

## CROSS PARTY GROUP (CPG) ON SCOTLAND'S COLLEGES AND UNIVERSITIES

### Mental health and the wider pressures on students

13.00 – 14:00 on Wednesday 7 March 2018, Committee Room 3, Scottish Parliament

#### Note of Meeting

#### Present:

Ms Liz Smith MSP (Convener)	Scottish Parliament
Ms Annie Wells MSP	Scottish Parliament
Mr Oliver Mundell MSP	Scottish Parliament
Mr Andy Witty	Colleges Scotland
Ms Jenni Moreland	Edinburgh College
Mr Finlay MacCorquodale	Edinburgh Napier University
Ms Sandra Cairncross	Edinburgh Napier University
Ms Roisin-Alana Di Giacomo	Glasgow Caledonian University
Mr David Marshall	Glasgow Clyde College
Mr David Livey	NUS Scotland
Ms Jodie Waite	NUS Scotland
Ms Katie Gowing	NUS Scotland
Ms Risga Carson	NUS Scotland
Mr James Harrison	Quality Assurance Agency
Dr Iliyan Stefanov	Queen Margaret University
Ms Jane Scott	Queen Margaret University
Mr Martin Fairbairn	Scottish Funding Council
Ms Julia Downing	Scottish Parliament
Mr Boab Thomson	Universities Scotland
Mr Duncan McKay	Universities Scotland
Ms Susannah Lane	Universities Scotland
Mr Graham Nicholson	University of Dundee
Mr Gavin Donoghue	University of Edinburgh
Ms Moira Gibson	University of Edinburgh
Professor Grant Jarvie	University of Edinburgh
Dr Philip Quinn	University of Glasgow
Mr Sean McGivern	University of Glasgow
Ms Elizabeth Passey	University of Glasgow
Ms Christine Tudhope	University of St. Andrews
Mr Matthew McIver	University of the Highlands and Islands

## Apologies:

Mr Iain Gray MSP	Scottish Parliament
Ms Jenny Gilruth MSP	Scottish Parliament
Mr Paul Little	City of Glasgow College
Mr Martyn Spence	Heriot-Watt University
Ms Ann Gow	UCU Scotland
Ms Rowena Pelik	Quality Assurance Agency
Mr David Anderson	University of Glasgow

### 1. Welcome and introduction from the Convener

The Convener welcomed everyone to the seventh meeting of the CPG on Colleges and Universities in session 5 of the Scottish Parliament, on the topic of mental health and the wider pressures on students. The Convener welcomed the speakers: Mr Philip Quinn, Director of Counselling and Psychological Services at the University of Glasgow; Mr David Marshall, Assistant Principal of Student Experience at Glasgow Clyde College; and Ms Jodie Waite, Vice President (Education), NUS Scotland.

The Convener informed members that due to a very busy education day in Parliament, she and colleagues would have to leave the meeting early to be in the Chamber for the start of the afternoon session. Mr Alastair Sim, Director of Universities Scotland, would act as chair for the final part of the meeting.

The Convener thanked Universities Scotland for sponsoring the lunch for the meeting.

### 2. Apologies

Apologies were noted.

### 3. Approval of minutes from previous meeting

Members approved the minutes from the previous meeting on 13 December 2017.

### 4. Introduction to topic: *Mental health and the wider pressures on students*

The Convener invited the speakers to make their presentations.

#### **Mr David Marshall, Assistant Principal of Student Experience at Glasgow Clyde College**

Mr Marshall began his presentation by noting that the 'student experience' in his job title was a very broad term. The department at Glasgow Clyde College is responsible for a range of services, including careers guidance, learning inclusion, and counselling services among others. These services are supplemented by the college's mental health project, which is ran in partnership with the Scottish Association for Mental Health (SAMH). Mr Marshall informed members that the project was

funded by Glasgow Clyde Education Foundation as a two-year initiative to look at providing a whole-college approach to mental health.

The group was told that there was a 577% increase in students registering for Extended Learning Support (ELS) over the last three years, and an increase in the number disclosing a mental health issues. These ranged from low-level anxiety and stress to more complex problems such as depression or self-harming. Mr Marshall added that a focus of the mental health project at Glasgow Clyde College is to increase the staff capacity to deal with these wide-ranging issues.

Mr Marshall stressed that Glasgow Clyde College is a further education provider, not a medical clinic. As such, the project is designed to reinforce the college's educational position but also to create an environment for students which allows them to disclose any issues. Recently, the college conducted a mental health benchmark survey of over 700 students and found that 45 per cent were either concerned or very concerned about their mental health. Two-thirds of students also said that they would like more information on where they can go to for assistance. But, Mr Marshall commented that as a college, they have to be clear that they do not have the resources and expertise to provide mental health interventions. The survey also showed that 45 per cent of students said that if the college could increase its capacity to provide these interventions, then this would benefit them in terms of retention at the college and also their longer-term attainment.

In finishing, Mr Marshall emphasised the importance of creating a safe, open environment where students feel they can discuss any problems that they have and where they can feel confident that they are not going to be dismissed. He added that sign-posting was particularly important in this regard, allowing staff to direct students to the appropriate service, whether that be the ELS department in Glasgow Clyde College, or for more serious cases, the NHS.

### **Mr Philip Quinn, Director of Counselling and Psychological Services at the University of Glasgow**

Mr Quinn began his presentation by stating that he wanted to give members an overview of what each university counselling service was experiencing in 2018. He said that he was fortunate that the university allowed him to do a root-and-branch review of the service over the last three years, allowing him to modernise the service and recruit additional staff to meet the increased demand.

The provisions offered by the university include: person-centred CBT therapy and other mediums of counselling; psychological interventions, with help from a psychology team; referrals to a psychiatrist for diagnosis and review of medication; and Priority Response (PR), a team dedicated to responding to mental health crises. Cases which are referred to PR are typically severe in nature, where students are presenting with issues such as self-harm and suicide ideation. Mr Quinn added that unfortunately, this type of student normally falls through the cracks at the NHS because they are either between treatments, on a waiting list or haven't begun treatment yet.

Members were then informed that over the last ten years, there has been a 159 per cent increase in the number of self-referrals to Mr Quinn's service. Overall, including referrals from GPs and A&E, his service has seen a 25 per cent increase in cases over the last three years. In 2017, the service supported 2330 students, all with varying mental health needs. Cases ranged from standard exam stress, right up to more severe issues such as psychosis and schizophrenia. Mr Quinn said that his service puts the most resource into crisis cases, where the student is presenting with the most

serious condition. As a result, the service is well-equipped to respond to crisis cases. Continuing, he said that most university counselling services are well-equipped to manage minor cases, as these might only need one or two sessions or sign-posting to be resolved. He added that it's often the group in the middle which is left behind. This is why the university's mental health review has tried to address this and improve the service, so that "September's problems don't turn into December's crises."

In addressing what more could be done to support students with mental health issues, Mr Quinn highlighted the link-up between universities and the NHS. He said that the transition to university is an especially critical time for a student with a mental health condition, given that most manifestations appear between the ages of 14 and 24. In many cases, a young person is diagnosed with a condition but are on a waiting list. When they turn 18, they are supposed to transfer to an adult waiting list. However, quite often, they are not transferred between lists because they have moved into university accommodation and haven't registered with a new GP. Mr Quinn emphasised the importance in addressing this disconnect and ensuring no-one was overlooked. He concluded by proposing that universities should partner with their local NHS trusts to make sharing referrals and cases much easier. This would guarantee that students were able to receive the appropriate support and treatment they need, in a timely manner, and achieve a more integrated service.

#### **Ms Jodie Waite, Vice President (Education) at NUS Scotland**

Ms Waite informed the group that the membership of NUS Scotland has identified mental health as a priority issue and as a result, the organisation have been campaigning on this over the last few years. In 2016, NUS Scotland gathered information on the demand for mental health services in colleges and universities and what provisions were on offer. She explained that there had been an upward trend in demand for services, with a similar increase in the number of counselling staff. However, the results also revealed that the levels of support on offer were inconsistent and varied from one institution to another.

Continuing, Ms Waite said that students face many challenges at college and university. Often, students can be living away from home for the first time and this can result in isolation issues and financial worries. Also, many face academic pressures as well as relationship difficulties. Research conducted by NUS Scotland's Think Positive campaign identified examinations and assessments as the inducing the most stress, followed closely by managing deadlines and worries about future career prospects.

The Think Positive campaign has run two government-funded projects so far: the Student Mental Health Agreement (SMHA) initiative and the Healthy Body Healthy Mind project.

Members were told that Student Mental Health Agreements are a framework for colleges and universities to bring strong support for students and staff around mental health. Seven institutions took part in the project initially, with 19 registered to take part in this academic year. The Healthy Body Healthy Mind project focuses on the link between sport and physical activities and mental health. 27 institutions are participating this academic year, compared to 14 in the last.

Concluding, Ms Waite said that in order to meet the increased demand for services and ensure consistency across the sector, more work needed to be done. Her organisation is calling for a universal standard of counselling provision, with the lack of on-campus support being highlighted by NUS Scotland members as one of their main issues. Also, Ms Waite said better integration between institutions, the NHS and individual GPs was needed. This would enable portability of mental health services and ensure that no student would find themselves on a waiting list with no support just because they've moved from one area from another. Finally, she said that NUS Scotland are calling for on-campus training for staff and students, believing this would greatly improve understanding and awareness of mental health in colleges and universities.

## **5. Discussion and questions**

The Convener thanked the speakers for their presentations and handed over to Alastair Sim, Director of Universities Scotland, to chair the last part of the meeting. Mr Sim opened the floor for discussion

### **Alastair Sim, Universities Scotland**

Mr Sim asked why there has been a sharp increase in people needing access to mental health support services and what was driving this.

Mr Quinn replied that as mentioned previously, there are certain pitfalls in the transition between adolescence and adulthood, in relation to mental health. He stated he believes there are also issues around social media, where if someone chooses to, they can live in a 24-hour social media bubble and can be closed off from society.

Mr Marshall added that there is heightened awareness around the impact mental health can have on individuals and also the support they are entitled to. This means more people feel comfortable in disclosing any issues they may have.

Ms Waite agreed, asking if it was the case that mental health issues were increasing, or if students feel more able to ask for help than they did previously. She added that in some ways, this was positive as people speaking about their mental health is to be encouraged. However, she stressed that institutions must have resources to be able to keep up with the increased demand for services.

### **Dr Iliyan Stefanov, Queen Margaret University**

Dr Stefanov said that there had been similar increase at his own institution, with demand for counselling services increasing by over 82 per cent in the last seven years. In order to tackle this, he believed being proactive was key. He informed members that Queen Margaret University developed a programme called 'Stay on Course', which was an initiative to identify individuals who were not attending classes. Instead of waiting until an individual failed an exam, the team at the university would contact students within a week to see if there is an issue and if support was needed. He then asked the speakers what kind of proactive initiatives were being run in their institutions.

Mr Quinn replied that the University of Glasgow tried to address issues before they became critical. He introduced a peer support initiative, across all schools and colleges in the university, to allow

students talk to their peers and to identified staff to catch issues earlier. Also, as part of his mental health review, Mr Quinn established mental health first aid training for staff. He added that part of the solution to tackle mental health is being able to address issues quicker.

Mr Marshall replied that there is not one specific approach to tackle mental health. His institution is committed to creating a safe space where people feel able to disclose any issue. To support this, different levels of training are available for staff, such as assist training, mental health first aid and generic mental health awareness training.

**Elizabeth Massey, University of Glasgow**

Ms Massey asked about the influence of social media in creating unnecessary pressure for students and whether social media companies were contributing to the cost of treating mental health issues.

Mr Quinn commented that, in his experience, social media companies are rarely part of the solution. Although they can be used positively, such as promoting self-help materials, they can also be part of the issue. He added that it is very easy to find 'how to self-harm' guides online. Also, Mr Quinn told of a Netflix TV show which centres on a character who commits suicide. He added that social media companies and the wider media could and should do more to stop the glorification of suicide.

Ms Waite replied that when social media first appeared, there was no focus for it to be properly regulated. She said that social media companies only feel compelled to show leadership and remove harmful and disturbing content when advertisers and marketers start to pull funding.

**Sandra Cairncross, Edinburgh Napier University**

Ms Cairncross commented that her institution's experience of mental health was very similar to institutions across Scotland, with an increased demand for services and more complex issues presented. In particular, Ms Cairncross asked about the higher incidents of suicide ideation amongst male students and how this issue can be addressed.

Mr Quinn replied that there were 148 cases of suicide ideation at his institution last year. A crisis team at the university effectively manages these cases by working very closely together. Mr Quinn attributed the rise in the number of suicides partly to the NHS. He revealed that there have been at least four cases this year where a student has attempted suicide and ended up in A&E but have been sent home the next day without any psychiatric follow up. In terms of suicide ideation being more prevalent among males, Mr Quinn said that the Guardian newspaper reported last year that the university treats more males than any other university counselling service in the UK. He added that this is something the university is quite proud of as it means male students feel able to seek help. The university is committed to breaking the stigma around male mental health and partners with the university's sport organisations to address this.

**Graham Nicholson, University of Dundee**

Mr Nicholson commented that colleges and universities are providing more resources for mental health and wellbeing services which sometimes takes the place of NHS provisions. He added that although university counselling waiting lists were not short, they are much better than NHS waiting lists and stated that universities are expected in some areas to replace the NHS.

Mr Alastair Sim added that because students are mobile between home and university, they may 'fall between the cracks' when moving back home from university during holidays. He asked if there are things colleges and universities could be doing ensure more linkage with the NHS.

Ms Waite replied that there was definitely room for there to be more integration. She added that universities absolutely have a duty to provide for and support their students but that does not exclude the NHS providing support and treatment. Regarding falling between two catchment areas, Ms Waite noted that this is frequent experience for international students, as it can take a long time to transfer their healthcare over to the UK.

Mr Quinn added that last year, 200 students were referred to his service from local GPs. The GPs were adamant that the student would be seen quicker at a university counselling service, but that this is not always the case. If a student is presenting with a severe issue, such as self-harm, Mr Quinn fast-tracks the student so they are seen quicker. However, more moderate cases, which are not urgent, will have to go on a waiting list and can wait until up to a month to be seen.

Mr Marshall added that the basis his institution works on is that he tries to refer back to the NHS. The counselling service at Glasgow Clyde College is a self-referral process, so any student can refer themselves to receive support. He added that the service runs a waiting list, where serious cases are prioritised and moved to the top of the list. For more serious cases, his institution will refer back to the NHS for proper medical treatment. The college places emphasis on the fact that they are an educational provider, but will support students where possible can and refer when needed to.

#### **Jenni Moreland, Edinburgh College**

Ms Moreland asked about mental health first aid training and noted that as she understands it, there are no plans to train any more trainers in Scotland. She remarked that this was more a concern, rather than a question. Mr Sim said her concern had been noted.

#### **Matthew Mclver, University of the Highlands and Islands**

Mr Mclver asked about the process of referring students back to GPs and how this was worked.

Mr Quinn replied that he writes a clinical letter to a particular student's GP, providing an update on their situation and the reason for the referral. However, in the meantime, the university has to support the student. If the GP is far away, it can sometimes take a long time for the GP to arrange to see the student.

#### **Martin Fairbairn, Scottish Funding Council**

Mr Fairbairn commented that he appreciated the whole-college approach Glasgow Clyde College had adopted. He asked how an institution as large as the University of Glasgow could attempt this, given its scale, and how the university was enabling staff to spot early sign of poor mental health.

Mr Quinn replied that a mental health action plan had been created, with a review group to take this plan forward. He added that the university has recently introduced initiatives like peer support and mental health first aid training. Also, Mr Quinn noted that the university has also established a 'point

person' in each school and college within the university who have a direct pathway into the counselling service, where they can ask for advice and guidance on how to support students.

**Alastair Sim, Universities Scotland**

Mr Sim asked, in terms of mental health, whether colleges and universities used appropriate methods of assessment and examinations. He asked the speakers if they thought assessments could be done in a way that ensures people are learning what they need to be learning but promote good mental health at the same time.

Mr Marshall replied that the sector is trying to develop this thinking. Colleges are restricted in the way they assess learning as it's the awarding body that sets the criteria.

Mr Quinn added that in terms of examinations and timetabling, sometimes students can have up to three deadlines in one day. He noted that this was particularly unhelpful and might not be conducive to good mental health.

Ms Waite replied that students are always going to be stressed when they have assessments or when they have coursework. She added that institutions provide many resources in the run up to exams which support students to do well. These included seminars and presentations by student support services, which coached students on examination techniques and referencing skills.

**Gavin Donoghue, University of Edinburgh**

Mr Donoghue asked whether there has been an increase in the number of staff requiring mental health support in colleges and universities.

Mr Quinn replied that there has been an increase in staff from his institution being referred to his service, although this was only a small increase. He attributed this to the fact that the university is growing in size, with an expanded staff body.

Mr Marshall said that he had not seen an increase in staff referrals and this was presumably due to non-disclosure, as oppose to there not being an actual increase in the need for support. He commented that he believes there is still a stigma around staff seeking support and more work was needed to address this.

**6. Close**

Mr Sim closed the meeting with thanks to all for attending.

**ENDS**