



# Consultation on mental health support in higher education

## Theme 1 - 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.

Higher education students in Wales studying healthcare courses are disproportionately affected by poor mental health. Students may be particularly at risk of mental ill-health owing to a number of factors: the transition to university, living away from home and pre-existing social networks; balancing studying and employment, and managing finances. For healthcare students there are additional risk factors, including the intensity and length of programmes, the contrast between academic and practice placement environments, practice placement transitions, workplace culture, and unsocial hours. Healthcare students have a unique experience during their studies, undertaking practice placements in settings where they may be exposed to upsetting and traumatic situations.

The Covid-19 pandemic exacerbated the risk of healthcare students experiencing poor mental health during the COVID-19 pandemic, as highlighted in Public Health Wales' report, '[Health and Wellbeing of the Nursing and Midwifery Workforce in Wales During the COVID-19 pandemic](#)'. Healthcare students made a significant contribution to the national effort during the pandemic, being deployed to undertake extended clinical placements to expand the NHS workforce in line with the NMC Emergency standards. Students on these placements were not protected by supernumerary status (standard E1.2) and were therefore likely to experience reduced levels of supervision and feel additional pressure. During the pandemic, high rates of burnout were recorded among nurses, midwives, and allied health professionals and women, young people and parents of young people were recognised as being at greater risk of psychological distress than others. Some students opted out of extended clinical placements for a range of reasons including needing to shield due to their own vulnerability, academic concerns, feeling overwhelmed and stressed, doubting their clinical ability and other personal circumstances. Other students such as those in their first and second year experienced significant disruption to their courses for various reasons such as being unable to complete their placements and due to academic teaching

staff being redeployed into the NHS, leading to delayed progression. Cancelled work experience has also led students to become more apprehensive about entering clinical settings, exacerbating their natural fears of the unknown.

The current cost-of-living crisis is placing an additional financial burden on students which can lead to mental health difficulties. Student rent prices in Wales are soaring, with the highest increase in the UK being seen in Newport where student rent prices have more than doubled since 2012. One in ten students in the UK are now being forced to use foodbanks and nine in ten say the financial crisis is affecting their mental health. Healthcare students face additional costs during their studies such as for travel to their placements. Likewise, whilst many students supplement their income with part-time jobs during their studies, this is largely unfeasible for healthcare students due to the nature of their courses and their full-time clinical placements.

There has been a 450% increase in student mental health declarations over the last decade, demonstrating progress in addressing the declarations stigma. However, healthcare students are more reluctant to disclose mental health problems to their university or placement provider due to the stigma associated within their profession, concerns around confidentiality and misconceptions around its potential impact on their career prospects and risks of being referred to fitness to practice. During external placements, students are less likely to access university-based support services and they may struggle to access support services due to lack of flexibility of appointments. Additionally, NHS placement providers are overstretched and can lack the capacity to offer students the support they need during their placement. Students on clinical placements during unsociable hours are also more likely to lack access to healthy eating options, have fewer opportunities to exercise and are at risk of being isolated from their usual support system, as evidenced in the [Public Health Wales report](#). Healthcare students therefore face unique barriers to accessing mental health support.

## Theme 2 – 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 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.

Universities face a high level of demand for wellbeing support services from students which has been exacerbated by the Covid-19 pandemic and the cost-of-living crisis. In response, universities are already taking action and providing significant support for the mental wellbeing of healthcare students through a diverse range of initiatives. This includes extensive pastoral support for students in academic settings and in placement areas via link lecturers. Higher education providers have adapted to a 'blended support' model, where support is provided in a range of ways including remote telephone, instant messaging, and video calling, and in-person support. In many cases, providers have introduced appropriate interventions which allow for a considered approach to identify and prioritise learners at risk or most in need of support. Nevertheless, health and care placement supervisors are often overstretched and can lack the time and training to adequately support placement students. Likewise, whilst on external placements, students may be less likely to access university-based support services. A lack of communication between placement providers and universities may also mean that universities fail to be notified when students require additional support following traumatic experiences.

In response to the cost-of-living crisis, some Welsh universities have started to offer emergency supplies and services such as food, showers, heated study centres and a freeze to library fines. Universities in Wales are also increasing their hardship funds in anticipation of unprecedented demand from students and the risk of increased withdrawals. Student money support teams have been set up to support students with finance, budgeting, and applying for bursaries or external funding. Whilst universities have already developed comprehensive initiatives and support packages to help students, they require further investment to ensure they can sustain them.

### Theme 3 – 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.

The Senedd has highlighted the importance of prioritising mental wellbeing in [A Healthier Wales](#) plan. In the budget for 2021-22, the Senedd showed a strong commitment to improving health outcomes for those experiencing poor mental health with increased funding for mental health services. However, this funding has not been sustained in the budget for 2022-23, which no longer includes mental health as a main expenditure group. The Welsh Government's 10-year Together for Mental Health strategy has also come to an end, leaving a gap in the government's action plans on mental health going forward and risking mental health falling off the agenda.

The number of healthcare students and staff experiencing poor mental health remains high. The Welsh Government should further acknowledge the needs of healthcare students and staff as a discrete group. Ongoing wellbeing support, such as access to confidential services outside placement circuits, continues to be required. There is also a need for increased financial support for higher education institutions (HEIs) and practice placement providers to ensure that students and staff have sustainable access to suitable wellbeing support, appreciating the needs of healthcare students, as a discrete group of students. These aims are consistent with the Quadruple Aim ambitions set out in [A Healthier Wales](#), specifically developing a motivated and sustainable health and social care workforce, as well as the Wellbeing of Future Generations Act. To address this, the Welsh Government should work with universities and practice placement providers to ensure healthcare students have ongoing access to adequate mental health services tailored to their needs to support students to complete their programmes, including in practice placement settings. However, there is also a need to focus on more preventative measures to avoid staff and students reaching burnout and overcome the dangerous narrative of their 'resilience', such as improving work conditions.

The 3.5% increase in the financial package for Welsh-domiciled students this year is inadequate to cover the significant pressures facing students in the current cost of living crisis with inflation reaching over 10%. Healthcare students should be able to access both the standard maintenance support package through Student Finance Wales and an NHS Bursary to cover full tuition fees and additional costs related to clinical placement expenses. This would recognise the unique nature of these courses and their importance to the future health and social care workforce. There is a lack of financial support packages available to international students and students who do not wish to commit to working in Wales for two years after graduation.

The new Commission for Tertiary Education and Research will provide an opportunity to develop a more integrated approach to mental health support for students in their transitions between institutions such as sixth form colleges, further education, higher education, and apprenticeships. This could include an agreement to share information and data around students' mental health conditions with consent between institutions to enable continuity of support services.

One way to increase the confidence of healthcare students entering clinical settings is through the introduction of simulated placements. Placements away from a practice setting allow students to feel more comfortable when engaging in new processes and lower the risk factors associated with practice placements. The sector needs investment in innovation and infrastructure to enhance digital innovation and remote and blended delivery. This will support HEIs to manage the continued challenges posed by the pandemic and the placement capacity problems considering health service pressures. It will also help create the capacity required for sector growth in future years. In England, Health Education England has provided £15 million for the increased use of simulation across healthcare programmes. In Scotland, the Scottish Government has allocated £3,830,557 from 2021 to 2023. The funding is specifically for employing additional staff to develop simulated placements within university settings. This funding

supports the Nursing and Midwifery Council's recovery standard to increase simulation by an additional 300 practice hours. Currently, the Welsh Government has not committed to similar funding, leading to a significant disparity with Scotland and England, which should be rectified. Notably, some universities in Wales already have the infrastructure in place to support simulated learning, but further investment is required to consolidate and develop this. For example, there are widespread concerns over staffing capacity which would need to significantly increase for Welsh universities to be able to take advantage of the 600 hours of simulation permitted for institutions that can demonstrate the capacity and capability for it.

## Theme 4 – Recommendations

- **Whether there are any recommendations that the Committee should make.**
- The financial package for students should increase in line with the increase in inflation to ensure that students are able to cope with the significant pressures of the cost-of-living crisis. Healthcare students should be able to access both the standard maintenance support package through Student Finance Wales and an NHS Bursary to cover full tuition fees and additional costs related to clinical placement expenses. Additionally financial support should be available to international students and those who do not wish to commit to working in Wales for two years after graduation.
- Universities have already developed comprehensive initiatives and support packages to help students through the cost-of-living crisis, but they require further investment to ensure they can be sustained.
- Universities should ensure that healthcare students are aware that they can continue to access university-based support services throughout their placements and offer flexible appointments to accommodate their timetables.
- The Senedd should support the Commission for Tertiary Education and Research to secure sustainable, long-term funding for mental health and wellbeing services across higher education.
- Universities should continue to offer flexibility in the delivery of their courses for example through blended learning to ensure equitable access for students throughout the cost-of-living crisis.
- Universities should work closely with professional regulators to improve transparency and understanding of fitness to practice procedures to overcome fear and misconceptions.
- Better integration and communication need to be facilitated between academic institutions, placement providers and mental health services to enable student information and data with consent to be shared to be able to easily identify when healthcare students may require additional support and to ensure continuity of support services.
- The Welsh Government needs to invest in simulation for higher education to enable them to manage placement capacity challenges and stimulate sector growth.

### For more information contact:

Megan Isherwood, Policy Officer, [megan.isherwood@cod-health.ac.uk](mailto:megan.isherwood@cod-health.ac.uk)