UNIVERSITIES UK RESPONSE TO TRANSFORMING CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH PROVISION: A GREEN PAPER, MARCH 2018

CONTENTS

The voice of universities

ABOUT UNIVERSITIES UK

Universities UK (UUK) is the representative organisation for the UK's universities. Founded in 1918, its mission is to be the voice for universities in the UK, providing high quality leadership and support to its members to promote a successful and diverse higher education sector. With 136 members and offices in London, Cardiff (Universities Wales) and Edinburgh (Universities Scotland), it promotes the strength and success of UK universities nationally and internationally. UUK's current President is Professor Dame Janet Beer (Vice-Chancellor, University of Liverpool) and Chief Executive is Alistair Jarvis.

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EXECUTIVE SUMMARY

Prevention and early intervention in health promoting settings, schools, further education and higher education on into the workplace, offer a generational opportunity to improve mental health outcomes.

2.3 million students and 400,000 staff in UK universities are a significant mental health population with distinctive characteristics and vulnerabilities. Universities are already adopting mental health as a strategic priority, implementing a whole university approach to improve outcomes for students and staff.

However, universities cannot address the issue of mental health alone. Policy efforts must align along the educational and developmental journey and must support effective partnership with the NHS and local services.

In broad response to the core proposals of the Green Paper, UUK asks for more ambition from the government:

- to set out a longer-term vision and strategy for 0–25 years
- to boost the timing, reach and impact of the proposed core interventions
- to explore asset-based approaches that support positive mental health, awareness and early intervention

UUK welcomes the proposed strategic partnership to improve the mental health of 16–25-year-olds and looks forward to shaping and supporting this.

INTRODUCTION

1. UUK is pleased to respond to the consultation on the government's Green Paper *Transforming Children and Young People's Mental Health Provision.*

2. As a member of the Children and Young People's Mental Health Coalition, UUK has also supported a joint response of the Coalition, the Partnership for Wellbeing and Education in Schools, and the Fair Education Alliance.

3. UUK welcomes the government's commitment to transform children and young people's mental health, building from the vision set out in *Future in Mind*. We see the joint approach between health and education as key to that transformation, in particular the emphasis on educational settings as *loci* of prevention and early intervention.

BACKGROUND

4. UK universities are an asset to national wellbeing and mental health. Universities conduct world class mental health research bringing improved outcomes for patients and communities. They drive scientific and technological innovation in treatment and care pathways. They also educate the nation's mental health professionals and other public sector professionals including teachers and social workers.

5. As anchor institutions and as engines of growth, universities contribute to the economic wellbeing of local communities and the nation, supporting 1 million jobs and generating significant economic activity, equal to £95 billion gross output across the UK [2014–15][1]. Benefits for individual graduates include higher wellbeing and greater resilience than for non-graduates.[2]

6. Mental health is increasingly a priority for universities in terms of the needs of their current populations of students and staff, to help them to thrive and succeed as well as to support them through mental health difficulties. 2.3 million students and 400,000 staff nationally represent a significant mental health population. Their mental health underpins individual and institutional success. Good mental health mediates engagement and retention and has a

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[1] UUK (2017) *The economic impact of universities,* http://www.universitiesuk.ac.uk/economic-impact
[2] HEFCE (2017) The wellbeing of graduates: Assessing the contribution of higher education to graduates' wellbeing in the UK

positive impact on learning, the ability to concentrate, and overall performance levels.[3][4][5][6]

7. Higher education settings are often the first and only time in young adults' lives in which work, leisure, healthcare and social support are provided in a single setting. All education settings – schools colleges and universities – offer important opportunities to embed positive mental health and to intervene early in mental illness or distress across whole populations of children and young people.

8. At the same time, despite limited high-quality data, students do appear to have increasing rates of mental ill health[7]. There have also been particular concerns raised about the prevalence of suicidal and self-harming behaviour in this population[8].

9. Explanations offered for these increased rates include an increased participation in higher education, with approximately half of all school leavers now going to university[9], which means that national trends in mental ill-health among young people have materialised in student populations, increased vulnerability during transitions, academic and financial pressures, impact of social media and cultural challenges faced by the increasing number of overseas students[10]. There is however limited data and very limited evidence of mechanism.

10. There are however clear indicators of the impact of these trends on universities' support services. Independent research[11] commissioned by UUK from the

[3] Guest, D. (2004) *Employee well-being and the psychological contract*. London: Chartered Institute of Personnel and Development.

[4] Higher Education Academy (2017) *What works? Student Retention & Success*. Accessed at: https://www.heacademy.ac.uk/individuals/strategic-priorities/retention/what-works
McIntosh and Shaw. Student Resilience. Exploring the positive case for resilience. 2017

[5] Simpson, A. & Ferguson, K. (2012) Mental health and higher education counselling services: Responding to shifting student needs. Journal of the Australia and New Zealand Student Services Association (JANZSSA). 39 (April), 1-8.

[6] Public Health England (2014) The link between pupil health and wellbeing and attainment.

[7] Holm-Hadulla, R. M. & Koutsoukou-Argyraki, A. (2015). Mental health of students in a globalized world: Prevalence of complaints & disorders, methods & effectivity of counselling, structure of mental health services for students. *Mental Health & Prevention*, *3*, 1-4.

[8] Eskin, M., Sun, J. M., Abuidhail, J., Yoshimasu, K., Kujan, O., Janghorbani, M., et al. (2016). Suicidal behavior and psychological distress in university students: A 12-nation study. *Archives of Suicide Research*, *20*, 369-388.

[9] Department for Education. (2017). *Participation rates in higher education: academic years 2006/07 - 2015/16 (Provisional)*. London: Department of Education.

[10] Bolton, R. N., Parasuraman, A., Hoefnagels, A., Migchels, N., Kabadayi, S., Gruber, T., Loureiro, K. Y., & Solnet, D. (2013). Understanding Generation Y and their use of social media: A review and research agenda. *Journal of Service Management, 24,* 245-267. Institute for Fiscal Studies. (2014). *Payback time? Student debt and loan repayments: What will the 2012 reforms mean for graduates?* Retrieved from: www.ifs.org.uk/publications/7165 Royal College of Psychiatrists. (2011). *Mental health of students in higher education.* London: Royal College of Psychiatrists.

[11] IPPR (2017) Not by Degrees: Improving student mental health in the UK's universities.

Institute for Public Policy Research (IPPR) confirmed that over the past 10 years there has been a fivefold increase in the proportion of students who disclose a mental health condition to their institution. Earlier work by the Higher Education Funding Council for England (HEFCE), found that demand for student support services increased by 150% 2011 to 2015[12].

UUK'S WORK ON MENTAL HEALTH IN HIGHER EDUCATION

11.   From 2016, UUK has had a proactive policy programme on Mental Health in Higher Education (MHHE) with a Working Group chaired by Professor Steve West, Vice-Chancellor of the University of the West of England, Bristol [UWE, Bristol]. This has raised the profile of the issue across the sector and, working with students and health and third sector experts, developed a shared vision and model of change.

12.   In September 2017, UUK launched the Stepchange framework, encouraging university leaders to adopt a strategic approach to the issue of the mental health of their populations. Aligned with similar approaches developed for schools and colleges, the whole university approach looks to embed mental health across all university functions and aspects of student and staff experience.

Figure 1

13.   The framework sets out eight domains and recommends a continuous improvement process driven by sustained leadership focus and engagement with students and staff. To support this organisational improvement, UUK is

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[12] HEFCE (2015) *Understanding provision for students with mental health problems and intensive support needs.* Accessed at: http://www.hefce.ac.uk/pubs/rereports/Year/2015/mh/

working with partners to develop a mental health audit tool for universities and with the national What Works Centre for Wellbeing to set up a good practice exchange platform for mental health in higher education.
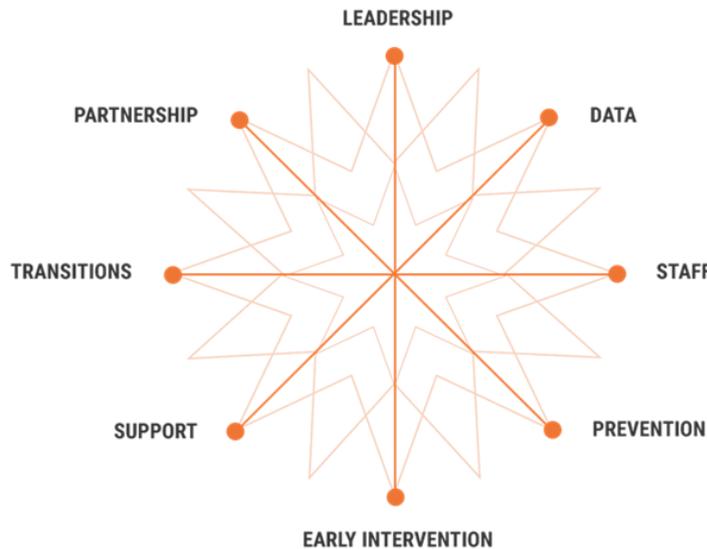

Figure 2

14.   This approach is being piloted at UWE, Cardiff University, and the University of York with support from Student Minds and UUK, and funding from HEFCE. The evaluations of these pilots will be published in March 2019. Wider dissemination of the framework continues with adoption by multiple higher education institutions and events planned in London, Cardiff, Bristol, York and other cities and regions.

15.   On the specific issue of student suicide, UUK is working with the Department of Health, Public Health England and the Office for National Statistics to improve the national suicide dataset. This includes partnership on research led by the University of Worcester to better understand the settings and causes of student suicide as well as a survey of suicide prevention and postvention strategies across the higher education sector.

PARTNERSHIP WITH THE NHS AND LOCAL SERVICES

16.   UUK recognises that universities cannot address this issue alone. To improve how statutory mental health services are commissioned and delivered to university populations, a MHHE Services Task Group has been convened, chaired by Paul Jenkins, Chief Executive of the Tavistock and Portman NHS Foundation Trust. The group is developing frameworks for student mental health services including the relationship between NHS

services and mental health support services provided by universities. This work will publish recommendations in May 2018 but will continue to work with Greater Manchester Health and Social Care and other cities and regions to implement good practice. The recommendation that there should be dedicated student mental health teams to align with those proposed for schools.

RESPONDING TO THE GREEN PAPER

17. UUK has not engaged with the question format set out in the consultation but confines its response to broad views on the core questions of the consultation and more detailed review of the proposals for 16–25-year-olds.

BROAD RESPONSE

18. UUK welcomes sustained government focus on the issue of children and young people's mental health. In particular, the recognition of the importance of educational settings as key *loci* of intervention and the movement, set out in Future in Mind, to adopt whole population, whole organisation and whole system approaches.

19. However, as set out in the Green Paper, this welcome focus still lacks strategic coherence and ambition for the three following reasons:
    - Vision and strategy
    - Timing, reach and impact of proposals
    - Asset-based approaches

I. VISION AND STRATEGY

20. It will only be by setting out a vision and longer-term strategy, by identifying the gaps and levers of change and by defining the change required against each lever – a model of change accepted across current and future governments – that this generational challenge will be tackled. The strategy needs to integrate 0–25 years, that is early years, primary, secondary, colleges, universities and the workplace, along the developmental and educational journey.

21. The language of wellbeing and mental health needs to permeate every component part of this journey, providing the foundation for learning and fulfilling potential, creating a generation of young people, aware of their own mental health and that of their family members, friends and peers, equipped to navigate life challenges, confident to seek help when needed.

The scale and urgency of the challenge means that it will not be susceptible to the cautious, incremental changes proposed in the Green Paper.

'All children and young people should understand the importance of good mental health. They should be taught the skills to keep well, to understand the signs of being unwell and to be confident to ask for help. They should expect that the support available in education, the community and the health and care systems is timely, appropriate and meets their needs.

'We are proposing a longer-term agenda for change, based on a vision and strategic framework, which will align education and community settings and the health and care systems. We invite you to work with us to make our vision a reality.'

Professor Dame Sue Bailey, Children and Young People's Mental Health Coalition.

Figure 3

II.   TIMING, REACH AND IMPACT OF PROPOSALS

22.   In full appreciation of current constraints on resourcing, the proposed interventions are unambitious compared to the scale of the challenge. The appointment of Designated Senior Leads (DSL) for mental health in schools, the introduction of schools Mental Health Support Teams (MHST) and reduced waiting times for NHS services for those children and young people who need specialist help are encouraging changes but will impact only a small proportion of children and young people by 2023. This is before proper consideration of workforce and integration into the wider health system are taken into account.

23.   Building capacity should be a priority in all educational settings to support this ambition. This should be based on appropriate and evidenced consideration of skill mix, the attractiveness and sustainability of these new roles, professional interactions between them and the wider system. The success of the initiatives rests on recruiting, training, supervising, and retaining staff to the new roles. Especially given most recent reports of gaps in the mental health workforce[13], this challenge is not to be

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[13] Kings Fund (2018) Funding and staffing of NHS mental health providers: still waiting for parity
https://www.kingsfund.org.uk/publications/funding-staffing-mental-health-providers

underestimated. At the same time, universities will be willing partners in the education and training of these new teams.

24.   While the proposed new mental health teams for schools are welcome, the policy raises an important question why effective integration of services is confined to school age rather than 0–25 years. With more ambitious intent, the paper might have seized the opportunity to better connect services along the full educational and developmental journey. For example, an emerging recommendation of our MHHE Services Task Group is to configure Student Health Teams, framing the local conversations and needs assessments that would be needed to support these cross-sectoral service delivery partnerships.

III.   ASSET-BASED APPROACHES

25.   Unsurprisingly perhaps given the pressure on services, the interventions set out in the Green Paper remain rooted in a deficit model of resources being overwhelmingly directed to improving support for those with diagnosed mental illness.

26.   But this misses two bigger opportunities which might transform the mental health of a generation:

   i.   To support schools, colleges, universities and workplaces to become health promoting settings, purposefully inclusive communities of learning and development. This will require incentivising, validating and refining whole organisation approaches.
   ii.   To embed psychosocial education in curricula, of course with different policy levers in schools, colleges and universities and encourage it in workplace training. Crucially, support for programmes that build social and emotional skills should include resource to evaluate interventions to build the evidence base and to mobilise good practice.

WIDER SUPPORT FOR THE MENTAL HEALTH OF 16–25-YEAR-OLDS

27. Although this Green Paper sets out to transform the mental health provision of children and young people, it is heavily concentrated on schools, children rather than young adults. Support for young adults and 16–25-year-olds is mentioned for the first time on page 33. In total, there are three pages that discuss this age group, which constitutes around 6% of the Green Paper. Additionally, the consultation itself does not include questions specifically related to this group.

NATIONAL STRATEGIC PARTNERSHIP

28. UUK welcomes the commitment to establish a 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.

29. The partnership must be evidence-led and informed by expert practitioners. Most importantly it must fully represent users, the young people themselves including experts by experience. It should leave no young adult behind.

30. Its duration and funding will have an impact on functionality and ability to deliver interventions and actual change. Properly configured and resourced, UUK believes that the partnership has the potential to set out a strategic approach through healthy and health-promoting settings, that will transform the mental health of the next generation.

POSITIONING & LEADERSHIP

31. There is some concern that despite recognition of the difficulties faced by this age group, there is a lack of urgency in the proposals relating to this age group, signalled by the partnership's apparent distance from government departments and lack of clear resource. The partnership must of course be established with the support and engagement of departments and government bodies. UUK suggests however that the work will benefit from a balance of governmental and non-governmental actors and should not be directed by a minister.

32. The chair of the partnership should be impartial and have experience in children and young people's mental health and with a good understanding of health, education sectors. Additionally, this job will require strong leadership, communication, and collaboration skills.

DURATION

33. To be transformational, the partnership must be supported over the longer-term, ensuring the period needed to start to deliver significant impact. It is recommended that the initial pilot of the partnership should be at least five years, with a longer strategic framework underpinning the key principles and vision for young people's mental health.

RESOURCE

34. To function effectively, drive action, experimentation and robust evaluation across the seven suggested domains, the partnership will require resource commitment from the government – and from non-governmental partners. Part of the opportunity of the partnership lies in the 'open innovation' model of policy and delivery which will convene expertise, resource and commitment from key stakeholders, voices and interest groups across the 16–25 year age band to achieve the much needed step change in the mental health of young people.

35. UUK recommends a combination of core funding to maintain the partnership for its agreed duration alongside additional funding to be deployed to promote innovation and evaluation.

MEMBERSHIP AND WIDER ENGAGEMENT

36. For the partnership to succeed the collaborative approach adopted through the process of the Green Paper must be continued and extended. The partnership must have the right expertise and authority across constituent groups to offer credible information, to ensure effective delivery and to support local buy-in.
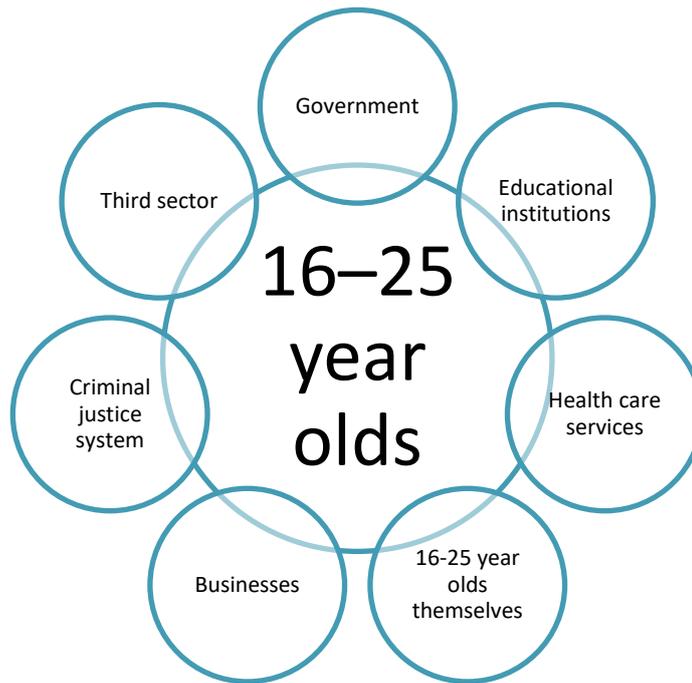
Figure 4

27. The partnership must be a delivery-focused body not just a high-level exchange, a balance must be struck between representation and functionality.

GOVERNMENT

28. Children and young people's mental health is a generational grand challenge that falls under the remit of several governmental departments and bodies including Health, Education, Justice, Business and Work & Pensions and is also subject of strong interest from the Prime Minister's Office.

29. UUK welcomes the central involvement of the Cabinet Office and strongly recommends that a particular strength of the proposed partnership lies in their 'open innovation' model of government.

16–25-YEAR-OLDS

30. Young people must be represented on the partnership, as users and experts by experience. As the national voice of students in higher and further education, the National Union of Students (NUS) should be a key partner. Additionally, there are several third sector groupings that represent and support students and young people with lived mental ill-health experiences for example the Alliance for Student-led Wellbeing.

31. The partnership must also work hard to represent young people who are not in education, but are either in work, unemployed, in the justice system, or other. The proportion of young adults, who are not engaged in education and are not in the workplace, must not be left behind. This group have specific vulnerabilities: adults under 25-years-old account for 30-40% of criminal caseload and they are more likely to reconvict within two years of release from prison.[14] Additionally, young people in custody have higher levels of learning disabilities, autistic spectrum disorders, and others.[15]

EDUCATIONAL SETTINGS

32. Educational settings will be a key partner, including higher education and further education institutions, and sixth form colleges. This reflects not just the fact that the majority of 16–25-year-olds are engaged in education – further education colleges prepare over 3 million students for the workplace[16] while there are 2.3 million students engaged in higher education – but also that educational settings are unique spaces, where students learn, live, and love in one place, offering the opportunity for coherent and integrated preventative and early intervention approaches.

33. UUK recommends that the Association of Colleges and UUK act as representative bodies, maintaining close liaison with the wider education sector. This model has worked well during UUK's current programme of activity.

WORKPLACE AND BUSINESS

34. Business will have an important dual role: as employers – supporting the transformation of workplaces into mentally healthy settings – particularly regarding the challenging transition into the workplace[17] – but also as match funders. Business in the Community have achieved significant progress in this area.

HEALTH AND CLINICAL EXPERTISE

35. Alongside governmental bodies including NHS England and Public Health England, UUK wishes to emphasise the importance of inputs from clinical

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[14] https://www.parliament.uk/business/committees/committees-a-z/commons-select/justice-committee/news-parliament-20151/young-adults-criminal-justice-system-report-launch-16-17/
[15] IBID
[16] https://www.aoc.co.uk/about-colleges
[17] http://www.studentminds.org.uk/graduatewellbeing.html

professionals and health researchers such as represented by the Royal College of Psychiatrists.

THIRD SECTOR

36.   The charitable sector is a fundamental driver of improvement in children and young people's mental health. It is also very diverse. UUK notes that the Children and Young People's Mental Health Coalition brings together many of the third sector voices across this age group and that the Royal Foundation have a new focus on young people's mental health.

KEY AREAS OF FOCUS

37.   UUK welcomes the government's key areas of focus, as set out in the Green Paper and below. We are committed to working with the government on those areas and to transforming young people's mental health.

38.   UUK believes that each key area represents a broad and complex challenge. Each will require distinct aims, engagement and expertise. Where available the work should capitalise on existing activity. For example, the UUK [Task Group](#) established to develop frameworks for *integrated care services* for student populations. In many other areas there is no clear group already working on the subject.

39.   It is recommended that the national strategic partnership sets up task and finish groups, constituted of relevant members, with clear aims, and a shared purpose, to work on each of the key areas of focus.

Leadership & organisational approaches

40.   The main focus of this area should be to incentivise, validate and refine whole organisation approaches. There are schools, colleges, and universities that have not taken the whole organisation approach to mental health yet. To ensure that they do, it is important to identify the reasons behind this and to support them through this process.

41.   Additionally, a common understanding of what a 'whole organisation' approach means in different settings is essential to identifying synergies and differences and to refining it.

Data & evidence

42. UUK recognises data as a key area of focus. Establishing baselines and shared metrics, linking academic and work attainment and wellbeing data to flag risks, signalling the new requirements for consent to share alongside more advanced analytics has the potential to underpin improvements in young people's mental health outcomes.

43. There remain significant gaps in the evidence base on the mental health of 16–25-year-olds. An important role of the partnership will be to stimulate research on key questions, support the formation of networks of research and practice, broker knowledge and good practice, model co-production and shared prioritisation.

Prevention

44. UUK has signalled prevention as a focus area. While working on prevention, it will be important to:
    o enhance individual wellbeing by testing psychosocial education and other interventions
    o encourage supportive, aware and compassionate communities and peer support
    o encourage organisational best practice

Awareness and early intervention

45. More students now than ever tend to disclose having a mental health condition.[18] Yet still students may prefer to disclose to their peers or not at all. UUK welcomes 'awareness and early intervention' as a key focus area. Given the multiple offers, a first focus of the task and finish group might be a review of training opportunities available for staff and students.

46. Similarly working with existing national campaigns such as Time to Change and Heads Together to reduce stigma, encourage disclosure and awareness would be a central effort of this domain.

Wider transitions

47. UUK welcomes transitions as a critically important area for the mental health of young adults. This is about much more than transitions between children's and adult services or across services from primary to specialised to university-supported care. This age group experience multiple transitions – geographical, developmental, social, sexual – any of these might result in vulnerability.

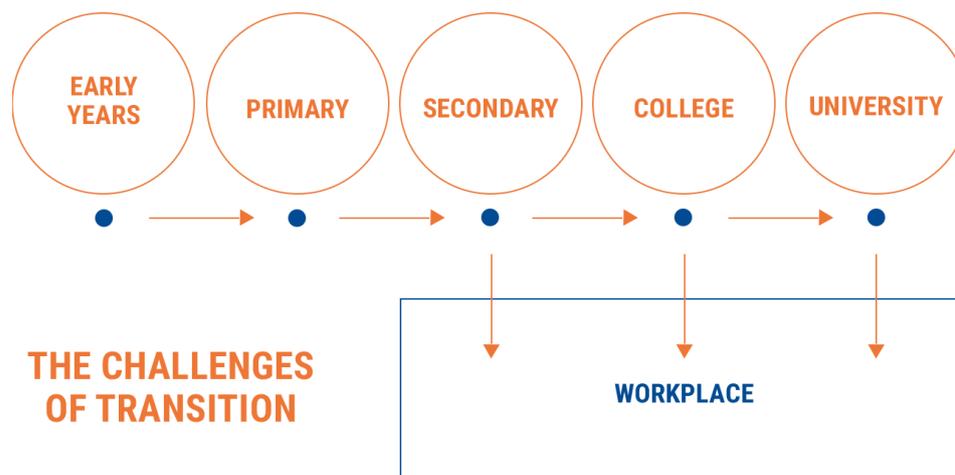[18] IPPR 2017. *Not by degrees: Improving student mental health in the UK's universities*

Figure 5

48. A good example might be the challenges presented with moving to university linked to being away from home, managing finances, new relationships, exposure to drugs and alcohol and the pressure to achieve academic success.

49. Identifying and addressing the wide range of transitions should be at the forefront of discussions for the group looking at this area of focus.

Integrated support services

50. UUK fully supports the government's emphasis on integrated support services. It is essential to reduce the variations in care for young people and to encourage local coalitions between health and care commissioners and providers, tertiary education providers, local authorities and third sector.

51. Whilst the proposed new mental health teams for schools are welcome, the policy raises an important question why effective integration of services is confined to school age rather than 0–25 years. With more ambitious intent, the paper might have seized the opportunity to better connect services along the full educational and developmental journey. For example, an emerging recommendation of our MHHE Services Task Group is to configure student health teams, framing the local conversations and needs assessments that would be needed to support these cross-sectoral service delivery partnerships.

52. As there is already work underway on integrated support services, it is essential that the work following the Green Paper does not put the coherence of this work at risk, and, on the contrary, enhances it and supports scale up.

Effective join-up

53. UUK welcomes the Green Paper's focus on effective join-up of services. We recognise the importance of better linking student welfare, accommodation and security services within institutions.

54. There are several different organisations with the expertise in student welfare. Some of these include: Association of Managers of Student Services in Higher Education (AMOSSHE), Mental Wellbeing in Higher Education (MWBHE), University Mental Health Advisers Network (UMHAN), Heads of University Counselling Services (HUCS) and others.

55. Student accommodation is provided by numerous different stakeholders. It can be provided by the university, private accommodation providers, or individual landlords. Additionally, there is a range of private accommodation providers, some of which include Unite, University Partnerships Programme (UPP), Liberty Living, GSA, and others.

56. Promotion of safety and health in higher education is one of the core missions of the Universities Safety and Health Association (USHA), which represents 136 higher education institutions.