



BRIEFING PAPER

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Mental health services for post-16 students in England

By Anna Connell-Smith
and Sue Hubble

Contents:

1. Recent studies on mental health in further and higher education
2. Government mental health strategies
3. Children and Adult Mental Health Services (CAMHS)
4. Mental health support in higher education institutions
5. Mental health support in further education providers
6. Provider responsibilities
7. Issues



Contents

1. Recent studies on mental health in further and higher education	4
1.1 National Union of Students survey	4
1.2 YouGov survey mental health of students	4
1.3 Higher Education Policy Institute report	4
1.4 Institute for Public Policy Research (IPPR)	5
2. Government mental health strategies	7
2.1 Green Paper on Young People’s Mental Health Provision	8
2.2 Government policy on mental health services for students	9
2.3 Mental health data collection	10
3. Children and Adult Mental Health Services (CAMHS)	11
3.1 Transition from CAMHS to AMHS	11
3.2 Health Committee inquiry into CAMHS	12
3.3 Health and Education Committee inquiry	12
4. Mental health support in higher education institutions	13
4.1 Role of student services	13
4.2 Universities UK Framework	14
4.3 Working Group for the Promotion of Mental Well-being in Higher Education	14
4.4 Provider-initiatives	14
4.5 Student-led initiatives	14
4.6 University Mental Health Policies	15
4.7 Disabled Students’ Allowance (DSA)	15
5. Mental health support in further education providers	16
5.1 Association of Colleges research	16
5.2 Community Learning Mental Health research project	16
5.3 Mental Health in Further Education (MHFE)	17
6. Provider responsibilities	18
6.1 The HEI- student contract	18
6.2 Duty of care	19
6.3 The Equality Act 2010	19
7. Issues	20
7.1 Possible causes of increased mental health problems among students	20
7.2 Effects of poor mental health on students	20
7.3 Liaison between HEIs and outside agencies	21
7.4 Coping with demand	21
7.5 Transition to higher education	22
7.6 Students and suicide	22

Summary

Young adults aged 16–24 today are more likely than previous generations of young adults to experience mental health issues and the numbers of students reporting mental ill-health is increasing.

A report by the Institute for Public Policy Research (IPPR) in September 2017 found that in 2015/16, 15,395 UK-domiciled first-year students at HEIs in the UK disclosed a mental health condition – almost five times the number in 2006/07 - this equates to 2 per cent of first-year students in 2015/16. An earlier YouGov survey in August 2016 found that more than a quarter of students (27%) reported having a mental health problem.

The impact of mental health issues can be serious and according to the Higher Education Statistics Authority (HESA) there has been a 210% increase in the number of students leaving university due to mental health problems over the last five years.

Children and Adolescents Mental Health Services (CAMHS) work with young people up until the age of 18. Once a young person is over the age of 18 they can be referred to adult mental health services (AMHS). This transition from CAMHS to AMHS can be particularly difficult for students who may be moving away from home to attend college or university.

A report to the Higher Education Funding Council for England (HEFCE) by the Institute for Employment Studies and Researching Equity, Access and Partnership listed the following as the main drivers behind an increase in demand for support for mental health problems in higher education (HE):¹

- a more open culture in society concerning mental health;
- changes in healthcare leading to more reliable diagnoses at much earlier stages of students' lives, and better quality treatment allowing students to access HE who would not have been able to do so in the past;
- institutions developing a reputation for supporting students;
- and greater financial and academic pressures on students leading to problems emerging during studies.

This briefing paper gives an overview of: recent studies on mental health in colleges and universities; Government mental health policy for students; CAMHS and the transition phase to AMHS; support in further and higher education providers, the legal and statutory responsibilities of providers and issues raised.

¹ Report to HEFCE by the Institute for Employment Studies and Researching Equity, Access and Partnership, [Understanding provision for students with mental health problems and intensive support needs](#), July 2015, p 3

1. Recent studies on mental health in further and higher education

There have been several studies published on the mental health of students in further and higher education.

1.1 National Union of Students survey

In December 2015 the National Union of Students (NUS) conducted a survey on behalf of the All Party Parliamentary Group (APPG) on students.² They collected responses from 1,093 further and higher education students.

78% of respondents said that they had experienced mental health problems in the last year, either diagnosed or undiagnosed. However, 33% of respondents said that they would not know where to go to get mental health support at their college or university. Respondents largely went to their local GP for support (67%).

87% said they had felt stress; 77% reported suffering anxiety; and, 69% said they had felt depressed in the last year.

Students appeared to be particularly concerned about transition to higher education as 37% said that they were worried about what support would be available at their new university or college and 40% recorded feeling nervous about receiving support from their new institution.

1.2 YouGov survey mental health of students

In a YouGov survey in August 2016 more than a quarter of students (27%) reported having a mental health problem.³

Depression and anxiety were the most commonly reported mental health concerns in the survey - 77% of respondents had depression-related problems, and 74% had anxiety related problems.

Three-quarters of those surveyed reported that their university had a counselling service and a third (32%) said the university referred students for outside help.

Female students were more likely to say that they suffered mental health issues than males (34% female versus 19% of males) and LGBT students were twice as likely to struggle with their mental health than their heterosexual peers (45% versus 22% of heterosexual students).

1.3 Higher Education Policy Institute report

In September 2016 the Higher Education Policy Institute (HEPI) published a report, [*The Invisible Problem? Improving Students' Mental*](#)

² APPG on students, '[APPG briefing](#)', 14 December 2015

³ [YouGov survey](#), August 2016

[Health](#).⁴ The report highlighted difficulties in the transition into higher education due to poor communication between services and lack of funding for services such as counselling.

The report made several recommendations, including:

- Students should be registered with a GP at home and at university;
- Universities should have formal mental health policy and detailed action plans;
- The new Office for Students should consider a mental health review and action as part of university access agreements;
- Staff who regularly interact with students should have mental health training, this should include residential staff;
- Student-to-counsellor rates at universities spending the least on mental health may be three or four times lower than what is required. These universities should increase funding for counselling and other services threefold;
- More robust data on the mental health of students in higher education should be collected.

1.4 Institute for Public Policy Research (IPPR)

In September 2017 IPPR published a report, [Not by degrees: Improving student mental health in the UK's universities](#). The report found that increased numbers of students were reporting mental health conditions and that universities had experienced increases in demand for mental health services. The reports key findings were:

- The number of students who disclose a mental health condition to their university has increased dramatically in the past 10 years
- Where support and treatment is lacking, poor mental health can lead to increased risk of students dropping out of university, or in the most severe and tragic cases, death by suicide.
- Universities have, over the past five years, experienced significant increases in demand for counselling and disability services.
- There is variation in the ways in which universities design their strategic response to student mental health and wellbeing.

The report made several recommendations:

- **The HE sector should collectively adopt student mental health and wellbeing as a priority issue**, with individual institutions developing their own 'wholeuniversity' approaches subject to audit and quality assurance, and underpinned by common principles which draw on best practice.
- **HEIs should increase the funding dedicated to services which promote and support the mental health and wellbeing of students**, in line with an open and robust analysis of current student need and reasonable future projections.

"Levels of mental illness, mental distress and low wellbeing among students in higher education in the UK are increasing, and are high relative to other sections of the population".

IPPR, *Not by degrees: Improving student mental health in the UK's universities*

⁴ HEPI, [The Invisible Problem? Improving Students' Mental Health](#), September 2016

- **Government should facilitate new place-based coalitions to improve student's health through greater integration across local services.** Including the introduction of a new Student Health Fund into which local health and education partnerships can bid, and new pilots of 0–25 mental health services in places with high student populations.
- **Government should introduce a new Student Premium to top-up the funding of GP practices with high proportions of student-patients,** given that students have been recognised by NHS England as an 'atypical' population likely to lose out from current funding arrangements.
- **Government should pilot a new digital Student Health Passport,** to improve the continuity of healthcare and treatment among students who move between home and university, and ensure that they have control over their own health data.

The IPPR report identified the most commonly reported mental health conditions among students as depression - present among 8.4 per cent of student-patients and anxiety – present among 7.4 per cent of students.

2. Government mental health strategies

Most recent Government strategies have focused on children and young people in schools and colleges, few have specifically focused on further or higher education students.

Future in Mind, published in March 2015 was a joint strategy between the Department of Health and NHS England.⁵ The report included aspirations that the Government wanted to see by 2020:

- Improved public awareness on mental health, including anti-stigma campaigns;
- A five year programme to bring standards in line with those seen in physical health, including waiting times;
- A joined-up system with services across health and education working locally together;
- Comprehensive training for professionals who work with children and young people.

The report acknowledged the difficulties university students faced when transitioning from school or college to higher education:

We support the production of best practice guidance for CCGs and GPs around student transitions which encourages close liaison between the young person's home-based and university-based primary care teams and promotes adherence to NHS guidelines on funding care for transient populations.⁶

On 9 January 2017 the Prime Minister [announced](#) a series of reforms to mental health services. The announcement included:

- Publishing a Green Paper later this year on children and young people's mental health, setting out plans to transform services in schools, universities and for families;
- A major thematic review of children and adolescent mental health services across the country, led by the Care Quality Commission.⁷

Alongside the speech the Government published a response to the 'The Five Year Forward View for Mental Health'.⁸ In terms of support for young people and students it included:

- Publishing a Green Paper on children and young people's mental health later this year, to contain new proposals for both improving services across the wider system and increasing focus on preventative activity across all delivery partners;
- Supporting schools, colleges and local NHS services to work more closely together to provide dedicated children and young people's

⁵ Department of Health and NHS England, [Future in Mind](#), March 2015

⁶ [Future in Mind](#) p 49

⁷ GOV.UK, "[Prime Minister unveils plans to transform mental health support](#)", 9 January 2017

⁸ HM Government, [The Government's response to the Five Year Forward View for Mental Health](#), January 2017 p 2

mental health services, by evaluating emerging models and approaches, to explore the impact closer working can have. We will support this by funding the provision of mental health first aid training for teachers in secondary schools;

- Launching a programme of pilot activity on peer support for young people with their mental wellbeing. The pilots will test the provision of well-trained mentors within a comprehensive support structure in schools, colleges and community settings, as well as online support and resources, to help identify issues and prevent them from escalating;
- A programme of randomised control trials of promising preventative programmes, to test three different approaches to mental health promotion and the prevention of mental health illness. The results of these trials will help to give schools the information they need in deciding which programmes are most effective for their pupils;
- Requesting that the Care Quality Commission undertakes an in depth thematic review of children and young people's mental health services in 2017/18 – the first of its kind.

2.1 Green Paper on Young People's Mental Health Provision

On 4 December the Government published [Transforming Children and Young People's Mental Health Provision: a Green Paper](#).⁹ The paper discussed support for young adults and stated that the transition phase from CAMHS to AMHS was "not always easy".¹⁰ The paper referenced the research by the Institute for Public Policy and said that there is "already a lot of work underway to improve the quality of mental health services for students"¹¹ - the work of UUK and AOC was also highlighted in the paper.

The green paper said that the Government would set up a national strategic partnership to improve the mental health of 16-25 year olds:

We want to support and build upon the work being delivered to support young people in higher and further education, in training and in work. We recognise that improving young adult mental health is a complex challenge that can only be addressed by working in partnership. **We will therefore set up a new national strategic partnership with key stakeholders focused on improving the mental health of 16-25 year olds by encouraging more coordinated action, experimentation and robust evaluation.** The exact scope of this partnership will be jointly developed, but we suggest that it could look at the following areas focused on higher education as a first step:

- Leadership – to ensure that schools, colleges and universities adopt whole-organisation approaches to mental health;

⁹ Department of Health and Department for Education, [Transforming Children and Young People's Mental Health Provision: a Green Paper](#), CM 9523, December 2017

¹⁰ *Ibid* p33 para 127

¹¹ *Ibid* p33 para 129

- Data – to provide a systematic strategy to improve what we know about student mental health. This means encouraging innovation in data linkage and analytics;
- Prevention – to embed understanding throughout student populations of the importance of mental health through exploring and testing psychosocial education;
- Awareness and early intervention - to test and promote training for staff and students on how to help those experiencing mental health difficulties;
- Wider transitions – to address the key issue of moving between services – from children’s mental health services into adults’ services, and from inpatient treatment to community support – and geographies – from home to campus - making it easier for young people to make these moves;
- Integrated support services – to reduce the variations in care for young people and to encourage local coalitions between tertiary education providers, local authorities, and health and care commissioners and providers;
- Effective join-up – to better link student welfare, accommodation and security services within institutions so students with mental health conditions are less likely to go unnoticed.

The consultation on the period will run until [2 March 2018](#).

2.2 Government policy on mental health services for students

Information on the Government’s approach to mental health services for higher education students was given in answer to a PQ on 31 October 2017:

Universities: Mental Health Services: Written question - 109171

Jim Shannon on: 23 October 2017

To ask the Secretary of State for Education, what steps her Department is taking to address mental health problems within universities.

Joseph Johnson on: 31 October 2017

Mental health is a priority for this Government. This is why the Department for Health, together with the Department for Education (DfE), is publishing a joint green paper on Children and Young People, which will set out plans to transform specialist services and support in education settings and for families.

As autonomous organisations, it is for Higher Education Institutions to determine what welfare and counselling services they need to provide to their students. Each institution will be best placed to identify the needs of their particular student body, including taking actions in line with any legal responsibilities under the Equality Act 2010.

The DfE is engaging with Universities UK (UUK) on their ongoing programme of work on Mental Health in Higher Education (MHHE). As part of UUK’s MMHE Programme, UUK launched their

10 Mental health services for post-16 students in England

Step Change programme on 4 September, which encourages higher education leaders to adopt mental health as a strategic imperative and implement a whole institution approach. Additionally, as part of MHHE, UUK has worked in partnership with the Institute for Public Policy Research to strengthen the evidence-base on mental health in higher education.

Their independent report – ‘Not by Degrees: Improving student mental health in the UK’s universities’ was published on 4 September 2017 - <https://ippr.org/research/publications/not-by-degrees>.

PQ 109171[[Universities: Mental Health Services](#)] 31 October 2017

Information on policy for further education students was given in answer to a PQ on 13 July 2017:

Further Education: Mental Illness: Written question - 3167

Justin Tomlinson on: 05 July 2017

To ask the Secretary of State for Education, what steps she is taking to increase resources for identifying and supporting people in further education who have a mental health condition.

Anne Milton on: 13 July 2017

Supporting people experiencing mental health issues to develop their confidence and skills is a priority for this government, and further education providers have an important role to play. We invest in this via the disadvantage element of the participation funding for 16-19 year olds, and through the Adult Education Budget for students aged 19 and over. This sits alongside an additional £1.4bn we are investing in children and young people’s mental health through the NHS.

The Department for Education (DfE) is also running the Community Learning Mental Health programme, comprising 57 pilot projects around the country. This supports students with mild to moderate mental health difficulties access learning. Findings from this will be available early 2018, which will inform future work. Additionally, the DfE is currently working alongside the Department of Health to develop a children and young people’s mental health green paper, which will be published by the end of the year. Part of this work is consideration of how best to improve links between schools, colleges and NHS mental health services.

PQ 3167 [[Further Education: Mental Illness](#)] 5 July 2017

2.3 Mental health data collection

The last Office for National Statistics prevalence survey on children and young people’s mental health was published in 2004. It found that one in ten children and young people aged 5–16 had a clinically diagnosed mental disorder.¹²

A new survey has been commissioned by the Government and the publication of its results are expected in 2018.

¹² Office for National Statistics, [Mental health of children and young people in Great Britain, 2004](#)

3. Children and Adult Mental Health Services (CAMHS)

CAMHS are provided through a network of services, which include universal, targeted and specialist services, organised in four tiers;

- Universal services such as early years services and primary care (Tier 1 CAMHS);
- Targeted services such as youth offending teams, primary mental health workers, and school and youth counselling (including social care and education) (Tier 2 CAMHS);
- Specialist community CAMHS (Tier 3 CAMHS);
- Highly specialist services such as inpatient services and very specialised outpatient services (Tier 4 CAMHS).

3.1 Transition from CAMHS to AMHS

CAMHS are expected to work with young people up until the age of 18. Once a young person is over the age of 18 they can be referred to Adult Mental Health Services (AMHS).

A 2013 report by the Joint Commissioning Panel for Mental Health found that **almost a third of teenagers lost access to mental health services during the transition from CAMHS to AMHS** and a further third experience an interruption in their care.¹³

This transition phase can be particularly difficult for students leaving home to attend university in a different region of the country and in unfamiliar surroundings. The HEPI report [The invisible problem? Improving students' mental health](#) stated:

The UK has a boarding-school model of higher education where most students move away from home while studying. This is relatively unusual across the world and it means students move away from support networks and into housing – in some cases rooms – with people they have never met before.¹⁴

This issue was also picked up by the Student Minds report '*University Challenge*' which focused on care for students with eating disorders.

This transition is problematic and even dangerous. Without clear communication and care plans it is far too easy for students to 'fall between the gaps' of care. With an estimated one quarter of patients in specialist adult eating disorder services being students it is a key concern that the services are able to support continuity of care over transitions.¹⁵

¹³ Joint Commissioning Panel for Mental Health, [Guidance for commissioners of mental health services for young people making the transition from child and adolescent to adult services](#), February 2012 p 7

¹⁴ HEPI, [The Invisible Problem? Improving Students' Mental Health](#), September 2016 p 20

¹⁵ Student Minds, [University Challenge: Integrating Care for Eating Disorders at Home and at University](#), March 2014 p 9

3.2 Health Committee inquiry into CAMHS

In February 2014, the House of Commons Health Select Committee launched an inquiry into CAMHS. The report, [Children's and adolescents' mental health and CAMHS](#), commented on the difficulties that students faced when transitioning from CAMHS to AMHS:

The young people the Committee met with also described problematic experiences with transition, particularly for those young people for whom it coincided with moving away from home to university.¹⁶

The Committee concluded:

Transition from CAMHS to adult mental health services has been described by NHS England as a “cliff edge”, and the stories we heard from young people bears this out. We are encouraged to see that the Government is taking steps to address this by identifying transition as a national priority, and by supporting the development of a national service specification for transition. We will seek an update on progress towards this in six months.¹⁷

3.3 Health and Education Committee inquiry

The House of Commons Health and Education Committees conducted a joint inquiry into the role of schools and colleges in mental health; they published a report in May 2017, [Children and young people's mental health — the role of education](#).¹⁸

The report commented on the variation in access to CAMHS services across local areas.¹⁹ It called this variation and the subsequent lengthy waiting times in some areas “unacceptable”.²⁰

The Committees also criticised the “adverse impact of funding pressures on mental health provision in schools and colleges” and urged the Government to review the effect of budget reductions on the provision of services to support young people’s mental health and well-being.²¹

The Government issued a [response](#)²² to the report in October 2017. In the response the Government said that “core funding for schools and high needs would rise from almost £41 billion in 2017–18 to £42.4 billion in 2018–19 and £43.5 billion in 2019–20”.²³

¹⁶ Health Select Committee, [Children's and adolescents' mental health and CAMHS](#), HC 342 2014-15 p 47

¹⁷ *ibid*, p 51

¹⁸ Education and Health Committees, [Children and young people's mental health- the role of education](#), HC 849, 2016-17

¹⁹ *ibid*, p 11

²⁰ *ibid*

²¹ *ibid*, p 17

²² Education and Health Committee, [Children and young people's mental health—the role of education: Government Response to the First Joint Report of the Education and Health Committees of Session 2016–17](#). HC 451 24 October 2017

²³ *ibid* p8 para 12

4. Mental health support in higher education institutions

Universities are autonomous institutions and the way in which mental health provision is organised and delivered varies across the sector. Most HEIs have a mental health policy which outlines the role of the provider and what services are provided.

4.1 Role of student services

In most HEIs support relating to students' mental health and wellbeing is delivered through the Student Services department. A report by the Institute for Employment Studies and Researching Equity, Access and Partnership, [Understanding provision for students with mental health problems and intensive support needs](#), July 2015²⁴ said that student services could provide "specialist responsive tailored support; crisis prevention and management".²⁵ The report also said that academic staff were important in supporting students, although the study found that in many cases staff failed to provide advice and guidance.

The IPPR report [Not by degrees: Improving student mental health in the UK's universities](#), stated that three general models were used by HEIs for providing support:

- **Wellbeing services** – This part of Student Services is staffed by health and wellbeing advisors, or equivalent.¹³ This service is primarily intended to deliver low-intensity guidance and support, to assist in the development of coping strategies, and to signpost onto non-medical services from which students might benefit (such as financial support). This service is often targeted at students who demonstrate low levels of mental distress, such as stress and anxiety, but who lack a clinical diagnosis. Interventions delivered by this service are typically brief, and consist of a small number of individual sessions or group workshops.
- **Counselling services** – This part of Student Services is staffed by counsellors, and sometimes also includes (non-staff) associate/volunteer/placement counsellors. This service is usually targeted at students who demonstrate moderate levels of mental distress. Interventions are typically limited to a maximum number of one-to-one sessions (often six), although the service often also plays a role in the delivery of group workshops.
- **Disability services** – This part of Student Services is staffed by mental health coordinators, or equivalent.¹⁵ This service is usually targeted at students who are in receipt of disabled students' allowance (DSA) or who experience mental illness which meets a clinical threshold for diagnosis. Interventions typically consist of one-to-one

²⁴ Report to HEFCE by the Institute for Employment Studies and Researching Equity, Access and Partnership, [Understanding provision for students with mental health problems and intensive support needs](#), July 2015

²⁵ *ibid*, p 3

specialist mentoring, support in accessing DSA where it is not accessed currently, liaison on reasonable adjustments, and – in the most severe cases – working with clinical professionals to determine a student’s ‘fitness to study’ (RCPsych 2011).¹⁶

4.2 Universities UK Framework

In December 2016 UUK started a [programme of work](#) to help improve the mental health and wellbeing of students and staff in higher education. As part of this programme in 2017 a new framework to help improve the mental health and wellbeing of university students was launched. The Step Change framework is aimed at supporting university leaders to help embed good mental health across all university activities. Information on the framework is on the UUK website at [#stepchange Mental Health in Higher Education](#).

The [Framework](#) states that mental health should be a **strategic priority** for HEIs and it gives guidance on leadership, data, staff, prevention, early intervention, support, transition and partnerships.

“higher education senior teams should adopt a whole university approach to mental health”

UUK Framework
September 2017

4.3 Working Group for the Promotion of Mental Well-being in Higher Education

In 2003 Universities UK (UUK) and Guild HE set up the [Mental Wellbeing in Higher Education Working Group](#) (mwbhe). The group aims to increase collaboration between the different sectors, agencies and professional groups responsible for mental wellbeing in higher education.

The working group has published several reports and in 2015 it published updated guidance for UUK - [Student mental wellbeing in higher education: good practice guide](#).

4.4 Provider-initiatives

Over the last decade there has been an increase in HEIs undertaking mental health and well-being initiatives.

In 2006 a small group of HEIs set up the Healthy Universities initiative. There are currently 88 members across the UK. The network provides advice and guidance to its members on supporting students with mental health difficulties.

4.5 Student-led initiatives

There are a number of student run organisations offering support to fellow students.

- Nightline is a service run for students, by students. Every night of university terms trained student volunteers answer calls, emails, instant messages, texts and talk in person to fellow students.
- Student Minds is a charity which carries out research and campaigns on student mental health issues. It trains volunteers and supports student-led societies across campuses.

- Students Against Depression is a website which offers advice, information, guidance and resources to those suffering from depression and suicidal thinking.

4.6 University Mental Health Policies

Most HEIs have a mental health policy which sets out the institution's approach to mental health services and provision for students. Mental health policy documents generally show a commitment to providing a supportive environment for students with mental health difficulties, however this does not always extend as far as providing dedicated on-site mental health services.

Policies and procedures may also contain provisions for students taking periods of voluntary interruption from their courses and set out arrangements for their return to study.

4.7 Disabled Students' Allowance (DSA)

The Government provides support for students with mental health conditions through the DSA. DSAs cover some of the extra costs incurred as a result of a mental health problem, long term illness or any other disability. This funding is paid on top of other student finance and does not need to be repaid. The DSA can pay for:

- specialist equipment, such as a computer, if you need it because of your mental health condition or another disability
- non-medical helpers
- extra travel as a result of your mental health condition or disability
- other disability-related costs of studying

Information on DSAs and eligibility requirements are on the GOV.UK website at [Help if you're a student with a learning difficulty, health problem or disability](#).

5. Mental health support in further education providers

5.1 Association of Colleges research

The Association of Colleges (AoC) announced a 'year of mental health' at their annual conference in November 2016. Their President said colleges were heading to a "crisis point in mental health".²⁶

AoC conducted a survey in December 2016 of further education (FE) college's experiences of mental health.²⁷ 85% of colleges reported an increase in students with disclosed mental health issues in the past three years.²⁸ The survey described a "postcode lottery" in terms of college's relationship with their local mental health services:

Colleges generally have a good relationship with their local child and adolescent mental health services (CAMHS) and adult mental health services, not all do. Nearly half say their relationship with local clinical commissioning groups, which procure mental health services, is 'non-existent' (48%).²⁹

Most colleges who responded to the survey said that they employed counsellors either full-time (40%) or part-time (77%).³⁰ However, on average the colleges surveyed referred 6.6 students with mental health issues to Accident and Emergency (A&E) every year.³¹

5.2 [Community Learning Mental Health research project](#)

The Autumn Statement 2014 announced £20 million over two years to pilot courses to help adults manage mild to moderate mental health problems.³²

The Skills Funding Agency (SFA) allocated funding across its six operational areas, with a minimum 5 pilots per SFA area and maximum funding per contract of £80k. 62 successful projects were announced in March 2015.

From April 2017- July 2017, 52 Community Learning providers across England offered short, part-time adult education courses on mental health and well-being.

The content of these courses varied from a focus on managing stress to using activities such as art and music to improve mental health, to using established interventions such as The Improving Access to Psychological Therapies (IAPT) programme.

²⁶ ['Colleges are heading towards a 'crisis point' in student mental health, AoC president warns'](#), *FE Week*, 6 November 2016

²⁷ Association of Colleges, [AoC survey on students with mental health conditions in Further Education](#), January 2017

²⁸ *ibid*, p 2

²⁹ *ibid*, p 4

³⁰ *ibid*, p 3

³¹ *ibid*, p 5

³² Skills Funding Agency, ['Community learning mental health pilot'](#)

Participants in the courses came from various places - some were referred by NHS services, Jobcentre Plus, the Probation Service or students could self-refer themselves. Participants had to be adults aged 19 and over, and experiencing mild to moderate mental health problems.

The results of the research are expected to be published by the Government in January 2018.

5.3 Mental Health in Further Education (MHFE)

MHFE is a website with information and resources on adult education and mental health for the FE sector. It offers resources, best practice case studies and advice for practitioners working in FE. In December 2015 it had 1000 members.

6. Provider responsibilities

6.1 The HEI- student contract

It is generally considered that a contract exists between a student and their institution and this contract may include pastoral care as well as teaching. Universities UK 2015 guidance document gives the following overview:

The student contract is regarded in law as a consumer contract and, as such, will be subject to the application of consumer legislation including the principles of fairness and reasonableness interpreted in favour of the student.

An institution which breaches the terms of the student contract (for example, by promising something which it does not subsequently deliver) exposes itself to potential complaint by the student under the institution's internal student complaints procedures and (in respect of institutions in England and Wales) to the Office of the Independent Adjudicator for Higher Education (the OIA) in addition to claims to the courts for breach of contract and/or misrepresentation

[...]

The terms of the student contract will set out the respective rights and obligations of institution and student (for example, in relation to the teaching and pastoral services that the institution will deliver, the institution's power to discipline or to take action to deal with concerns regarding a student's fitness to study or fitness to practise, and the student's obligations to meet academic progression requirements and to pay fees). The student contract may incorporate terms set out, for example, in offer letters, prospectuses, course literature, student handbooks, the institution's regulations, information stated on its website and oral statements made by staff. These terms may include, for example, provisions relating to the nature, extent and limitations of the mental health support services offered by the institution. It is important that institutions ensure that all statements made in connection with the student contract are factually accurate and not misleading in any way. Institutions should also ensure that the services and facilities described in the student contract are delivered in practice.

[...]

Institutions should take care to explain accurately and in plain and intelligible language the nature of the support services and facilities which they offer to all students, including those with mental health difficulties (such as counselling and pastoral tutor support), and the extent and limitations of that provision (for example, in respect of opening times, any appointment systems operated and whether provision of the service is subject to demand (even in the case of emergencies) together with details of any exceptional circumstances where such services may not be available to students).

Crucially, institutions should identify those services which they do not provide (for example, 24/7 counselling services or emergency mental health treatment) and signpost students to where they will need to look to secure such support (for example, local NHS provision) or to seek support in cases where the institution is unable to offer its usual services (for example, because of over-

demand or staff shortages). This will assist institutions, to some degree, in setting the parameters of their legal duties (especially under the student contract) and managing their exposure to potential challenge and liability.³³

6.2 Duty of care

Universities are generally accepted to have a duty of care towards their students and this includes a duty to ensure the health and welfare of their students.

UUK guidance document published in 2015, [Student mental wellbeing in higher education Good practice guide](#), states that the law with regards to an institution's duties around mental health are largely untested in UK courts.³⁴

However, institutions have a duty of care in common law to deliver their services "to the standard of the ordinarily competent institution; and, in carrying out their services and functions as institutions, to act reasonably to protect the health, safety and welfare of their students".³⁵

[...] in order to assist in discharging their duties of care, institutions need to ensure that all staff (not just staff involved in the provision of pastoral support) have a clear understanding, appropriate to their roles, of the nature and remit of their responsibilities regarding students with mental health difficulties. This will call for the provision by the institution of suitable training and awareness raising events for staff. Staff should feel confident in recognising when students should be advised to seek specialist support and when matters should be referred on (in appropriate cases unilaterally without students' consent) to specialist services or agencies. Such specialist support, services and agencies may be located within the institution (for example a counselling service or campus GP practice) or external to it (for example local NHS, community or voluntary mental health services or in appropriate cases social services or the police).³⁶

Further details on legal and statutory obligations for HEIs can be found in the UUK guidance.³⁷

6.3 The Equality Act 2010

The Equality Act 2010 states that education providers should provide '**reasonable adjustments**' for students with disabilities, which includes people with mental illnesses such as schizophrenia, bipolar disorder and depression. It also protects individuals from discrimination based on their disability.

³³ Universities UK, [Student mental wellbeing in higher education: Good practice guide](#), February 2015 p 41

³⁴ [Student mental wellbeing in higher education: Good practice guide](#), p 43

³⁵ *Ibid*

³⁶ [Student mental wellbeing in higher education: Good practice guide](#), p 45

³⁷ [Student mental wellbeing in higher education: Good practice guide](#)

7. Issues

7.1 Possible causes of increased mental health problems among students

It has been suggested that current students feel increasingly under pressure. Students report difficulties with academic demands, social pressures, finance and coping with living independently. It has been said that these pressure have increased since tuition fees rose in 2012:

With higher study costs and increasingly competitive job markets, there is greater pressure than ever on this year's new cohort of students. Our annual Student Experience survey [shows](#) that almost nine in 10 (87%) of first year students find it difficult to cope with social or academic aspects of university life. Students are unsure of what to expect, and a large proportion say that the transition from school to university is a source of considerable stress. The stress of studying is a key area in which students struggle, with almost six in 10 reporting that this made it difficult for them to cope. Other troubles that featured significantly included isolation (44%), balancing work and study (37%), financial difficulties (36%) and living independently (22%).³⁸

When we dig deeper into the data on coping with the transition to university, there is a notable gender imbalance. Female students find it particularly difficult to cope, with 91% reporting to have struggled with one or more of the above issues, compared to 82% of male students.

The IPPR also report comments that "a large and growing proportion of people are choosing to enrol in undergraduate courses in the UK, with a majority falling within the age range in which there is an added risk of experiencing mental health problems".³⁹

7.2 Effects of poor mental health on students

Experiencing mental illness while at college or university can have a number of negative effects on students' lives.

The IPPR report [Not by degrees: Improving student mental health in the UK's universities](#), stated that poor mental health could lead to several consequences for students the main issues being: academic failure, dropping out, poorer career prospects and suicide.

In May 2017 data from HESA showed that 1,180 students left university in 2014-15 due to mental health problems. This was up from 380 students in 2009-10, a 210% increase in five years.⁴⁰

The IPPR report also said that lack of support for students with mental health conditions could also lead to reputational damage for HEIs.

"The rise [in students with mental health problems] is due to a combination of more awareness of mental health issues, a lowering of the taboo previously attached to mental health services and a greater sense of anxiety about the future."

Ruth Caleb, wellbeing consultant at Brunel University quoted in *The Guardian* 2 September 2017

³⁸ ["It's time for universities to put student mental first"](#), *The Guardian*, 7 September 2017

³⁹ IPPR [Not by degrees: Improving student mental health in the UK's universities](#), 7 September 2017

⁴⁰ ["Number of university dropouts due to mental health problems trebles"](#), *The Guardian*, 23 May 2016

7.3 Liaison between HEIs and outside agencies

Liaison and joint working between HEIs and NHS Services can be vital for student mental health and wellbeing.

The report by the Institute for Employment Studies and Researching Equity, Access and Partnership, [Understanding provision for students with mental health problems and intensive support needs](#) discussed liaison between HEIs and other outside agencies and suggested that HEIs faced difficulties when dealing with external support organisations:

Issues surrounding confidentiality of non-disclosure can pose a barrier to institutions, for example where high levels of specialist support would require proper coordination of provision between counselling, academic or support services as well as liaison with external agencies and statutory healthcare providers.⁴¹

The report also highlighted the difficulties of students moving between support at home and at university and particularly the problems of moving from child mental health services to adult provision. The report further said that HEIs were often relied upon to provide interim care while a student was on a waiting list for treatment from an external agency.

Despite this, the report described the relationship between HEIs and mental health services as largely positive:

There was agreement, from many respondents, that where a student is in receipt of external services, links are generally good. Relationships with NHS mental health teams were often strongest, as HEIs were more likely to draw on these services than others. One HEI, for example, described links with the community MH team as 'good', although 'stronger at case load level than strategic'.⁴²

7.4 Coping with demand

Some HEIs have seen huge increases in demand for mental health services. Demand for counselling services at Cardiff University rose by 96% from 2013 to 2016.⁴³ The increase in demand has resulted in longer waiting time for assessment in some HEIs:

At some HEIs increased demand has resulted in longer waiting times, the most striking being at Staffordshire University where the average wait from first assessment to counselling rose from 25 days in 2013-14, to 43 days in 2015-16. This year, so far, the university said there was a waiting time of 55 days. This was above the average of 15 days most universities reported and closer to the 84 days reported for NHS primary care.

Sue Reece, the pro vice-chancellor for student experience at Staffordshire, said the university had recently restructured its

⁴¹ [Understanding provision for students with mental health problems and intensive support needs](#), July 2015 p87

⁴² [Understanding provision for students with mental health problems and intensive support needs](#), p 119

⁴³ "[Number of university dropouts due to mental health problems trebles](#)", *The Guardian*, 23 May 2016

counselling and wellbeing service to respond to increased demand.

Some universities reported waits of seven days, while others said students got counselling after 20 days or more.⁴⁴

7.5 Transition to higher education

Entering higher education can be a stressful time for students. Students with existing mental health conditions may find that resources differ between NHS areas or sectors and this can result in changes to their provision when a student moves to higher education. Pre-entry bridging activities may be available to help students with the transition to higher education, information on this was given in the UUK 2015 guidance document:

These transitions have been addressed in some areas by pre-entry bridging activities which may provide an effective way of briefing incoming students on the practical details of health registration processes and supporting them with appropriate onward referral to specialist services. Bridging activity may initially involve on-campus mental health advisors or peer mentors, followed by an engagement and advocacy programme at the start of the academic year in order to minimise any significant discontinuity in care.⁴⁵

7.6 Students and suicide

In 2015, there were 134 deaths by suicide among students in England and Wales, the highest level since 2007. Between 2007 and 2015, the number of student suicides increased by 79 per cent (from 75 to 134).⁴⁶

The IPPR report gives the following information on suicides at HEIs:

A growing number of universities in the UK have, therefore, been affected by at least one student suicide, with a small number – such as the University of Bristol in 2016–17 and the University of York in 2015–16 – having experienced multiple suicides within a short period of time.

Suicide is often linked to the presence of mental health conditions such as depression or personality disorder, and alcohol or drug misuse (Windfuhr and Kapur 2011). Despite this, just 25 per cent of people who die by suicide in the UK were in contact with mental health services during the year prior to their death (NCISH 2015). Official suicide statistics also conceal the number of suicide attempts, and the extent to which suicidal thoughts are prevalent among students.⁴⁷

Some HEIs have suicide prevention strategies. The University of Wolverhampton has framed suicide as a safeguarding issues and implemented a strategy for effective interventions and other universities such as the University of Cumbria have training available for all staff on

⁴⁴ *ibid*

⁴⁵ Universities UK, [Student mental wellbeing in higher education: Good practice guide](#), February 2015

⁴⁶ IPPR [Not by degrees: Improving student mental health in the UK's universities](#), 7 September 2017 p36 p30

⁴⁷ *ibid*

suicide prevention and awareness as part of a wider drive to create 'compassionate campuses'.

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