Mental Health Strategy for Scotland: 2011 – 2015

NUS Scotland response

January 2011

n u s submission

scotland

NUS Scotland is a federation of local student organisations in Scotland, comprising over 60 local campus student organisations that are affiliated to the National Union of Students of the United Kingdom (NUS). NUS Scotland is an autonomous, but integral, part of the National Union of Students. The students' associations in membership of NUS Scotland account for 85% of students in higher education and over 95% of students in further education in Scotland, representing over 500,000 students in Scotland.

Students' associations affiliated to NUS retain autonomy over all policy areas, and may choose to make individual students' association submissions based on local policy. NUS Scotland operates a democratic forum for policy and debate on national issues affecting students, and NUS Scotland's role is to reflect the collective position.

Contents

Introduction

NUS Scotland welcomes the opportunity to respond to this consultation and the Scottish Government's commitment to identifying the action that needs to be taken over the next four years to improve Scotland's mental health. We were very happy to see the early publication of this consultation so soon after the May 2011 election, demonstrating the Scottish Government's commitment to mental health.

NUS Scotland welcomed the Scottish Government's recognition of the importance of mental health in educational settings in the "Towards a Mentally Flourishing Scotland" strategy, and the full part we have been able to take in it through the Scottish Government-funded Think Positive project which aims to advance student mental health and tackle the stigma associated with mental ill health.

Mental health is an issue of significant and increasing concern in Scotland. We know that 1 in 4 people in Scotland will experience mental ill health at some point in their lives and we know that the economic, social and human costs of this for Scotland is staggering, estimated at £10.7 billion per year[1]. We also know that students are a community which is at particular risk of experiencing mental ill health and this is an issue which the Scottish Government has shown concern for and addressed in the current mental health strategy.

However, the problem of mental ill health among students is one that is not going away, and in fact is likely to worsen in the current economic climate[2]. We believe that much more can be done to develop how students are supported throughout their studies. While there is not a specific question in this consultation document that addresses the importance of mental health in further and higher education settings, we know it has been a key concern for the Scottish Government in the past and NUS Scotland is keen to see a continuation of this priority in the new strategy.

---

[1] SAMH, 2011, What's it worth now?
[2] RCP, 2011, The mental health of students in higher education

This consultation response comments on the wide range of proposals put forward in the "Mental Health Strategy for Scotland: 2011 – 2015". However our key goals for the future mental health strategy in Scotland are that it identifies:

- the significant mental health needs of students in Scotland;
- the need to improve how colleges and universities develop environments where wellbeing is promoted and supported and where a preventative approach is taken to mental health;
- the significant financial pressure on colleges and universities and their student support services to meet the mental health needs of students by protecting services from funding cuts and extending the investment into student mental health.

In this response, NUS Scotland will also cover a number of issues which have not been fully addressed in this consultation document. The document is heavily focused on the medical aspects of mental health support particularly around NHS services, care and treatment and HEAT targets. NUS Scotland believes the new strategy should be strongly balanced along the whole spectrum of mental health, providing clear messages about the importance of wellbeing and the preventative steps that can be taken to avoid mental health from deteriorating. The strategy needs to also recognise that the NHS is not the only institution responsible for delivering these messages, and that other community based organisations such as colleges and universities are well placed to play an active role in this area too.

The importance of student mental health in Scotland

NUS Scotland firmly believes that further and higher education plays a fundamental role in Scotland's civic and economic development and social mobility. With over 500 000 students represented by NUS Scotland in Scotland, they make up a key community in Scotland who are vital to progress in these areas. Yet we know that mental ill health all too often determines students' ability to achieve their full potential and contribute to these wider benefits.

Student mental health in Scotland is an issue which does not always receive the attention it deserves. However at such an important time of reform in Scotland's education system it is vital to remember that any strategy on education simply cannot succeed without mentally healthy learners.

As the Scottish Government has previously recognised, student mental health is linked to a number of particular issues and as such should continue to be a specific priority in the new mental health strategy:

Academic performance and retention
Stress, anxiety and other mental illnesses have a significant impact on the academic achievement and retention of students in Scotland. For students, the impact these experiences can have on self-esteem, confidence, ambition and future opportunities is clear. For colleges and universities, the effect of low academic achievement and poor retention rates may lead to further challenges for the institution as a whole.

Employability
Student mental health also has a significant impact on the employability of Scottish graduates. It is vital that Scottish graduates are equipped with the skills and knowledge they need to manage their own mental health. Knowing how to protect their own mental health, ask for support when they need it and support those around them are some of the key skills that individuals need to go on to be

successful employees. Colleges and universities are often best placed to encourage these skills through simple changes in the way the institutions supports their students.

A changing social demographic of students

The student population is not the homogenous group it once was, and changes in the student demographic are set to continue. Growing evidence illustrates that these changes have had serious social implications, particularly around the mental health of the student community.

Over the past decade a range of developments including: policies aimed at widening domestic access, the changing global profile of UK universities which has seen a steady increase in the number of international students studying in Scotland, and higher proportions of students on short courses and part-time study have significantly altered the student profile. As such colleges and universities have seen an increase in the numbers of mature students, overseas students, and students from non-typical backgrounds entering higher education.

The Royal College of Psychiatrists (RCP) has highlighted the consequences of this on student mental health in their recent report "The mental health of students in higher education" which has found that the current generation of students is at greater risk of experiencing anxiety and depression than previous ones.[3] With many more students now entering university or college from non-traditional backgrounds where they are the first in their family to attend FE or HE, additional pressure has been placed on these students to cope with their studies alongside other responsibilities and in some cases with less family support than traditional students.

It is clear that education in Scotland occupies a place of high importance and having employable, successful and mentally healthy graduates is key not only to the social development of individuals but to the future economic prosperity of Scotland. It is

---

[3] RCP, 2011, The mental health of students in higher education

for these reasons that the mental health of students must be a priority for the Scottish Government over the next four years, when we know that huge changes are expected in the education sector, it is vital that the mental health of students is supported to ensure a smooth transition for all.

Going beyond the CAMHS agenda

NUS Scotland recognises that while the Child and Adolescent Mental Health Services (CAMHS) agenda does much to support child and adolescent mental health, the new strategy should go beyond this and consider how student mental health could also be addressed through work in this area.

NUS Scotland welcomes the Scottish Government's commitment to responding quickly to the mental health problems experienced by children and young people. We also recognise the subsequent problems experienced by individuals who have untreated mental health problems carried over from their early youth and we recognise the CAMHS agenda as a mechanism of improving access to these specialised services.

However, we know that an estimated one in ten 5 to 15 year olds experiences a mental heath problem[4], many of which remain undiagnosed. The lifetime costs of a single case of untreated childhood conduct disorder are approximately £150 000[5]. The extent of mental ill health among this age group then is significant and has clear knock-on effects for the student community, many of whom may be managing a diagnosed mental health condition from their childhood or experiencing untreated and undiagnosed symptoms.

It is clear then that the new mental health strategy must ensure that investment into the mental health of children and young people goes beyond CAMHS to recognise the significant knock-on effects experienced by colleges and universities and work to ensure these environments are equipped with the resources they need to be fully supportive to those students in need.

---

[4] *Office for National Statistics,* 2004, http://www.ic.nhs.uk/pubs/mentalhealth04
[5] SAMH, 2011, http://www.samh.org.uk/media/174225/what_s_it_worth_now_summary.pdf

In addition, NUS Scotland also recognises that the Scottish Government has set a target that 'by March 2013 no one will wait longer than 26 weeks from referral to treatment for specialist CAMHS services.' However even if this target is achieved this will still leave children and young people waiting too long. This issue is made more complicated for students who have the additional obstacle of often moving between term time and home addresses, which makes receiving treatment from specialist services after long referral periods more difficult.

The new strategy also needs to recognise the need to have improved transition periods from CAMHS to both adult and student mental health services. At the moment there is no automatic referral process, which may create uncertainty for the individuals concerned. Improving how CAMHS have formalised links with other accessible services for students will increase the range of support options available to those studying.

Student stressors and barriers

Student Stressors

The mental health of students is not only important because of the potential of this community as a contributor to Scottish society, but because of the wide number of additional and specific stressors that students experience.

NUS Scotland research, conducted through Think Positive, indicates that mental ill-health is an increasing issue of concern among students and a national survey conducted by NUS Scotland in 2010, for our *Silently Stressed* report, indicated that students experience a considerable level of stress[6]. Over 1,800 students were surveyed with the following results:

Issue	% who found this to be "reasonably" or "very" stressful
Exams and assessments	90.5%
Considering career prospects	75.5%
Managing time and deadlines	83.3%
Self image	54.6%
Paying rent and bills	48.7%
Having enough money to get by	68.2%
Dealing with student loans	38%
Dealing with commercial debt	35.2%
Working a paid job	50%

Our follow-up report, *Breaking the Silence* – again through the Think Positive project, reaffirmed these findings, and revealed some additional insights into student

---

[6] NUS Scotland, 2010, <u>Silently Stressed</u>

concern and worry[7]. We found that the mental health of students today is significantly affected by the need to balance conflicting priorities such parent or carer responsibilities, paid employment, paying rent and bills and managing deadlines[8]. It is important the new mental health strategy considers the increasing evidence that the mental health of students requires careful attention. As mentioned, the RCP has also reflected this in its finding that this generation of students is more likely than previous ones to suffer from anxiety or depression[9].

Student demand for mental health support
This level of need among students is reflected too in the increasing demand for on-campus mental health support. NUS Scotland evidence shows that student service managers, counsellors and mental health advisors report an increase in the number of clients using their services and also an increase of the severity of the problems they are experiencing. The *Silently Stressed* report found that of 24 colleges and universities in Scotland surveyed, 75% stated that the numbers coming forward for support had increased since the last academic year[10].

The RCP report has mirrored these findings, showing that 80% of the respondents to a recent survey of UK higher education institutions undertaken by the Working Group for the Protection of Mental Wellbeing in Higher Education reported that demand for mental health provision had significantly increased over the previous five years[11]. It is clear then that the new mental health strategy should recognise the high demand for student mental health support and the impact this has on the effectiveness of these services and the student experience across Scotland.

International student mental health
An issue of particular concern is that of international student mental health and it is important that the additional challenges these students face need are identified. As

---

[7] NUS Scotland, 2011, Breaking the Silence
[8] NUS Scotland, 2011, Breaking the Silence
[9] RCP, 2011, The mental health of students in higher education
[10] NUS Scotland, 2010, Silently Stressed
[11] RCP, 2011, The mental health of students in higher education

both the RCP and NUS Scotland have outlined, this is a growing issue as institutions are under increasing pressure to improve funding through the recruitment of international students. NUS Scotland research revealed that many counselling services in Scotland's colleges and universities note this is an issue of increasing urgency as they record a steady increase in not only the frequency but severity of international student mental ill health cases[12].

Breaking barriers to support

NUS Scotland recognises that while there is much evidence to illustrate that student mental health services are increasingly being taken up, there is also evidence to suggest that this does not mean that all students are getting the help they need. The new mental health strategy needs to recognise the many barriers and concerns that deter students from taking up support for an issue affecting their mental health and continue to fund the initiatives and projects working to break these down.

Our national survey revealed that many students in Scotland experience a number of barriers which prevent them from coming forward for support:

Support barrier	% of students who believed this prevented them from coming forward for support
Stigma/embarrassment	82.9%
Not knowing where to go for help	60.9%
Not understanding the problem yourself	79.6%
Waiting lists	33.4%

---

[12] NUS Scotland, 2011, Breaking the Silence

As the statistics show an overwhelming 80% of those surveyed believed that stigma or embarrassment was a significant barrier in asking for support. This clearly illustrates the need for the new mental health strategy to build on the work of anti-stigma campaigns such as *See Me* and ensuring these campaigns reach the student community through student based and led initiatives. In particular it is important that these projects are led by individuals with personal experience of mental ill health.

Other significant barriers for students which prevent them from seeking help include not understanding the problem themselves. NUS Scotland research has found that there is a seemingly low level of mental health literacy among students which prevents individuals from reading the signs and symptoms of their own mental health and taking appropriate action to manage these or seek help. It is clear then that the new strategy on mental health should recognise the need to improve education and training from the early years right through to further and higher education.

Other aspects that deter students from using the support services available to them include not having a clear idea of where help can be found. Again this is a clear area where the new mental health strategy can have a real impact in improving how students are educated about the kinds of services available, including the range of services both external and internal to colleges and universities, who can access them and what using the service would entail.

Gaps in knowledge

While this evidence gives us a clear idea of the level of need among students and the support barriers they experience, there is a lack of extensive knowledge on the issue of student mental health in Scotland. Particular areas where information is lacking are regarding:

- the prevalence of mental disorder among students, as there is a lack of any systematic longitudinal data

- the lived experience of mental ill health and its associated stigma by students
- the academic and social outcomes of those who experience mental ill health while at college or university

The strategy should recognise these gaps in our knowledge and fund research and other work into these areas.

'Wellbeing' in colleges and universities

Recommendations from NUS Scotland research have stressed the need for colleges and universities to have a strong wellbeing focus which promotes the idea of wellness and prevention of mental ill health. The new strategy should make clear that it is not just the NHS that is responsible for making strong preventative wellbeing messages clear. Rather, the education sector, and in particular colleges and universities are well placed to promote wellness and to intervene early in cases, preventing more drastic interventions from being necessary.

Strong preventative and wellbeing messages on campus should engage with the whole spectrum of mental health and encourage students to engage in self-care on an ongoing basis. Similarly, this kind of focus should enable students to come forward for support in ways that are easy and accessible. Colleges and universities should be encouraged then to offer their students a range of support options such as self-help literature, group workshops, peer mentoring, drop in counselling sessions and of course one to one counselling. Promotion of well-being should also be done through more creative means focusing on 'wellness' such as healthy eating, art and green spaces on campus.

In addition, NUS Scotland has seen the positive effects of formalising the links between sports and exercise and mental health at colleges and universities across Scotland through our *Healthy Body Healthy Mind Awards* programme. As such we believe the new mental health strategy should encourage sport and exercise to be extensively promoted as an effective and inclusive way of delivering mental health support. In particular, this should be stressed in educational settings in order to target young people and other students.

Tackling stigma and addressing discrimination

It is important that the new mental health strategy builds on work currently going on to enhance how stigmatising attitudes and discriminatory behaviour is being tackled in Scotland.

Students and stigma

Our research illustrates that despite the extensive work being done in this area by organisations like 'see me' Scotland, students still recognise that the stigma associated with mental ill health can still have a damaging effect on their lives. Throughout our research, students described their experiences of the stigma associated with mental ill health. Particularly they described the distress around disclosing a mental health issue to friends, family or support services, being seen to use mental health support services on campus or feeling affected by low self-esteem and confidence were common experiences among students.

As such, students see much scope to develop and improve how these issues are tackled on their campuses and would like to see the new mental health strategy support organisations working towards this goal. NUS Scotland has identified a number of ways in which colleges and universities may assume a more proactive role in tackling stigma and discrimination. At the heart of these recommendations (see Annex) is developing capacity within colleges and universities by, for example, improving mental health training for academic and non-academic staff, developing current academic mentor schemes to include wellbeing aspects or developing peer-led mentoring schemes. The new strategy should continue to support and build on the current projects making progress in these areas.

In terms of national campaigning, the new mental health strategy needs to build on the work of anti-stigma campaigns like 'see me' *Scotland*. It is important for 'see me' to have increased reach in Scotland's colleges and universities. NUS Scotland research illustrates that student awareness of the campaign is inconsistent, and

while some institutions have signed up to the 'see me' pledge, there is much scope for developing further in this area. Colleges, universities and students' associations need to be encouraged to take on the 'see me' pledge and to make mental health an important factor in any organisational change. We are more than happy to continue to work with See Me to develop this area.

Bullying and discrimination

It is clear also that there is a risk of bullying when stigmatised attitudes develop into discriminatory behaviour. Bullying or fear of bullying then are important elements of the experience of mental ill health for young people and students and the new mental health strategy must go beyond just tackling stigma to develop an approach to dealing with discriminatory behaviour. It is clear that colleges and universities are well placed to put such an approach into practice and this should also be recognised by the Scottish Government.

Finally, the strategy must also recognise the unique experience of stigma and discrimination by individuals and groups. It is clear that there are multiple layers of stigma, and that stigma sits differently with different groups along lines of gender, disability, sexuality, race and ethnicity and age. For students, there are additional factors which shape the experience of stigma and discrimination for mature students, distance learners, part time learners and international students, to give a few examples. Our research indicates that institutions must work towards recognising the multiple layers of stigma that exist around student mental health and improve how these issues are tackled on campus to create safe, supportive environments for students.

Linking to external agencies

The new mental health strategy should recognise that there must be more robust joint working between mental health services, particularly between those in colleges and universities and those based in the wider community. During the lifetime of the strategy, budgets will be under great pressure and getting maximum value from every penny will be key. As such, the strategy must incentivise joint work between the NHS, local authorities, the voluntary sector and further and higher education institutions.

NUS Scotland research found that few colleges and universities are sufficiently embedded into their local network of public and voluntary mental health services. The new mental health strategy should recognise that joined-up working between mental health services must actively include those based in colleges and universities, allowing for resources to be shared and more efficient services to be developed, ensuring students receive the support they need at the time they need it. In addition, the establishment of overspill agreements among colleges and universities in the same area may help manage student demand for mental health support, particularly in times of financial constraint.

There are also specific issues around GP services that affect students which the strategy should recognise. Firstly, NUS Scotland evidence illustrates that some students have had negative experiences when approaching their GP for an issue affecting their mental health. While around a third of GP appointments are about mental health problems[13] research suggests that GPs do not feel confident in providing information on mental health. The strategy should offer GPs regular continuing professional development opportunities in positive mental health and common mental health problems, particularly relating to children, young people and students.

---

[13] Scottish Executive, 2003, Health in Scotland: Report of the Chief Medical Officer

In addition, NHS providers must recognise and respond to the particular mental health needs of the student population and the difficulty many are experiencing gaining equal access to services. Specific problems can arise for students given that many split their time between their term and home addresses throughout the year. This point and the following recommendations from the RCP report needs to be taken into account in the new mental health strategy:

- if academic disruption is to be avoided students should be seen as quickly as possible for an initial assessment;
- if the student is then referred onto a service with a waiting list, this should be coordinated to ensure the individuals will be able to attend given term dates;
- treatment must start at a time that allows it to flow undisrupted by examination periods, holidays or other times when the individual may be unable to attend. [14]

In addition, it would be useful for further and higher education institutions and NHS services who provide care to students to establish more formalised channels of communication and working relationships. This could take the form of structured referral pathways or regional networks. There could also be increased collaboration between education institutions and the NHS with regard to institutional, local and national student mental health policies and strategies.

---

[14] RCP, 2011, The mental health of students in higher education

Suicide prevention and awareness

Suicide prevention and awareness must be a key priority in the new mental health strategy and must develop how suicide prevention work is pursued outwith the NHS, in the voluntary sector and particularly in colleges and universities.

In Scotland, 781 people died by suicide in 2010[15]. The Scottish Government has successfully reduced suicide rates since introducing its *Choose Life* strategy, however this strategy is due to finish in 2013. The new mental health strategy should continue suicide prevention work beyond 2013, and in particular should provide suicide intervention training outwith the NHS, as most people who complete suicide are not known to the mental health system.

NUS Scotland recommends that student suicide be recognised in the new strategy as a key priority. Student suicide is an important issue and was recognised in 2002 by Universities UK in response to the increasing demand on student services by students with mental health problems, and in recognition of the duty of care of higher education. In a report published by the Social Exclusion Unit in 2005, *Transitions: young adults with troubled lives*, it was noted that 20% of 16 to 24 year olds had a mental health problem, mostly anxiety and depression, and that suicide is the cause of a quarter of all deaths among this age group. Their statistics show that suicide attempts among this age group had increased by 170% between 1985 and 2005.

Scottish suicides are one fifth of all young adult suicides in the UK, which means that the suicide rate among this group is five times higher than in England and Wales[16]. While NUS Scotland recognises that not all students are young people, 58% of the

---

[15] 2010, General Register Office for Scotland, <u>suicide</u>
[16] ONS, 2010, <u>Mortality Division</u>

student population in the 2009/10 academic year fell into this age group making it a significant issue for the student population[17].

The serious concerns around student suicide in Scotland have been echoed throughout NUS Scotland research by college and university counselling and support staff. The research outlined that suicide prevention and crisis interventions were a core part of the work of these services, and a key concern in the face of potential cuts to these services was that students in need of this kind of crisis support would not receive it in time. These staff members also stressed the need to roll out suicide prevention and awareness training like ASIST or SAFEtalk across colleges and universities to ensure that enough academic and non-academic staff members have the skills and knowledge to approach students who they believe could be in distress[18].

---

[17] HESA, 2010, <u>Age</u>
[18] NUS Scotland, 2011, <u>Breaking the Silence</u>

Enhancing and protecting student mental health support

Evidence shows that despite many students being deterred from using their on-campus mental health support services, the demand for these services still means that many are struggling to cope. Our *Silently Stressed* report revealed that less than half of colleges surveyed offered specific mental health provision to their students and many stated they did not feel they were able to give adequate support to their students in this area. In higher education, 40% of surveyed institutions felt they were unable to provide sufficient support through their services.[19] It is clear then that student support services in colleges and universities face serious financial pressure and that coping with increasing demand for their services while promoting a well-being agenda is challenging.

It is vital that the new mental health strategy recognises these issues. NUS Scotland research has indicated that student mental health is an area which has required and continues to require further investment and development. Increased investment into preventative and informal means of mental health support on campus may be an appropriate way to invest money in this area.

In addition, the new strategy must recognise the very real pressure on these services in the face of potential cuts and a requirement to find efficiencies. In light of the huge pressure facing colleges and universities to bridge funding gaps and adhere to budget constraints, it is possible that cutting student support services may be seen as easy way of saving money. However it is imperative that mental health support is protected during this time and is regarded as an essential part to the student experience and not as a luxury or additional service.

---

[19] NUS Scotland, 2010, <u>Silently Stressed</u>

In light of the current economic situation and the significant changes proposed for post-16 education in Scotland, student mental health support is likely to become increasingly important as students adapt to these changes. NUS Scotland research has shown that both students and staff at colleges and universities are concerned about the uncertainty around these future changes. In addition the current economic climate creates additional pressures for students particularly around a diminished job market in Scotland. At this time, supporting student mental is crucial, and the services in place to do so need to be protected.[20]

---

[20] NUS Scotland, 2011, Breaking the Silence

Conclusion

NUS Scotland welcomes the Scottish Government's commitment to advancing mental health in Scotland, shown by the early publication of this consultation. We also recognise that the Scottish Government have shown real concern and commitment to improving student mental health in the past and continue to do so. We are keen to see the new strategy build on this commitment, giving a strong steer to the college and university sector, as well as the voluntary and public sector more widely, that student mental health requires carefully attention.

In this consultation response, NUS Scotland has outlined its specific recommendations on the issue of student mental health which are outlined below:

Going beyond the CAMHS agenda

There is a need to recognise in the new strategy that more needs to be done to extend work beyond the current CAMHS agenda. The significant knock-on effects of untreated mental ill health during child and adolescence and the impacts of this in further and higher education should be considered.

Student stressors and barriers

The increasing urgency around the level of mental health needs among students need to be identified. A range of evidence suggests that today's generation of students are a group with specific mental health needs and that worryingly, students experience a number of barriers and concerns when thinking of coming forward for support.

'Wellbeing' in colleges and universities

Student mental health should be promoted through a strong focus on well-being, embracing the full spectrum of mental health and sending a strong message in preventative measures on campus.

Tackling stigma and addressing discrimination

The new strategy must continue to work to tackle stigma and discrimination around mental ill health in Scotland, building on the work of projects like 'see me' Scotland. The strategy should also consider how to best tackle the multiple layers of stigma and how stigma sits with different groups of people along lines of gender, race, disability, sexuality and age.

Engaging with 'difficult to reach' students

Similarly, the new strategy must work to actively work to end the exclusion and isolation of groups of people from mental health agendas and ensure that access to mental health services is equal for all.

Linking to external services

Improved joined-up working is needed to ensure students receive the mental health support they need in a time of financial austerity. The new strategy must encourage public health services to develop formalised links and referral pathways between student services and those based in the community. The Scottish Government should continue encourage and support organisations in the voluntary sector that are making progress in this area.

Suicide prevention and awareness

Student suicide in Scotland must be addressed and it must be recognised that colleges and universities are well placed institutions to engage in suicide awareness and prevention. It is also vital that appropriate training is rolled out in these institutions ensure students receive the crisis support they need.

Protecting and extending student mental health support

Student mental health is an area which continues to require further investment and development. This is particularly pertinent in light of rising demand for and potential cuts to support services in colleges and universities. It is important that these services are protected during this time and regarded as essential part to the student experience.

For further information please contact Katie Rafferty at NUS Scotland at
katie.rafferty@nus-scotland.org.uk or on 07595 057 391

Annex

Recommendations and conclusions from 'Breaking the Silence' report[21]

The following recommendations highlight important findings from the research and suggest ways to bring about real improvements in mental health support in Scotland's colleges and universities.

1. Mental health strategies

1.1. Where institutions do not have a mental health strategy in place already, it is vitally important to develop one. This is key to setting out the fundamental focus and intentions of the institution when it comes to supporting student mental health. Furthermore, it indicates to staff and students that a supportive and strategic policy towards student mental health is endorsed by the institution as a whole and therefore should be pursued at all levels and by all individuals.

1.2. Similarly, where institutions already have such a strategy in place, more should be done to make both students and staff aware of the content of the strategy and the role they play in putting it into practice.

2. Staff roles in improving mental wellbeing

2.1. Given their key position as a visible contact with whom students have regular relationships with, academic and non-academic staff should be encouraged to help facilitate a supportive environment for students. Improved training and resources for staff about the signs and symptoms of mental health issues and clear guidance on where to signpost students to is an essential step forward. However, it is vital that academic staff fully buy-in to this aspect of their role and put it into practice. For this to happen they must firstly receive adequate training and, secondly, high level management must have strong involvement in ensuring staff know what is expected of them in this capacity.

2.2. Existing structures in most institutions should be used to facilitate a supportive environment for mental health. Academic tutor or personal development schemes are a simple way to ensure semi-

---

[21] Full report available:
http://www.nus.org.uk/Documents/NUS%20Scotland/Breaking%20The%20Silence.pdf

regular contact with students and allow them the opportunity to raise any personal issues or stresses. Making these tutor meetings mandatory and ensuring that questions are raised about stress or how a student is coping will go some way to creating a supportive environment.

3. Engaging with difficult to reach students

3.1. Institutions should improve how the mental health support they offer is inclusive towards all types of student groups, with particular attention being paid to those non-traditional groups such as international students, postgraduates, mature students, part-time students, distance learners, carers, disabled students and those defining as LGBT.

4. Student links to external agencies

4.1. Institutions should engage in partnership working with community-based mental health organisations and embed themselves into community networks. This will enable institutions to utilise the full voluntary and public sector to the advantage of their students, while potentially sharing resources in a time of financial constraint. When a student is referred to an external agency, it is also helpful to ensure the institution receives ongoing feedback from the student to keep the institution up-to-date with their progress.

4.2. The establishment of overspill agreements among FE and HE institutions in the same area may help manage student demand for mental health support, particularly in times of financial constraint. Pooling counselling services resources between institutions may improve the efficiency of mental health support in an area and allow institutions to better manage the demand for student mental health on their campus.

5. Providing a range of support options: formal, informal and preventative

Institutions should strive to offer a range of support options to meet the varying mental health needs of their student body. Providing the opportunity to engage with self-help strategies, online therapy, one-to-one sessions, group sessions, peer support, and seminars and workshops as well as more informal and preventative activities such as sport and exercise increases the appeal of mental health support to a broader spectrum of the student body. Providing strong links to external services will help provide other kinds of support that the institution is unable to provide on its own. Having this variety of supports may encourage students thinking about coming forward for support to do so in informal and accessible ways.

6. Developing and improving mental health support promotional methods

6.1. Institutions should adopt more interactive and personal approaches to promoting counselling services. This will provide efficient and direct promotion of the services, making information about the services easier to absorb. Institutions should move towards these interactive approaches as the core of their promotion work and see the use of posters and leaflets as a supplementary method. While these are important for conveying a consistent message, information from them may only be absorbed after a more direct promotion has been pursued.

6.2. Student discussions regarding mental health language also suggest that there may be advantages to rebranding counselling services to avoid the negative connotations associated with the "counselling" term. Rebranding may also help promote the more informal and preventative means of improving mental health.

7. Tracking counselling services outcomes

The outcomes of counselling services should be tracked in order to clearly illustrate both the workload of the services and the numerous positive benefits of the services for students. Although it is difficult to do so with complete certainty, institutions should as much as possible attempt to draw links between counselling outcomes and academic, retention and social outcomes for students. Highlighting these outcomes brings student mental health into sharper focus, allows lessons and patterns to be recognised and creates an evidence base as to the fundamental value of counselling services.

8. Tackling the multiple layers of stigma

Institutions must work towards recognising the multiple layers of stigma that exist around student mental health, including mental health language and how stigma sits with different groups of students such as international or LGBT. Institutions should introduce ways of increasing awareness, understanding and personal empathy with mental ill health as a way to break down this stigma.

9. Protection of services during funding cuts

It is imperative that in the face of pressures to cut budgets and bridge funding gaps, institutions do not reduce counselling services in order to save money. In light of the current economic climate, counselling services are likely to become increasingly important as students adapt to potential changes such as increased class sizes, increased use of e-learning, potential changes to loans and grants, and the increased take up of paid employment to make ends meet.

10. Extending funding and investment into mental wellbeing

As the Silently Stressed report indicated, this is an area which has required and continues to require further investment and development. Increased investment into preventative and informal means of mental health support on campus may be a particularly shrewd way to invest money into this area.

In order to strike a balance between those students who have concerns regarding the confidentiality of a mental health service on their campus and those who prefer the convenience of such a service, institutions should consider pooling resources in such a way as to create their own community based/external mental health support. An arms-length mental health support centre with an ability to do reach out work or drop in sessions at different institutions could be an innovative way to efficiently share resources while meeting student needs more thoroughly.