many students are coming from outside of Wales, and these formalised relationships are not in place everywhere.<sup>286</sup>

**201.** The Royal College of Psychiatrists said that there were a number of programmes across Wales which are seeking to support transition for particular groups, such as “widening participation students, students with autistic spectrum or mental health conditions.” They said there needed to be evaluation of such programmes.<sup>287</sup>

**202.** AMOSSHE said that transitions were a “growing agenda across the sector” with dedicated teams being established, and more work being done earlier on as a student prepares to go to university.<sup>288</sup> They said it was “really critical to prepare students in advance...”<sup>289</sup>

**203.** HEFCW highlighted that as part of their wellbeing and health funding, they have asked all providers to undertake a self assessment against the **Universities UK Stepchange framework**. This whole-university framework was co-developed with Student Minds’ University Mental Health Charter and provides a “a shared framework for change” to develop mentally

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<sup>283</sup> Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022

<sup>284</sup> Written evidence, MHHE 2, Bridgend College

<sup>285</sup> Written evidence, MHHE 15, Cardiff Metropolitan University

<sup>286</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraphs 169-170

<sup>287</sup> Written evidence, MHHE 9, Royal College of Psychiatrists, Wales

<sup>288</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 32

<sup>289</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 34

healthy universities.<sup>290</sup> Supporting transitions is a “key component” of this framework which emphasises a integrated approach which covers application, recruitment, induction, and continuing past induction.<sup>291</sup>

**204.** The Open University Open Learn platform brings together resources from Welsh universities to help with transitions into higher education for learners who been affected by the pandemic. The Welsh Government have provided funding to this project.<sup>292</sup>

**205.** We heard calls for a consistent and standardised approach to transitions from stakeholders such as Coleg Cambria.<sup>293</sup> HEFCW wanted to see “collaborative and clearly articulated transition pathways across the system....”.<sup>294</sup>

**206.** NUS Wales called for a widening of University Ready projects. They highlighted that these projects are primarily aimed at 16-18 year olds, and therefore are not suitable for older students. They said the additional complexities of going to university as an older student means such an expansion would be “very beneficial.” They also flagged that students from outside Wales, either from other parts of the UK or international students cannot access them either.<sup>295</sup>

**207.** Staff that we spoke to said they felt that the transition process was more challenging for the cohorts of students who had been impacted by the pandemic and lockdowns. They suggested that transitions needed to be “less dramatic”, it was suggested that the speed in which a large amount of information that needs to be assimilated and skills developed can be very challenging. This is a particular issue for the current cohorts of students going into higher education at 18, who may not have had as many opportunities to start to explore adulthood because of the pandemic and associated lockdowns.<sup>296</sup>

**208.** The Welsh Government highlighted the £600k funding for HEFCW in 2022/23 from the Post-16 and Transition Project which will deliver mentoring support to students in 16-19 education. They also said that in 2021/22 academic year, over £33million of additional funding was allocated to further education colleges and school sixth forms “to support learner

<sup>290</sup> Universities UK, Stepchange: Mentally Healthy Universities, 20 December 2022

<sup>291</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 273

<sup>292</sup> Written evidence, MHHE 34 Welsh Government

<sup>293</sup> Written evidence, MHHE 3 Coleg Cambria

<sup>294</sup> Written evidence, MHHE 14 Higher Education Funding Council for Wales (HEFCW)

<sup>295</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 59

<sup>296</sup> Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022

progression.” There was also a further £13million allocation for further education colleges and local authorities to support transition into and between the post 16 settings.<sup>297</sup>

## **Would a whole system approach to mental health in post 16 education help support transitions?**

**209.** As we noted at the outset of the report, the establishment of the Commission is a big moment of change and opportunity for the post-16 education sector. By taking on an oversight role across the whole sector, including higher and further education, it is an chance to develop a whole system approach across the full range of post 16 education.

**210.** HEFCW noted that a whole institution approach was a key part of the Universities UK Stepchange framework, and that it was important to ensure “staff are supported and trained...”.<sup>298</sup> They said as part of the development of health and wellbeing plans, they encouraged a whole institution approach. An important aspect is that it covers staff as well as students, and that they challenge providers to think about what they are doing for their staff as well as students.<sup>299</sup> They highlighted the need for the implementation of a whole system approach to be evidence based, and informed by evaluation of existing approaches and practices, which would also provide benchmarks to assess effectiveness and success.<sup>300</sup> (We will look at the issues around staff in the next chapter.) Universities Wales believed this framework provided a model for expanding into a “whole post-16 approach to mental health and well-being” which could be overseen by the Commission.<sup>301</sup>

**211.** HEFCW described both the health and education systems as “complex”. They called for a “clear, strong national strategy with guidance” that would ensure all partners involved were working collaboratively to meet all students’ mental health and wellbeing needs. They believed that the establishment of the Commission was an opportunity to do this as it will “provide the architecture”. They called for future strategies to “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.”<sup>302</sup>

**212.** A number of stakeholders agreed with HEFCW that the Commission provides an opportunity to bring together a more integrated approach to mental health and wellbeing

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<sup>297</sup> Written evidence, [MHHE 34.Welsh Government](#)

<sup>298</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 298](#)

<sup>299</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 301](#)

<sup>300</sup> Written evidence, [MHHE 14.Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>301</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 251](#)

<sup>302</sup> Written evidence, [MHHE 14.Higher Education Funding Council for Wales \(HEFCW\)](#)

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across the post 16 sector. This included the Council of Deans of Health;<sup>303</sup> and ColegauCymru, who called for the Commission to take a joined up approach, and for a “parity of experience” regardless of which setting the student is studying in.<sup>304</sup> Others who wanted to see a joined up approach across the sectors included the British Association for Counselling and Psychotherapy;<sup>305</sup> and the Royal College of Psychiatrists.<sup>306</sup>

**213.** NUS Wales called for lessons to be learnt on roll-out of the whole system approach in schools and applied in the post-16 sector. They believed that more work was needed to start embedding a “standard mental health provision for students in further education settings.”<sup>307</sup> ColegauCymru said that colleges were seeing an increase in mental health issues, which can then feed into higher education as these students transition from college.<sup>308</sup> Beat Cymru called for a whole system approach to be introduced across the post-16 sector to reflect the developments in schools.<sup>309</sup>

**214.** AMOSSHE called for:

*“A long term strategy which considers mental health support, management and competency across the educational journey; through school, FE, HE and into employment.*

*Continuity of care and provision, effective partnership and transitions support is imperative in ensuring that students are aware of support in advance of moving from one setting to another.”<sup>310</sup>*

**215.** Grŵp Llandrillo Menai believed the establishment of the Commission provides an opportunity to ensure all post-16 learners “receive appropriate support” as they move through the system. They believed there are “opportunities to develop a regional mental health hub for HE learners studying within an FE environment, and to strengthen access to support whilst they transition between FE and HE and between institutions.”<sup>311</sup> Bridgend College said they have regular meetings with other colleges and the Welsh Government which has enabled a consistent

<sup>303</sup> Written evidence, MHHE 26 Council of Deans of Health

<sup>304</sup> Written evidence, MHHE 19 ColegauCymru (Consultation Response)

<sup>305</sup> Written evidence, MHHE 29 British Association for Counselling and Psychotherapy

<sup>306</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 153

<sup>307</sup> Written evidence, MHHE 4 NUS Wales

<sup>308</sup> Written evidence, MHHE 7 ColegauCymru (Committee Paper)

<sup>309</sup> Written evidence, MHHE 23 Beat

<sup>310</sup> Written evidence, MHHE 11 AMOSSHE The Student Services Organisation Wales

<sup>311</sup> Written evidence, MHHE 1 Grŵp Llandrillo Menai



approach as well as enabling colleges to “raise emerging themes and trends...”.<sup>312</sup> Mind Cymru also raised the importance of the Commission considering the different needs and demands across the range of provision in Wales.<sup>313</sup>

**216.** The University of South Wales said that one key challenge in ensuring smooth transitions is an assumption “that support previously accessed in other education settings will automatically follow into HE where the reality is that there is an entirely new process...”. They called for further collaboration across the sector to help manage expectations and smooth transitions.<sup>314</sup>

**217.** HEFCW talked of the importance of ensuring a consistent terminology and usage of that terminology across all the different partners involved in the system, including the healthcare sector. Otherwise a lack of such consistency can cause disjointed support.<sup>315</sup>

**218.** The Welsh Government said that the “post-16 and transitions project” has been working with partners across the health and education sectors to “consider the challenges, barriers and issues” students in post 16 settings are facing. It said this work will be “used to inform future collaboration programme.”<sup>316</sup>

**219.** According to the Welsh Government a whole system approach “will be a priority” for the new Commission. They said they want to see it building on existing work already done in this space, and to learn lessons from the pandemic. They also believed the Commission will “provide opportunities for greater sharing of information, data and best practice between further and higher education providers, aiding support for students who transition between the two services.”<sup>317</sup>

**220.** The Minister said that the new Commission will have the “enhanced ability to share data, share best practice...”. This is because it will be regulating and funding all aspects of post-16 education and training. He also committed to working with education providers and health providers to ensure that all opportunities to collaborate are identified.<sup>318</sup>

**221.** The Deputy Minister has established a “new cross-sector policy advisory group” which will look at mental health across the tertiary sector. She said this would have a “particular focus” on

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<sup>312</sup> Written evidence, [MHHE 2 Bridgend College](#)

<sup>313</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 350](#)

<sup>314</sup> Written evidence, [MHHE 32 University of South Wales](#)

<sup>315</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 274](#)

<sup>316</sup> Written evidence, [MHHE 34 Welsh Government](#)

<sup>317</sup> Written evidence, [MHHE 34 Welsh Government](#)

<sup>318</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraphs 87-89](#)



strengthening mental health and wellbeing support in the post 16 education sector. This will link in with the establishment of the Commission and will inform work in developing the successor to the Together for Mental Health Strategy.<sup>319</sup>

## Declarations of pre-existing conditions

**222.** Some students will develop mental health issues while studying at their institution, but as there is an increase in the reporting of mental health issues within the wider population, it is clear that this means increasing numbers of students will arrive at higher education with a pre-existing condition. This applies as much to students starting university at 18 / 19 as it does to a student who is joining later in life. Mind Cymru noted that 50% of adult mental health conditions “manifest themselves by age 14 and 75% by age 24.”<sup>320</sup>

**223.** A key piece of intelligence for the institutions as they welcome students is the information from a student’s application. For those who apply through UCAS (and this is not all students) there is the opportunity to declare a pre-existing mental health condition. Cardiff University described this as the “most straight forward way” to be able to identify those who with existing conditions.<sup>321</sup>

**224.** In highlighting the UCAS figures, which we cover in paragraphs 20-21, the Welsh Government said that 49% of first year students with a mental health condition do not declare it on their UCAS form. They also cite UCAS research which shows that students are increasingly declaring a condition once at university which may indicate that “students remain reluctant to declare... at the application stage.”<sup>322</sup> Universities Wales said that some students will not indicate in advance “for a variety of reasons...” and that it is a decision for a student to make a declaration.<sup>323</sup>

**225.** Yet we heard that it can be important for institutions to be aware of this to ensure they can put the right support from the outset. Without this information, Universities Wales said it can mean that institutions cannot meet a student’s needs for support “initially.”<sup>324</sup> Aneurin Bevan University Health Board said that if the transition is well managed with regular opportunities for

<sup>319</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 12

<sup>320</sup> Written evidence, MHHE 27 Mind Cymru

<sup>321</sup> Written evidence, MHHE 30 Cardiff University

<sup>322</sup> Written evidence, MHHE 34 Welsh Government

<sup>323</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 118- 119

<sup>324</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 109

the young person to discuss their wellbeing, then “proactive interventions which can include self-directed strategies can be embedded and in place prior to starting their period of study.”<sup>325</sup>

**226.** We were told that there were a range of reasons why applicants may be reluctant to declare as part of the admissions process, including concerns it may affect the success of their application. The Centre for Mental Health said that while there was greater awareness and understanding on mental health issues there is still a “gap around mental health literacy....still a lingering issue around stigma...”.<sup>326</sup> Mind Cymru said that stigma around mental health issues continues to exist, especially for some particular groups.<sup>327</sup> Staff may also face the issue of stigma, and they said it was important for providers to ensure promotion of a “better ethos of mental health”. They called upon universities to “take ownership of the battle against mental health stigma.”<sup>328</sup>

**227.** We heard that there are some groups who are less likely to make a declaration. The Royal College of Psychiatrists indicated that engineering, medical and dental students all have lower rates of declarations.<sup>329</sup> We also highlighted this issue in paragraph 58.

**228.** Universities Wales said there was “important work to be done” to make it clear that declaration as part of the application process will not impact on whether a place is offered. They said that a university “cannot lawfully not provide an offer due to that particular situation.” They said possibly an information campaign would be useful to make this point “extremely clear.”<sup>330</sup>

**229.** The University Mental Health Advisers Network said that the sector relies on the disability disclosure process for early identification. However they said this is dependent on students “being aware that mental health conditions are counted as a disability” and knowing what support will be available as a result. They said many with mental health issues “do not identify” with the “label” of disability. They also said some often see starting at university as an opportunity for a fresh start and will not disclose at this point.<sup>331</sup>

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<sup>325</sup> Written evidence, MHHE 22 Aneurin Bevan University Health Board (ABUHB)

<sup>326</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 8

<sup>327</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 313

<sup>328</sup> Written evidence, MHHE 27 Mind Cymru

<sup>329</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 154

<sup>330</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 187

<sup>331</sup> Written evidence, MHHE 20 University Mental Health Advisers Network

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**230.** This chimed with some of the evidence we heard directly from students. More broadly we heard of how students may feel they are not “bad enough” to seek help for mental health issues.<sup>332</sup>

**231.** Grŵp Llandrillo Menai said that transition would be assisted if HE providers were “automatically” provided with information about support provided to learners at school and support provided by NHS. They believed this could be done “through an enhanced application/referral process via UCAS.”<sup>333</sup> Coleg Cambria also called for information on mental health to be shared in a timely manner,<sup>334</sup> as did the British Association for Counselling and Psychotherapy<sup>335</sup> (all noted this should be done with consent). Universities Wales also said there are some circumstances where data sharing between services are a “gap and the challenge”.<sup>336</sup> The Council for Deans of Health saw the Commission as an mechanism to help introduce information sharing agreements and data to help ensure continuity of care as a student moves through the education system.<sup>337</sup> As did Universities Wales, who felt the Commission provided an opportunity to look at “data flows from schools and colleges through to universities so that it becomes more seamless...”<sup>338</sup>

**232.** In terms of data sharing, HEFCW said it was also about “creating that culture that encourages” it. They said that being able to show the impact of effective information sharing helps create this culture.<sup>339</sup>

**233.** The Open University in Wales said that rates of declarations may differ from a institution like itself to a more traditional campus based provider. They said that for students who are more rooted in their local community, and are returning to education, they are more likely to seek support outside of the higher education sector, for example through their GP. They said that it “may not even occur” to these students to declare a condition to their provider, and that support can be accessed this way.<sup>340</sup> HEFCW also described transitions as “very diverse, very complex” because students are joining higher education from “all kinds of places...”<sup>341</sup>

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<sup>332</sup> [Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022](#)

<sup>333</sup> Written evidence, [MHHE 1 Grŵp Llandrillo Menai](#)

<sup>334</sup> Written evidence, [MHHE 3 Coleg Cambria](#)

<sup>335</sup> Written evidence, [MHHE 29 British Association for Counselling and Psychotherapy](#)

<sup>336</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 119](#)

<sup>337</sup> Written evidence, [MHHE 26 Council of Deans of Health](#)

<sup>338</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 171](#)

<sup>339</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 280](#)

<sup>340</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>341</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 271](#)

**234.** HEFCW said that providers are becoming more proactive on early identification through applications and admissions process. They cited the work at the Royal College of Music and Drama which “repeatedly asks students about mental health conditions at pre-entry, entry, induction and choosing accommodation following acceptance stages...” They have done this because of the acknowledgement that students may be reluctant to declare as part of the application process because of concerns it might negatively impact on their application.<sup>342</sup> HEFCW said that all institutions need to ensure students have “multiple opportunities” to disclose, this was an “awareness-raising issue for students” once they are at an institution.<sup>343</sup> Universities Wales also stressed that “it doesn’t stop at enrolment” and that students can declare issues at any point.<sup>344</sup> While AMOSSHE said it “would be helpful” not to be relying solely on declarations made prior to a student starting at university. They also reminded us that students are “entitled not to tell us anything that they wish to withhold.”<sup>345</sup>

**235.** Aneurin Bevan University Health Board said that the Eating Disorders team work closely to support transitions of people at 18, but that one of the challenges can be that a young person will not know who their personal tutor is going to be. They suggested that having “In Reach” mental health practitioners who could be a named contact would help support transitions. They suggested this would also be useful for parents, who continue to play an important role in supporting young people.<sup>346</sup>

**236.** On issues around stigma, the Deputy Minister said it was a “very important” issue, and that the Welsh Government have continued to fund Time to Change Wales which does work around reducing stigma, and also works in communities that are at risk.<sup>347</sup>

## Our view

**237.** Clearly the transition to higher education, wherever that pathway has started, can be a tricky one. Starting a higher education course, with new people, possibly in a new place and different modes of learning, new routines can be exciting but also daunting. Ensuring the transition is managed effectively can make a huge difference in the student starting on the right foot for the rest of their studies. This is particularly paramount for those students who may have existing or previous mental health issues.

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<sup>342</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>343</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 281](#)

<sup>344</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 118](#)

<sup>345</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 30](#)

<sup>346</sup> [Responses from Aneurin Bevan University Health Board to the unasked questions at the meeting on 19 October](#)

<sup>347</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 47.](#)

**238.** While the transition is tricky for all, it may be particularly challenging for 18 year olds who are also dealing with the transition to adulthood at the same time. Not all 18 year olds will feel ready for that big step, and clearly additional support is necessary for these young people.

**239.** There has clearly been a significant change in Wales as to how mental health and emotional wellbeing is discussed in pre-16 education. We are hopeful that this, combined with the new curriculum, will mean that in future students joining higher education whether directly from school or later in life, will have a good grounding in how to manage and maintain their own mental wellbeing, and that of their family and friends. Getting it right at school will pay enormous dividends throughout a young person's life, but will particularly help pave the way for a smooth transition into higher education. However, there is still a lot of work to be done to ensure that the good intentions result in clear, concrete improvements on the ground for children and young people.

**240.** We note the recent Welsh Youth Parliament report on emotional and mental wellbeing. We are concerned to read that young people do not feel that change is happening, or if it is, it's not being felt on the ground. We support their calls for improvements that are felt on the ground to ensure that young people receive appropriate mental health and emotional wellbeing support during their time in compulsory education and moving into post 16 education.

**241.** We feel unclear as to how the whole system approach to mental health and emotional wellbeing is being implemented and monitored across Wales. While we acknowledge that individual schools will be assessed as part of the inspection framework, it is difficult for us as a Committee to get a sense on how this implementation is going across Wales, and what challenges and barriers schools, local authorities and the Welsh Government may face in ensuring that good intentions are being delivered on the ground. This may also help address some of the concerns raised by the Welsh Youth Parliament.

**Recommendation 8.** That the Welsh Government provides us with regular information and any available data on the roll-out of the whole-system approach in pre-16 education. This information should be provided twice a year and should provide us with the information to understand the impact the roll out is having on children and young people's emotional and mental well-being, as well as the extent to which it is building resilience.

**242.** There is clearly some important partnership working ongoing with the sector to try and assist with some transitions, particularly for those students moving from college / sixth form into higher education. (This will not just positively affect 18 year old students, but any student who

has returned to restart education within a further education setting.) However, this partnership working will not benefit those students joining from elsewhere in the UK or international students. We note that one of the recommendations from our engagement activity was there to be further development of the transitions process, which should be developed in partnership with and supported by further education providers.<sup>348</sup>

**243.** The establishment of the Commission does provide a golden opportunity to help improve transitions across the post 16 education sector. While there has already been some good work established by HEFCW, we believe now is a particularly opportune moment to really look at how this work can be further embedded and mainstreamed across all post 16 providers to ensure transitions around the sector are seamless and support the student in their learning journey. The establishment of the Commission also provides an opportunity to look more widely than Wales to identify good practice on transitions across the globe. Such work may also link to the work on ensuring international students get the right level of support (as we look at in the previous two chapters).

**Recommendation 9.** The Welsh Government, in conjunction with HEFCW and the new Commission should commission work looking at good practice on educational transitions from compulsory to post compulsory education across the world. This work should identify good practice which would translate to the Welsh sector, it should be published and used to inform future policy in this important area.

**244.** We would endorse the recommendation made by the post 16 education sector that the Welsh Government should consider ways in which universities can work with local post-16 colleges and schools to support learner mental health ahead of transition to higher education.<sup>349</sup>

**Recommendation 10.** The Welsh Government outlines to the Committee how it will take forward the recommendation from the post 16 education sector to consider ways universities can work with local post-16 colleges / schools to support learner mental health in advance of the transition to higher education.

**245.** We welcome the establishment of the new cross sector policy advisory group by the Deputy Minister, as described in paragraph 221. We think this is a timely development, and will hopefully provide another route to help shape the work of the Commission in this area.

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<sup>348</sup> Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022

<sup>349</sup> Post-16 Education Sector Working Group, Post-16 Mental Health Policy Recommendations, May 2022

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**Recommendation 11.** The Welsh Government provide the Committee with details of the new cross sector policy advisory group on mental health in tertiary education, including the terms of reference and membership, and how it will help inform the work of the Commission as this becomes established. An annual update on the work of the Group should be provided to the Committee.

**246.** We also strongly support calls for the comprehensive whole system approach to mental health and wellbeing across the post 16 education provision. This can build upon the whole system approach being adopted across Welsh schools, and will help ensure that transitions from school into the post 16 sector and its broad provision will become more seamless. As part of this it is important to adopt shared terminology and use of it across the sector and key partners, which will help improve understanding and help make transitions more seamless.

**247.** We note HEFCW's evidence (see paragraph 210) that implementation should be evidence based and provide an opportunity for ongoing evaluation. We agree. It is important that as a Senedd Committee there is information that we can use to understand and monitor work that is on-going in this area. We are often aware of funding being allocated, such as the £600k funding for the Post 16 and Transition project, but do not receive updates on the spend, and subsequent evaluation of the work that has been done with such funding. This can make it more difficult for us to scrutinise

**Recommendation 12.** That the Welsh Government and HEFCW update the Committee with details of where the additional funding for the Post 16 and Transition Project funding has been allocated. The evaluation of the effectiveness of the expenditure and any lessons learnt or good practice that will be shared across the sector should be made available to the Committee as soon as possible.

**248.** The Commission can play a vital role in establishing and ensuring a whole system approach is maintained across the sector. We believe it should be a priority for the Commission as it is established and starts to develop its work programme and priorities. This will not only help ensure transitions throughout any stage of a student's learning journey, but will also help improve mental health support throughout the sector.

**Recommendation 13.** That the Welsh Government ensures that the Commission prioritises the establishment of a whole system approach to mental health and wellbeing across the post 16 education sector. In doing this, that the Welsh Government and then the Commission keeps the Committee updated on a regular basis (at least annually) on progress in embedding this approach across the sector.

**249.** We fully understand the reluctance of students to declare on their UCAS application form any pre-existing mental health issues. UCAS is a competitive process, especially for some over-subscribed courses, and students may be concerned that this could impact on their application. We note the evidence that such discrimination would not be lawful, but this will not prevent applicants being concerned. We know that such declarations can make a significant difference to ensuring the right support is in place from day one if institutions know of any issues before a student starts. We note the good practice from the Royal Welsh College of Music and Drama which was highlighted by HEFCW, where students are asked at multiple points throughout the application, induction and welcome process. We would like to see this approach to be more widespread throughout the sector, and believe that the registration condition on mental wellbeing could well be a vehicle for ensuring this.

**Recommendation 14.** In developing the supporting student welfare registration condition, the Welsh Government, the Commission, and Higher Education sector collaborate to explore how institutions can support students to disclose any mental health conditions. This may reflect examples of existing practice in providing multiple opportunities through the application, induction and welcome process for students to declare an existing mental health condition.



## 5. Mental health provision within higher education providers

There is clearly a lot of work being done by staff and institutions to support students' mental health and wellbeing. But the increasing volume and complexity of cases is placing a strain on the ability to support students. We heard of lots of suggestions for positive change which could help improve the support offer to students.

**250.** We received a lot of evidence about the work going on in providers across Wales. It was heartening to see some of the outstanding work to help students get the most out of their higher education experience and to maximise their learning opportunities.

**251.** Since 2014/15 fee plans have included support for mental health and wellbeing. In 2019, HEFCW launched the Well-being and Health in HE Policy Statement. They started funding for "five, collaborative innovative well-being and health projects to improve and support student well-being and health...". These projects are ongoing or embedded. HEFCW noted that all universities in Wales "unlike in England" have Well-Being and Health Strategies and Implementation Plans which are funded through them. Their own analysis of universities' self-assessment of 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." They also said that these areas of challenge for three universities "related to working with NHS services across Wales."<sup>350</sup> We look at this issue in more detail in the next Chapter.

**252.** We heard about the challenges providers are finding as both the number and complexity of support needs increases. Student Minds told us they were "confident" that broadly institutions have been improving how they are dealing with student mental health, but said there was "still a way to go for the sector" in dealing with the volume and complexity of student mental health.<sup>351</sup> NUS Wales said the support available was "inadequate to deal with the sheer numbers" of those

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<sup>350</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>351</sup> Written evidence, [MHHE 8 Student Minds](#)

who are struggling, and that more needed to be done to ensure the whole system “is geared up to deal” with those who need to access support.<sup>352</sup>

**253.** Our survey found that of those respondents who accessed mental health support at university, 62% of respondents said accessing it was “very easy or somewhat easy” with 25% of respondents saying it was very difficult or somewhat difficult. 54% of respondents were happy with the support they received, while 24% were not. Respondents shared their positive and negative experiences. Those who had positive experiences highlighted timely and responsive support; while those who had negative experiences referenced the amount of support offered which was not considered sufficient, in particular the number of counselling sessions.<sup>353</sup>

**254.** BMA Cymru shared with us their survey results of medical students which found that 1 in 4 respondents who received mental health support felt “that the service did not respond in a ‘timely and effective manner’.”<sup>354</sup> They also identified concerns about accessing support while on placement, an issue that we look at in Chapter 2 and also in the section below on improvements.

## Consistency across providers

**255.** One of the areas we explored with stakeholders was the extent to which such a diverse sector can work towards a consistent standard of provision. We note that all Welsh universities are signed up to **Universities UK’s Stepchange** and **Suicide-Safer Universities framework**. All Welsh higher education providers must have a student charter, but beyond that there is no set standard for mental health and wellbeing services. The collaborative policy development work undertaken by all the main players in this area recommended a consistent standard of expectations for all students.<sup>355</sup>

**256.** Some who supported calls for some element of standardised care across all institutions included Dr Kim Dienes<sup>356</sup> and the Royal College of GPs.<sup>357</sup> The Royal College of Psychiatrists said in developing a standardised approach all key groups, including clinicians, academics,

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<sup>352</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraphs 9-10

<sup>353</sup> Children, Young People and Education Committee, Mental Health support in Higher Education, Survey Findings, November 2022

<sup>354</sup> Written evidence, MHHE 24 BMA Cymru Wales

<sup>355</sup> Universities Wales, Colegau Cymru, NUS Wales, AMOSSHE, Post-16 Mental Health Policy Recommendations, May 2022

<sup>356</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 159

<sup>357</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 156

university staff and students would need to be involved in the development of such an approach.<sup>358</sup>

**257.** We heard that a whole-institution approach across Welsh higher education providers could play a role in improving provision. Such an approach would be tailored to each institution's needs. The Centre for Mental Health outlined what a whole institution should look like:

*"... essentially that the culture and the processes of that institution, be it a school, university or college, consider, think about and support mental health from day one onwards, and for everyone in that community, including the staff members, who often get forgotten in this conversation. So, you create a nurturing environment, you create an environment where people feel safe, where there are positive relationships and where everyone is supported where possible to enjoy good mental health in schools."*<sup>359</sup>

**258.** HEFCW noted that any whole system approach should be informed by 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."<sup>360</sup> The British Association for Counselling and Psychotherapy said that a whole institution approach goes wider than providing mental health support, but is about "taking a multi-stranded approach" recognising that "all aspects of university life can support and promote mental health and wellbeing."<sup>361</sup>

**259.** HEFCW said that different institutions will be "dealing with different student cohorts" . Additionally they will be operating across different health board footprints which will impact resourcing and activity. They said "one size does not fit all" and while consistency is needed, it should be set at a level of "common expectations in broad terms and principles" which allows institutions to "work within that framework to respond to the context within which they're operating." They called for a focus on outcomes rather than process to help deliver this.<sup>362</sup>

**260.** AMOSSHE said the Stepchange Framework, as well as highlighting the importance of a whole institution approach, provides a "flexible vehicle to escalate the visibility and role of student (and staff) support services within our institutions."<sup>363</sup> The model was piloted at Cardiff

<sup>358</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 164

<sup>359</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 35

<sup>360</sup> Written evidence, MHHE 14 Higher Education Funding Council for Wales (HEFCW)

<sup>361</sup> Written evidence, MHHE 29 British Association for Counselling and Psychotherapy

<sup>362</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 292

<sup>363</sup> Written evidence, MHHE 11 AMOSSHE The Student Services Organisation Wales

University, who said they commissioned an external audit of their approach, and that as they “adopt new student experience governance... will seek to enhance our approach and learn from practice elsewhere.”<sup>364</sup>

**261.** Student Minds highlighted their own work in this space. They have developed a Mental Health Charter, which encourages a whole university approach. They said it is “well evidenced, strategic and will be impactful in the long-term.” They called for Welsh institutions to be supported and enabled to develop policies and strategies “in line with the good practice principles” within the Charter.<sup>365</sup>

**262.** NUS Wales said that while there are “many examples of innovative and effective” mental health work across Wales, more needed to be done to promote “an ethos of universal mental health to all students.” They said that surveys “consistently find that students believe their education provider could be doing more to support their mental health.”<sup>366</sup>

**263.** A number of stakeholders operating in the further education sector or in distance learning highlighted the importance of taking into account the different needs, requirements and student bodies across all higher education provision. These included Colegau Cymru;<sup>367</sup> Coleg Cambria;<sup>368</sup> Grŵp Llandrillo Menai;<sup>369</sup> and the Open University in Wales.<sup>370</sup>

**264.** ColegauCymru said the Commission should ensure there is an “expectation of some sort of parity of experience” across all the sectors providing higher education. This would allow for “differences between settings” but would ensure a student could access “similar levels of support” regardless of where they are studying.<sup>371</sup> NUS Wales also talked about the diversity of provision saying that each institution will need to adapt its services to suit its particular student demographic. They said for these reasons a universal approach won’t “necessarily work...”<sup>372</sup> We also highlight these views in relation to funding later in this Chapter.

**265.** The Welsh Government said that HEFCW “requires” all universities to use the Stepchange self-assessment toolkit, and has updated its guidance on Student Charters to include commitments on student well-being. It also noted that HEFCW now expects institutions to

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<sup>364</sup> Written evidence, [MHHE 30 Cardiff University](#)

<sup>365</sup> Written evidence, [MHHE 8 Student Minds](#)

<sup>366</sup> Written evidence, [MHHE 4 NUS Wales](#)

<sup>367</sup> Written evidence, [MHHE 7 ColegauCymru \(Committee Paper\)](#)

<sup>368</sup> Written evidence, [MHHE 3 Coleg Cambria](#)

<sup>369</sup> Written evidence, [MHHE 1 Grŵp Llandrillo Menai](#)

<sup>370</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>371</sup> Written evidence, [MHHE 7 ColegauCymru \(Committee Paper\)](#)

<sup>372</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 23](#)

“include a commitment to promoting student health and wellbeing and a commitment to supporting suicide-safer approaches...”<sup>373</sup> The Minister said the change in guidance for Student Charters “is really important”. He added that there will be further requirements placed upon providers to support suicide-safer approaches. He said that this work alongside the Stepchange Framework will help embed mental health and wellbeing in “the policies and practices of all institutions...”<sup>374</sup>

**266.** The Welsh Government said HEFCW had been working with both providers and students to develop a Wales-wide “strategic approach to well-being and health, including mental health.” Additional funding has helped both HEFCW and the sector “to build on this strategic approach and extend” the interventions available.<sup>375</sup> The Minister said that the work of HEFCW in this space has been “important”<sup>376</sup> and has “really driven a very significant change across the system in the last number of years.”<sup>377</sup>

**267.** The Minister felt it was worth “looking at a framework of common expectations...” while also acknowledging “the independence and diversity” of providers. He said such a framework could “take different forms in different institutions...” if that level of flexibility was necessary.<sup>378</sup>

## What role can the Commission for Tertiary Education and Research play?

**268.** The 2022 Act was amended during legislative scrutiny to add a registration condition on the effectiveness of arrangements for supporting the welfare of students and staff. It will be for the Commission to develop how this registration condition, along with the others, will work in practice.

**269.** This additional condition was welcomed by NUS Wales who called it an “important safeguard”.<sup>379</sup> They said the condition had to go further than ensuring institutions are delivering a particular level of support, and should measure that the “support is tailored and suitable for the entire breadth of an institution’s student body.” It should also ensure services are culturally competent.<sup>380</sup> UCU Wales said it was “essential” that monitoring of this condition covers staff as

<sup>373</sup> Written evidence, [MHHE 34 Welsh Government](#)

<sup>374</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 52](#)

<sup>375</sup> Written evidence, [MHHE 34 Welsh Government](#)

<sup>376</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 10](#)

<sup>377</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 18](#)

<sup>378</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 66](#)

<sup>379</sup> Written evidence, [MHHE 4 NUS Wales](#)

<sup>380</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 99](#)

well as students.<sup>381</sup> Unison agreed.<sup>382</sup> Mind Cymru also felt that the Commission should have a staff focus, because a healthy workforce is essential in creating a healthy institutional culture.<sup>383</sup>

**270.** Universities Wales said it was important that the regulatory framework takes account of the different roles and responsibilities of health and education providers. They also said the Commission needed to “provide a clear understanding of what interventions, monitoring and support are suitable for HE providers.”<sup>384</sup> AMOSSHE said the Commission could play a role in looking at sustainable funding and models, in particular how institutions can support the increasing levels of needs. They felt that this could involve discussion about:

*“... boundaries and responsibilities and the difference between the higher education setting and the statutory setting I think becomes evermore critical.”<sup>385</sup>*

**271.** HEFCW said that the registration conditions will need careful consideration and that they should not be “too specific” and allow “a lot of flexibility” to take account of the complexities of the sector and the range of providers and needs of different student groups.<sup>386</sup>

**272.** It was clear that the Commission will need to ensure it listens to the voices of students, staff and providers. NUS Wales said this should happen across all the work of the Commission, but that it was particularly important for mental health and wellbeing.<sup>387</sup>

**273.** The Open University in Wales said that the Commission must take account of the diversity of the student population and experience, and that the intersectionality of mental health must be acknowledged and supported with “appropriate long-term resource.”<sup>388</sup> Student Minds also emphasised the need to listen to the broadest range of voices.<sup>389</sup> The National Deaf Children’s Society Cymru said that the Commission should ensure the Learner Engagement Code “sees universities engage with deaf students in an accessible format.”<sup>390</sup> HEFCW echoed calls for student and staff voices to be heard, and for intersectional approach to be taken.<sup>391</sup>

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<sup>381</sup> Written evidence, [MHHE 13 University and College Union](#)

<sup>382</sup> [Children, Young People and Education Committee](#), 26 October 2022, Record of Proceedings paragraph 245

<sup>383</sup> [Children, Young People and Education Committee](#), 19 October 2022, Record of Proceedings paragraph 355

<sup>384</sup> [Children, Young People and Education Committee](#), 6 October 2022, Record of Proceedings paragraph 251

<sup>385</sup> [Children, Young People and Education Committee](#), 26 October 2022, Record of Proceedings paragraph 90

<sup>386</sup> [Children, Young People and Education Committee](#), 26 October 2022, Record of Proceedings paragraph 319

<sup>387</sup> Written evidence, [MHHE 4 NUS Wales](#)

<sup>388</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>389</sup> [Children, Young People and Education Committee](#), 19 October 2022, Record of Proceedings paragraph 352

<sup>390</sup> Written evidence, [MHHE 6 National Deaf Children’s Society Cymru](#)

<sup>391</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

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**274.** HEFCW said it was important that the Commission has effective regulatory powers to enable it to “challenge and support” the sector in meeting the mental health and wellbeing of both staff and students. They also called for the Commission to:

*“... 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.”<sup>392</sup>*

**275.** The Open University in Wales said the Commission should support universities “in how they identify need and the standard of service” they should be providing. The Commission could also be a “vehicle” for sharing good practice across Wales.<sup>393</sup> While the Royal College of Psychiatrists said they could have a role in “overseeing student wellbeing and support services.”<sup>394</sup> Mind Cymru said that improved learning satisfaction is a good goal but that the Commission must ensure it’s “measured and reviewed consistently and appropriately.”<sup>395</sup> They

<sup>392</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>393</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>394</sup> Written evidence, [MHHE 9 Royal College of Psychiatrists Wales](#)

<sup>395</sup> Written evidence, [MHHE 27 Mind Cymru](#)



also saw the Commission as an opportunity to bring together data and knowledge together looking across the whole sector to identify what works well.<sup>396</sup>

**276.** Cardiff University said the Commission could play a role on “partnership and engagement sector expertise.” This could take the form of support for “regional partnerships/coalitions”, similar to the South East Wales Mental Health Partnership<sup>397</sup> (see next Chapter for more information). Universities Wales agreed that the Commission could help “develop these links” between health and education at a national and regional level,<sup>398</sup> while the South East Wales Mental Health Partnership called for “joined up regional strategies with aligned objectives and working groups...” alongside the defining of “parameters and meeting points” between the education and healthcare sectors.<sup>399</sup> Cardiff Metropolitan University agreed saying that it can be resource intensive for each provider to “develop bespoke relationships with a wide range of external stakeholders” and the success of this depends on “resourcing and willingness on all sides...”<sup>400</sup>

**277.** AMOSSHE highlighted that the size of the sector in Wales means there are greater opportunities for partnership working.<sup>401</sup> While UCU saw the Commission as being the “engine, the pivot” to deliver collaboration<sup>402</sup> and NUS Wales called for the Commission to work with partners outside of the education sector, in particular the NHS to ensure effective support for students.<sup>403</sup>

**278.** The Welsh Government said the registration requirement in relation to staff and student welfare is “the first legal duty of its kind in the UK”. It will enable the Commission to “set out clear expectations” to providers “regarding their policies, services, and processes for supporting student and staff wellbeing, welfare and safety.” They said they would expect the Commission to “develop arrangements for long-term monitoring and oversight” which would then enable assessment of the impact of different initiatives.<sup>404</sup>

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<sup>396</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 350](#)

<sup>397</sup> [Written evidence, MHHE 30 Cardiff University](#)

<sup>398</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 251](#)

<sup>399</sup> [Written evidence, MHHE 17 South East Wales Mental Health Partnership \(Cardiff University, Cardiff Metropolitan University, University of South Wales, RWCMD, Cardiff and Vale UHB](#)

<sup>400</sup> [Written evidence, MHHE 15 Cardiff Metropolitan University](#)

<sup>401</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 131](#)

<sup>402</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 171](#)

<sup>403</sup> [Written evidence, MHHE 4 NUS Wales](#)

<sup>404</sup> [Written evidence, MHHE 34 Welsh Government](#)

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**279.** The Welsh Government said that there would be a need for more innovation and collaboration to support services that meet student need.<sup>405</sup> The Minister believed the establishment of the Commission will be an opportunity for a more holistic and joined-up approach to student mental health.<sup>406</sup> The Minister said that one of the priorities is:

*"to make sure that institutions are working together... what we can do across the system to ensure that best practice is identified, that interventions are evaluated, and that work is shared between institutions so that we can make sure that the best interventions are being used most widely, really."*<sup>407</sup>

**280.** In developing the registration conditions, the Minister said it was important it is "led by the sector".<sup>408</sup> He confirmed that the new regulatory arrangements will be in place for the 2026/27 academic year.<sup>409</sup> The Minister outlined how this arrangements can help improve mental health provision:

*"... the commission will have, in various contexts, opportunities to fund directly, and it's important to ensure that the terms and conditions that are relevant to those specific grants reflect the principles and emphasise, indeed, the provision of mental health support. So, there are several ways in which the commission can do that. And what that creates, of course, is the basis. If specific intervention is needed if an institution doesn't meet the requirement in terms of mental health objectives, then the commission can work supportively, if you will, with an institution—it can provide advice and support, look at reviews of specific institutions, or also impose specific terms and conditions with regard to registration, provide guidance and direction to institutions, and, in the most problematic situations, it can withdraw an institution from the register. So, there are several ways in which these new reforms are going to be able to move things forward significantly in terms of the structure of the system that we have."*<sup>410</sup>

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<sup>405</sup> Written evidence, [MHHE.34.Welsh Government](#)

<sup>406</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 19](#)

<sup>407</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 54](#)

<sup>408</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 67](#)

<sup>409</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 69](#)

<sup>410</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 71](#)

## Funding and support for provision

**281.** Issues around funding were raised by a number of stakeholders. We heard about the total amount of funding that was available, as well as issues about length and sustainability of funding and calls for ring-fencing of some funding.

**282.** HEFCW outlined the range of activity it has funded in this space, including innovative work such as Myf.Cymru (for more details see the section on Welsh medium provision); and the South East Wales Mental Health Partnership (for more details see the section in Chapter 6). They have provided funding of around £6.7million between 2020/21 to 2022/23 to “support strategies and implementation plans, suicide-safer strategies and self-assessment reviews of student services using a specialist UK assessment framework.”<sup>411</sup> Universities Wales welcomed this and other HEFCW funding over recent years.<sup>412</sup> University of South Wales noted that they had been able to adopt a whole institution approach and the Stepchange framework because of the “associated HEFCW funding.”<sup>413</sup> The Royal College of Psychiatrists welcomed this additional funding, saying it has enabled innovative service delivery.<sup>414</sup>

**283.** ColegauCymru called on the Commission to “ensure that institutions that it funds have a sufficient level of mental health support in place.”<sup>415</sup> While HEFCW said it was important that funding “takes account of the volume of student demand and cost inflation”.<sup>416</sup> Mind Cymru called on the Commission to ensure there is funding for “support services, training and resources” which are based on best practice and meets the needs of students from different backgrounds.<sup>417</sup>

**284.** The Royal College of Psychiatrists Wales highlighted that support services in both higher education and within the NHS should have “sufficient resources to meet demand.”<sup>418</sup>

**285.** The British Association for Counselling and Psychotherapy called for the Welsh Government to follow the Scottish Government in funding additional counsellors in Scotland’s colleges and universities. They said Wales should follow the “ambition and approach” with

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<sup>411</sup> Written evidence, [MHHE 14 Higher Funding Council for Wales \(HEFCW\)](#)

<sup>412</sup> Written evidence, [MHHE 25 Universities Wales](#)

<sup>413</sup> Written evidence, [MHHE 32 University of South Wales](#)

<sup>414</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 193](#)

<sup>415</sup> Written evidence, [MHHE 7 ColegauCymru \(Committee Paper\)](#)

<sup>416</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>417</sup> Written evidence, [MHHE 27 Mind Cymru](#)

<sup>418</sup> Written evidence, [MHHE 9 Royal College of Psychiatrists Wales](#)

investment in “university counselling services, delivered by qualified counsellors working within a whole system approach to mental health.”<sup>419</sup>

**286.** The Council of Deans of Health expressed concern that the increased funding for mental health services in the 2021/22 budget was not “sustained” in the Welsh Government’s 2022/23 budget. They also called for an increase in funding for education providers and placement providers “to ensure that students and staff have sustainable access to suitable wellbeing support” which takes account of the specific needs.<sup>420</sup>

**287.** HEFCW highlighted that while the “quantum” is important it is also the “sense that it’s going to be there for a while that matters.” They said that with their funding streams they have “committed to that being part of our ongoing recurrent funding.” This means that “it’s one of the first calls on future funding settlements.”<sup>421</sup>

**288.** We heard from a range of stakeholders of the importance of ensuring funding is sustainable and not short-term. Bridgend College recommended that all funding for new initiatives and pilots should be available for a “minimum of two academic years” in order to enable the initiative to be fully embedded and to facilitate “effective impact monitoring.”<sup>422</sup> ColegauCymru also supported this call.<sup>423</sup> While staff during our engagement also called for longer funding windows to enable longer term planning and development of student support services.<sup>424</sup>

**289.** Others who supported calls for long-term funding included:

- Cardiff University,<sup>425</sup>
- Council of Deans of Health,<sup>426</sup>
- NUS Wales; <sup>427</sup>

<sup>419</sup> Written evidence, [MHHE 29 British Association for Counselling and Psychotherapy](#).

<sup>420</sup> Written evidence, [MHHE 26 Council of Deans of Health](#)

<sup>421</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 317](#).

<sup>422</sup> Written evidence, [MHHE 2 Bridgend College](#).

<sup>423</sup> Written evidence, [MHHE 7 ColegauCymru \(Committee Paper\)](#)

<sup>424</sup> [Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022](#)

<sup>425</sup> Written evidence, [MHHE 30 Cardiff University](#).

<sup>426</sup> Written evidence, [MHHE 26 Council of Deans of Health](#)

<sup>427</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 101](#)

- Stonewall Cymru;<sup>428</sup> and
- University of South Wales.<sup>429</sup>

**290.** Universities Wales said short term funding was “not a sustainable means of enhancing” support.<sup>430</sup> AMOSSHE said it does not support the necessary strategic shift. They said making cultural changes “requires a long term approach”.<sup>431</sup> NUS Wales said that longer term funding enabled money to be spent “with confidence and in a strategic and sustainable way.”<sup>432</sup> The Open University in Wales agreed that longer term funding helps providers develop “more sustainable and strategic approaches...”<sup>433</sup>

**291.** NUS Wales described their experience of short term funding:

*“... for example, at my students' union, we had two months to spend our allocation of the winter of well-being funding, and we were so grateful to receive this money and achieved a lot with the funding, but it would be wrong for me not to say that the impacts could have been more considered and more widespread with more time to spend that money and more time to be strategic about how we were investing and how we were spending that. This sort of funding is really valuable, but if it was made more long term it would give student unions some certainty in being able to spend it on long-term projects that could help students over a number of years, and really help future generations of students, as well as the students currently engaged at their institutions.”<sup>434</sup>*

**292.** HEFCW agreed saying such long term funding is key to moving to a system that is “prevention- and safety-focused rather than crisis-focused.”<sup>435</sup> Universities Wales said that longer term funding would help “facilitate partnership with the NHS” where appropriate.<sup>436</sup> Cardiff University suggested a “longer-term allocation model” which could include an annual commitment “over a period of years...”<sup>437</sup>

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<sup>428</sup> Written evidence, [MHHE 33 Stonewall Cymru](#)

<sup>429</sup> Written evidence, [MHHE 32 University of South Wales](#)

<sup>430</sup> Written evidence, [MHHE 25 Universities Wales](#)

<sup>431</sup> Written evidence, [MHHE 11 AMOSSHE The Student Services Organisation Wales](#)

<sup>432</sup> Written evidence, [MHHE 4 NUS Wales](#)

<sup>433</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>434</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 101](#)

<sup>435</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>436</sup> Written evidence, [MHHE 25 Universities Wales](#)

<sup>437</sup> Written evidence, [MHHE 30 Cardiff University](#)

**293.** Short term funding also makes aspects such as recruitment of qualified staff difficult. AMOSSHE said job market for these staff is “highly competitive and short term contracts are less attractive.” Longer term funding will also enable the sector to develop their own “appropriate student support ‘in house’.”<sup>438</sup> Cardiff University<sup>439</sup> and the University of South Wales<sup>440</sup> also highlighted these issues.

**294.** Concerns were raised about the monitoring arrangements for funding. The Open University in Wales said they should not be “overly onerous...”<sup>441</sup> While Cardiff Metropolitan University said that the current structure “prioritises ‘activity’ over ‘change’” which forces universities to take actions they know will be less effective but “which are in line with reporting requirements...”<sup>442</sup> Cardiff University agreed that these arrangements can impede the impact of some funding.<sup>443</sup> AMOSSHE called for a “longer term monitoring approach.... to provide stability and sustainable service improvements...”<sup>444</sup>

**295.** Grŵp Llandrillo Menai called for ring-fenced funding for mental health and wellbeing support. They believed this could “reduce the number of learners requiring significant interventions by the NHS.” They outlined the increase in funding they have received for further education and work based learning mental health and wellbeing, and called for a similar level of funding to be provided for higher education in a further education setting, so that they can meet the increasing levels of demand within this area of provision.<sup>445</sup>

**296.** In a similar vein, Coleg Cambria said there should be a distinction made between higher education students in a HE setting and those in a FE setting. They felt the higher levels of students from more disadvantaged background and the subsequent higher levels of financial insecurity in the FE setting meant there would be a benefit to differentiate between the different type of settings for “future regulatory arrangements.”<sup>446</sup>

**297.** The Open University in Wales also said service provision policy and funding decisions need to take account of the “whole range of students” acknowledging that part time students may face “very different issues and challenges and to have much different responsibilities” than a full

<sup>438</sup> Written evidence, [MHHE 11 AMOSSHE The Student Services Organisation Wales](#)

<sup>439</sup> Written evidence, [MHHE 30 Cardiff University](#)

<sup>440</sup> Written evidence, [MHHE 32 University of South Wales](#)

<sup>441</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>442</sup> Written evidence, [MHHE 15 Cardiff Metropolitan University](#)

<sup>443</sup> Written evidence, [MHHE 30 Cardiff University](#)

<sup>444</sup> Written evidence, [MHHE 11 AMOSSHE The Student Services Organisation Wales](#)

<sup>445</sup> Written evidence, [MHHE 1 Grŵp Llandrillo Menai](#)

<sup>446</sup> Written evidence, [MHHE 3 Coleg Cambria](#)

time student at a campus based university. They called for “intersections... with socioeconomic and health factors” to be considered.<sup>447</sup>

**298.** AMOSSHE urged caution in Welsh Government or HEFCW directly funding the “growing number of third sector and commercial organisations” entering the higher education support space. They said that decisions on engaging with third parties should sit with local institutions “based on local context, expertise and need.”<sup>448</sup>

**299.** The Welsh Government highlighted the additional and targeted funding that has gone to the sector to support development of mental health and wellbeing initiatives and projects. They said this funding has enabled providers to “increase capacity within their students support services and in student unions...”. Partnership working between HEFCW, Universities Wales and NUS Wales and health charities and other agencies has led to “significant improvements” in terms of student support.<sup>449</sup>

**300.** In relation to calls for more ring-fencing, the Welsh Government said that around £2million of HEFCW’s annual budget is ring-fenced to support the “development and improvement” of wellbeing and health support.<sup>450</sup>

**301.** In responding to calls for longer term funding settlements the Minister said he understood this view, but that such funding has not been possible because of the pattern of annual settlements. However he highlighted the current settlement is for three years, with the budget set for one year, and an indicative budget for the following two years. He said that the impact of inflation has meant that moving to this type of budget setting hasn’t necessarily seen the benefits that he would like to have seen. However, they have earmarked funding with the HEFCW funding and that “it’s up to institutions to allocate that funding as they wish with regard to staffing and so on.”<sup>451</sup>

**302.** Subsequently during scrutiny of the Welsh Government’s draft budget 2023/24, we asked the Minister about annual funding in this particular area. He said that he didn’t recognise this funding for mental health support as “a one-year allocation.” This was because similar levels of funding have been available every year since 2018. He also said that just because funding is

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<sup>447</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>448</sup> Written evidence, [MHHE 11 AMOSSHE The Student Services Organisation Wales](#)

<sup>449</sup> Written evidence, [MHHE 34 Welsh Government](#)

<sup>450</sup> Written evidence, [MHHE 34 Welsh Government](#)

<sup>451</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 73.](#)

allocated annually this does not mean “that institutions have to make decisions on an annual basis.”<sup>452</sup>

## “Pouring from an empty cup”

**303.** The **Universities UK Stepchange Framework** highlights that staff mental health is a key component to a mentally healthy university, and to providing effective support to students. The integral role that all staff in a institution play in supporting student mental health and wellbeing was raised by a large number of stakeholders. HEFCW in particular highlighted that a mentally healthy workforce that is “appropriately trained and ‘mental health aware’” is fundamental to a whole system approach and staff being able to deliver teaching, learning and support.<sup>453</sup> The barriers that can prevent this seemed to arise from issues around capacity, resourcing, training and knowledge, which we cover below.

**304.** Others who raised the importance of supporting staff mental health and wellbeing included AMOSSHE,<sup>454</sup> Royal College of GPs,<sup>455</sup> Mind Cymru,<sup>456</sup> and Unison Cymru.<sup>457</sup>

## Staff capacity and resourcing

**305.** Stakeholders highlighted the pressures that staff are under within institutions which may make it more difficult for them to effectively support students. NUS Wales were very stark:

*“To put it in simple terms, we have a fairly mentally unhealthy sector in higher education. That’s not just in Wales but across the rest of the UK....*

*... if we want to promote a healthy mental health ethos across the board, because everyone seems to be struggling. As a lot of services often say, you can’t pour from an empty cup, in terms of delivering mental health support. So, if you’re struggling yourself, you’re less able to impart that positivity onto other people.”* <sup>458</sup>

**306.** Universities Wales said that staff are “tired” following the pandemic. They said they have gone the “extra mile again and again over the last couple of years...”<sup>459</sup> They also said it was

<sup>452</sup> Children, Young People and Education Committee, 11 January 2023, Record of Proceedings, paragraph 97-98

<sup>453</sup> Written evidence, MHHE 14 Higher Education Funding Council for Wales (HEFCW)

<sup>454</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 74

<sup>455</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 236

<sup>456</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 355

<sup>457</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 223

<sup>458</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraphs 70-71

<sup>459</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 136



important that staff have the support to be able to help students. They emphasised that universities are “not health organisations...” However they should be ensuring that “front-line staff” are “well prepared” with training such as Mental Health First Aid training and information on referral.<sup>460</sup>

**307.** The Royal College of Psychiatrists Wales said factors which are impacting on staff wellbeing include increased staff:student ratios, with staff numbers not increasing in proportion to the increasing number of students. They also flagged work pressures some academic staff can face, trying to “maintain and improve research output” while developing their teaching, which leads to reduced time for pastoral care.<sup>461</sup>

**308.** UCU agreed saying that “many academic staff” are currently facing “a workload crisis.”<sup>462</sup> They said this problem pre-dated the pandemic but has got worse.<sup>463</sup> A view supported by NUS Wales who cited the UCU Workforce survey which suggested academic staff “are working on average 51.3 hours per week.... staff on fractional contracts are often working two to three times the hours they are paid for; and 33 per cent... said their workload was unmanageable...” They said they didn’t feel teaching staff have the time or “mental capacity... to instil a positive ethos of good mental health and well-being in the classroom...”<sup>464</sup>

**309.** The impact of workload on staff’s ability to support student wellbeing was also raised by Dr Kim Dienes who said that as well as a need for more staff there was simply a need for “time—we need time.”<sup>465</sup> UCU said pastoral care was the “backbone of well-being” and that there was an need for “clearing space in workloads” to enable staff to provide this support.<sup>466</sup> HEFCW also highlighted that academic staff are “not experts” in this area, and that their role is to signpost students to support.<sup>467</sup>

**310.** We also heard of some of the particular challenges faced by support staff, who play a critical role in providing student support. Unison Cymru said that this group of workers has been the “most vulnerable to mass job cuts...”, with other pressures including outsourcing, reduction in pensions and wider terms and conditions. They also highlighted the particular pressures they

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<sup>460</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 210.

<sup>461</sup> Written evidence, MHHE 9 Royal College of Psychiatrists Wales

<sup>462</sup> Written evidence, MHHE 13 University and College Union

<sup>463</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 147.

<sup>464</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 70.

<sup>465</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 237.

<sup>466</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 154.

<sup>467</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 296.



have faced as a result of the pandemic and the current cost of living crisis, saying that support staff have not received “fair pay rises” over recent years.<sup>468</sup>

**311.** AMOSSHE highlighted that institutions are often carrying vacancies as recruitment is more challenging, and that leads to greater pressure on staff.<sup>469</sup>

## Training

**312.** Dealing with mental health issues can be intimidating, especially in a professional context. Almost all the stakeholders we heard from talked of the importance of appropriate, timely training being made available to all staff within a provider.

**313.** Bridgend College told us that they had Mental First Aid instructors who deliver Mental Health First Aid training to other staff to help them improve their understanding; help them recognise poor mental health and give them the ability to signpost appropriately.<sup>470</sup>

**314.** Hywel Dda University Health Board called for training for lecturers so that they can understand the mental health “indicators”. Such training could also ensure staff can promote early interventions as well as helping to “prevent burn out” for staff themselves.<sup>471</sup> Stonewall Cymru called for all staff in a university to be supported in developing an “understanding of student mental health and the impact that life experiences and intersecting identities can have.”<sup>472</sup> AMOSSHE said there was a need to demystify mental health and wellbeing across institutions.<sup>473</sup>

**315.** Dr Kim Dienes called for “universal guidance” for academics. She suggested this could be a module which would “provide them with an ability to communicate about mental health resources available, which currently does not exist.” She noted that such a module exists for money laundering but not for mental health.<sup>474</sup> She said that she had worked in a number of different universities both here in and in the US and that none of them had “anything consistent really to help staff understand how to take care of the students...”<sup>475</sup>

<sup>468</sup> Written evidence, MHHE 12 UNISON

<sup>469</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 71

<sup>470</sup> Written evidence, MHHE 2 Bridgend College

<sup>471</sup> Written evidence, MHHE 16 Hywel Dda University Health Board

<sup>472</sup> Written evidence, MHHE 33 Stonewall Cymru

<sup>473</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 76

<sup>474</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 148

<sup>475</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 237

**316.** A number of organisations emphasised the need for “mandated” training in this area, including the Royal College of Psychiatrists;<sup>476</sup> and the Royal College of GPs.<sup>477</sup> The Royal College of Psychiatrists highlighted that training in this space is often training which staff don’t seek out until they are in a position where they need some support.<sup>478</sup>

**317.** We heard that accessing training can be difficult. This seems to be a particular issue for support staff, with Unison highlighting that they are often the first point of contact for students “outside their lecture rooms”, yet they feel “ill-equipped to help people struggling in those very serious situations, where they may be self-harming or considering suicide” because of a lack of training or resources. This is a particular issue for staff in “security, residence management and clearing.”<sup>479</sup> They said support staff find accessing training “is more difficult for them.”<sup>480</sup> Reasons for this can include not being released for training and because they are the groups of staff who are least likely to have time to read or access emails. As well as creating barriers for these staff to help students, it can also impact their own mental wellbeing if they are involved with dealing with a student who is very ill.<sup>481</sup>

**318.** For both academic and support staff there can be an issue with staff being “released” to attend training. The Royal College of GPs called for “protected time” for training.<sup>482</sup>

**319.** AMOSSHE also said it was important to ensure that as well as providing staff with training and guidance, that support is provided to help them “develop and build their own boundaries...” so that they are not “dragged into areas where they feel uncomfortable or it’s placing additional pressure on them...”<sup>483</sup>

## Welsh medium provision

**320.** When dealing with mental health support, it is imperative that people can access support in their preferred language. ColegauCymru highlighted this.<sup>484</sup>

**321. Myf.cymru** is a resource developed by Bangor University in partnership with Grŵp Llandrillo Menai; Aberystwyth University; and University of Wales Trinity St David. It has been

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<sup>476</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 242

<sup>477</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 239

<sup>478</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 238

<sup>479</sup> Written evidence, MHHE 12 UNISON

<sup>480</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 145

<sup>481</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 184

<sup>482</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 239

<sup>483</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 74

<sup>484</sup> Written evidence, MHHE 7 ColegauCymru (Committee Paper)

funded by HEFCW. It was developed after a gap was identified in mental health and wellbeing resources being available in Welsh. The Open University in Wales welcomed this widening of resources in Welsh.<sup>485</sup>

**322.** Grŵp Llandrillo Menai called for funding opportunities to be extended to further develop bilingual mental health resources in the vein of myf.cymru.<sup>486</sup> Mind Cymru said that increase in Welsh medium provision will help ensure “greater cultural competency is embedded” in providers.<sup>487</sup>

## Where is improvement needed?

**323.** We heard lots of different suggestions for improvements and we highlight some of the key suggestions here. The British Association for Counselling and Psychotherapy said that as no single intervention works for all students, and that many students who face difficulties do not seek support, the most effective strategy is to take a “whole-university approach” which will improve outcomes for all of the university.<sup>488</sup> We look at a whole system approach in the preceding Chapter.

**324.** NUS Wales said students need to “feel listened to and understood by their institution” as well as feeling part of the institution’s community. They said that often students can feel “like numbers...being dealt with as pieces of a machine rather than as human beings.” They said when a student reaches out for support they must be confident that they will be “treated as a human being that is suffering, as opposed to a number in a waiting list.”<sup>489</sup> The Centre for Mental Health emphasised the importance of always having a feedback loop, where feedback is sought from all groups of students, but in particular those students whose voices are not always heard.<sup>490</sup>

**325.** We heard directly from students<sup>491</sup> and NUS Wales about issues with sharing information on options for support. Dr Kim Dienes said that communication was “lacking right now” and there was a need for targeting communications.<sup>492</sup> NUS Wales said students are “frequently bombarded with information in their first few weeks...” They said it can be easily lost and

<sup>485</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>486</sup> Written evidence, [MHHE 1 Grwp Llandrillo Menai](#)

<sup>487</sup> Written evidence, [MHHE 27 Mind Cymru](#)

<sup>488</sup> Written evidence, [MHHE 29 British Association for Counselling and Psychotherapy](#)

<sup>489</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 33](#)

<sup>490</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 74](#)

<sup>491</sup> [Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022](#)

<sup>492</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 150](#)

students may not be aware of where to go for help. They called for more signposting, “targeted reminders at pinch-points” during the year and for regular communication through a range of methods.<sup>493</sup> A view echoed by Student Minds.<sup>494</sup>

**326.** The Centre for Mental Health also emphasised the need for using different methods to share information, saying “everyone receives messaging differently.” They said assumptions shouldn’t be made about students’ preferences for their communication preferences.<sup>495</sup> They called for multiple methods to be used.<sup>496</sup>

**327.** Mind Cymru said that sometimes information can be “quite passive” such as a leaflet, when what is needed is

*“... actually a more aggressive, forceful conversation about, ‘If you are really worried about something, we’re here. We want to hear from you. It is a stressful time.’ Sometimes, even admitting it and owning the moment to go, ‘Well, you are going to be under pressure. How can we best help you to get through that?’, to help a young person build that resilience, build that toolkit to be able to handle some of these emotions that maybe they’ve struggled with before, or maybe they’ve actually successfully managed to overcome before, but are struggling with this time because there’s a different support network around. So, I think something really proactive around what the support is that’s available would be incredibly valuable.”<sup>497</sup>*

**328.** Student Minds said assumptions can be made about how joined up working is across an institution, and the level of knowledge different staff have about individual students. They said barriers to this can be staff having sufficient training (see the section on staff training) or can be the result of different departments and staff not “communicating proactively enough”.<sup>498</sup>

**329.** The Royal College of Psychiatrists recommended that institutions could consider “having someone who can be nominated as a point of contact in the event of a student mental health crisis.” They also wanted to see all institutions establishing working groups that will oversee implementation of “good practice” for student mental health.<sup>499</sup> BMA Cymru suggested

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<sup>493</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 74

<sup>494</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 368

<sup>495</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 9

<sup>496</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 26

<sup>497</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 331

<sup>498</sup> Written evidence, MHHE 8 Student Minds

<sup>499</sup> Written evidence, MHHE 9 Royal College of Psychiatrists Wales

“personal tutors” being appointed in addition to academic tutors to provide support on personal issues. Such tutors should be appropriately trained and be available to meet with their students “at least once a month.”<sup>500</sup>

**330.** We heard about the importance of culturally competent support services from a range of stakeholders and the students we spoke to during our engagement visits.<sup>501</sup> Mind Cymru said this was particularly important for “international students or those from racialised communities.” They said that colleagues in “black-led organisations and ethnically-diverse organisations” have highlighted that the systems do not “support people of colour as well as it could.”<sup>502</sup> AMOSSHE said a lot of work has been done around improving support for particular groups of students. They cited care leavers and estranged young people, but that it was important to blend support without “stigmatising and finger-pointing towards those groups...”<sup>503</sup>

**331.** A number of stakeholders, and students<sup>504</sup> we spoke to, talked about the importance of improving mental health training and awareness raising for students as part of the induction and ongoing support process. BMA Cymru said it should “educate students on preventative measures and especially emphasise the fact that no issue is of insufficient magnitude to seek help.”<sup>505</sup> Mind Cymru said that students have told them of the importance of “greater ‘mental health literacy’ would improve mental health and wellbeing.”<sup>506</sup> Dr Kim Dienes called for a “mandated mental health module for first-year students.”<sup>507</sup>

**332.** We heard from a number of stakeholders and students the power of peer support, including the Royal College of GPs.<sup>508</sup> Stonewall Cymru said opportunities for such support should be created.<sup>509</sup> Mind Cymru called it a “powerful tool”<sup>510</sup>, while the students we spoke to described some of the peer support projects they are involved in. One student said that peer support was “so important.” While others said that peer support can help reduce the isolation

<sup>500</sup> Written evidence, [MHHE 24 BMA Cymru Wales](#)

<sup>501</sup> [Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022](#)

<sup>502</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 315](#)

<sup>503</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 20](#)

<sup>504</sup> [Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022](#)

<sup>505</sup> Written evidence, [MHHE 24 BMA Cymru Wales](#)

<sup>506</sup> Written evidence, [MHHE 27 Mind Cymru](#)

<sup>507</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 149](#)

<sup>508</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 202](#)

<sup>509</sup> Written evidence, [MHHE 33 Stonewall Cymru](#)

<sup>510</sup> Written evidence, [MHHE 27 Mind Cymru](#)

often association with mental health challenges.<sup>511</sup> NUS Wales highlighted student night lines at universities which is “more of a listening service than anything... but... tends to be quite helpful...” and that it was a helpful baseline for peer support.<sup>512</sup> AMOSSHE said that while peer support is “great for increasing awareness and destigmatising” it was not necessarily for those who are “most unwell...and people presenting in crisis...”.<sup>513</sup>

**333.** During our engagement with both staff and students reform of the Disabled Student Allowance “DSA” was raised. This allowance is a non-means tested grant and can be awarded to eligible students to cover in full, or to contribute to, additional study related costs they may face as a result of a disability, long-term health condition, mental health condition or specific learning difficulty. Some staff raised concerns that there was a risk if DSA assessments were removed from the current in-house assessment undertaken by a provider. Some students said that the DSA funding was useful and enabled them to focus on their studies. However, we did hear that there could be a need for further support in completing the DSA forms. One student told us they were now setting up a support group for other students who are accessing the DSA.<sup>514</sup>

**334.** The Royal College of Psychiatrists amongst others raised the need for further research into the effectiveness of interventions. (We have touched on the need for effective evaluation and outcome measures in Chapter 2.) They said that while the evidence base for some interventions was “growing” more needed to be done. Any research should be co-created with students. They felt that the Welsh Government could look to provide some funding for research in this space.<sup>515</sup> The Royal College of GPs also called for more research on the effectiveness of counselling services in Welsh universities.<sup>516</sup> Dr Kim Dienes also raised a lack of Welsh qualitative data is an issue, as well as agreeing with the Royal College of Psychiatrists about a lack of an evidence base for interventions. She believed the Mental Health University Liaison Service pilot (see the next Chapter) is starting to provide some evidence, and that it should be rolled out further.<sup>517</sup>

**335.** The University Mental Health Advisers Network also wanted funding for further research into the “barriers to learning... role of reasonable adjustments... effectiveness of current

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<sup>511</sup> Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022

<sup>512</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraphs 67-68

<sup>513</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 37

<sup>514</sup> Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022

<sup>515</sup> Written evidence, MHHE 9 Royal College of Psychiatrists Wales

<sup>516</sup> Written evidence, MHHE 10 Royal College of General Practitioners Wales

<sup>517</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 253

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provision...".<sup>518</sup> While the University of South Wales called for a "common framework for measuring student and staff wellbeing" which enables interventions to be assessed.<sup>519</sup>

**336.** AMOSSHE called for an appointment of a Specialist Policy Advisor in student mental health and support. This post should work with Welsh Government, the Commission and institutions. This they believe would help embed the longer term approach that is needed.<sup>520</sup> Universities Wales;<sup>521</sup> Cardiff University<sup>522</sup> and the South East Wales Mental Health Partnership<sup>523</sup> supported this call.

**337.** BMA Cymru called for the specific needs of student medics to be considered in plans for mental health support. They called for institutions to sign up to the relevant standards from the BMA Mental Wellbeing Charter.<sup>524</sup> The Council of Deans of Health supported the calls for healthcare students' needs to be acknowledged as a "discrete group". They highlighted the issues healthcare students may face on placement, including access to support services because of shift patterns and inflexible appointments. They also raised the issues around a lack of communication between placement providers and universities, meaning they are not notified when a student may "require additional support following traumatic experiences."<sup>525</sup> The Royal College of GPs highlighted that medical students can constantly be playing "catch-up" in accessing support as they move around on placement.<sup>526</sup>

**338.** The University Mental Health Advisers Network indicated that there is some duplication across the sector, and that there needed to be improvements in "sharing best practice and adaptable common resources."<sup>527</sup>

**339.** The Minister told us that providers, when drawing up their Mental Health and Wellbeing Strategies that are submitted to HEFCW, will "identify and address the needs of vulnerable groups". As part of the development of these plans, institutions will have involved staff and

<sup>518</sup> Written evidence, [MHHE 20 University Mental Health Advisers Network](#)

<sup>519</sup> Written evidence, [MHHE 32 University of South Wales](#)

<sup>520</sup> Written evidence, [MHHE 11 AMOSSHE The Student Services Organisation Wales](#)

<sup>521</sup> Written evidence, [MHHE 25 Universities Wales](#)

<sup>522</sup> Written evidence, [MHHE 30 Cardiff University](#)

<sup>523</sup> Written evidence, [MHHE 17 South East Wales Mental Health Partnership \(Cardiff University, Cardiff Metropolitan University, University of South Wales, RWCMD, Cardiff and Vale UHB\)](#)

<sup>524</sup> Written evidence, [MHHE 24 BMA Cymru Wales](#)

<sup>525</sup> Written evidence, [MHHE 26 Council of Deans of Health](#)

<sup>526</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 197.](#)

<sup>527</sup> Written evidence, [MHHE 20 University Mental Health Advisers Network](#)



students, and that these groups should have been representative. He said the “particular needs of staff and students with protected characteristics” will be part of this analysis.<sup>528</sup>

**340.** The Minister said the suggestion that first year students take a mental health awareness module was a “very interesting suggestion” saying that it could be part of a broader set of life skills modules. He said such a module could be “a concrete moment at which that signposting, that awareness raising of support services... both generally and in their particular institution, could be formalised...”<sup>529</sup>

## Our view

**341.** The adoption of the Stepchange Framework and the Suicide-Safer frameworks are a welcome step towards improving consistency across the sector, but a consistency that takes account of the needs of an individual institution’s particular student body. We note that the sector itself sees the benefit of some consistency, with the recommendation in the joint policy statement on a consistent standard of expectations for all students. With the establishment of the Commission it seems it is timely for this work to be taken forward, with the development of common expectations that provides a flexible baseline and also makes it clear to a student what support they can expect. Clearly, such a framework must provide the space to take account of the range of providers and diversity of student bodies.

**Recommendation 15.** The Welsh Government ensures that the Commission prioritises the development of a common framework for mental health support across the higher education sector. The Commission must ensure it engages with all key partners, but particularly students, in developing this framework. This framework should set out a baseline but be flexible enough to enable institutions to design services that takes account of their own specific contexts and the specific needs of their students. It should also reflect and complement any wider work on mental health support in the post 16-sector more broadly.

**342.** Alongside developing a common framework across the sector, the Commission should play a central role in sharing and disseminating good practice across the sector. Stakeholders highlighted this potential to us (see paragraph 275). We note that the Minister believes that a priority for the Commission will be ensuring the system can share good practice to improve the quality of interventions (see paragraph 279.)

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<sup>528</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 30

<sup>529</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 140



**Recommendation 16.** The Welsh Government in establishing the Commission's role and remit makes explicit the role the Commission must play in sharing and pro-actively disseminating best practice in mental health support across the higher education sector. In delivering on this the Commission must ensure that good practice remains up to date and reflects the most recent developments in this area.

**343.** The Commission will play a critical role in developing the sector's response to the rising prevalence of mental health issues amongst students. We were pleased to see the Bill amended to include a registration condition on welfare. During our Stage 1 scrutiny we emphasised the importance of ensuring that the Commission placed the student and staff voice at the heart of its work. We support the calls from stakeholders that students and staff need to be heavily involved in the development of the regulatory framework. As we have highlighted throughout the report, it is important that the diversity of the student and staff voice is reflected in any engagement and participatory arrangements. This work should continue after the regulatory framework has been established, and should continue to be a feature of the work of the Commission.

**344.** Funding is clearly vital to ensuring that effective support services are available at the right time, in the right place and in the right format to effectively support students. We are very conscious that public finances are very challenged and stretched at the moment. Yet, we know there is increasing demand for these services, so funding is having to stretch much further. Long term and sustainable funding is vital to moving towards a prevention and safety focused system, and hopefully reducing students ending up in crisis. Early intervention can prevent significant disruption to students' lives and studies but can also save the public purse money in the long run. We believe it is important that higher education institutions, along with other public bodies working in this space, such as the NHS, have sufficient funding to be able to deliver effective mental health support.

**Recommendation 17.** The Welsh Government should undertake a realistic assessment of the funding levels needed to deliver effective, timely and student need driven support services. Once this is done, the Welsh Government should ensure that sufficient funding is provided to HEFCW, and through NHS budgets to support education and healthcare providers to deliver effective student mental wellbeing support. Sufficient funding should ensure that effective support is available to all students when needed and meets the needs of all sections of the student community.

**345.** The evidence on the importance of not just ensuring the right amount, but the right structures for funding was incredibly clear and raised by all those we spoke to. We can see that

there has been some movement with the changes in how HEFCW has organised its funding for mental health projects, but the very nature of annual funding settlements is having a direct impact on the effectiveness of projects. It means we are not maximising the value of the money being spent in this space, moving to longer term funding will provide greater stability, aid recruitment and retention of staff, and ensure the focus is on delivering services rather than trying to secure funding sources. Indicative budgets are helpful, but do not provide certainty, and this can be a particular barrier in a competitive job market, where securing the right staff can be incredibly difficult.

**Recommendation 18.** The Welsh Government should move towards longer term funding for mental health support, and should encourage the Commission to continue the approach taken by HEFCW in providing more longer term funding commitments. The Welsh Government and then the Commission should make clear their intention to maintain an annual funding allocation targeted at mental health support, and commit to the current levels of annual funding as a minimum for future budget rounds to enable higher education providers to plan their services more confidently in a long-term and sustainable manner.

**346.** The evidence we heard on the wellbeing of staff and its impact on their ability to effectively support students was powerful. NUS Wales' view that the whole sector is mentally unhealthy is concerning. Staff are clearly working hard to support students, but they are facing unprecedented pressures. We know that staff who are under pressure and feeling mentally strained themselves will struggle to support students. The adoption of a whole institution approach to mental health and wellbeing will hopefully start to bear fruit and improve staff wellbeing. However, that cultural shift will take time, and there is clearly more that can be done immediately.

**347.** All higher education staff are facing some particular challenges, including workload, cost of living pressures and changes to staff pay, terms and conditions. The Stepchange Framework brings together both staff and student mental wellbeing, making it clear that a whole university approach is dependent on staff wellbeing.

**348.** During our Stage 1 scrutiny of the Tertiary Education and Research Wales (Bill) we recommended it be amended to place a social partnership duty on the Commission. We were pleased that the Bill was subsequently amended to place a strategic duty on the Commission to promote collaboration between the tertiary education sector and relevant trade unions. In this context, we think it is important that the Commission and the Welsh Government work with higher education providers in their capacity as employers to ensure that the working conditions of staff does not undermine their ability to deliver effective mental and emotional wellbeing to

students. Staff with huge workloads and who may be facing personal financial pressures will find it more difficult to provide effective mental wellbeing support to students.

**Recommendation 19.** The Welsh Government and the incoming Commission work with higher education institutions in a social partnership model to ensure that working conditions, including terms and conditions of employment, do not undermine staff in providing effective support to students.

**349.** One of the more immediate quick wins would be ensuring all staff have access to good quality training on mental health and wellbeing. This training should be mandated and therefore protected time made available. It is important that this covers all staff, including those who may be in outsourced support services, such as cleaners, security staff and staff working in refreshment outlets on campus and in residential buildings. The format of such training should take account of the different roles staff have, and ensure that they are run in a way that enables all staff to access the training.

**Recommendation 20.** The Welsh Government works with HEFCW, the incoming Commission and the wider sector to encourage providers to provide meaningful mental health training for staff that takes account of the individual institutions' context and its student body. Such training should empower staff to provide appropriate support, including details of the support that can be provided by the institution and other local partners to enable effective signposting where appropriate. The Welsh Government should encourage all providers to ensure that such training is accessible to all staff, both academic and support staff, and to those providing services that have been contracted out by the institution. In offering such training, providers should ensure protected time for staff to attend training.

**350.** The development of Myf.cymru is an important one. As we note in paragraphs 320-322, stakeholders have called for continued funding to support the development of Welsh language support. We agree, there should be a further expansion of access to Welsh language mental health and wellbeing support and resources. Welsh medium support and resources need to be made available to all students who wish to access it across Wales.

**Recommendation 21.** The Welsh Government provides further funding to HEFCW and then the Commission to support the widening of mental health support to students through the Welsh language. This funding should be an on-going commitment to ensure longevity of Welsh language support.

**351.** We heard lots of ideas for possible areas of improvement in support. We would particularly want to highlight the suggestion for a compulsory module on mental health for all first year students. We think this would be a big step in the right direction that could help improve understanding of mental health and wellbeing issues. One of the findings of our engagement report was that new students should have to take a module on emotional resilience and budgeting, which would provide an opportunity to flag support at the institution. It could help address concerns raised by some witnesses about the risk of over-medicalising some day to day issues, providing students with the tools to effectively manage them and reduce the risk of them escalating into more significant issues. It would also help reduce stigma, especially as all first year students would have to complete the module and provide a vehicle for ensuring that all students were provided information about the support that is available. Finally, it could help improve mental health literacy more broadly. It should be for individual institutions to draw up a module that works for their own particular student body, and we don't feel there should be prescriptions on how it is delivered, just that in designing the module the needs of the specific student body are taken account of.

**Recommendation 22.** The Welsh Government works with HEFCW, the incoming Commission and the wider sector to encourage all higher education providers to deliver meaningful mental health training for students within their first year of study. This training should be delivered in a range of methods that ensures it is accessible to all students, and should be made available at a range of points throughout the first year. The Welsh Government should encourage providers to ensure all students have the opportunity to access this training.

## 6. How can the HE sector work with the NHS and mental health providers?

The establishment of effective working partnerships between the education and healthcare sectors is essential in providing seamless mental health support to students. The pilot of the Mental Health University Liaison Scheme (“MHULS”) provides a very promising template to be rolled out across Wales.

**352.** The interface between higher education providers, the NHS and mental health providers is absolutely critical to supporting student health. NUS Wales called for a more joined up approach which brings together education and healthcare providers to deliver “clear and signposted pathways to support.”<sup>530</sup> The Royal College of Psychiatrists agreed, calling for “integrated” services and that outcomes will be improved if “inputs are integrated and coordinated.”<sup>531</sup> HEFCW said that the Commission could play a role in bringing together all the bodies and organisations working in this space.<sup>532</sup> Cardiff Metropolitan University called for a “Wales-wide working group of higher education and NHS...” to look at the issues highlighted in this Chapter.<sup>533</sup>

**353.** Student Minds reminded us “what is unique and different in the student populations that we need to be mindful of... They’re a very mobile population...”<sup>534</sup> It is essential we know where the gaps in service provision can occur and how students could fall between these gaps.

**354.** There is clearly some good joint working going on across Wales, with HEFCW highlighting a range of projects in institutions across Wales, including Wrexham Glyndwr; Bangor; Swansea; University of Wales, Trinity St David; and Aberystwyth.<sup>535</sup> Yet more can be done. The University of South Wales called for the creation of a “partnership and referral pathway framework”

<sup>530</sup> Written evidence, [MHHE 4 NUS Wales](#)

<sup>531</sup> Written evidence, [MHHE 9 Royal College of Psychiatrists Wales](#)

<sup>532</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>533</sup> Written evidence, [MHHE 15 Cardiff Metropolitan University](#)

<sup>534</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 388](#)

<sup>535</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

between the NHS and providers. This framework should be built on “a foundation of clear and explicit responsibilities...”<sup>536</sup>

## The importance of clarifying roles

**355.** As we highlight in paragraph 270, we heard from a number of stakeholders of the importance of understanding the boundaries between what support an education provider can give and what support sits more firmly with other services, in particular the NHS. We heard that many felt there was a role for the Commission in making this distinction very clear. Universities Wales said the Commission could “help to define and ensure a widely held understanding” of the roles and responsibilities of education and healthcare providers.<sup>537</sup> Cardiff University said it was important that a provider’s focus is “maintained on our core purpose” to support students achieve the best they can academically.<sup>538</sup>

**356.** AMOSSHE said there is “confusion about boundaries and purpose” of university support services in “the public discourse”. They said that “managing expectations beyond our duty of care is increasing the workload” for education providers.<sup>539</sup>

**357.** This was also highlighted in relation to the relationship between the education sector and the health sector. Numerous stakeholders made it clear that education providers cannot provide services that should be delivered through statutory services. The Open University in Wales said it is not the role of a provider to “provide primary care”;<sup>540</sup> as did AMOSSHE<sup>541</sup> and Universities Wales.<sup>542</sup> While the British Association for Counselling and Psychotherapy said support services cannot “offer clinical-level care and support...”.<sup>543</sup> AMOSSHE highlighted that students will not remain students forever, and that any provision provided by a provider will ultimately stop, and therefore it was not in a student’s best interest to rely on their education provider to provide healthcare.<sup>544</sup> Cardiff Metropolitan University made the comparison with physical health conditions, saying that there is not an expectation that higher education providers will provide care for those conditions when it is clearly the remit of the NHS.<sup>545</sup>

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<sup>536</sup> Written evidence, [MHHE 32 University of South Wales](#)

<sup>537</sup> Written evidence, [MHHE 25 Universities Wales](#)

<sup>538</sup> Written evidence, [MHHE 30 Cardiff University](#)

<sup>539</sup> Written evidence, [MHHE 11 AMOSSHE The Student Services Organisation Wales](#)

<sup>540</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>541</sup> Written evidence, [MHHE 11 AMOSSHE The Student Services Organisation Wales](#)

<sup>542</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 230](#)

<sup>543</sup> Written evidence, [MHHE 29 British Association for Counselling and Psychotherapy](#)

<sup>544</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 28](#)

<sup>545</sup> Written evidence, [MHHE 15 Cardiff Metropolitan University](#)

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**358.** NUS Wales said that students struggle to understand the different roles. Students are often “pushed towards” university support, with “often very little talk” about NHS support. They called for a system where the student does not have to work out which service they should be approaching, and that any service they approach signposts them appropriately. Systems should also remove the risk of students having to repeat their story each time they are referred on.<sup>546</sup> They said more guidance would be appreciated, and that it would remove some of the “initial stress and uncertainty” about how to access services.<sup>547</sup>

**359.** The Royal College of Psychiatrists agreed that some students may “lack the confidence and the knowledge to be able to access services appropriately.” They said there was a need for greater guidance in this area.<sup>548</sup> Dr Kim Dienes called for more consistency saying that there is a lot of “variability” as to when the healthcare sector needs to be involved or lead in providing support.<sup>549</sup> AMOSSHE said a “national guidance framework would be helpful...” but cautioned that it should not become a “tick-box” exercise. The risk of this could be mitigated through co-production and collaboration.<sup>550</sup>

**360.** Mind Cymru said that who provides the support is “something that the system need to work through” not the student seeking help. They emphasised the impact on someone having to re-share traumatic experiences, which can be re-traumatising and can impede recovery. They called for creative approaches to a ‘no wrong door’ approach. They said what is important is:

*“... how we ensure that young people or any student gets support quickly, based on their needs, and that that's worked out with them, but kind of for them, rather than them worrying about, 'I've got to enter another system now and tell my story again'.”<sup>551</sup>*

**361.** Student Minds said that there were some specific challenges for those students, such as international students, who may not be familiar with how to access or engage with the healthcare system in Wales. They said that more work is needed on how these groups are informed and educated on how they can access support. This is an issue at the start of student’s life at an institution and particularly around fresher’s week.<sup>552</sup>

<sup>546</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraphs 85-86

<sup>547</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 89

<sup>548</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 263

<sup>549</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 167

<sup>550</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 97

<sup>551</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 371

<sup>552</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 368



**362.** The Open University in Wales called for the Welsh Government to support providers to collaborate so that services can address gaps in current provision. They also called for further work to help “clearly define the roles of each organisation in the context of student mental health.”<sup>553</sup> While Student Minds called on the Welsh Government to:

*“... further encourage and support NHS partners....to work collaboratively with their universities and student representatives to map out emerging needs and trends... and share how they are commissioning effectively to support and promote the health of this population.”<sup>554</sup>*

**363.** The University Mental Health Advisers Network said that while formal partnerships “seem to be having a positive effect” sometimes the impact of these services are restricted because they can only be accessed “by a very small number of students...”. The referral criteria may be “strict” with “a very small impact on caseload numbers” for university support staff.<sup>555</sup>

**364.** ColegauCymru called for communications between education and health providers to be “more accessible”.<sup>556</sup> While AMOSSHE said there should be the creation of “a clear, common language” around what support can be expected from a education provider, and what from the NHS.<sup>557</sup> The Centre for Mental Health agreed, saying education providers and the healthcare sector are often “not even speaking the same language.” They called for greater joint working and co-production, involving students to overcome some of these barriers.<sup>558</sup> Student Minds said it was important the “whole support offer and package across the university services, NHS, third sector, and what you can get with peer-led interventions” is communicated clearly to students. They said that a big indicator of whether support will be effective is the person “believing that support is going to help them”. They said clarity on what support is available will make support “more efficient” and will have a greater impact in the longer term.<sup>559</sup>

**365.** HEFCW highlighted findings from Universities UK Minding our Future report which stated that while the NHS is starting to consider students as “an atypical population” there remains “significant difficulties” in relation to coordinating care between providers and the NHS. These problems can be the result of:

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<sup>553</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>554</sup> Written evidence, [MHHE 8 Student Minds](#)

<sup>555</sup> Written evidence, [MHHE 20 University Mental Health Advisers Network](#)

<sup>556</sup> Written evidence, [MHHE 7 ColegauCymru \(Committee Paper\)](#)

<sup>557</sup> Written evidence, [MHHE 11 AMOSSHE The Student Services Organisation Wales](#)

<sup>558</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 94.](#)

<sup>559</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 369.](#)



- “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.”

They added that a real barrier is a “lack of universal mental health criteria or thresholds”. They recommended that “agreed, clearly articulated and shared care thresholds and definitions of need, and the responsibilities of education providers, NHS, social services and others” were drawn up. They said that these should be underpinned by “a principle of duty of care to vulnerable children and adults to prevent ‘no-wrong door’ situations.”<sup>560</sup>

**366.** The South East Wales Mental Health Partnership also called for a “shared understanding” between education and healthcare providers on “management of mental health risk and severity...”<sup>561</sup> While the University of South Wales identified “gaps” between thresholds for support, and also highlighted a disconnection and “hierarchy of professionals separated by organisation norms.” They noted that these issues have been resolved in the Mental Health University Liaison Service (MHULS) pilot, which brings together NHS and university based support. For more information on this pilot, see the next section.<sup>562</sup>

**367.** Aneurin Bevan University Health Board raised the importance of higher education providers ensuring that staff are able to signpost students to information resources and support developed by the NHS, and the NHS referral routes.<sup>563</sup> Universities Wales agreed saying that it was a provider’s responsibility to signpost students to the NHS if they are having challenges. They said there was a “role for local and national guidance” which makes it clear the multiple routes available for support.<sup>564</sup>

**368.** The Welsh Government said that both students and service providers should have “a clear and consistent understanding of the roles and responsibilities of different service providers and the extent of the support each service is able to provide.” They also highlighted that the new

<sup>560</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>561</sup> Written evidence, [MHHE 17 South East Wales Mental Health Partnership \(Cardiff University, Cardiff Metropolitan University, University of South Wales, RWCMD, Cardiff and Vale UHB\)](#)

<sup>562</sup> Written evidence, [MHHE 32 University of South Wales](#)

<sup>563</sup> Written evidence, [MHHE 22 Aneurin Bevan University Health Board \(ABUHB\)](#)

<sup>564</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraphs 230-231](#)

Policy Advisory Group (mentioned in paragraph 221) would be focusing on the healthcare / education interface and looking at the barriers that can impede equitable service access.<sup>565</sup>

**369.** The Deputy Minister accepted that awareness of services and support “varies” and that she was keen to work with the Minister, as well as ensuring the new Advisory Group looks at this issue. She said she was also conscious of the recommendations that have already been made in this space by the post-16 providers.<sup>566</sup>

**370.** The Deputy Minister highlighted the issues around the “missing middle” as a “really important group...”. She said that’s why the Welsh Government has worked to improve access to tier 0 and tier 1 support. The no wrong door approach is also particularly important for both health and education providers. She is keen to see the new 111 “press 2” service to be promoted to student populations as that helps support “prompt access to services.”<sup>567</sup> She called this service a “game changer” because it enables direct referral into services.<sup>568</sup> (For more information on this service see paragraph 459.)

## Data and information sharing

**371.** A key theme highlighted was issues around data and information sharing between providers, the NHS and other mental health providers, and how this can create a barrier to providing timely and effective support. Stakeholders such as the Open University in Wales called for more work to support “appropriate” data sharing between NHS and other public services.<sup>569</sup> Others who called for more work in this area included:

- the British Association for Counselling and Psychotherapy;<sup>570</sup>
- HEFCW;<sup>571</sup>
- Mind Cymru;<sup>572</sup>
- the South East Wales Mental Health Partnership;<sup>573</sup> and

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<sup>565</sup> Written evidence, [MHHE 34 Welsh Government](#)

<sup>566</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 93](#)

<sup>567</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 102](#)

<sup>568</sup> [Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 135](#)

<sup>569</sup> Written evidence, [MHHE 5 The Open University in Wales](#)

<sup>570</sup> Written evidence, [MHHE 29 British Association for Counselling and Psychotherapy](#)

<sup>571</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>572</sup> Written evidence, [MHHE 27 Mind Cymru](#)

<sup>573</sup> Written evidence, [MHHE 17 South East Wales Mental Health Partnership \(Cardiff University, Cardiff Metropolitan University, University of South Wales, RWCMD, Cardiff and Vale UHB\)](#)

- Stonewall Cymru.<sup>574</sup>

**372.** We heard from some stakeholders that the Commission could play a role in improving data sharing between the two sectors. This included Grŵp Llandrillo Menai;<sup>575</sup> NUS Wales;<sup>576</sup> and Universities Wales.<sup>577</sup> This fits in the wider role the Commission could play in bringing together different partners in the sector and supporting collaboration. We also looked at this in the previous Chapter.

**373.** NUS Wales said that “uncertainty” around information sharing can lead to delays in students receiving support, and called for information to be shared in a “quick and effective” way. Ineffective information sharing can result in decisions being made which are not in the best interest of a student. They highlighted that data protection laws enabled organisations to share personal information “in an emergency situation.” They called for consistency on this issue both inside and outside of Wales to ensure students’ best interests are protected.<sup>578</sup> Students themselves will be “fairly unsure” about how information is shared, and that there can be a “a number of misconceptions” with students even believing they will be “automatically be signposted to NHS services” if they speak to support services at their providers.<sup>579</sup>

**374.** We have already considered some of the specific issues facing healthcare and social care students (see previous chapters). NUS Wales said that these students may be concerned that they are “risking their future” on a course because of information sharing and concerns they will be “deemed not fit to practice...”.<sup>580</sup> The Royal College of Psychiatrists agreed, calling for more guidance so that higher education staff, clinicians and students all understand when and how information may be shared. Like NUS Wales they highlighted the particular issues around stigma for those on professionally registered courses.<sup>581</sup>

**375.** The Council of Deans of Health raised a particular issue for healthcare students who are on placements. They said there was a need for better “integration and communication” between education providers, placement providers and mental health services “to enable student

<sup>574</sup> Written evidence, [MHHE 33 Stonewall Cymru](#)

<sup>575</sup> Written evidence, [MHHE 1 Grŵp Llandrillo Menai](#)

<sup>576</sup> Written evidence, [MHHE 4 NUS Wales](#)

<sup>577</sup> Written evidence, [MHHE 25 Universities Wales](#)

<sup>578</sup> Written evidence, [MHHE 4 NUS Wales](#)

<sup>579</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 93](#)

<sup>580</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 93](#)

<sup>581</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 170](#)

information and data with consent” is shared easily and supports early identification and for continuity of support.<sup>582</sup>

**376.** HEFCW said that data sharing is “complicated” and that it needs a coordinated approach. They supported calls for a student health passport to help overcome some of these issues. (We look at this in more detail in the next Chapter.) While they felt the NHS should lead in the development of such a passport, they felt that was a role for education institutions to play in particular around the “structure of the data, the categories, the terminology....”<sup>583</sup>

**377.** The South East Wales Mental Health Partnership called for “tailored data sharing agreements” to be developed between providers and Health Boards.<sup>584</sup> As did NUS Wales saying that the Welsh Government could support the development of information sharing policies similar to those in place for MHULS<sup>585</sup> (see next section). Universities Wales agreed that there was an opportunity to scale up the approach to information sharing seen in the MHULS pilot across Wales.<sup>586</sup>

**378.** The University Mental Health Advisers Network said there are “frequent stories of very unwell students being discharged from hospital without any understanding of the role of university support services and the limitations of the support that can be provided.”<sup>587</sup> Universities Wales also raised this, and said more generally there is “no specific mechanism” to identify that someone is a student when they are admitted to NHS care.<sup>588</sup> This can lead to them being discharged straight back to their halls of residence, where they live with other 18-year-olds, and have no support put in place. They said that MHULS pilot (see next section) was starting to see universities informed in these instances.<sup>589</sup> Colegau Cymru also raised similar concerns, saying there can often be “catalogues of information” that providers don’t receive.<sup>590</sup> During our engagement work staff described instances of students who were at risk of suicide

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<sup>582</sup> Written evidence, MHHE 26 Council of Deans of Health

<sup>583</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraphs 312-313

<sup>584</sup> Written evidence, MHHE 17 South East Wales Mental Health Partnership (Cardiff University, Cardiff Metropolitan University, University of South Wales, RWCMD, Cardiff and Vale UHB)

<sup>585</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 94

<sup>586</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 239

<sup>587</sup> Written evidence, MHHE 20 University Mental Health Advisers Network

<sup>588</sup> Written evidence, MHHE 25 Universities Wales

<sup>589</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraphs 119-120

<sup>590</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 192

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consenting to this being shared with their university, but this information sharing not happening.<sup>591</sup>

**379.** The University Mental Health Advisers Network also said that data sharing can be impeded by “strict protocols for NHS staff.” They said in some cases university staff have got an NHS email address “to get around this issue by being set up as ‘honorary staff’ in the same way as academic clinicians.”<sup>592</sup>

**380.** ColegauCymru said that “information sharing obligations and limits should be well understood so that where learners wish, they don’t have to explain their background and requirements repeatedly and to many different people.”<sup>593</sup> NUS Wales called for “clear” and updated guidance on information sharing between healthcare and education providers.<sup>594</sup>

**381.** ColegauCymru said that there is a pilot in the further education settings, with a “new process with mental health services for transition and data sharing...”. The pilot is for the 2022/23 academic year.<sup>595</sup>

**382.** Information sharing between sectors can also be complicated by cross-border issues. There is significant movement of Welsh students moving out of Wales for higher education, and of non-Welsh students moving into Wales. AMOSSHE said that data sharing is a particular issue for these students, especially if they have been previously receiving support from either CAMHS or adult mental health services. This can lead to students have to restart diagnostic and referral process from the start again, which can “compound” trauma and distress.<sup>596</sup>

**383.** HEFCW said that with regards to data, the Welsh Government could consider:

*“... 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.”<sup>597</sup>*

<sup>591</sup> Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022

<sup>592</sup> Written evidence, MHHE 20 University Mental Health Advisers Network

<sup>593</sup> Written evidence, MHHE 19 ColegauCymru (Consultation response).

<sup>594</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 57

<sup>595</sup> Written evidence, MHHE 7 ColegauCymru

<sup>596</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 30

<sup>597</sup> Written evidence, MHHE 14 Higher Education Funding Council for Wales (HEFCW)

**384.** Student Minds also raised the importance of effective information sharing with the third sector, as well as between education and statutory healthcare providers. They highlighted the range of support offered by the third sector, and that higher education providers could play “a really important role in bringing a lot of these threads together and bringing these people together.”<sup>598</sup>

**385.** The Deputy Minister highlighted the guidance from Universities UK on information sharing:

*“... which is an attempt to respond to the tragic situations we’ve seen where young people have died and nobody knew that they were struggling from within their families. I think it’s really good guidance because it recognises that not all young people will want to involve their families, and it is about identifying trusted contacts. But what I also really like about it is the fact that it requires universities to keep reinforcing that message, to keep reminding young people that they need to identify someone who can help them. I think that’s really important, because lots of young people see going to university as a clean slate and they won’t necessarily want to identify any mental health issues, and you can see that through the data. So, I think having that constant reinforcement of the availability of support, the importance of reaching out for help, is crucially important....”*<sup>599</sup>

## **The Mental Health University Liaison Service (MHULS) pilot**

**386.** The MHULS pilot was established in April 2022. It provides support for students in the Cardiff and Vale University Health Board area, covering Cardiff University, Cardiff Metropolitan University, University of South Wales, and the Royal Welsh College of Music and Drama. The pilot has been funded by HEFCW, and is aimed at students with moderate mental health problems or more complex long-standing mental health issues. It is staffed with NHS staff who are based within student support services on campus and aims to bridge the gap between support provided by providers, and the threshold to accessing NHS services. AMOSSHE called it “a distinct Welsh model of practice...”<sup>600</sup>

**387.** In the first six months of the pilot, it has seen “over 200 mentally unwell students”.<sup>601</sup> Cardiff Metropolitan University said that it is already demonstrating that with the right

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<sup>598</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 353.

<sup>599</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 137.

<sup>600</sup> Written evidence, MHHE.11.AMOSSHE.The Student Services Organisation Wales.

<sup>601</sup> Written evidence, MHHE.11.AMOSSHE.The Student Services Organisation Wales.

infrastructure students can be directly referred from student support into NHS services.<sup>602</sup> Cardiff University said it has been “significant” in improving referrals and management of the most unwell students, along with developing the partnership between education and healthcare sectors.<sup>603</sup> AMOSSHE highlighted that some of the referrals are “coming out of services for the community....and therefore, creating capacity in the community.”<sup>604</sup> Universities Wales said the initial feedback from those students who have been supported has been “very positive”.<sup>605</sup>

**388.** A representative from AMOSSHE, who works at University of South Wales said that one of the insights they are gaining from the pilot:

*“... is to get under the skin of that to understand the proportions coming through and also the severity of how they're presenting, and that's been really useful. We're having regular data insights—data is a big aspect of this—to inform us and to be able to shape our services going forward. So, I think that that's been telling, not only at an institutional level, but at a partnership level as well. And from the NHS, I think that's been really critical—50 per cent, or roughly half of the referrals of students into that liaison service have been referrals through the NHS. What we're trying to establish, and certainly of curiosity to me, is were we aware of those students before they came through that route. And I think that's really an open door for us to be exploring. So, the data, I think, has really come forth within that project.”<sup>606</sup>*

**389.** AMOSSHE also shared further insights from the pilot. Some of those accessing services are at the “very sharpest end” with suicide ideation a feature. They said around 18% of referrals have been “category D” (there are five categories ranging from A (least severe) to E (most severe)) which is “pre-crisis”. These will be people who “not actively about to harm themselves, but certainly living with complex and complicated mental health issues” which are more severe than typical higher education support services can support.<sup>607</sup> They also said that some students who have accessed support had not previously accessed statutory support despite having “quite

<sup>602</sup> Written evidence, [MHHE 15 Cardiff Metropolitan University](#)

<sup>603</sup> Written evidence, [MHHE 30 Cardiff University](#)

<sup>604</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 41](#)

<sup>605</sup> [Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 239](#)

<sup>606</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 40](#)

<sup>607</sup> [Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraphs 44 and 46](#)



involved and complex mental health symptoms...". They were confident that the service is "capturing something there that was being missed before."<sup>608</sup>

**390.** The University of South Wales called for a sustainable funding model to be established to enable the project to be continued and expanded.<sup>609</sup> AMOSSHE also raised the importance of funding being made available to support such projects. They said that the £650,000 HEFCW funding was essential, as it could not have been delivered on "the goodwill of NHS staff or university staff....". They said such projects need to be properly resourced, and that guidance needs to be resourced to enable it to be implemented.<sup>610</sup>

**391.** NUS Wales said that the project is addressing the gap in support for the "'missing middle'" of students. They called for it to be "rolled out across Wales" because it will mean students "presenting with severe mental health symptoms can be seen by on-campus NHS mental health professionals in an appropriate time period that does not exacerbate their symptoms."<sup>611</sup> UCU also raised issues about some students falling between the gaps of services because they are too ill for university support but not ill enough for NHS support.<sup>612</sup>

**392.** The Open University in Wales said that the pilot "holds a great deal of potential" but raised concerns about how the current Health Board model "would allow our students to be supported by any similar partnership..." They noted that the current pilot is not open to Open University in Wales students, and that any similar partnerships "would need to involve every single health board" to cover their students. They said this would necessitate further consideration as to how information could be shared across and between "such a large number of organisations." They called for further work in exploring how these barriers could be overcome for an all-Wales provider like themselves.<sup>613</sup>

**393.** University Mental Health Advisers Network also said that provision "may not be equitable" if services are provided on a geographical basis for those campuses which straddle multiple health boards.<sup>614</sup> Mind Cymru raised the importance of having a "consistent offer" throughout Wales, regardless of where a student lives.<sup>615</sup> Student Minds while calling the model "really

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<sup>608</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 103.

<sup>609</sup> Written evidence, MHHE 32 University of South Wales

<sup>610</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 98

<sup>611</sup> Written evidence, MHHE 4 NUS Wales

<sup>612</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 231

<sup>613</sup> Written evidence, MHHE 5 The Open University in Wales

<sup>614</sup> Written evidence, MHHE 20 University Mental Health Advisers Network

<sup>615</sup> Written evidence, MHHE 27 Mind Cymru



promising..." said they would not want to be "prescriptive" because the model may not work for all institutions, citing as a possible example the challenges a rural institution could face.<sup>616</sup>

**394.** AMOSSHE believed the model "could translate well to three or four regional coalition/partnerships, delivering NHS mental health care on campuses or remotely depending on local context." They said further consideration was needed on how support can be provided "across... differing geographical settings, and engaging with the reality of access to NHS services and qualified practitioners across the nation." They recommended adoption of this model "with appropriate adjustment to regional contexts." They believe it should be the "national model for work at the interface between HE providers and the NHS." This would help establish a "common approach to risk management support for the most mentally unwell students across Wales."<sup>617</sup> The size of Wales, they said, presents "an unique opportunity" to do something different such as this pilot.<sup>618</sup> The Royal College of GPs Wales said that the roll out of MHULS across Wales was "top of my wish list" and called for it to become permanently established.<sup>619</sup> Dr Kim Dienes said that "we'd love to have it in south-west Wales..."<sup>620</sup>

**395.** AMOSSHE have had conversations with Aberystwyth and Bangor about the model, and they said there is a "lot of interest" in Swansea. While acknowledging the additional complexities for those universities who cover more than one Health Board area, they did not think dealing with this was impossible. They also believed the complexities raised by the Open University about distance learners who may be registered with a GP in their home location, which is separate to their institution were complex, but not impossible to overcome.<sup>621</sup> The AMOSSHE representative from University of South Wales said that they are an institution who covers multiple health boards and that the project has shown them the "art of the possible."<sup>622</sup>

**396.** Cardiff University called for the pilot to be used as a model "to resource and deliver similar services across Wales on a regional basis."<sup>623</sup> The University of South Wales said that a "partnership and referral pathway framework between the NHS and Universities would contribute to delivery of safe care and management of individuals and preventing further

<sup>616</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 377

<sup>617</sup> Written evidence, MHHE 11 AMOSSHE The Student Services Organisation Wales

<sup>618</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 44

<sup>619</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 129

<sup>620</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 185

<sup>621</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraphs 105-106

<sup>622</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 111

<sup>623</sup> Written evidence, MHHE 30 Cardiff University

harm.”<sup>624</sup> The Royal College of Psychiatrists called for a “longer-term vision” of how this approach can be developed and implemented.<sup>625</sup>

**397.** The South East Mental Health Partnership (which runs the pilot) called for a “match funded programme between education and health to oversee the implementation of an ‘All Wales’ national model” based on the pilot. They suggested that part of this model could include “a centralised management office working with local/regional health boards, improvement teams, and HEI staff to tailor and implement regional solutions sharing expertise and practice.”<sup>626</sup>

**398.** The Royal College of GPs Wales said that the pilot helps bring together NHS clinical care with the sense of community and strong relationships from the education provider. They said this supports research published in The Lancet which found that “multidisciplinary NHS team working in tandem with academic advisors and university staff would provide a solution that brings students and community NHS services together.”<sup>627</sup> While the Royal College of Psychiatrists said that the model ensures that there are improved links and “established systems” which both higher education staff and healthcare staff understand and know. This reduces reliance on specific people who may move on, but embeds a systematic approach which is sustainable.<sup>628</sup> The staff we spoke to during our engagement work also highlighted the challenges they face in building relationships with statutory services because staff in statutory services are “pushed and stretched.”<sup>629</sup>

**399.** When we spoke to staff as part of our engagement, they referenced both the MHULS pilot, and other pilot schemes in England doing similar work, in both Greater Manchester and Liverpool. Along with the other stakeholders we heard from they felt these pilots could have benefits to improving the support to students.<sup>630</sup>

**400.** As we have outlined in both Chapters 2 and 4, we have heard about a lack of a robust evidence base and research into which interventions are effective, and how this can create a barrier to delivering the most effective support. Dr Kim Dienes said this pilot was also providing

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<sup>624</sup> Written evidence, MHHE 32 University of South Wales

<sup>625</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 125

<sup>626</sup> Written evidence, MHHE 17 South East Wales Mental Health Partnership (Cardiff University, Cardiff Metropolitan University, University of South Wales, RWCMD, Cardiff and Vale UHB)

<sup>627</sup> Written evidence, MHHE 10 Royal College of General Practitioners Wales

<sup>628</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 182

<sup>629</sup> Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022

<sup>630</sup> Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022

an opportunity to identify “good outcome measures”, and helps to build up the “research evidence base.”<sup>631</sup>

**401.** One of the factors contributing to the pilot’s success, according to Cardiff Metropolitan University has been development of “common terminology and risk measurement frameworks”.<sup>632</sup> University of South Wales agreed.<sup>633</sup> AMOSSHE highlighted this saying that all professional staff use the same risk measures, meaning that wherever a student presents whether that be at A&E or in a community setting, staff “don’t need to worry about which institution the student is from.”<sup>634</sup> HEFCW agreed saying that the development of a “shared vocabulary” helps because if the same words are being used to describe things, there’s a greater change of the interventions being appropriately focused.<sup>635</sup>

**402.** Other factors that are proving beneficial within the pilot, include the development of information sharing protocols. Mind Cymru described the data sharing as being “a strong example of the robust information channels that need to be embedded” in both education and healthcare. They said this data is “helping to create understanding of case severity and symptoms” reducing the number of students “falling through the gap”.<sup>636</sup>

**403.** AMOSSHE also highlighted that a further benefit has been the decoupling of access to support from GP registration.<sup>637</sup> We look at the issues around the role of the GP, including issues of registration in the next chapter.

**404.** The Welsh Government said that £600,000 was provided to support the pilot.<sup>638</sup> The Deputy Minister said that she “really liked” what she saw of the project and that it acts as a bridge to NHS services. She also noted that Cardiff and Vale Health Board have been “really clear... about the advantages of this project from their point of view....”. However, she acknowledged the importance of looking at the evaluation and in particular hearing the experiences of those students who have accessed the service.”<sup>639</sup>

<sup>631</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 253

<sup>632</sup> Written evidence, MHHE 15 Cardiff Metropolitan University

<sup>633</sup> Written evidence, MHHE 32 University of South Wales

<sup>634</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 95

<sup>635</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 310

<sup>636</sup> Written evidence, MHHE 27 Mind Cymru

<sup>637</sup> Children, Young People and Education Committee, 26 October 2022, Record of Proceedings paragraph 107

<sup>638</sup> Written evidence, MHHE 34 Welsh Government

<sup>639</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraphs 98-99

## The Welsh Government new Mental Health Plan

**405.** The Welsh Government 10 year strategy **“Together for Mental Health”** commenced in 2012, and came to an end in 2022. It has been supported by a series of delivery plans, the most recent being the **Delivery Plan 2019-2022**. Work is currently underway on developing a new strategy.

**406.** HEFCW said Together for Mental Health “does not capture the complex whole system approach” needed to support student wellbeing.<sup>640</sup> The South East Wales Mental Health Partnership called for the new strategy to place an emphasis on higher and further education students.<sup>641</sup> Universities Wales agreed saying the new strategy should reference students “as a specific group with particular needs” and that it should address the “need for collaboration across health and education to meet those needs.”<sup>642</sup> NUS Wales concurred saying the new strategy should have “more of a focus on supporting students in higher education.”<sup>643</sup>

**407.** Mind Cymru said the new strategy provides “a key opportunity to develop a unique and targeted dataset” that will provide insights into how best to support students.<sup>644</sup>

**408.** We heard some concerns that the Together for Mental Health Delivery Plan 2019-2022 did not specifically mention students or higher education. NUS Wales raised this, and said that the review of the plan as a result of the pandemic only “mentions actions in relation to further education institutions.”<sup>645</sup> HEFCW raised similar concerns saying asides from the establishment of Health Education and Improvement Wales and “a reference” to a higher and further education mental health framework, it “makes no reference” to higher education students.<sup>646</sup> They called for the Commission to “contribute” to the development of the new mental health strategy, and other related strategies and plans.<sup>647</sup>

**409.** The Minister said that all parts of the system have a role to play in terms of improving student wellbeing. From a Welsh Government perspective, the responsibility sits with both the Minister and the Deputy Minister, it’s a “shared responsibility” and in both portfolios. He said

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<sup>640</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>641</sup> Written evidence, [MHHE 17 South East Wales Mental Health Partnership \(Cardiff University, Cardiff Metropolitan University, University of South Wales, RWCMD, Cardiff and Vale UHB\)](#)

<sup>642</sup> Written evidence, [MHHE 25 Universities Wales](#)

<sup>643</sup> Written evidence, [MHHE 4 NUS Wales](#)

<sup>644</sup> Written evidence, [MHHE 27 Mind Cymru](#)

<sup>645</sup> Written evidence, [MHHE 4 NUS Wales](#)

<sup>646</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>647</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

both he and the Deputy Minister “jointly chair a task and finish group that was set up to oversee the implementation of a whole-system approach to mental health in education....”<sup>648</sup>

**410.** The Deputy Minister said that Together for Mental Health has “a really strong focus on mental health inequalities.” She cited work with Diverse Cymru in relation to culturally competent services; the Welsh Government’s LGBTQ action plan and that more work is needed to ensure people can access support through the medium of Welsh.<sup>649</sup> An independent evaluation of the strategy has been commissioned.<sup>650</sup>

**411.** In terms of the new strategy, the Deputy Minister said that work is already underway with Public Health Wales to develop a policy that supports good mental health for everybody, saying that she wants to ensure there is parity between mental and physical health. There has already been consultation on mental health milestones.<sup>651</sup> She committed to “very, very wide engagement with a whole range of stakeholders.” She said that lived experience would be at the centre of the new strategy.<sup>652</sup>

**412.** In relation to concerns that the current strategy does not include specific reference to students, she said that the current delivery plan which sets out how the strategy will be delivered references higher education “with an action regarding training around mental health and well-being.” But she added that she wants the new strategy to have a “really strong cross-Government approach” and that if we get this right for young people it “puts us on a really great foundation for everyone else.”<sup>653</sup>

## Our view

**413.** Mental health is complex, and therefore it’s unsurprising that the support landscape can be complicated. This can be even more acute for students, especially those students who do not need the type of support offered through NHS services. The “missing middle” are often those who may well miss out on the right type of support at the right time. While there seems to be an understanding about the need to fill this gap, we believe more needs to be done to ensure the health and education sectors are working together.

<sup>648</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraphs 9-10

<sup>649</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 27.

<sup>650</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 43.

<sup>651</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraphs 46-47.

<sup>652</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 49.

<sup>653</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 117.

**414.** The establishment of the Commission seems to provide a good opportunity to bring together different types of providers in this space, as well as having the national presence to broker the possible deals that need to be done to improve the cohesion of services. Top of the priority list must be the developing of a shared understanding between education providers, healthcare providers (both statutory and non-statutory) and the Welsh Government about the roles and responsibilities for student welfare. We acknowledge that while there will need to be a bespoke approach to take account of different types of providers, diversities of student populations, and the differing health boards, this should set out some basic principles underpinning who is responsible for what levels of support. This work must include guidance and agreement on common thresholds and agreed language and terminology which will minimise the risk of misunderstandings developing.

**Recommendation 23.** The Welsh Government starts scoping work with the NHS and higher education sector on the development of a shared understanding of the roles and responsibilities across healthcare and education for student mental well-being. This must encompass agreement on thresholds, language and definitions. Once the Commission is established, they should take lead responsibility for continuing the work and ensuring it remains up to date and reflects current practice.

**415.** We heard very clear and strong evidence on the importance of effective data and information sharing. The MHULS pilot has shown that robust information and data sharing protocols can be established between healthcare and education providers, which help support effective mental health support. We would like to see further work done in this area with more protocols established across Wales between providers and healthcare settings. Again, this seems a space in which the Commission could look to help bring together all the relevant partners together and to help facilitate sharing of good practice and development of information sharing protocols.

**Recommendation 24.** The Welsh Government in its first remit letter to the Commission asks the Commission to take the lead in establishing effective data sharing protocols between higher education providers and the NHS in relation to mental wellbeing.

**416.** We have been impressed with the evidence we have heard about the MHULS pilot. From the early data that has been shared with us, it is clear it is meeting a need, particularly of those who might have previously missed out on the right type of support previously. It is also building relationships between the education and healthcare sectors, which will hopefully reduce the risk of some students falling between gaps in service provision. We are conscious that a full evaluation will need to be completed to fully understand the effectiveness of this approach,

however, the early signs are incredibly positive. If the full evaluation bears out these early indications we think it is imperative that this opportunity is seized and a wider roll-out across Wales is supported.

**417.** We note that as part of our engagement with staff, there were recommendations around enabling direct referrals which this pilot allows, and sharing of outcomes of the findings from this pilot.

**418.** We appreciate that there may be some additional challenges in establishing similar schemes in other areas of Wales, in particular where there are multiple health boards covering particular institutions, and issues around distance learners. However we do not believe these are insurmountable, and the clear benefits of such a project far outweigh some of the technical challenges. We note the comments from those involved in the development and running of the MHULS pilot in relation to the need for sustainable funding. We agree, and in line with our earlier recommendations about the need for longer term funding, believe that dependent on the findings of the evaluation, MHULS should be rolled out across Wales, with funding continuing for the current pilot. In terms of funding, the Welsh Government should explore how the health and education budgets can be utilised to provide the requisite funding. The roll out should be funded by the Welsh Government through HEFCW and the incoming Commission, and there should be a commitment for this funding to be sustained.

**Recommendation 25.** The Welsh Government, HEFCW and the incoming Commission should build on the learning and evaluation from the Mental Health University Liaison Service in Cardiff and start planning for a full roll-out of this model across Wales. As part of this planning, long term funding should be committed to support full roll-out, development and maintenance of this model across Wales.

**419.** The development of the Welsh Government's new Mental Health Strategy is an important opportunity to address some of the issues raised in the report. Combined with the establishment of the Commission, it seems that there is a great opportunity to better improve the interface between healthcare and education providers.

**Recommendation 26.** The Welsh Government in the next iteration of the Mental Health Strategy and any accompanying action plans must ensure that the particular position of students is being considered, and opportunities are identified to address the strategic and policy gap in bringing together the healthcare and education providers.



## 7. NHS and Statutory services

The NHS is under immense pressure, particularly in relation to mental health support. However, more can be done to improve student mental health and wellbeing. The role of the GP is critical. It is important to address some of complexities that can arise from the specific set of circumstances of students in relation to accessing healthcare services.

**420.** We know that NHS and mental health support services are under significant pressure. Aneurin Bevan University Health Board said that both primary care and community mental health services “are stretched” and that any new services to meet needs “will need resourcing and cannot be met within the existing financial envelope.”<sup>654</sup> Mind Cymru described primary care services as being “overwhelmed.”<sup>655</sup>

**421.** Universities Wales queried whether population health assessments took account of the transient nature of the student population, and as a result the extent to which NHS resources addressed this.<sup>656</sup> They said that the students need to be treated as part of the wider population “regardless of where they live and where they study.”<sup>657</sup>

**422.** NUS Wales said that student populations should be included in healthcare planning and student voices needed to be more prominent in developing health policy, and design and delivery of local health services. They wanted to see a review and mapping exercise of mental health services for students to enable identification of any gaps.<sup>658</sup> The Centre for Mental Health also emphasised the importance of ensuring that young people are involved in designing solutions, saying that there can often be quite a difference between how services are perceived by young people, and how staff believe they are perceived by young people.<sup>659</sup>

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<sup>654</sup> CYPE Committee Paper, CYPE(6)-25-22 – Paper to Note 1, Additional information from Aneurin Bevan University Health Board following the meeting on 19 October.

<sup>655</sup> Written evidence, MHHE 27, Mind Cymru

<sup>656</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 120

<sup>657</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 225

<sup>658</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 57.

<sup>659</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 95.



**423.** Aneurin Bevan University Health Board said that it would be a “positive move” for education providers to engage with health boards “to establish the level of need for both primary and secondary mental health services in the area.”<sup>660</sup>

**424.** The Welsh Government said that the “only sustainable way” to dealing with increased demand is to:

*“... ensure there is good, universal support available and good access to specialised services which is why we are adopting a whole system approach to service provision in Wales.”<sup>661</sup>*

**425.** They said that the development of the NEST/NYTH framework as a planning tool for regional partnership boards to improve children and young people’s mental health and wellbeing was important. The framework does this by “providing a no wrong door approach to accessing support and adopting a preventive approach to mental health.”<sup>662</sup>

## **The role of the GP**

**426.** The GP can play an essential role in providing mental health support, and helping a patient access other support, as outlined by the Royal College of Psychiatrists Wales. They said the GP was vital in prevention, early identification and management of mental health issues.<sup>663</sup>

**427.** However, for students there can be a number of barriers or complexities that hinder the ability of a GP to do this. Firstly there is the issue of a student registering with a GP while they are at university. This can be particularly challenging for a population that can be highly mobile and may be regularly moving between their higher education provider and home, which may be a significant distance away or may be outside of Wales. Universities Wales highlighted that “around 50% of students in Wales are not Welsh-domiciled” and that even those who are Welsh, may be moving to a different part of Wales.<sup>664</sup> AMOSSHE recommended a “national approach” for online GP registration.<sup>665</sup> While Mind Cymru called for improvements and

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<sup>660</sup> Written evidence, [MHHE.22.Aneurin Bevan University Health Board \(ABUHB\)](#)

<sup>661</sup> Written evidence, [MHHE.34.Welsh Government](#)

<sup>662</sup> Written evidence, [MHHE.34.Welsh Government](#)

<sup>663</sup> Written evidence, [MHHE.9.Royal College of Psychiatrists Wales](#)

<sup>664</sup> Written evidence, [MHHE.25.Universities Wales](#)

<sup>665</sup> Written evidence, [MHHE.11.AMOSSHE.The Student Services Organisation Wales](#)

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standardisation “where possible” of GP registration<sup>666</sup> and Cardiff University called for a national online model, making registration accessible before they move.<sup>667</sup>

**428.** The impact of challenges around GP registration on continuity of care was highlighted by:

- HEFCW;<sup>668</sup>
- Hywel Dda University Health Board;<sup>669</sup>
- Mind Cymru;<sup>670</sup>
- the Royal College of GPs Wales;<sup>671</sup>
- the Royal College of Psychiatrists Wales;<sup>672</sup>
- Student Minds;<sup>673</sup> and
- Stonewall Cymru.<sup>674</sup>

**429.** Student Minds said that students can only be registered with one surgery even though they often live between two addresses, which they called a “key issue”.<sup>675</sup> The Royal College of GPs said it was simply not practical to register with the nearest GP for each term and holiday, meaning that there will always be a period when a student can only access out of hours services.<sup>676</sup> Universities Wales said that moving to a new GP may result in a student with a pre-existing condition finding themselves “back at the start of a diagnostic journey...”.<sup>677</sup>

**430.** Student Minds called for the option of “duality in terms of accessing care” which would enable a student to be registered in two places at the same time, with “really strong information-sharing practices” between those services that are supporting students with complex needs. While they would like to see this, they also said that providing students with

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<sup>666</sup> Written evidence, [MHHE 27 Mind Cymru](#)

<sup>667</sup> Written evidence, [MHHE 30 Cardiff University](#)

<sup>668</sup> Written evidence, [MHHE 14 Higher Education Funding Council for Wales \(HEFCW\)](#)

<sup>669</sup> Written evidence, [MHHE 16 Hywel Dda University Health Board](#)

<sup>670</sup> Written evidence, [MHHE 27 Mind Cymru](#)

<sup>671</sup> Written evidence, [MHHE 10 Royal College of General Practitioners Wales](#)

<sup>672</sup> Written evidence, [MHHE 9 Royal College of Psychiatrists Wales](#)

<sup>673</sup> Written evidence, [MHHE 8 Student Minds](#)

<sup>674</sup> Written evidence, [MHHE 33 Stonewall Cymru](#)

<sup>675</sup> Written evidence, [MHHE 8 Student Minds](#)

<sup>676</sup> Written evidence, [MHHE 10 Royal College of General Practitioners Wales](#)

<sup>677</sup> Written evidence, [MHHE 25 Universities Wales](#)

their own data would empower them and support them in accessing the right type of support.<sup>678</sup>

**431.** The Royal College of GPs described the impact that the significant upheaval that can come with starting higher education can have on students registering a GP. They said students may struggle to do this because “they’re homesick; it’s all new; managing your time, your money; getting on with new people and all that, and that’s really tricky.”<sup>679</sup>

**432.** The Royal College of GPs also noted the importance of a “strong relationship” between a GP and patient in effectively supporting and managing mental health issues. They said research has shown that patients who “know and trust” their GP are more likely to seek help sooner and provide more information. As a relationship between the GP and patient is often needed, this can be lacking for students who are moving around. They said it was important for the Welsh Government, higher education providers and health boards to “provide for that relationship to be created.”<sup>680</sup>

**433.** The Royal College of Psychiatrists highlighted there are often issues around transferring of medical records or timely prescribing for medication. They called for more work on how this issue can be better managed, without leading to any “financial detriment” to the GP based near the education provider. They suggested the creation of a “common electronic and/or patient held medical record.”<sup>681</sup> They suggested that the transfer is even more difficult with English or Scottish students.<sup>682</sup> The Royal College of GPs said there is a “huge issue” with transfer of records, explaining that it can be “six months” before they receive medical records which is “astoundingly bad... .It is so slow. It’s incredibly cumbersome.”<sup>683</sup> Universities Wales also underlined the impact of data not being shared between GPs.<sup>684</sup> While Mind Cymru highlighted the potential impact on prescriptions and medication, which can have “enormous wellbeing implications...”<sup>685</sup>

**434.** This suggestion of some sort of “student GP passport” was also mooted in the Post-16 Mental Health Policy Recommendations.<sup>686</sup> AMOSSHE highlighted that this suggestion was also made in the **IPPR report “Not by Degrees” report**. AMOSSHE believed such a passport

<sup>678</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 386

<sup>679</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 129

<sup>680</sup> Written evidence, MHHE 10 Royal College of General Practitioners Wales

<sup>681</sup> Written evidence, MHHE 9 Royal College of Psychiatrists Wales

<sup>682</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 138

<sup>683</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 171

<sup>684</sup> Written evidence, MHHE 25 Universities Wales

<sup>685</sup> Written evidence, MHHE 27 Mind Cymru

<sup>686</sup> Post-16 Education Sector Working Group, Post-16 Mental Health Policy Recommendations, May 2022

would address continuity of care, but did acknowledge there could be cross border complications. They called for the funding of a pilot “with a view to national adoption” and that the pilot should include working with other UK nations to ensure this pilot could work for Welsh students studying elsewhere and for other home nation students in Wales.<sup>687</sup> Others who called for such a pilot included HEFCW<sup>688</sup> and Universities Wales.<sup>689</sup>

**435.** The Royal College of Psychiatrists said that there has been a pilot “amongst a few students...” of something akin to student passports. They said that some found it “really useful” but they said it would be dependent as to whether students would be happy to disclose information. They said it is more “student-led, student-focused” and means students don’t have to keep sharing the same information. They said the main barrier to such a system would be funding.<sup>690</sup>

**436.** Numerous stakeholders highlighted that students may simply not register with the GP near their higher education provider. NUS Wales highlighted that students will not be automatically registered with a new GP in their new location and that they may need to change GPs again if a student moves within their “university city.”<sup>691</sup> The Royal College of Psychiatrists said that every effort should be made to ensure students are registered with a GP local to their education provider as soon as possible after starting.<sup>692</sup>

**437.** While the Royal College of GPs also raised the additional complexity if a student is on a course with placements, where they may not be at either their home or university location for “several months at a time....” leading to even more difficulties ensuring continuity of care. They said there simply is not a joined up system to share information.<sup>693</sup>

**438.** Cross-border issues also cause additional challenges. Universities Wales raised the added complexities of moving from a GP outside of Wales as an added complexity, that needs further investigation.<sup>694</sup>

**439.** Mind Cymru said that for students from outside of Wales, they may face “poor clarity” about what support they can access and where, as healthcare systems differ. In particular there

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<sup>687</sup> Written evidence, MHHE 11 AMOSSHE The Student Services Organisation Wales

<sup>688</sup> Written evidence, MHHE 14 Higher Education Funding Council for Wales (HEFCW)

<sup>689</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 226

<sup>690</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 173

<sup>691</sup> Written evidence, MHHE 4 NUS Wales

<sup>692</sup> Written evidence, MHHE 9 Royal College of Psychiatrists Wales

<sup>693</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 131

<sup>694</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 109

may be different thresholds for support which can “put immense pressure” on students. They called for more joined up thinking, clear pathways and clear and understandable guidance.<sup>695</sup>

**440.** Other barriers to GP access can be concerns that a student may not be able to get an appointment in a timely manner, or that it may come at a cost, according to the Open University in Wales. In relation to costs, they said that if a student believes getting evidence from a GP to support a claim for extenuating circumstance will cost them, they may feel it’s “not worth the hassle, the stress, or the perceived cost...”. They called for the Welsh Government and the NHS to work together to standardise and simplify such processes while ensuring such systems are accessible.<sup>696</sup>

**441.** This issue about costs for evidence to support claims was also raised during our engagement with students. One student described having to get the GP to write to their provider to support their extenuating circumstances on three separate occasions because the wording was not exactly what the provider wanted. Each letter had costed £15. Others also shared similar experiences, with all of them having to pay for the correspondence from the GP. They said they were getting caught up in “paper trails”, but that the student support services at their providers were aware of the challenges of getting documentation from GPs.<sup>697</sup>

**442.** Mind Cymru said that some people with mental health challenges are simply not going to a GP for support. They cited Time to Change Wales public attitudes survey in 2021, which showed that there was a “significant fall” in the number of people who would contact their GP with a mental health issue. They noted that the fall was particularly sharp in the age group 16-34, which will include “most of the student body.”<sup>698</sup> The Royal College of GPs said that young people may be concerned that they will be “fobbed off” with a prescription for anti-depressants, rather than getting the psychological treatments they may need or that they may be considered to be “a bit of a lightweight and failing right at the beginning of the first hurdle...”<sup>699</sup>

**443.** While we looked at data sharing between the healthcare sector and providers more generally in the previous Chapter, the specific issue of data sharing between the GP and a provider was raised by Cardiff Metropolitan University. They said the need to create “individual data-sharing arrangements” with all GP surgeries is “time-consuming” so they have focused on developing them with those surgeries they recommend to students. They noted this does not

<sup>695</sup> Written evidence, [MHHE 27.Mind Cymru](#)

<sup>696</sup> Written evidence, [MHHE 5.The Open University in Wales](#)

<sup>697</sup> [Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022](#)

<sup>698</sup> Written evidence, [MHHE 27.Mind Cymru](#)

<sup>699</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 264](#)

cover those students who remain registered at home or those who simply don't register. They noted a further barrier is that some practices do not record that a patient is a student, this prevents "effective data-gathering and a clear, system-wide, understanding of the issues."<sup>700</sup> Universities Wales believed there was opportunity for the Welsh Government to do more in this space.<sup>701</sup>

**444.** The Minister said the priority needs to be ensuring that students register with a GP. He said that from an higher education perspective this was an area that needed focus, ensuring students are supported to register with a GP.<sup>702</sup>

**445.** The Welsh Government said that data sharing is "a key area of concern when it comes to sharing medical records." Currently, the paper process can take "up to 11 days." They said that to make this more "efficient and seamless" there is work ongoing to support the transfer of medical records digitally "within 30 minutes" of someone registering with a GP. This, they expect, to be fully operational across Wales "within the next 12 months."<sup>703</sup> The Deputy Minister said that while "'the GP to GP'" system will be operational across Wales, it will "take longer to develop that transfer to other parts of the UK...". This is because the Welsh GP IT market is a small proportion in comparison to the rest of the UK.<sup>704</sup>

**446.** The Deputy Minister said she was "keen" to look at the potential of a student healthcare passport. She said there is already a "transitions passport" but that the new group she is chairing will be looking at whether there is "anything innovative" that can be done to enable students to "move and take their data with them as quickly as they need to."<sup>705</sup>

## Waiting times and accessing assessments

**447.** We heard from stakeholders, including Students Minds,<sup>706</sup> about the impact on student mental health and wellbeing of long waiting times either to access assessment or support services.

**448.** Grŵp Llandrillo Menai highlighted the challenges faced by their students with Betsi Cadwaladr University Health Board mental health services at risk of being put in special measure, which is causing "additional capacity difficulties" in accessing community mental health

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<sup>700</sup> Written evidence, MHHE 15 Cardiff Metropolitan University

<sup>701</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 226

<sup>702</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 113

<sup>703</sup> Written evidence, MHHE 34 Welsh Government

<sup>704</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 106

<sup>705</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 107

<sup>706</sup> Written evidence, MHHE 8 Student Minds

services.<sup>707</sup> Since we concluded taking evidence, the Minister for Health and Social Services announced that Betsi Cadwaladr University Health Board was being put into Special Measures.<sup>708</sup>

**449.** Student Minds flagged particular concerns for wait times for specialist support for eating disorders and ADHD assessments.<sup>709</sup> The Royal College of Psychiatrists said that waiting times for psychological therapies are “just too long for students to be able to access that whilst they’re at university.”<sup>710</sup>

**450.** The University Mental Health Advisers Network shared concerns about eating disorder services, and waiting times for those with neurodevelopmental conditions, in particular for assessments.<sup>711</sup> Others who shared concerns about identification and support for neurodevelopmental issues included Aneurin Bevan University Health Board;<sup>712</sup> Cardiff University;<sup>713</sup> and Royal College of Psychiatrists.<sup>714</sup>

**451.** Aneurin Bevan University Health Board noted that waiting times for students were the same as the general population, but that there were “additional challenges” for students who will need to arrange appointments to fit with their term-time availability. They said that services needed to be “flexible” in their approach to this.<sup>715</sup> The Centre for Mental Health said that establishing support that follows an individual, especially students who are often moving between two locations can be “easy to say, fiendishly difficult to do.”<sup>716</sup> While Cardiff University, amongst others including the Royal College of GPs,<sup>717</sup> highlighted that a student moving location may find they lose their place on a waiting list and have to restart the referral process again.<sup>718</sup>

**452.** On waiting times, the Royal College of GPs acknowledged that there will “usually be a substantial waiting time” to see a GP about mental health issues, by which time the student may

<sup>707</sup> Written evidence, [MHHE 1 Grŵp Llandrillo Menai](#)

<sup>708</sup> Welsh Government, [Press Release, Betsi Cadwaladr University Health Board put into Special Measures with board stepping aside, 27 February 2023](#)

<sup>709</sup> Written evidence, [MHHE 8 Student Minds](#)

<sup>710</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 123](#)

<sup>711</sup> Written evidence, [MHHE 20 University Mental Health Advisers Network](#)

<sup>712</sup> Written evidence, [MHHE 22 Aneurin Bevan University Health Board \(ABUHB\)](#)

<sup>713</sup> Written evidence, [MHHE 30 Cardiff University](#)

<sup>714</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 123](#)

<sup>715</sup> Written evidence, [MHHE 22 Aneurin Bevan University Health Board \(ABUHB\)](#)

<sup>716</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraphs 75](#)

<sup>717</sup> [Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraphs 141](#)

<sup>718</sup> Written evidence, [MHHE 30 Cardiff University](#)



have moved between either their term or holiday address.<sup>719</sup> They also said that in the area they work, the waiting list for NHS support is two years, so a student will “probably” have finished their course by that time “which is really worrying”.<sup>720</sup> Mind Cymru also highlighted this, saying the waiting times for some types of secondary care are as long as the length of a course.<sup>721</sup>

**453.** The Centre for Mental Health highlighted the need to ensure support was available while a young person was waiting for support. (Although they also called for a reduction in waiting lists and times.) They said that support that is available in the interim should not “presuppose you have access to the right devices and internet connection.” Otherwise this will then potentially create barriers for some students.<sup>722</sup> The students we spoke to also highlighted the importance of support while on the waiting list. One student said that this is the “best time for university support to kick in.”<sup>723</sup>

**454.** The University Mental Health Advisers Network said that as NHS thresholds have increased, “more risk is being ‘held’ by practitioners.” This can have consequences for a student’s study, including students being taken through Fitness to Study procedures, which can result in an “enforced interruption of study.”<sup>724</sup> The Centre for Mental Health said that establishing thresholds “risks limiting access to earlier support and adding more barriers to services.” They called for providers and the healthcare sector to put in place arrangements which “meet needs at each level and for all types of need without having to fall back on diagnostic or severity thresholds.”<sup>725</sup>

**455.** We also heard that some groups of students may find it more difficult to access specialist support services. Cardiff Metropolitan University highlighted that groups such as those from “lower socioeconomic groups, Black, Asian or other Minority Ethnic groups, or who identify as LGBT+” may find that NHS provision does not meet their “precise needs” or that if it does will be over-stretched. They said that third sector support may struggle to support students who are a mobile population because of “uncertain funding” and capacity issues.<sup>726</sup>

**456.** The Royal College of Psychiatrists also said that for those students from a more disadvantaged background they cannot access private support, which more affluent students

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<sup>719</sup> Written evidence, MHHE 10 Royal College of General Practitioners Wales

<sup>720</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 272

<sup>721</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 371

<sup>722</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 47

<sup>723</sup> Children, Young People and Education Committee, Mental Health Support in Higher Education, Engagement Findings, December 2022

<sup>724</sup> Written evidence, MHHE 20 University Mental Health Advisers Network

<sup>725</sup> Responses from the Centre for Mental Health to the unasked questions at the meeting on 19 October

<sup>726</sup> Written evidence, MHHE 15 Cardiff Metropolitan University

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may access if waiting times on the NHS are long.<sup>727</sup> As we have highlighted earlier in the report, these students are often facing additional mental health pressures, and this compounds the barriers they face in accessing support.

**457.** Just as we have highlighted concerns about transfer of information in relation to GP support, we heard this can also be an issue for students who have accessed mental health support in a different location to their university. This can either be elsewhere in Wales or within the UK. Cardiff Metropolitan University said that NHS systems are badly connected with data often lost in transfer; and that transfer of care can be slow. This can result in students having to start again “assessment, diagnosis and treatment process, which can exacerbate even stable mental health.”<sup>728</sup>

**458.** Aneurin Bevan University Health Board said that links needed to be developed with the NHS support services in the student’s place of “permanent” residency to ensure there is continuity of support, and that they do not “fall through the gaps”. Support needs to continue whether they are at home or university. They also identified additional challenges with engaging with a student’s family when they are away from their permanent home.<sup>729</sup> Cardiff University said that MHULS pilot (see previous Chapter) was helping to deal with issues around transfer of patient care, but that it does not address the entire issue.<sup>730</sup>

**459.** Hywel Dda University Health Board highlighted the links they have established with Pembrokeshire College to help promote the All Age Single Point of Contact, also known as NHS 111 Option 2. This team have attended open days, as well as engaging with new students and care providers to make them aware of this service. This is an “open access all age telephone triage service”. It is currently open 9am-11:30pm, seven days a week, and covers anyone living in the Health Board area, or those who are visiting the area.<sup>731</sup> They believed this will reduce barriers to accessing support and make it “far easier” to self refer.<sup>732</sup> They said that this service provides “an excellent opportunity” to showcase the mental health services that are available. Information about this service is being disseminated across colleges and universities.<sup>733</sup>

**460.** The Deputy Minister acknowledged that following the pandemic, mental health services have faced “major pressures”. This arises from a combination of increased referrals and

<sup>727</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 194

<sup>728</sup> Written evidence, MHHE 15 Cardiff Metropolitan University

<sup>729</sup> Written evidence, MHHE 22 Aneurin Bevan University Health Board (ABUHB)

<sup>730</sup> Written evidence, MHHE 30 Cardiff University

<sup>731</sup> Written evidence, MHHE 16 Hywel Dda University Health Board

<sup>732</sup> Response from Hywel Dda University Health Board to the unasked questions at the meeting on 19 October

<sup>733</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 29

increased complexity in those who are referred. She said that £20million of the additional £50million allocated for mental health services in 2022/23 are to help health boards with waiting lists and to develop services in priority areas, which include children and young people. She said there is an expectation that health boards will see “significant improvements in performance by April 2023.” She said there is already “very significant improvements” in specialist CAMHS services, and that the Government is monitoring health boards “really closely on their performance.” Mental health has been included as a key priority in the accountability letters to health boards. Finally she said that:

*“So, we aren't exactly where we want to be, but we are making progress and we have got trajectories in place to recover performance across the board by the spring of next year.”<sup>734</sup>*

**461.** The Welsh Government outlined that the tier 0/1 offer has been “strengthened and expanded” which provides access to anybody of “non-clinical mental health support.....accessed over the phone or online without a referral....” One of the resources includes a “Young Person’s Mental Health Toolkit” for young people aged between 11 and 25. This covers six different areas: anxiety, low mood, keeping active and healthy, bereavement, COVID-19 information and crisis support. There is also “free online mental health therapy” available through the NHS which does not require a GP referral. SilverCloud Wales was successfully piloted in Powys and is now available across Wales.<sup>735</sup>

**462.** The Deputy Minister said that the 111 website provides details of all the mental health support in Wales, which she hoped made it “easy” for higher education providers to promote to their students. She said all health board websites also included information on what could be accessed locally. She said there was work to promote all the tier 0 support, such as the CALL helpline. She believed higher education providers are “very well placed” to promote all these different types of support.<sup>736</sup>

## Transitions from CAMHS to Adult services

**463.** As part of a separate strand of Committee work running alongside this inquiry, we heard directly from young people who had experience of transitioning between Child and Adolescent Mental Health Services (“CAMHS”) to adult mental health services. They worked with Mind

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<sup>734</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraphs 124-126

<sup>735</sup> Written evidence, MHHE 34 Welsh Government

<sup>736</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraph 92.

Cymru to produce a report “**Sort the Switch**” which makes a number of recommendations on improvements they want to see for this important transitional period. They came and spoke to us about their experiences, and it’s fair to say that it was one of the most powerful sessions we had ever been involved in. The young people shared their stories with bravery, confidence and real power. As a direct result of this session, we then called the Deputy Minister to give evidence to us on this specific issue. We also touched on this during our scrutiny session for this inquiry. We will continue to pursue this issue outside of this inquiry, but for those young people who are going to university at 18, this transition can happen around the same time as them joining higher education.

**464.** Mind Cymru in their evidence to us on this inquiry called for improvements to be delivered in line with the recommendations made in Sort the Switch.<sup>737</sup> They said that the young people involved in this campaign felt that the system was “done to them, their voices weren’t heard, and that guidance necessarily wasn’t being followed.”<sup>738</sup>

**465.** We heard evidence as part of this inquiry which also touched on this issue. With stakeholders including:

- Coleg Cambria;<sup>739</sup>
- ColegauCymru;<sup>740</sup>
- Hywel Dda University Health Board;<sup>741</sup>
- Mind Cymru;<sup>742</sup>
- NUS Wales<sup>743</sup>
- Platfform;<sup>744</sup>
- University Mental Health Advisers Network;<sup>745</sup> and

<sup>737</sup> Written evidence, MHHE 27 Mind Cymru

<sup>738</sup> Children, Young People and Education Committee, 19 October 2022, Record of Proceedings paragraph 382

<sup>739</sup> Written evidence, MHHE 3 Coleg Cambria

<sup>740</sup> Written evidence, MHHE 7 ColegauCymru (Committee Paper)

<sup>741</sup> Written evidence, MHHE 16 Hywel Dda University Health Board

<sup>742</sup> Written evidence, MHHE 27 Mind Cymru

<sup>743</sup> Children, Young People and Education Committee, 6 October 2022, Record of Proceedings paragraph 54

<sup>744</sup> Written evidence, MHHE 28 Platfform

<sup>745</sup> Written evidence, MHHE 20 University Mental Health Advisers Network

- Universities Wales<sup>746</sup>

raising this. Interestingly, Bridgend College said that some of their students had reported a more positive experience with adult mental health services, in particular in relation to waiting list times; accessing the right support and being listened to.<sup>747</sup>

**466.** Much of what we heard in relation to this inquiry chimed with the findings of Sort the Switch. ColegauCymru said that 18 was an “arbitrary cut off point” and called for services to be “age appropriate” and not linked to a specific age. They also wanted to see transition between services “standardised” with more timely sharing of mental health information not just with healthcare providers but also education providers. They also called for:

*“A mental health service for young people 16-25 should be established to support young people through school/college/HE/apprenticeship pathways, rather than the transition from CAMHS to adult services at 18.”<sup>748</sup>*

**467.** Universities Wales agreed with this idea, saying that it could help mitigate against the current “cliff-edge” at 18 which can create a “vacuum of support compared to a safety net that was in place a few months previously.” They also noted that in 2009, the then Assembly’s Health, Wellbeing and Local Government Committee recommended establishing a mental health service for 17-25 year olds. A recommendation that the then Welsh Government accepted in principle.<sup>749</sup> Diabetes Wales called for a “national framework” for transitions between paediatric and adult services, which includes “psychological services.”<sup>750</sup>

**468.** The Centre for Mental Health said that there is sufficient evidence that young adults are “distinctive enough to justify an age-specific response.” They said a bespoke service for this cohort would potentially meet their needs more effectively than current CAMHS or adult services. They highlighted that some NHS trusts, such as the Tavistock and Portman NHS Trust in London, have distinct services for 14-25 year olds who need more specialised support.<sup>751</sup>

**469.** Mind Cymru said young people already receiving NHS support should have a care and treatment plan. This plan, when working effectively, is a “cornerstone document” which identifies what the young person needs for ongoing care, and should cover issues such as moving to a

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<sup>746</sup> Written evidence, [MHHE 25 Universities Wales](#)

<sup>747</sup> Written evidence, [MHHE 2 Bridgend College](#)

<sup>748</sup> Written evidence, [MHHE 7 ColegauCymru \(Committee Paper\)](#)

<sup>749</sup> Written evidence, [MHHE 25 Universities Wales](#)

<sup>750</sup> Written evidence, [MHHE 31 Diabetes Cymru](#)

<sup>751</sup> [Response from the Centre for Mental Health to the unasked questions at the meeting on 19 October](#)

different part of Wales, or the wider UK. They said that they are “an effective vehicle” but that the quality of these plans needs improving.<sup>752</sup>

**470.** We heard from some Health Boards about the work they are doing to support transitions. Hywel Dda University Health Board described the establishment of a Transition Lead Post, based in specialist CAMHS who works with those in adult mental health services to support “more responsive services” for those transitioning between the two services. Additionally, their Transition Policy sets out that at 17.6 years of age transition plans are discussed, promote the Transition Passport; and have a peer mentor support worker who also supports young people as they transition.<sup>753</sup> Aneurin Bevan University Health Board have established a “Transitions Arrangements Development Group” to improve transitions and ensure “parity of care with equal access to specialist services...”<sup>754</sup>

**471.** Aneurin Bevan University Health Board said it would be helpful if a young person is receiving support from either CAMHS or adult mental health services, and if the person gives consent, for a support plan to be put in place between the different services and the education provider to ensure “best support... through a variety of routes, including education based counsellors.”<sup>755</sup>

**472.** Beat raised the specific issue of transitions for those with eating disorders, which can include transition between age related services, but also changes in geography, or moving between in and out patient services, as well as transitions between different types of specialist services.<sup>756</sup>

**473.** The Welsh Government highlighted the work they commissioned TGP Cymru to do to understand better young people’s experiences of the transition between CAMHS and AMHS. They said this review will “consider how HBs in Wales work with universities and HBs across the UK to ensure that geographical transitions between services are also streamlined.”<sup>757</sup> This work was subsequently published in November 2022.<sup>758</sup>

**474.** The Deputy Minister said she wanted services that work for young people, rather than “shoehorning” them into existing services. She is “frustrated at the pace of improvements” in

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<sup>752</sup> Written evidence, [MHHE 27 Mind Cymru](#)

<sup>753</sup> Written evidence, [MHHE 16 Hywel Dda University Health Board](#)

<sup>754</sup> Written evidence, [MHHE 22 Aneurin Bevan University Health Board \(ABUHB\)](#)

<sup>755</sup> Written evidence, [MHHE 22 Aneurin Bevan University Health Board \(ABUHB\)](#)

<sup>756</sup> Written evidence, [MHHE 23 Beat](#)

<sup>757</sup> Written evidence, [MHHE 34 Welsh Government](#)

<sup>758</sup> [TGP Cymru, Children to Adult Mental Health Transition Research, 3 November 2022](#)

relation to transitions. She said that the policies, guidance and frameworks are in place, but there is an “implementation gap at a local level”. She said she has made it clear that it needs to be a “key focus” for national CAMHS support.<sup>759</sup>

## Our view

**475.** NHS and statutory services play an important part in supporting students’ mental health and wellbeing whether that is the open access support and guidance on managing low level mental health issues, or for those who need higher level of clinical support. But at any level it can be difficult for students to access the help, support and advice that they need. This may be because they don’t know where the support is available, or because of long waiting times for assessment, or clinical support.

**476.** The recent announcement by the Welsh Government placing Betsi Cadwaladr University Health Board into special measures (as highlighted in paragraph 448) is worrying. We have grave concerns about how the performance of this Health Board may be impacting on the students who will need to access NHS mental health support in North Wales. We would therefore welcome being kept updated on this Health Board’s performance in relation to mental health services for students.

**Recommendation 27.** The Welsh Government provides annual updates or where there are significant developments to the Committee on the performance of Betsi Cadwaladr University Health Board as it relates to mental health support to children, young people and any higher education students within the Health Board area.

**477.** We know the pressures that all NHS services are currently under. In terms of mental health services this is being compounded by increasing numbers and increasing complexity of those people seeking support. This is the case for the general population, but students as outlined throughout this report do face some specific challenges whether in relation to the pressures of being a student, or the unique situation they may find themselves in, where they in effect have two homes. This is particularly problematic when it comes to accessing NHS support, which is predicated on having a single permanent base.

**478.** The importance of ensuring students register with the GP is clear. We heard from both stakeholders and students themselves of the many reasons why this may not be a high priority. For some, it’s simply one additional job that they don’t get round to; for others they may have a

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<sup>759</sup> Children, Young People and Education Committee, 23 November 2022, Record of Proceedings paragraphs 143-144



good relationship with their GP at home, and they wish to continue to access the support with a GP who knows them and their circumstances. But without a GP at their place of education, they will find it more difficult to access other clinical support. While the MHULS pilot seems to have made accessing NHS services simpler for students, this is currently only available to students in Cardiff and the Vale Health Board.

**479.** More support is needed to ensure that students know how to register with a GP and why it is important to register with a GP. When a student starts in higher education, especially if they have moved away from home for the first time they may lack the confidence or the knowledge to get registered, or they may simply not feel that it's important. We think providers could do more to proactively encourage GP registration. We are sympathetic to the calls made by some stakeholders of the need to have a single approach to GP registration across Wales, and that this could possibly be done online before starting at a higher education provider. However, we note that we have not explored whether this is logistically possible.

**Recommendation 28.** The Welsh Government explores the feasibility of a common approach to GP registration across Wales with a view to standardising how this is done across Wales. As part of this study, the feasibility of introducing online GP registration must be considered. The findings of such a feasibility study should be reported back to the Committee when completed, and should be made publicly available.

**480.** Even if a student does register with a GP, we heard about issues around transfer of student records, with the Royal College of GPs sharing their own personal experience where it has taken up to 11 months for patient records to be transferred. We welcome the GP to GP project, which should result in medical records being transferred more rapidly within Wales. However, this will not impact on the nearly half of students who in Wales who come from outside Wales. We believe the Welsh Government needs to explore further how these cross border issues of sharing medical information can be dealt with. We also heard of the additional complications that can be faced by students either studying or working abroad as part of their studies. While we appreciate there is a limit to what can be done to improving sharing of healthcare data internationally, it is important that education providers ensure there is adequate support put in place, so students can access information and support while abroad.

**Recommendation 29.** The Welsh Government provides the Committee with regular updates on the implementation of the GP to GP Project. These updates should be provided annually as a minimum.

**481.** Clearly, the development of a student passport would help address many of these issues, and would not just relate to sharing of GP information but would open up sharing of broader medical information. We think this idea has significant merit, and we note that multiple different bodies have made recommendations in this space. We believe this is a significant issue, that has an impact not just in managing student's mental health and wellbeing, but would also help managing any physical health issues. We think the Welsh Government must explore the feasibility of piloting such an student healthcare passport as a matter of urgency. We appreciate that this is complex, and will not happen quickly, but we would like to see this work started rapidly.

**Recommendation 30.** The Welsh Government explores the feasibility of establishing a student passport which would enable students to share their healthcare information more easily, and would help mitigate some of the specific challenges faced by a highly mobile population. As part of this feasibility work, a pilot should be supported, with a view to rolling it out across Wales if the pilot is successful.

**482.** We acknowledge the expectation from the Deputy Minister (see paragraph 442) that there would be a significant improvement around CAMHS waiting times by April 2023. We are aware that waiting times for CAMHS are reducing, and we strongly welcome this. As part of the response to this report, we would like an update on the Welsh Government's view on whether there has been the significant improvement the Deputy Minister wished to see by April 2023 and what further work is planned if Health Boards are not meeting the expectations of the Welsh Government.

**483.** We note the Welsh Government's response to our report on their Draft Budget 2023/24 in which they shared the available data on waiting times for first appointments to CAMHS, along with other data on referrals and assessment waiting times.<sup>760</sup> In this response, the Welsh Government said that data is not collected on follow-up appointments, but that work is being done to improve data on outpatient follow up and that the Committee would be updated "in due course" on this work. We would like more information from the Welsh Government on the timelines for this work, as well. Anecdotally, we have heard that waiting times for second appointments can be long. We think it is important that this data is collected so that we can fully understand the picture across CAMHS services. The initial appointment is clearly incredibly important, but subsequent appointments are also critical.

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<sup>760</sup> Welsh Government. Written response to the recommendations from the Children, Young People and Education Committee Report: The Welsh Government's Draft Budget 2023-24. March 2023

**Recommendation 31.** The Welsh Government outline in the response to this report whether Health Boards by April 2023 have made the significant improvement expected of them on CAMHS waiting times. If Health Boards have not made the improvements, the Welsh Government should outline what steps will be taken to ensure the necessary improvements are made.

**Recommendation 32.** The Welsh Government provide an update in response to this report about the work being done to improve the mental health core dataset including: when the work will be completed, when the new data will start to be collected, and how it will be published. As part of this, the Welsh Government should indicate whether the changes will ensure that data is collected on follow-up appointments. If not, the Welsh Government should indicate how performance on follow up appointments is managed and monitored by Health Board and the Welsh Government, and how they envisage the Senedd being able to scrutinise on this issue.

**484.** Both across this inquiry and in the specific work we have done on transitions, we are concerned that implementation gaps are having a truly significant impact on young people's emotional and mental wellbeing. The evidence we heard from the young people involved in Sort the Switch was some of the most powerful evidence we have ever taken, and will stay with us a long time. Hearing young people saying that in some ways the poor transition made them doubt the hard work they had put into trying to improve their mental health and that in some ways they would have been better off not working so hard was incredibly powerful.

**485.** The Deputy Minister made it clear that she believes the policies are correct, but it's the implementation of these policies where the issues arise. We note that when she gave evidence to us on this specific issue, she was clear that resourcing was not the issue. This is such an important issue we believe more needs to be done. We endorse the recommendations in Mind Cymru's Sort the Switch report .

**Recommendation 33.** The Welsh Government commits to implementation of all the recommendations in Mind Cymru's Sort the Switch report, and to report regularly on progress in implementing this recommendations.

## Annex A: List of oral evidence sessions.

The following witnesses provided oral evidence to the committee on the dates noted below. Transcripts of all oral evidence sessions can be viewed on the [Committee's website](#).

Date	Name and Organisation
6 October 2022	<p><b>Orla Tarn, President,</b> NUS Cymru</p> <p><b>Joe Atkinson, Press and Public Affairs Consultant,</b> NUS Cymru</p> <p><b>Professor Elizabeth Treasure, Vice Chancellor,</b> Aberystwyth University and Chair of Universities Wales</p> <p><b>Dr Ben Calvert, Vice Chancellor,</b> University of South Wales and Universities Wales</p> <p><b>Sophie Douglas, Policy Advisor,</b> Universities Wales</p> <p><b>Tom Snelgrove, Director of Learner Experience,</b> Coleg Sirgar and Colegau Cymru</p> <p><b>Ceri Wilcock, Deputy Director, Student Experience,</b> The Open University in Wales</p>
19 October 2022	<p><b>Andy Bell, Deputy Chief Executive Officer,</b> Centre for Mental Health</p> <p><b>Sian Taylor, Clinical Lead for Primary Child and Adolescent Mental Health Services,</b> Aneurin Bevan University Health board</p> <p><b>Angela Lodwick, Head of Service Specialist Child and Adolescent Mental Health Services &amp; Psychological Therapies,</b> Hywel Dda University Health Board</p> <p><b>Richard Maggs, Medical Director for Adult Mental Health Services,</b> Swansea Bay University Health Board</p> <p><b>Emma Haggerty, Eating Disorders Clinical Lead,</b> Aneurin Bevan University Health Board</p>

Date	Name and Organisation
	<p><b>Dr Liz Forty,</b> Royal College of Psychiatrists Wales</p> <p><b>Dr Julie Keely,</b> Royal College of General Practitioners Wales</p> <p><b>Dr Kim Dienes, Lecturer, Psychology,</b> Swansea University</p> <p><b>Simon Jones, Head of Policy and Campaigns,</b> Mind Cymru</p> <p><b>Dominic Smithies, Influencing and Advocacy Lead,</b> Student Minds</p>
26 October 2022	<p><b>Ben Lewis, Director of Student Life,</b> Cardiff University and AMOSSHE</p> <p><b>Kirsty Palmer, Director of Student Services,</b> Cardiff Metropolitan University</p> <p><b>Sharon Jones, Director of Student Services,</b> The University of South Wales</p> <p><b>Lynne Hackett, Lead officer for Higher Education,</b> UNISON Wales</p> <p><b>Jamie Insole, Policy Official,</b> University and College Union (UCU)</p> <p><b>Dr David Blaney, Chief Executive,</b> Higher Education Funding Council for Wales (HEFCW)</p> <p><b>Harriet Barnes, Director of Policy and Funding,</b> Higher Education Funding Council for Wales (HEFCW)</p>
10 November 2022	<p><b>Committee Visits</b></p> <p>University Wales Trinity St. David's</p> <p>Cardiff Metropolitan University</p> <p>Wrexham Glyndŵr University</p> <p>University of Bangor</p>
23 November 2022	<p><b>Jeremy Miles MS, Minister for Education and Welsh Language</b> Welsh Government</p> <p><b>Lynne Neagle MS, Deputy Minister for Mental Health and Wellbeing</b> Welsh Government</p> <p><b>Sinead Gallagher, Deputy Director of Higher Education Division,</b> Welsh Government</p>

Date	Name and Organisation
	<b>Tracey Breheny, Deputy Director Mental Health and Vulnerable Groups,</b> Welsh Government

## Annex B: List of written evidence

The following people and organisations provided written evidence to the Committee. All Consultation responses and additional written information can be viewed on the [Committee's website](#).

Reference	Organisation
<b>MHHE 01</b>	Grwp Llandrillo Menai
<b>MHHE 02</b>	Bridgend College
<b>MHHE 03</b>	Coleg Cambria
<b>MHHE 04</b>	National Union of Students Wales (NUS Wales)
<b>MHHE 05</b>	The Open University in Wales
<b>MHHE 06</b>	National Deaf Children's Society Cymru
<b>MHHE 07</b>	ColegauCymru (Committee Paper)
<b>MHHE 08</b>	Student Minds
<b>MHHE 09</b>	Royal College of Psychiatrists Wales
<b>MHHE 10</b>	Royal College of General Practitioners Wales
<b>MHHE 11</b>	AMOSSHE The Student Services Organisation Wales
<b>MHHE 12</b>	UNISON
<b>MHHE 13</b>	University and College Union (UCU)
<b>MHHE 14</b>	Higher Education Funding Council for Wales (HEFCW)
<b>MHHE 15</b>	Cardiff Metropolitan University
<b>MHHE 16</b>	Hywel Dda University Health Board
<b>MHHE 17</b>	South East Wales Mental Health Partnership
<b>MHHE 18</b>	Royal College of Occupational Therapists
<b>MHHE 19</b>	ColegauCymru (Consultation Response)
<b>MHHE 20</b>	University Mental Health Advisers Network



Reference	Organisation
<b>MHHE 21</b>	Audit Wales
<b>MHHE 22</b>	Aneurin Bevan University Health Board
<b>MHHE 23</b>	Beat
<b>MHHE 24</b>	British Medical Association (Wales)
<b>MHHE 25</b>	Universities Wales
<b>MHHE 26</b>	Council of Deans of Health
<b>MHHE 27</b>	Mind Cymru
<b>MHHE 28</b>	Platform
<b>MHHE 29</b>	British Association for Counselling and Psychotherapy
<b>MHHE 30</b>	Cardiff University
<b>MHHE 31</b>	Diabetes UK Cymru
<b>MHHE 32</b>	University of South Wales
<b>MHHE 33</b>	Stonewall Cymru
<b>MHHE 34</b>	Welsh Government

### Additional Information

Title	Date
Centre for Mental Health	October 2022
Hywel Dda University Health Board	October 2022
Universities Wales	October 2022
The National Union of Students (NUS)	October 2022
Aneurin Bevan University Health Board	October 2022