***“Lost in transition?: provision of mental health support for 16 – 21 year olds moving to further and higher education”***

Monday 14 December 2015

**Chair’s opening**

Paul Blomfield MP, Chair of the APPG on Students, welcomed guests to the event on what was becoming an increasingly pressing issue for students. He drew attention to new findings from a survey conducted by NUS that showed nearly eight out of ten students said they had experienced mental health difficulties in the last year. He welcomed the panellists for the expertise and experience they would be able to share.

**Maddy Kirkman,** **Disabled Students Officer, National Union of Students**

* Very encouraging to see parliamentarians and the sector to come together to discuss the issue of student mental health.
* This issue is a priority for many students’ unions across the country, and this is why NUS had conducted some new research to survey students about their mental health concerns.
* The survey of over 1,000 students showed: 78 per cent experienced mental difficulties; 33 per cent had suicidal thoughts; and, 33 per cent wouldn’t know where to access support.
* Students face particular challenges.
* Period of transition to a new institution is a key period when many aspects of a student’s life change. When they move from child and adolescent mental health services (CAMHS) to adult mental health services (AHMS), and when they move to a new area.
* Campus environment itself presents mental health risks for students: NUS research in 2013 found that the biggest triggers of severe mental health problems were academic pressures.
* Especially concerning that things do not look like they will get better:
	+ In further education, moves towards ‘fewer, larger colleges’ would mean reductions in the number of support services available on campuses;
	+ In higher education, cuts to DSA would have a very big impact on funding.

**Rosie Tressler, Chief Executive, Student Minds**

* Ms Kirkman’s concerns are exactly why student mental health needs to be on the agenda
* Student Minds has been conducting on-going research into student mental health
* Students can lose a valuable network when they move to university – moving to an unfamiliar location, away from friends and family – but also experiencing delays in new support
* Academic environment can cause problems too, including through the culture of assessment, the pressures to achieve employability, regular lack of sleep and poor diet.
* The transition period can be a logistical nightmare.
* For example, students need to access their GP – NUS’s survey found 67 per cent of students who sought support sought it from their GP. However, students can often not get registered for their GP or can even get turned away from the GP in their university home and told that they need to get help from a GP at their family home.
* There are some very good examples of where institutions and agencies work very closely together. However, this is far from universal.
* The greatest concern is the unknown scale of the problem. Big problem of students not disclosing and big need to ensure that students feel comfortable about seeking support.

**Dr Ruth Caleb, Chair, Mental Wellbeing in Higher Education Group**

* Transitions are difficult for everybody. For students, they can be particularly so.
* Language used in institutions like ‘assessments’ can be intimidating, and abrupt delivery of things like the first ‘constructive feedback’ session can damage students’ confidence in an academic environment they are not familiar with.
* Can feel loneliness when they start somewhere new, and they can feel a very damaging pressure of expectation to succeed.
* External pressures too – maybe caring responsibilities; moving away from old support networks; or, some parents get divorced when their child moves away from home.
* Students have to adapt and this can risk their mental health.
* Everyone needs support to be on their own, including on how to learn independently, how to live independently, and how to make friends. Institutions can help teach these skills.
* To do so, she emphasised that institutions need improved disclosure, otherwise it can be extremely difficult to get support to those who need it.
* Institutions can use various initiatives: use of ambassadors in schools and visits to schools that build relationships before students even start their new course; peer mentors; counselling services and less formal counselling events that signpost people to where support is available.
* Services are overloaded. Counselling services are now seeing more and more students, and their capacity is reducing. Concerns about merging services that are expected to offer more tasks to more people.

**James Morris MP, Chair, APPG on Mental Health**

* Giving this issue emphasis in parliament has shown that it can act as a lightning conductor, drawing in other audiences, combatting stigma, and encouraging a more open approach.
* Especially interesting in NUS survey was the prevalence of mental health problems that it identified. Maybe people being more comfortable about disclosing.
* Need for parity of esteem between mental and physical health problems. Continuity of care is key. Agencies and institutions are now looking at ‘all age care’, taking a holistic approach and not using artificial cut off points based on age ranges.
* Social media can have a big impact and peer support can be extremely helpful. But more work is still to be done on removing the stigma associated with mental health, especially regarding issues around LGBT and BME communities.
* Overall mental health debate has changed a lot over the last few years and now we have an opportunity to make significant changes.
* 78 per cent of students saying they have experienced mental health difficulties is both positive and negative. Negative, because of the scale of the problem; but, positive because of the suggestion that disclosure is improving.

*Comments from the audience covered a range of issues raised during the presentations, including:*

* Peer support shouldn’t been seen by institutions as a replacement for clinical provision;
* What survey could reveal about mental health of those identifying as LGBT and BME;
* How far financial difficulties have an impact, and about the availability of debt advice;
* Examples of collaboration and best practice; and,
* The impact that the academic cycle can have in creating peaks of stressful times, including instances, for example, of students facing six deadlines in last week of term