

Supporting Student Mental Wellbeing: Policy, Practice and Future Directions

Morning Keynote Address

Professor Steve West Vice-Chancellor UWE Bristol

Universities UK
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This conference was offered jointly by UUK and the Mental Wellbeing in Higher Education Working Group (MWBHE). It launched the 'Good practice guidance for student mental wellbeing in higher education', originally published in 2000, now rewritten to take into consideration changes in law, policy and practice within today's institutions. The event was designed to inspire delegates to review and refine current strategy or build new systems to support students within their institution with mental health difficulties.

Speech – Full Text

Thank you for inviting me to speak today.

This is of course a very important topic for both the HE and health sectors – and it raises a number of significant questions about the role of universities at a time of financial constraint.

As a bit of context, I am Vice-Chancellor of UWE Bristol which is one of the largest universities in the UK, with a student population from diverse backgrounds, and a growing international student community. I am also Chair of the West of England Academic Health Science Network and work very closely with UUK on areas related to health research and education. I was a NED on a Strategic Health Authority and Chair of the Patient Care Standards Committee. I also chaired all of the Independent Reviews of Mental Health Related Homicides across the South West. So I am very familiar with the need for close integration between the health, social care, probation, education and university sectors.

Today I am focusing on student mental wellbeing: policy, practice and future directions.

Why is this important for HE? Well we know that in the general population, at least one in four people will experience a mental health problem in any one year and one in six adults have a mental health problem at any one time.

But beyond that, we also know that there are very particular circumstances that students face in a university environment, that for some, means they are more at risk. And this problem has been increasing in recent years. Reports in the sector suggest an increase in referrals and applications to well-being services of between 25 and 37% since last year. At UWE Bristol, this certainly matches the increase that we have been experiencing.

In terms of what this has meant at UWE Bristol in numbers, last academic year we saw our well-being service working with:

- 185 students who had previously attempted suicide, with 28 of those having current plans to end their lives
- 501 students who had suicidal thoughts but no specific plan
- 184 students who were currently self-harming
- And 446 students with a history of self-harming



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Our well-being service provided scheduled counselling, mental health support and mentoring to 1,404 students in 2013/14; undertook nearly 300 crisis/duty appointments; and held 450 crisis/duty phone calls.

Why has it been increasing over recent years? Well, firstly, the demographics of the student population have been changing. The number of young people in higher education has significantly expanded to around 50%, and the student population has become more socially and culturally diverse, with higher numbers of students entering university from low participation neighbourhoods and a growing number of international students. Both can face significant challenges in adjusting to the academic and cultural life of University, and for international students, there can be challenges in adjusting to the UK. International students clearly come from a wide range of cultural, ethnic and religious backgrounds. They will have high hopes of success and high expectations from their families, and may not be able to afford regular visits home – all potentially placing additional strains on their mental health.

There have also been other changes impacting on student mental wellbeing, for example a reduction in financial support, that can create an increasing pressure on students seek part-time work, **at the same time as** an increased pressure to succeed. More generally, we have also seen higher rates of family breakdown, and an economic recession that has hit hard on many young people.

The student population is also in some ways more vulnerable than other young people. When they join University, they quickly have to adapt to new environments and new ways of learning. University requires much more self-directed learning and the capacity to manage time and prioritise work, and involves a high workload. This can very easily be disrupted by mental health issues and indeed the misuse of drugs and alcohol. This can lead to students facing a decline in their academic performance that can result in the need to repeat academic years or to withdraw.

There are also vulnerabilities beyond the individual. Disturbed behaviour by one young person (for example, self-harm) can cause considerable distress and disruption to fellow students, particularly in halls of residence. Students who are mentally unwell can also place an increased demand on academic staff; they may become over-dependent and this could lead to a potential increase in complaints.

Where they have existing mental health issues, they may also face a number of practical challenges, such as a lack of continuity of care from home if they move away to study, and long waiting lists for services such as clinical psychology and psychotherapy which won't automatically fit with the academic cycle.

Universities clearly have legal, moral and practical reasons to provide support for students with mental health difficulties and we have a long history of providing student support, counselling and disability support.

Students are at a point in their life when their university experience is likely to hold the key to their future success. If they already have existing mental health difficulties, higher education could provide a new source of self-esteem and opportunities for engagement with peers and the wider society. Alternatively, underachievement or failure at this transitional stage in life can have long-term effects on self-esteem, and could affect the progress of someone's future life.

Universities are about opportunities, and it is important that all students are supported to succeed. However, this is at a time when the pressure on the public purse and public services is intense. How much can a University do to make up for this shortfall in the interests of its students? Clearly we need to be smart about this and take an integrated and effective approach.

We know that counsellors and support workers, working in higher education can offer both their professional skills as well as utilising: 1) their understanding of the connections between psychological and academic difficulties; 2) their knowledge of the University context; and 3) their integration with the wider institution.

We also know that universities are increasingly seen, not just as places of education, but also as a promoting health and well-being in students, staff and the wider community. This is all part of the 'Healthy Universities' initiative and the broader social role that universities have, rather than the stripped back provision you may get through some reduced price offers at alternative providers.

This is important not just to individuals, but also to families and wider society.

And there are some great examples of good practice in prevention, treatment and rehabilitation, but it is clear that there is still much room for improvement.

So what have we been doing at UWE Bristol?

Due to the ever-increasing demand on our Wellbeing Service (as evidenced by a 53% rise in applications to the service from 2011/12 to 2013/14), we had to take steps to cope with this demand whilst at the same time formulating a mode of delivery that enhanced the student experience and promoted student responsibility.

Therefore, in the Autumn of 2013, the 'UWE Model' was launched. This model, based upon a model introduced at Cardiff University, has as its basis the therapeutic consultation (TC), a 90 minute solution-focused alternative to (or lead into) further support from the Wellbeing Service.

Two very important components supplement the work done within the TC sessions: resources and workshops. TC sessions are followed up with an email in which helpful resources are recommended to students, and a wide range of workshops are offered on a regular basis. These workshops include exam stress, depression, anxiety, bereavement, mindfulness, creative writing, self-esteem, healthy relationship, assertiveness, procrastination and coping with presentations.

For Autumn Term 2014/15, 472 students attended TCs.

- Of these, 73 students (15%) went on to have just 1 counselling appointment.
- 29 students (6%) went on to have 2 counselling appointments.
- 8 students (1.7%) went on to have 3 counselling appointments
- And only 6 students (1.3%) went on to have 4, 5 or 6 counselling appointments.

So we have been seeing a reduction in waiting lists and better results.

We believe this model is much more conducive to the higher education setting, promoting student self-agency and being much more timely for students whose needs very much revolve around the dynamics of the academic term. Our Wellbeing Service also runs a duty system to respond to risk, with at least two Wellbeing Practitioners on duty each day. These Practitioners review each of the online applications that are submitted and are also available to respond to duty/crisis incidents. Of the 809 online registration forms received in Autumn 2014/15, 127 students (15.7%) were considered to be 'at risk' based upon the information disclosed on the application form. Wellbeing Practitioners on duty attempt to mitigate risk and make frequent contact with the NHS and other local services. Wellbeing Practitioners sometimes accompany particularly vulnerable students to GP appointments, help students to engage with the local Early Intervention in Psychosis Teams, and consult with the Mental Health Crisis Teams in cases where a student is at high risk.

Wellbeing Practitioners have dealt with three major cases of psychosis involving a student within Accommodation Services over the past three years, spending hours not only supporting the student of concern but also working with and supporting Accommodation staff. These incidents, which often involve long hours of arranging and negotiating support via the NHS, put a great strain on the service which has to be ever aware of other students of concern and continue to cope with routine demands.

We also know more can be done to counter unhelpful cultures on campus, for example alcohol abuse, and we are looking at how to develop more sustained and coordinated approaches to this. We do recognise the need to better prepare and support students to be more conscious of the management of their own well-being and mental health. With this in mind, UWE Bristol has invested and joined a commissioning group set up by South Gloucestershire Council which will seek to pump prime funding toward community groups to set up peer led initiatives that enhance the environment, behaviours and people's mental and emotional health. Through the emphasis is again on developing plans to encourage students to be more conscious of the own mental wellbeing and the practical ways in which they can exercise self-management, self-awareness and enhanced community awareness.

Clearly this is a critical agenda with many challenges, not least the context of significant financial constraints across the public sector.

But students with unrecognised and untreated mental illnesses are likely to increase these costs in a number of ways. There will be a loss of return on the public investment in higher education. Dropout rates will lead to diminished earning capacity and an increased risk of dependence on state benefits.

We clearly have to ensure an integrated and efficient approach – this is self-evident. We know there are important practical impediments to this, including restrictions on the transfer of confidential information between agencies. However, a number of models of collaborative working have been established across the country and we should look to and learn from these – and I know this is being explored later in this session.