

Welsh Government consultation: draft mental health and wellbeing strategy – Universities Wales response

June 2024

About Universities Wales

Universities Wales represents the interests of universities in Wales and is a National Council of Universities UK. Universities Wales' membership encompasses the Vice Chancellors of all the universities in Wales, and the Director of the Open University in Wales.

Our mission is to support a university education system which transforms lives through the work Welsh universities do with the people and places of Wales and the wider world.

Universities Wales welcomes the opportunity to respond to the Welsh Government's consultation.

Key messages

- Universities provide a range of support and signposting and develop responses to changing student needs.
- Projects such as the South East Wales Mental Health Partnership have been successful and should continue to be funded and rolled-out to other parts of Wales.
- Long-term, predictable funding is key to ensuring universities can continue to provide support for students as needs develop.
- The policy recommendations published by Universities Wales in partnership with sector colleagues in May 2022 remain relevant: parity of experience, appropriate and effective information sharing, clear roles, remits and responsibilities, additional support for transitions and sustainable, long-term funding.

Consultation questions

Question 1

How much do you agree that the following statement sets out an overall vision that is right for Wales?

“People in Wales will live in communities which promote, support and empower them to improve their mental health and wellbeing, and will be free from stigma and discrimination. We will take a rights-based approach to ensuring that everyone has the best mental health possible. There will be a connected system of support across health, social care, third sector and wider, where people can access the right service, at the right time, and in the right place. Care and support will be person-centred, compassionate and recovery-focused, with an emphasis on improving quality, safety and access. Care and support will be delivered by a workforce that feels supported and has the capacity, competence and confidence to meet the diverse needs of the people of Wales.”

We would largely agree that this sets out an overall vision that is right for Wales.

Question 1a

What are your reasons for your answer to question 1?

The recognition of the need for a connected system is a key priority for Universities Wales, as highlighted in our report published in 2022¹ published in conjunction with ColegauCymru, NUS Wales and AMOSSHE.

Our recommendations included clear roles, remits and responsibilities in a joined-up system, as well as appropriate and effective information sharing.

Question 2

In the introduction, we have set out ten principles that are the building blocks of the new Mental Health and Wellbeing Strategy.

Principles:

1. All-age focus
2. Person-centred
3. Rights-based approach
4. No wrong door
5. Informed by wider determinants of health
6. Trauma-informed
7. Equity of access, experience and outcomes without discrimination
8. Evidence driven and outcome focused
9. Preventative and value-based
10. Free of stigma and shame, blame and judgement

Do you agree these principles are the right ones?

Yes, we would broadly agree.

¹ [Post-16 Mental Health Policy \(uniswales.ac.uk\)](https://www.uniswales.ac.uk/post-16-mental-health-policy)

Question 2a

What are your reasons for your answer to question 2?

- We would particularly welcome a focus on equity of access, which was also a priority in our 2022 report², which called for parity of experience regardless of where someone lives, studies or is registered with a GP.
- No wrong door – this is aligned with universities’ ‘whole university approach’ embedded via the Stepchange Framework³ which advocates for all members of staff being equipped with information to signpost as appropriate if a student presents with mental health concerns.
- All-age focus – again, the ‘whole university approach’ recognises that all staff and students, of any age, may experience poor mental health, and it is appropriate to ensure support is accessible to all. It’s worth noting that not all higher education students are 18-21. According to HESA data, there are over 42,000 students over 30 studying at Welsh universities⁴. It should also be borne in mind that some approaches need to be appropriately tailored to different age groups.
- Preventative – as part of a preventative approach, we would welcome cross-government working to encourage young people to stay in education or training, and to encourage working-age adults to upskill or retrain, which improves individual outcomes and boosts the nation’s productivity.
- Evidence driven and outcome focused – there is a need for improved data to provide a coherent picture of the scale of need in order to plan services.
- Wider determinants of health – recognition of impact of socio-economic factors: universities play a significant role in widening access to higher education, with tailored support for particular groups including care-leavers/care-experienced students and carers.

In the strategy, we have a number of sections which are informed by four key vision statements. These four vision statements represent our overall aims. We would like to know what you think of each of them. You can answer questions about as many of the statements that are of interest to you.

Vision Statement 1

Question 3

Vision statement 1 is that people have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing.

Do you agree that this section sets out the direction to achieve this?

Yes

Question 3a

What are your reasons for your answer to question 3?

² [Post-16 Mental Health Policy \(uniswales.ac.uk\)](https://www.uniswales.ac.uk/post-16-mental-health-policy)

³ [Stepchange: mentally healthy universities \(universitiesuk.ac.uk\)](https://www.universitiesuk.ac.uk/stepchange)

⁴ [Who's studying in HE? | HESA](https://www.hesa.ac.uk/news/14-08-2020/who-is-studying-in-he)

This section of the strategy recognises the multiple factors that affect individuals' mental health and ways it can be protected or improved, while bearing in mind the barriers that some will face.

Question 3b

We've included a number of high-level actions for vision statement 1 in the strategy.

Do you agree with these actions?

Please see below comments on specific high-level actions:

VS1.1 Strengthen our knowledge and understanding of what works to protect and promote mental health and wellbeing and what works to protect against the development of mental health conditions.

We agree with the need to strengthen knowledge and understanding of what works, and would also suggest that services with a proven track record of success, such as the work of the South East Wales Student Mental Health Partnership in developing shared service models between health and education such as the Mental Health University Liaison Service, should be prioritised and funded.

More broadly, university research such as that being led by the [National Centre for Mental Health](#), bringing together world-leading researchers from Cardiff, Swansea and Bangor universities, is proactively exploring the social, psychological and biological causes of mental health problems with the aim of improving diagnosis, treatment and support.

University research plays a pivotal role in understanding mental health and translating this research into practice through the development of new diagnostic and assessment tools, treatments, and interventions, as well as engagement with the public and informing policy makers. Researchers in Wales have a strong international reputation in mental health research. Funded activity supporting the long term continuous improvement of this research should be prioritised.

VS1.6 Embed the national framework for social prescribing in a way which meets the needs of all communities.

Universities in Wales are already exploring or implementing social prescribing models to support wellbeing, with some projects funded by HEFCW to explore e.g. green social prescribing.

Continuation of this type of project would be welcome.

Question 3c

Are there any changes you would like to see made to these actions?

No

Vision Statement 2

Question 4

Vision statement 2: There is cross government action to protect good mental health and wellbeing.

Do you agree that this section sets out the direction to achieve this?

Yes

Question 4a

What are your reasons for your answer to question 4?

We welcome the inclusion of level of education and skills as a wider determinant of health and wellbeing. Evidence shows that participation in higher education leads to better life outcomes across a range of measurements⁵. Universities recognise the intersectional nature of health and wellbeing, and how a student's experience at university is a product of their background, accommodation, academic experience, social opportunities and wider factors. The 'whole university approach' understands this. Universities provide bursaries and support for students experiencing financial difficulties, and provide various opportunities to get involved in societies and sports clubs.

In this section we say what different parts of Welsh Government will do to meet the objectives of vision statement 2:

- what mental health policy can do (question 4b)
- what wider Welsh Government will do (question 4c)

Question 4b

Is there anything else that mental health policy can do to ensure that work across Government improves mental health outcomes?

We would suggest that engagement with expert sources across different settings, such as universities, is important to ensure that policy makers understand specific challenges faced in different settings.

Question 4c

There is lots of work happening across Government that could improve mental health outcomes. Is there any work we have missed that you think we should include?

Not missed, but we welcome reference to government funding via HEFCW for mental health and wellbeing. It is important that funding is predictable and long-term to allow for workforce planning and sustainability of support services.

Young people who are not in education, employment or training, [report lower levels of happiness and confidence](#). Therefore, encouraging young people to stay in education and training as part of a delivery plan would be an appropriate preventative measure. This would involve cross-government work to drive up the participation rate of Welsh young people in higher education. It is currently at the lowest level for 10 years, and the lowest rate of all the UK nations. Universities Wales has [written to the Children, Young People and Education Committee](#) on this issue.

⁵ [The hidden benefits of higher education: mental health and resilience - Office for Students](#)

Question 4d

We've identified a number of high-level actions for vision statement 2 in the strategy, do you agree with them?

VS2.3 Identify and monitor a set of measurable, cross-Government indicators to track progress at a population and programme level – and develop a monitoring approach that embeds learning from these indicators into the development of policy impacting mental health and wellbeing.

Current data sets are disparate and limited. For example Careers Wales holds data on Year 11 destinations, while other datasets are held by UCAS or Stats Wales and are sometimes incomplete. Linking them together to track a cohort is either difficult or impossible in some cases.

This can make it difficult to track educational outcomes and destinations. This becomes even more challenging if the aim is to study the data with intersectionality in mind. We would suggest that the Commission for Tertiary Education and Research has an opportunity to collect and publish comprehensive data that will allow the longitudinal tracking of all tertiary education outcomes which can then further link to school-leaver destination surveys, so we can map wellbeing outcomes along with educational progression. This is especially important as we know that those who are not in education, training or employment are more likely to report lower levels of happiness and confidence.⁶

Question 4e

Are there any changes you would like to see made to these actions?

No

Vision Statement 3

Question 5

Vision statement 3: There is a connected system where all people will receive the appropriate level of support wherever they reach out for help.

Do you agree that this section sets out the direction to achieve this?

Yes, in part

Question 5a

What are your reasons for your answer to question 5?

The vision statement and high-level actions go some way to setting out the direction required for a connected system, however we would wish to identify a few areas of clarification.

Question 5b

We've identified a number of high-level actions for vision statement 3 in the strategy, do you agree with them?

⁶ [Document YouthIndex_2023.pdf \(princes-trust.org.uk\)](#)

Please see below comments on specific high-level actions:

VS3.8 Strengthen the response to the mental health and wellbeing needs of students in Higher Education and Further Education within their educational settings

We would welcome clarification on how Welsh Government will seek to 'strengthen' the response in universities.

All universities in Wales are signed up to the Stepchange Mentally Healthy University framework, which embeds a 'whole university approach' to mental health support for staff and students. Universities also provide support for mental health and wellbeing through their student services. Together with colleagues in further education, we highlighted a number of case studies demonstrating good practice in mental health and wellbeing support in 2022: [Good Practise Case Studies \(uniswales.ac.uk\)](https://www.uniswales.ac.uk/good-practise-case-studies)

Longer-term and predictable funding is a vital enabler for university support services in planning their student support offer, and allowing for the employment of staff such as counsellors.

The South East Wales Mental Health Partnership has successfully piloted the Mental Health Liaison Service, which has supported over 700 students since its launch in April 2022.

Continuing to fund this partnership, and other projects across Wales would be a practical way to strengthen the response to the mental health and wellbeing needs of students in educational settings.

VS3.2 Ensure access routes into support for mental health and wellbeing are timely, accessible to all, and joined-up between sectors, including improving the transition from Child and Adolescent Mental Health Services to Adult Mental Health Services, and between neurodiversity and substance misuse services, and mental health services.

VS3.3 Work with partners and stakeholders to develop a set of actions to tackle the barriers, both real and perceived, that prevent different parts of the system from working better together and stand in the way of a connected approach. This includes working with the Ethnic Minorities Mental Health Task and Finish Group, and people with lived experience.

We agree with the importance of accessibility and join-up of services. The MHULS pilot has demonstrated the effectiveness of information sharing between NHS services and student services within institutions.

Question 5c

Are there any changes you would like to see made to these actions?

There is very little scope for any further unfunded commitments, which probably needs to be acknowledged in the actions. Rather than 'strengthen' in VS3.8, 'maintain' would go some way to acknowledging this.

Vision Statement 4

Question 6

Vision statement 4: People experience seamless mental health pathways – person-centred, needs led and guided to the right support first time without delay.

Do you agree that this section sets out the direction to achieve this?

Yes

Question 6a

What are your reasons for your answer to question 6?

We welcome the recognition of the need for an early intervention approach.

The South East Wales Mental Health Partnership has succeeded in referring students to the appropriate services, with GPs, students support services, A&E and mental health teams all able to refer into MHULS.

In our 2022 report, we noted the need for support for transitions, as well as effective information sharing between services. For example, young people may be moving away from home to go to university, at the same time as moving from CAMHS to adult mental health services. This can be further complicated by cross-border issues affecting information sharing, and it's worth bearing in mind that around 40% of Welsh students leave Wales for higher education.

Question 6b

We've identified a number of high-level actions for vision statement 4 in the strategy, do you agree with them?

Please see below comments on specific high-level actions:

VS4.3 Work with people with lived experience and the third sector to better understand the priorities as we move to a system where support is not based solely on age but based on need, level of care required or vulnerability.

VS4.9 Refresh the model for community mental health support in Wales, exploring the best evidence available on community mental health support, co-produced with the people who use and work in these services.

In terms of working with people with lived experience, we would suggest that the experiences of students in higher education are included.

Question 6c

Are there any changes you would like to see made to these actions?

No

Question 7

We have identified some areas where action is needed to support the mental health system as a whole. These areas are:

- digital and technology
- data capture and measurement of outcomes
- supporting the mental health workforce

- physical infrastructure (including the physical estate of services)
- science, research and innovation
- communications

Do you agree these are the rights areas to focus on?

Yes we would broadly agree.

Question 7a

What are your reasons for your answer to question 7?

Please see below comments on specific areas:

- digital and technology

MHS 3 Continue to develop a mental health core dataset

We would agree that there is a need to strengthen the dataset available to draw upon in planning and understanding the scale of the need.

It is vital to have a robust base evidence to identify and respond to need. In the [policy recommendations](#) we published in 2022, we recommended that student populations should be included in healthcare planning, especially bearing in mind that student populations change over the course of the academic year.

NHS providers do not currently record whether a patient is a student, so it is difficult to identify the demand in NHS services, and also to baseline and demonstrate any impact of projects and improvement initiatives.

- communications

MHS 14 Continue to develop and embed a consistent shared language for mental health and the terminology we use

We agree with the need for a shared language and process for classifying the severity of mental health challenges presenting, to ensure consistency in support being offered and/or signposted. The MHULS programme uses the standard NHS Core-10 to measure psychological distress and categorise presentations as low, mild, moderate, moderate to severe and severe.

The Strategy Overall

Question 8

The high-level actions in the strategy will apply across the life of the strategy. They will be supported by delivery plans that provide detailed actions. These delivery plans will be updated regularly. Are there any detailed actions you would like to see included in our initial delivery plans?

We would welcome detailed action on how Welsh Government intends to support the needs of university students, and how funding can be provided in a longer-term and

predictable manner to allow universities to plan services. We would welcome confirmation that the South East Wales Mental Health Partnership will continue to be funded, expanded and rolled out to cover further education and other parts of Wales/ There is little scope for unfunded commitments in the current climate.

Question 9

This is an all-age strategy. Whenever we talk about our population, we are including babies, children, young people, adults and older adults in our plans. How much do you agree that the strategy is clear about how it delivers for all age groups?

We would broadly agree that the strategy is clear on how it delivers for all age groups.

Question 9a

What are your reasons for your answer to question 9?

The strategy is clear that it covers all ages. It is worth bearing in mind that students are a cohort with specific needs in some areas, but also students can be of any age or background. It would be helpful for the strategy or delivery plans to make clear how Welsh Government plans to deliver on specific needs for different cohorts.

Question 10

We have prepared impact assessments to explain our thinking about how our strategy may impact Wales and the people who live in Wales. We have thought about positive and negative impacts. Is there anything missing from the impact assessments that you think we should include?

Impact assessments could include analysis of return on investment, analysing how a focus on preventative interventions affects the number of people presenting with severe mental health conditions in a particular setting.

Question 11

We would like to know your views on the effects that the strategy could have on the Welsh language. How could we change the strategy to give people greater opportunities to use the Welsh language? How could we change the strategy to make sure that the Welsh language is treated as well as the English language?

In order to meet the demand and support users' right to Welsh language services, careful workforce planning is needed to ensure that appropriate training pathways are developed and expanded in order to train a professional bilingual workforce.

Question 12

We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them