**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 17

**Ymateb gan: Partneriaeth Iechyd Meddwl De-ddwyrain Cymru (Prifysgol
Caerdydd, Prifysgol Metropolitan Caerdydd, Prifysgol De Cymru, Coleg
Brenhinol Cerdd a Drama Cymru, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro)**

**Response from: South East Wales Mental Health Partnership (Cardiff University,
Cardiff Metropolitan University, University of South Wales, RWCMD, Cardiff
and Vale UHB)**

**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

Students with complex and long-standing mental health issues have often expressed
feeling like their own case co-ordinators as their unique circumstances result in
being "bounced around" between NHS and HEI services, and within NHS care tiers
(primary, secondary etc). Their experience of primary care is often "fragmented"
(UUK, 2020; pp. 31), and there is **variable access to secondary and specialist care**,
"indicative of a wider treatment gap in young adult care," particularly problematic for
students requiring the use of multiple services – **these students are "falling
through the gap."** These students' health issues can escalate quickly resulting in low
quality of life, leaving university or entering unscheduled care.

> *"Students talk about being bounced around and if they don't get
> anywhere with the GP that can be very disheartening, then they kind of
> give up, and return again in 6 months and in crisis".* SEWMHP HEI
> Practitioner

If unsupported, this cohort of students will also **impact other services** provided by
universities & the NHS, and the **wider student community** itself. For example, many
of these students require repeat appointments with a high level of urgency,
increasing waiting times for students requiring lower-level interventions.

Equally, without coordinated support, the escalation of symptoms and behaviours for these at-risk students can disrupt the experience of others, particularly on campus or in shared accommodation – there are several examples of repeated police contact with students behaving in an anti-social or violent manner due to escalated and untreated symptoms.

The South East Wales Mental Health Partnership (SEWMHP) pilot has focused on supporting all students with moderate long term/ complex mental health needs, not specific groups of students who are disproportionately affected by poor mental health. The universities would be able to advise further on data collected about their students' characteristics, background, and environment.

The SEWMHP project started baseline data collection from September 2021 which is during the Covid-19 pandemic. 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).

2. Adnabod a darpariaeth | Identification and provision

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

- Support for a whole-system approach for student mental health;
- Production of joined up regional strategies with aligned objectives and working groups, to allow understanding of context for funding and service development priorities, areas such as suicide and self-harm prevention etc.;
- Defining parameters and meeting points between NHS and HE/FE providers for student mental health;
- Shared understanding of management of mental health risk and severity between NHS and HE organisations;
- Development of tailored data sharing agreements between HEIs and NHS health boards;
- Emphasis on supporting FE and HE students in the next iteration of Together for Health;
- Representation from each sector on the WG Boards.

4. Argymhellion ar gyfer newid | Recommendations for change

- A match funded programme between education and health to oversee the implementation of an 'All Wales' national model for NHS and HE Mental Health University Liaison Services (based on the SEWMHP model), potentially with 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.
- Special Adviser on student wellbeing or similar to be appointed to work with government, institutions, the NHS and the Commission for Tertiary Education and Research to aid in joining up services and provide informed advice.
- Explore options for how this the regional partnership model could work with/for tertiary education holistically.
- Review of the medical model and awarding for Disabled Students Allowance (DSA) (noting this is not a devolved matter).

5. Arall | Other

- Citation publications and references available on request.