

## CYPE(6)-18-22 – Paper 3

Cyflwynwyd yr ymateb hwn i ymchwiliad y [Pwyllgor Plant, Pobl Ifanc ac Addysg i gymorth iechyd meddwl mewn addysg uwch](#)

This response was submitted to the [Children, Young People and Education Committee inquiry into Mental Health support in Higher Education](#)

**MHHE 05**

**Ymateb gan: Y Brifysgol Agored yng Nghymru**

**Response from: The Open University in Wales**

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**Nodwch eich barn mewn perthynas â chylch gorchwyl yr ymchwiliad. | Record your views against the inquiry's terms of reference.**

### **1. Maint yr angen | Extent of need**

The Open University in Wales welcomes the opportunity to respond to this inquiry on this extremely important subject.

In this response, we have set out the steps we have taken and are planning to take to support students' mental health and wellbeing, how we think the higher education sector should be supported to work in partnership with NHS services, other external providers, and the third sector to support students, and how the legislative and regulatory framework can assist us.

We hope that this response demonstrates to the committee that students at the OU in Wales have a unique set of experiences and circumstances, which require us as their university, our funders and regulators, and other stakeholders besides carefully to ensure that the support we offer our students meets their very individual needs.

The kind of support that our students may require and the way that they access it will often be very different to students who are, for example, studying on a full-time basis at a campus-based university. We look forward to exploring this with the committee in further detail at our oral evidence session.

#### **Extent of need generally**

Our most recently available figures indicated that approaching one in six of our students have declared a mental health condition. The number of such students, and

the proportion of our overall student population which they represent, have been steadily growing since at least 2017/18. In that year, 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.

However, in our experience, it is difficult to be certain that these figures fully reflect the true extent of the issue because there remains a stigma over disclosing poor mental health and accessing mental health support and services.

When mental health conditions are disclosed, this is usually alongside the disclosure of a physical disability or a specific learning difficulty, so the number of students with a mental health condition cannot be viewed in isolation.

For instance, we know that 26.7% of our students declare a disability (itself a figure that has been growing since 2017/18) but only around 10% of these access the Disabled Students Allowance. This has remained consistent since 2017/18. Again, we believe this is due to stigma, a lack of understanding of what constitutes a disability, the requirement to provide supporting medical evidence, and the overall administrative burden of completing the process. We would also flag to the committee 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.

Anecdotally, we also know that the pandemic and the cost-of-living crisis have had and continue to have an impact on students' mental health.

### **Carers**

The flexible nature of OU courses means that we are a particularly attractive offer for students who have other responsibilities and commitments, such as work or caring. This, of course, is a good thing, but we can also see that there is a marked intersection between students declaring a mental health condition and those who are caring or who live in Wales' most underprivileged communities. Indeed, 16% of our students who have declared a mental health condition have also declared that they are carers; 4.9% higher than students who have not declared a mental health condition.

### **Socioeconomic status**

Notably, around 50% of our students who have declared a mental health condition live in a widening access area, meaning an area which falls within the lowest two quintiles of the Welsh Index of Multiple Deprivation. Such areas represent the most underprivileged in Wales. This is around 6% higher than our overall student population, although the gap does seem to be closing.

Indeed, it is well-established that people who are facing financial difficulties will also disproportionately face mental health difficulties. We have recognised this link and have resourced a specialist Mental Health Educational Adviser to work with students who applied for our COVID Student Assistance Fund. Regrettably, it is inevitable that the cost-of-living crisis will exacerbate these problems and create new adverse conditions that might previously have been absent. We also know anecdotally that the Coronavirus pandemic, combined with the additional responsibilities and commitments that many of our students have outside of their studies, has had an impact on their mental health and well-being, and, for that matter, on student success.

### **Black, Asian and minority ethnic students**

In addition, although our data does not appear to indicate a significant difference between the proportion of our Black and Asian students, and students of other minoritised ethnic identities, who declare a mental health condition compared to their white peers, such declarations are growing at a faster rate among Black and Asian students, and students of other minoritised ethnic identities. Some 15.6% of our Black and Asian students and students of other minoritised ethnic identities declared a mental health condition in 2021/22 (compared to 8.4% in 2017/18), while 14.5% of white students declared a mental condition in 2021/22 (compared to 9.9% in 2017/18).

We are alert to the possibility that these higher declaration rates are a result of our own work to break down stigma and encourage declarations, but are also conscious that they could be the result of structural or other environmental factors.

### **Women students**

The same is true of women, whom we also know are significantly more likely to tell us that they have a mental health condition and are more likely to face additionally barriers, such as childcare and part-time or insecure income and employment. Indeed, 16.6% of our female students have declared a mental health condition in 2021/22, as opposed to 10.3% of men and 14.4% of our overall student population.

Again, the rate at which these proportions are growing is faster among women than it is among men.

### **Students in secure environments**

We would also note for the committee's benefit that The Open University is the primary provider of higher education in secure environments in Wales and England. There is a much higher proportion of disclosed mental health diagnoses among the prison population compared to the general population, and it follows that our students in secure environment and those on licence are much more likely to have a mental health disability on record. Although the number of students in secure environments is relatively small at 123, it is noteworthy that 22% of these declare a mental health condition. That proportion is a significant increase on previous years (14% in 2020/21, 8% in 2019/20, 4% in 2018/19).

We provide as much support as we can by making sure that tutors are aware of students' mental health issues and the adjustments they need to be able to succeed in their studies. However, they continue to be constrained by the inability of students in prison to claim the Disabled Students Allowance as prisons are deemed to have sufficient funds within their existing budgets to provide study support. In practice, this is not the case.

The committee may also be interested to know that our students in secure environments include those who are detained both in prison and in secure hospitals under the Mental Health Act or similar provisions. The numbers of these students are very small but naturally, these students are extremely well supported and our distance learning model can be extremely useful, and even occasionally therapeutic, for them.

### **The OU in Wales Student Support Team**

Our Cardiff-based student support team, who remain at the disposal of students and prospective students for support with a wide range of issues, report that a large proportion of the students calling them are struggling with their mental health. The team is now well-used to supporting students with these issues so that they are normal things to talk about and which we can help with.

The team has grown over the last couple of years; 31 student support colleagues, and a total of 65 across the OU in Wales, are now Mental Health First Aid (MHFA)-trained and 24 more are in the pipeline to receive training in February and March

2023. Welsh Government funding via HEFCW has supported this training. The 31 student support colleagues who are MHFA-trained represent around 53% of the whole student support team; our goal is to ensure that all student support colleagues are MHFA-trained in the next 12 months.

During the pandemic, we found that students were more prepared to disclose a previously undiagnosed mental health condition, perhaps due to the relative difficulty they faced in accessing formal medical or informal social support during this period. This resulted in an increase in signposting to online counselling services and support, as well as increased training of staff in mental health first aid as discussed above, as well as safeguarding and domestic abuse awareness.

Indeed, we have found that ensuring an appropriate level of training and awareness among the staff body is crucial; naturally, achieving this requires funding.

### **Welsh-medium provision**

We also recognise the importance of receiving mental health support in Welsh. We welcome increased activity in this area across the sector through Myf.Cymru, which we have supported, as well as the Network of Welsh Therapists and Practitioners.

## **2. Adnabod a darpariaeth | Identification and provision**

The OU's [Mental Health and Wellbeing Strategy](#) sets a strategic vision of promoting an inclusive and supportive culture, underpinned by effective and timely support systems and training about mental health and wellbeing that allows our students and staff to maximise their potential and achieve success.

That UK-wide strategy sets out eight strategic objectives, aligned to the Universities UK Stepchange themes, and supported by over 100 specific actions and success measures that are owned at a senior level in the university.

This has been further developed at the OU in Wales with our own Well-being and Health Implementation Plan (WHIP), which is mapped to the UK-wide strategy as well as our Access, Participation and Success Strategy, and is linked across to the OU-wide Strategic Plan and the OU in Wales strategy.

WHIP includes a wide range of actions that are being delivered across the OU in Wales' teams, taking in, e.g., identification and intervention, student support, curriculum development, academic activities, policy and strategy, staff training and development, and staff support.

We have found the Stepchange framework, as well as HEFCW's Well-being and Health in Higher Education Policy Statement, to be particularly useful in providing direction to us in terms of designing our actions.

As previously noted, our student support team based in our Cardiff office provide support to students and prospective students over the phone, by email, and on webchat on a wide range of issues, and the team includes a specialist Mental Health Educational Adviser.

The OU also offers a [bespoke page for mental health support](#) in its online Help Centre which supports and encourages students to disclose their mental health condition and get the help that they need. It currently also signposts to the Togetherall service, which provides 24/7 free, confidential, online mental health support, however we will soon be switching to TalkCampus and will signpost to that service once it is operational. Additionally, are provided with access to the [Give Us a Shout](#) text service, with whom the OU has partnered formally and which funds a discrete service for our students.

We would also like to draw the committee's attention to our [Well-being and Mental Health collection](#) on our free online learning platform, OpenLearn. This is available in both languages, was funded by HEFCW, and delivered by the OU in Wales in partnership with Wrexham Glyndŵr University, Addysg Oedolion Cymru | Adult Learning Wales, and the OU Students' Association.

We would also note that the OU has developed a Suicide Awareness strategy, which we would be happy to share with the committee, if helpful. This was informed by the [Suicide Safer Universities Framework](#) developed by University UK. We have supported the implementation of this plan by working with organisations such as Papyrus and The Samaritans to deliver training to our staff. We will also be developing a specific plan for Wales based around prevention, intervention, and postvention.

On the question of early identification of students who need individual and targeted support, we encourage students to disclose mental health conditions at key points during the process of registering and enrolling on courses with us, as well as during targeted awareness days/weeks during the year. However, as noted above, we believe that there is a disparity between the number of students who disclose a

mental health condition and the number of students who have a mental health condition, which we believe to be larger. We find generally that it is more important to develop a relationship and rapport with students at a tutor and support services level so that casual but consistent contact points promote discussion that might reveal that a student has a disclosable mental health condition.

We have developed student-facing material on our website which encourages disclosure of mental health conditions, as well as other disabilities, and have also provided training to our associate lecturers on encouraging disclosure as part of the tutor/student relationship.

On the question of effective collaboration between the HE sector and the NHS, we stress the point that universities are not themselves mental health service providers. We can support and signpost to services, but this cannot replace what should properly be delivered by the NHS. The pilot Mental Health University Liaison Service for students in Cardiff holds a great deal of potential and we will observe closely how it progresses.

However, we note that this service is not accessible to OU students; indeed, it is very specific to the Cardiff & Vale area, which does not reflect the reality of the OU in Wales, which is not campus-based and has students living in every health board area. As such, we would question how well the current health board infrastructure would allow our students to be supported by any similar partnership, which would need to involve every single health board. Particularly attention would need to be given to working out how best to share information between and across such a large number of organisations.

On the question of transitions, we note for the committee's benefit that this looks very different at the OU in Wales to how it might look at more traditional campus-based universities. (However, we would draw to the committee's attention the work that we have been leading and continue to lead on behalf of the sector on [University Ready](#) – a collection of resources from all of Wales' universities to help learners transition to HE.) That being said, our demographics are evolving and we are seeing growth in the number of younger students joining us. It is necessary to be aware that, in these cases, the transition to higher education when not surrounded by a campus environment can be challenging.

Most of our students are not 18-year-old school/college leavers, and may have developed mental health difficulties during adulthood, impacted by a potentially greater range of factors. Indeed, it is possible that, while the first port of call for a traditional 18-21-year-old undergraduate student at a campus-based institution experiencing mental health difficulties will be their university, a part-time

undergraduate student at the OU in Wales, often older, often working while studying or fulfilling other obligations, may simply seek support outside of the university (i.e., through their GP) without disclosing it. It may not even occur to them that it is something that can be disclosed to us, for which we can offer support and advice in the context of their studies.

Indeed, many adults who are living with a mental health condition do not necessarily appreciate that their approach to managing their condition in the context of their studies will be different.

Conversely, for some students, it may be the case that they have a perception that they will not be able to access GP services in a timely manner, or that doing so would incur a cost to them. For example, if evidence from a GP were necessary to support an extenuating circumstances claim or otherwise to receive additional support, it is possible that some students would think it not worth the hassle, the stress, or the perceived cost of doing. We would welcome any effort that the Welsh Government or NHS partners can make to making such processes as simple, standardised, and accessible as possible.

We are acutely aware that the experience of our students is different to that of students at other institutions. That is precisely because of our flexible model, which is a strength. But it also means that we need to ensure that the interventions we have in place are appropriate for our students. What these look like in our context is necessarily more tailored to the reality that our students are not located on a campus and do not have regular face-to-face interaction with tutors, other staff, and peers - albeit that our students do have regular interaction through tutorials, fora, and meet ups.

Indeed, we find that many of our students, who might not otherwise have felt comfortable pursuing a more traditional form of higher education, thrive at the OU. We offer them a high-quality and supportive positive choice, as well as a second chance in the case of those who may have previously pursued higher education on a campus but found this to be detrimental to their mental health. We would draw the committee's attention to the positive and generous credit transfer arrangements that make it possible for such students to continue their studies in a way that better suits them at the OU.

As discussed earlier, we have a range of interventions in place to encourage disclosure and to promote an environment where students and staff alike feeling comfortable speaking about, and seeking support for, their mental health.



### **3. Polisiau, deddfwriaeth a chyllid Llywodraeth Cymru | Welsh Government policy, legislation and funding**

We give credit to HEFCW's Well-being and Health in Higher Education Policy Statement for the positive role it has played in giving policy direction to universities on their actions in this area. Of course, this policy statement was developed partly in response to the 2019-20 Remit Letter. The wider legislative and policy context in which this work sits provides a holistic view of mental health: that it cannot be treated in isolation, but that there are many intersections and influencing factors that must be dealt with concurrently. We encourage the Welsh Government and HEFCW to maintain their focus on mental health and wellbeing, and to continue to enable the sector to do more in this space. Furthermore, providing funding in a more long-term way would allow universities to develop more sustainable and strategic approaches to delivery, and ensuring that monitoring arrangements are not overly onerous would allow universities the space to get on with this important work.

This work must account for the whole range of students – not only those who are 18-21 years old and studying a full-time undergraduate course at a campus-based university. Part-time students at the OU in Wales, and indeed at other institutions, are likely to face very different issues and challenges and to have much different responsibilities. These need to be recognised not just in service provision but also in policy.

Policy should also recognise and accommodate the fact that we are not a campus-based university, and our students are everywhere. The support that we might need will necessarily be different because our students have particularly diverse needs and are spread across the country.

Likewise, the Welsh whole-system approach, which is sector leading throughout the UK, must also account for wider environmental factors such as poverty, work, and health. We have already mentioned that people who face financial difficulties can disproportionately expect to face mental health difficulties. Policy and practice must recognise this fact.

We support the 'no wrong door' approach but stress that the role of universities is not to provide primary care. Indeed, universities cannot be expected to provide for students the kind of services that should properly be provided by the National Health

Service. In our view, the role of universities is to support students to access, participate, and succeed in learning regardless of their mental health, and to work with others to remove barriers to success. This includes providing appropriate information, advice, and guidance, and other support and flexibility, to allow students to benefit from learning and from their community of peers. It should involve early identification and proactive intervention, as well as signposting to external services. We stress to the committee the positive impact that learning can have on a person's health and well-being; this is well-established. As such, we see also see our role as being part of the solution to poor mental health.

We would welcome any support from the Welsh Government which promotes and facilitates partnership and collaboration. Universities should be supported to work with external partners, service-providers, and the third sector so that, where gaps in NHS provision might exist, a student's university can still facilitate them to get the support they need while also supporting the student internally to make the right decisions about their learning journey. Again, we stress that this kind of collaboration will look different at a provider like the OU in Wales than it will in a more traditional, campus-based provider, and the support we receive will need to be different as a result.

Where students at other universities are more likely to be living away from home, the same cannot be said about our students. Consequently, we have fewer concerns about passporting of GP registrations, dual registration, and information sharing. We would, however, like to see the Welsh Government working with us, and with partners including the NHS, to explore how the Cardiff & Vale partnership model can be modified to work for an all-Wales provider such as us. We would further welcome work to break down data sharing barriers and believe that this is key to encouraging partnership between providers and the NHS.

When the Commission for Tertiary Education and Research has been operationalised, we would encourage it to continue HEFCW's focus on mental health and well-being. It should continue to emphasise the importance of collaboration and partnership; universities should be encouraged to work together as well as with other partners, both within and outside of the education sector. The identification and facilitating role of universities should be prioritised; in turn, CTER itself should play a role in guiding universities in how they identify need and the standard of service that they should offer to students. This should necessarily include providing appropriate challenge to and scrutiny of universities' performance in this area.

CTER should also be a vehicle for the sharing of good practice on all-Wales basis, thereby enabling and encouraging providers to go beyond a minimum standard. This is as important for a university such as ours as it is for other universities, whose students are more likely to be studying away from home.

And importantly, CTER must recognise and account for the wide diversity of student experiences and circumstances, including those who study at distance and part-time, and of the intersections with other areas of students' lives that might affect their mental health. This must be supported by appropriate long-term resource.

It is our view that, in the spirit of collaboration and the collegiate nature of the Welsh higher education sector, CTER will have an important role to play not only as the sector's regulatory and funder, but also as its advocate nationally. For example, developing an all-Wales approach to a mental health liaison service (based on the South East Wales pilot) will require significant resource, as well as the bringing together universities and colleges, of agencies and partners, and of all seven local health boards. In that sense, CTER will have a crucial facilitating and supporting role to play.

Finally, while we recognise that this inquiry is concerned particularly with the mental health of students, we would also note the importance of supporting the mental health and wellbeing of staff. Indeed, the Universities UK Stepchange strategy recognises that healthy staff are required in order to effectively support students.

#### **4. Argymhellion ar gyfer newid | Recommendations for change**

In our opinion, the committee should consider making recommendations in the following areas:

**Diversity.** Policy and funding decisions should reflect the diversity of the student population, both in terms of protected characteristics and in terms of mode of study and nature of the institution. The needs of an older, part-time student studying with a distance learning provider will be much different to those of an 18–21-year-old full-time student at a campus-based university. The intersections of those students with socioeconomic and health factors should also be considered.

**Bureaucracy.** Students often report that the process of applying for funding and welfare support is extremely difficult. In our experience, this is particularly the case with the Disabled Students Allowance, and this can have a negative impact not only

on students' ability to access support, but also can exacerbate existing mental health conditions. This process ought to be streamlined and made more accessible, and there ought to be more formal and informal routes to disclosure.

**Partnerships.** Having established that universities are not and cannot be expected to be primary or even secondary care providers, they should be further encouraged and supported to work in partnership with external organisations, including the NHS, especially to signpost students to support. Consideration should also be given to the role of the third sector. We would encourage the Welsh Government, HEFCW, and appropriate NHS bodies to consider how partnership would or could work with a pan-Wales provider such as us, whose students are spread across the whole country. Additionally, we would encourage the Welsh Government to work with the sector and with the NHS to clearly define the roles of each organisation in the context of student mental health.

**Data sharing.** We would welcome any effort to facilitate appropriate data sharing between providers and NHS and other public services. Ensuring that data can be shared effectively is key not only to encouraging partnership but also, importantly, to providing the right support to students. We would be interested in exploring how the South East Wales Mental Health University Liaison Service can be developed on an all-Wales basis in a way that is accessible to part-time and distance learners, and would be particularly keen to ensure that a multi-disciplinary and multi-agency approach is taken, in recognition of the many intersecting factors that can affect students' wellbeing.

**Disclosure.** Consideration should be given to how more students and prospective students can be encouraged and supported to disclose mental health conditions. For example, should there be a new process or form at the point of registration/enrolment that allows students to make a disclosure; should it be mandatory to collect specific mental health data (where this is currently only an optional HESA data collection point); should there be a method of communicating more fluidly between existing mental health services and universities (with student consent)? Again, this must work for a pan-Wales provider like us.

**Crises.** Specific consideration should be given to responding to the current climate – to include the ongoing effects of the pandemic, the cost-of-living crisis, and the ongoing war in Ukraine.

**Understanding.** More research should be undertaken to better understand the intersections between mental health and other factors, e.g., socioeconomic status,

health status (other than mental health), gender, disability, experience of care or being a carer, and race and ethnicity. These findings should be used to inform university-level decision-making as well as strategic decision-making and the distribution of resources at a national level.

## **5. Arall | Other**

We draw the committee's attention to the fact that this response represents the view of The Open University in Wales but was also informed by a workshop involving representatives of the OU Students' Association.