

**University of Glasgow****Academic Standards Committee – Friday 23 November 2018****Outstanding Responses to Issues Raised in the Undergraduate and Postgraduate College Annual Monitoring Summaries 2016-17 (ASC/2017/46)****Dr Richard Lowdon, Senate Office****1. Student mental health update**

The University has established an institution-wide Mental Health Group which oversees implementation of the Mental Health & Wellbeing Action Plan, published in October 2017. The last meeting of this group took place on 12 September 2018.

The focus continues to be on:

- Raising awareness
- Provision of general training for non-experts
- Strengthening of professional support

On the first point, there was a big push at the start of the academic year 2018/19 to ensure that students are conscious of the need to protect their own mental health and well-being, aware of the support that is available. Among staff, the main task is to ensure that academic advisers and others have a basic awareness of what to look out for in students and know about the points of referral if they have concerns.

Questions about staff mental health were also included in the staff survey, which all members of staff were asked to complete during the autumn term.

In terms of training, we are continuing to roll out Mental Health First Aid training across the institution, with over 200 non-expert staff now trained across the campus. The main challenge is to ensure that there is an even coverage across schools and services, and that others know who has had training.

At the centre, we have allocated additional resources and made new appointments in Counselling & Psychological Services (CAPS). Overall, the service is better equipped to deal with the pressure of numbers than hitherto – and for the first time, it is starting the academic year with no waiting list for appointments. We are also piloting an online service. The most serious cases will still be seen more or less immediately by CAPS, but other students will have access to a safe online space and, where necessary, receive one-to-one support through this route, which appears to work well in other universities where it is available. This is similar to the telephonic service which is already in place for members of staff.

In addition to the above, during 2018/19 we will pilot a peer support programme across the College of Arts (the College which proportionately has the highest number of referrals to CAPS).

Further work has been done to improve the articulation with local GP practices and with Greater Glasgow and Clyde NHS on the issue of referral pathways – we are making some progress in this area.

We keep in touch with national developments in Scotland and the UK through active engagement with Universities Scotland and Universities UK.

Finally, we have received a report from the internal auditors, PWC, on student mental health provision (**appendix 1**). This contains a range of recommendations which largely complement the points identified in the Action Plan. The report supports further work on wellbeing, which is touched on in the Student Experience Committee and which was also discussed at the last Mental Health Group meeting. We will take forward discussion around this theme and scope out a framework or strategy over the coming weeks.

## **2. Moodle**

At the May meeting of ASC, members noted that they were not satisfied with the response provided by IT Services in relation to the Moodle interface for marking. This was raised with Miss Anna Phelan (IT Services) who has agreed to bring the matter to the attention of the VLE Board at their next meeting. Miss Phelan will also liaise with the School Quality Officer for Critical Studies, where this issue was highlighted.

**University of Glasgow**  
**Mental Health and Wellbeing Action Plan**  
**September 2017**

**Introduction**

At its meeting on 13 April 2017, Senate endorsed a proposal from the Principal that the University should appoint a mental health champion to lead the University's approach to mental health issues. This reflects a growing concern about (a) the number of students presenting with mental health issues of varying degrees of severity and (b) an increase in the number of staff reporting mental health conditions or being absent from work due to mental ill health. While much is already being done to address these issues, we believe a more coherent approach is needed to promote mental health and wellbeing, provide advice to staff and students on mental health issues, and support those who need assistance. The actions set out below represents a first step towards an integrated strategy and policy involving the University, SRC and other groups and associations.

**Background**

There is a lack of high-quality evidence on the mental health of students in the UK. This is particularly surprising given the size of the student population, the high participation rates among young adults and equality legislation that is opening up opportunities for students with mental health conditions to go to University and receive ongoing support. While the overall proportion remains small, the number of students who declare a mental health condition at the time of admission has been increasing. As Universities UK has pointed out, this trend suggests that those with mental health difficulties – a group who have often faced various forms of discrimination and exclusion – are gaining entry to HE in larger numbers and are more likely to disclose issues and conditions.

There is evidence that, at any one time, a significant proportion of students (over one in four) in the UK is experiencing clinically-recognisable mental ill-health while a larger group report facing difficulties with stress, anxiety and low mood. In line with patterns in the general population, female students are more likely to meet the threshold criteria for depressive and anxiety disorders and male students are at greater risk of suicide.

In addition, the last ten years have seen changes in students' experience of higher education with the potential to adversely affect their mental health. Three factors in particular constitute an important backdrop to the continuing rise in student mental ill-health. These are: financial difficulties experienced by both home and international students; heightened anxiety for some about securing graduate-level employment; and the development of social environments created by electronic communication technologies. The last of these can expose young people and students to pressures that previous generations did not experience to the same extent.

A further factor which we should take into account is the nature of the relationship between University-provided services and those offered by the NHS. While Glasgow does not suffer the dearth of mental health provision apparent in some other parts of the UK, there is a perception that services are not always properly joined up, with anecdotal evidence of students being 'bounced back' by GP practices to University services.

On the positive side, there has been an increased emphasis on mental health in the NHS, in the higher education sector as a whole, and in the University of Glasgow in particular. In 2005, the UUK/Guild of HE Mental Wellbeing in Higher Education Group published a framework for university mental health policy. In 2011, the Royal College of Psychiatrists

(RCP) published their influential report on student mental health and, in 2015, UUK published the *Good practice guidance for student mental wellbeing in higher education*, updating guidance issued in 2000. More recently, Universities UK published *Stepchange: mental health in higher education*, which recommends that senior managers adopt mental health as a strategic imperative. Within the University of Glasgow, a student mental health policy has been in place for some time; more recently, there have been discussions on the mental health of students at Court, Senate and Senior Management Group; increased funds have been allocated to support student mental health provision; the SRC has been active in implementing training for students; the Rector has foregrounded student mental health as a key issue; and Colleges and Schools have been active in providing additional support in collaboration with Counselling and Psychological Services (CAPS). We have also worked to address the needs of students on the Dumfries Campus.

On the staff side, in the University as well as nationally, mental health issues now represent the single most common reason for absence from work (25.7% of all absences, according to the most recent report to Human Resources Committee). In response, at UK level the Health & Safety Executive, trade unions and others have striven to highlight the importance of work-life balance as a means of promoting employee wellbeing. Locally and nationally, there has been a particular focus on combating work-related stress, which is a contributor to mental ill health. We have run a number of campaigns aimed at staff to promote disclosure of mental health issues and to encourage activities and behaviours that can underpin well-being. In addition, a new counselling service has been put in place offering better access for staff who require it.

### **How we propose to operate**

As is the case with equality champions, regular reports will be submitted to the Equality & Diversity Committee and from there to Senate and Court. A small working group chaired by the Mental Health Champion and including representation from the SRC, relevant University Services and the trade unions will be established to coordinate actions and oversee progress. It will also report to Student Support & Development Committee, Human Resources Committee and Health, Safety & Wellbeing Committee as appropriate.

### **Action Plan**

The key priority for the University is to define and agree an holistic, multi-strand approach to employee and student mental health and wellbeing. The overall philosophy will be to take a whole University approach to mental health; the aim is to actively promote mental wellbeing and emotional resilience across the entire University community, but also to provide support and help where it is needed.

Drawing on a recent report by an external consultant which in turn is based on feedback from a range of University stakeholders, it is proposed to organise the plan under the headings (a) short-term priorities and (b) medium-long-term initiatives.

#### Short-term priorities

Students:

1. Fill the additional posts in CAPS for which funding was agreed as part of 2017/18 planning round. These will strengthen provision in the areas of counselling psychology, CBT therapy, wellbeing assessment (aimed specifically at reducing the assessment waiting list), mental health advice (for students who have been diagnosed as having a mental health related disability or condition), and peer support coordination.
2. Provide additional accommodation for CAPS to relieve the current shortage.

3. Support and expand mental health-related initiatives led by the SRC such as 'Mind Your Mate' to raise general awareness and understanding among the student population, both undergraduate and postgraduate.
4. Develop and widely publicise a statement of service and service level for Counselling and Psychological Services (CAPS) to ensure understanding of what services the University provides to students.
5. Work with the SRC, GUSA, Glasgow University Union and Queen Margaret Union to ensure a coordinated approach to mental health.
6. Share existing good practice in Colleges and Schools; ensure that advisers of study and professional support staff in academic units are properly supported and that the handover between different types of support is as seamless as possible.
7. Through the Joint Strategy Group and other forums, liaise with those responsible for local NHS provision to ensure there is a common understanding of how the NHS and University Services can best work together for the good of the student community.
8. Review staffing in CAPS to ensure there is an appropriate balance of full-time and sessional staff, to cope with peak times of demand.
9. Develop a coherent approach to supporting commuting students to improve the well-being and retention of this group.
10. Develop writing workshop interventions (based on a model successfully delivered at UCLA, among other institutions).
11. Undertake other initiatives such as peer support and suicide prevention training (as developed by ARC).
12. Train a core number of staff across the University in Mental Health First Aid as part of a tiered approach to awareness raising and training.
13. Ensure that information and advice for students is readily available online.

#### Staff:

1. Drawing on feedback from the most recent staff survey, continue to run regular campaigns to promote positive attitudes and behaviours among staff with regard to mental health and wellbeing
2. Promote awareness of the new, improved professional counselling service for staff.
3. Foster a culture and develop and implement policies which seek to prevent staff from developing work-related stress.
4. Establish a consistent approach to implementation of reasonable adjustments and provision of auxiliary aids for members of staff suffering from mental ill health.
5. Ensure that information and advice for staff is readily available online.
6. Undertake other initiatives such as peer support and suicide prevention training (as developed by ARC).
7. Train a core number of staff across the University in Mental Health First Aid as part of a tiered approach to awareness raising and training.

#### Medium-Long-Term Initiatives

1. Review the deployment of resources in University Services and in Colleges to ensure optimal provision.
2. Annually review the quantum of resource that is allocated to address mental health issues and make adjustments as necessary.
3. Consider adoption of an external benchmark or charter such as the Workplace Wellbeing Index or Mindful Employment Charter.
4. Explore the value of software and new technologies as a means of making advice and support available to those who need it.
5. Undertake a 'student mental health needs assessment' following the model applied by Public Health England in certain locations.
6. Develop a more detailed strategy and associated policies where these do not exist.

7. Evaluate the various interventions made to assess their effectiveness and help shape future priorities.

David Duncan (Chief Operating Officer and University Secretary)

Lauren McDougall (Vice President Student Support, Students' Representative Council)

## **Appendix**

### **Definitions**

**Mental health:** The Universities UK (UUK) definition is as follows:

*Mental health encompasses emotional resilience to enable us to enjoy life and survive pain, disappointment and sadness, and an underlying belief in our own, and others', dignity and worth. It also allows us to engage productively in and contribute to society or our community.*

**Mental ill-health:** terms like mental illness, mental distress, mental health difficulties and mental ill-health are widely used and variously defined.

*The term mental ill-health is used to describe a range of psychological difficulties that most people do not expect to endure in the course of their everyday lives.*