



UNIVERSITY OF CAMBRIDGE

Education Quality and
Policy Office

Policy cover sheet

Policy name	Student Mental Health and Wellbeing Strategy
Purpose	To set out a vision for a whole institution approach to student mental health and wellbeing, and to propose an action plan to deliver this
Owner	University and Colleges
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Student Mental Health and Wellbeing Strategy 2018-2021

Executive Summary

This Student Mental Health and Wellbeing Strategy seeks to address concerns across the collegiate University and the sector about increasing levels of poor mental health and wellbeing within the student body.

It is recognised that Cambridge, with its distinctive collegiate pastoral system and extensive central welfare provision (outlined briefly in Appendix 1), already offers considerable welfare support for its students. This strategy does not underestimate the value and benefit of this current provision, nor its considerable cost. However, it has become apparent that demand for mental health and wellbeing support across the student body is increasing exponentially and the continuing rise in this demand and pressure on central and College services, as well as the wider University community, is not sustainable. The collegiate University must take this opportunity to consider whether it is serving students in the most effective way, strive to develop initiatives, initiate culture change, and institute ways of working that strike a balance between a) ensuring that targeted, accessible, effective and timely services and interventions are available to support those students experiencing difficulties with their wellbeing, and b) putting in place preventative measures that address systemic issues and that empower individuals to take proactive and positive action to support their own mental health and wellbeing needs.

The Strategy sets out a vision for a whole institution approach to creating an academic environment that enables all students to flourish; where individuals are able to realise their own potential, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to the collegiate University community. We aspire to take a leading role amongst HE institutions, not only in supporting students to reach their potential whilst studying at Cambridge, but to cultivate adaptable, independent and 'world-ready' individuals who are empowered with the knowledge, skills and resources to thrive at University and beyond.

The Strategy proposes an action plan based on three key strands of work:

- A research study to help inform and give clarity regarding the extent to which, and in what ways, the current Cambridge culture and ways of working affect student mental health and wellbeing.
- Engagement with the whole institution via a wellbeing campaign supported by facilitated discussion groups with staff and student members drawn from diverse backgrounds across the collegiate University, collaboratively exploring the impact of the University's culture, values, ways of working and structures on student mental health and wellbeing.
- A deep-dive 'system analysis', with a focus on the student perspective, of existing support provision across the collegiate University to explore interconnectivity, efficacy and efficiency of support to inform future service improvement.

Background

Approximately one in four people in the UK will experience a mental health problem each year¹. In England, one in six people over the age of 16 report experiencing a common mental health problem (such as anxiety and depression) in any given week². Nearly half of adults self-identify as having a mental health problem with only two thirds of these having been diagnosed by a professional.³ There is evidence that how people are coping with mental health problems is getting worse, as demonstrated by the increasing number of people who self-harm and/or have suicidal thoughts⁴. It has been established that 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18⁵.

The Higher Education Context

These statistics indicate that mental ill health and low levels of wellbeing are broad societal issues that extend further than both the scope and influence of higher education institutions generally, and the University of Cambridge specifically. It is not surprising then that student wellbeing has become a major issue for all universities, with growing recognition that students with clinically recognized levels of mental health difficulties are studying at university in larger numbers⁶. Results from the 2017 HE Policy Institute (HEPI) Student Academic Experience Survey clearly indicate that the undergraduate student population has lower levels of wellbeing than the rest of the population, and young people as a whole⁷. Whilst there is no equivalent data set available for postgraduate students, a recent report by Vitae indicated that postgraduate study - particularly doctoral programmes - can be an extremely stressful undertaking with many factors having the potential to adversely impact upon student mental health and wellbeing⁸. The 2017 Postgraduate Research Experience Survey suggests that nationally 26% of respondents had considered leaving or suspending their degree programme, and 39% reported poor work-life balance⁹. These findings clearly indicate that poor mental health and wellbeing affect the whole student body, whilst recognizing that the welfare needs of undergraduate and postgraduate students are likely to be very different, reflecting the differing pressures and challenges that they are likely to face whilst studying.

The context for student support within universities has changed in recent years: the focus has expanded beyond teaching and research to an emphasis on the whole student experience.

¹ McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., & Jenkins, R. (2009). Adult psychiatric morbidity in England, 2007: results of a household survey. The NHS Information Centre for health and social care.

² McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016). Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014. Leeds: NHS digital.

³ <https://www.mentalhealth.org.uk/file/2518/download?token=RU6lzcSK>

⁴ <https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#two>

⁵

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/252660/33571_2901304_CMO_Chapter_10.pdf

⁶ <http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2015/student-mental-wellbeing-in-he.pdf>

⁷ <https://www.hepi.ac.uk/wp-content/uploads/2017/06/2017-Student-Academic-Experience-Survey-Final-Report.pdf>

⁸ <https://re.ukri.org/documents/2018/mental-health-report/>

⁹ https://www.heacademy.ac.uk/system/files/hub/download/pres_2017_report_0.pdf

Furthermore, studying at university is perhaps the one time in an individual's life in which work, leisure, accommodation, social life as well as pastoral and social support all exist in a single environment.¹⁰ It is unsurprising, therefore, that a number of factors have combined to increase the need for HEIs to focus more energy and resources in to the area of student mental health and wellbeing:

Government and policy pressure

The need for the sector to engage seriously and strategically with the topic has been highlighted in a number of recent reports, including from HEFCE¹¹, UUK¹² and HEPI¹³. There is also increasing pressure from the government for HEIs to adopt student mental health and wellbeing as a strategic imperative, with this being high on the agenda for both the newly established Office for Students¹⁴ and Universities Minister, Sam Gyimah¹⁵.

Demographics

The numbers of young people in higher education have expanded and the student population has become more socially and culturally diverse. There have been increasing numbers of students drawn from backgrounds with historically low rates of access to and participation in higher education that brings welcome diversity within the student body, together with additional support needs. There are more disabled students, including those with serious medical mental health conditions, than ever before. And whilst mental illness and low wellbeing can affect everyone, there is greater prevalence amongst those from more deprived socioeconomic backgrounds¹⁶. There has been an increase in the recruitment of international students, particularly at postgraduate level where tuition fees are uncapped. International students come from a wide range of cultural, ethnic and religious backgrounds and may face additional challenges in adjusting to living and studying in the UK. They may be unable to afford regular visits to their home countries, and academic progress and social integration may sometimes be constrained by English language skills.

Legal requirements

The University has statutory responsibilities under the 2010 Equality Act to make reasonable adjustments for disabled students, including those with long standing mental health problems.

Media/Public discourse

Nationally there continues to be an unhelpful and dichotomous media and public discourse which on the one hand indicates a 'crisis' in students' mental health, with frequent stories of long delays in accessing counselling, and tragic reports of student suicides, and on the other reports of 'snowflake' students unable to cope with normal and expected pressures of everyday life events.

¹⁰ <https://www.rcpsych.ac.uk/files/pdfversion/CR166.pdf>

¹¹ <http://www.hefce.ac.uk/pubs/rereports/year/2015/mh/>

¹² <http://www.universitiesuk.ac.uk/news/Pages/New-framework-for-universities-to-help-improve-student-mental-health.aspx> and

<http://www.universitiesuk.ac.uk/stepchange>

¹³ <http://www.hepi.ac.uk/wp-content/uploads/2016/09/STRICTLY-EMBARGOED-UNTIL-22-SEPT-Hepi-Report-88-FINAL.pdf>

¹⁴ <https://www.officeforstudents.org.uk/news-blog-and-events/news-and-blog/adopting-mental-health-as-a-strategic-imperative/>

¹⁵ <https://www.gov.uk/government/news/new-package-of-measures-announced-on-student-mental-health>

¹⁶ Stansfeld L, Clark C, Bebbington P, King M, Jenkins R and Hinchliffe S (2016) 'Common mental disorders' in McManus S, Bebbington P, Jenkins R and Brugha T (eds) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014

Complexity

Challenges arise because mental health and wellbeing are complex concepts that exist on a continuum. On the one hand, students with diagnosed mental health conditions may experience high levels of subjective wellbeing if they are managing their condition(s) well and they receive ongoing, appropriate treatment and support. On the other, considerable numbers of students without a psychiatric diagnosis may experience very low levels of wellbeing at times during their studies. Students are likely to move within the continuum throughout the course of their studies, making it very difficult to predict levels of mental distress at any given point in time. Where a student sits on the continuum will dictate the kind and level of support they require. Those with a psychiatric diagnosis will need reasonable adjustments and proactive support to help them to manage their condition and to ensure they do not suffer any academic disadvantage. Those without a diagnosed mental health condition, but with low levels of wellbeing can often present in crisis at critical points of the year such as during examinations. Prevention, early intervention and robust, consistent systems and processes that allow the collegiate University to respond effectively to these cases are required.

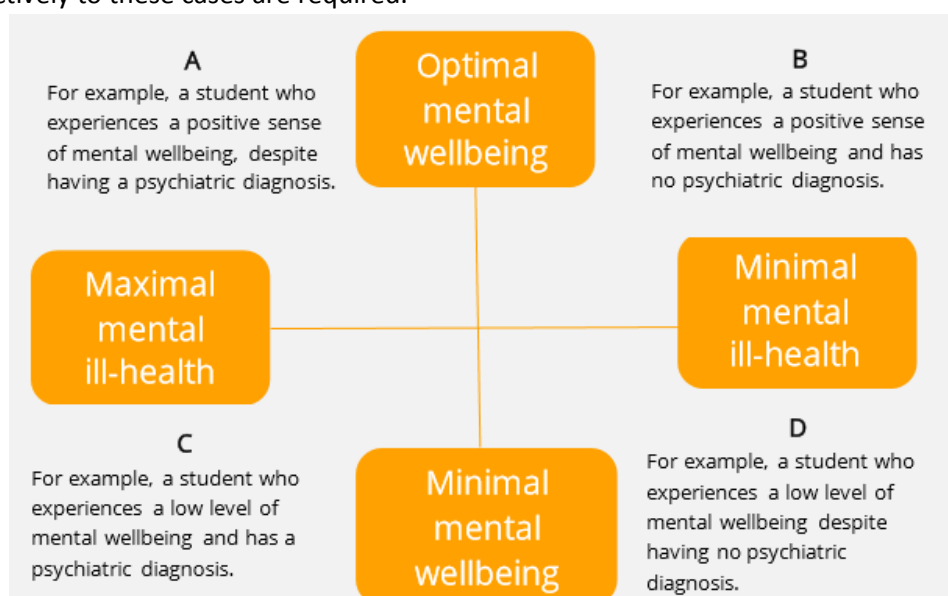


Figure 1. The Mental Health Continuum (Based on MNHW, 1988¹⁷)

Regardless of where a student falls on the continuum, it is clear that the promotion of positive wellbeing applies to all students regardless of whether they disclose a disability or not.

Impact to individuals, community, support services and other institutional processes

Poor wellbeing clearly has a significant negative impact on individuals, but it also has wider implications for demands on other students as well as staff in Colleges, Faculties and Departments in terms of both time and added stresses on the collegiate University community. The impact of poor wellbeing and mental health amongst staff will also be a significant consideration culturally, and in terms of the support individual members of staff can give to their students.

The DRC has seen an increase in numbers of students declaring a mental health condition of 158% (312 to 805) between July 2015 and July 2018. This means that in 2017-18 each Disability Adviser

¹⁷ Taken from https://www.heacademy.ac.uk/system/files/hub/download/embedding_wellbeing_in_he.pdf

had a caseload of 575 disabled students, and the equivalent of 126 students with mental health difficulties per Adviser. Each Adviser supported at least 260 more disabled students than they did in July 2015. This increase followed a steady rise over the preceding ten years, with numbers of students declaring a mental health disability increasing in this period by over 1,650% (35 students to 620). This trend has been mirrored across the sector:

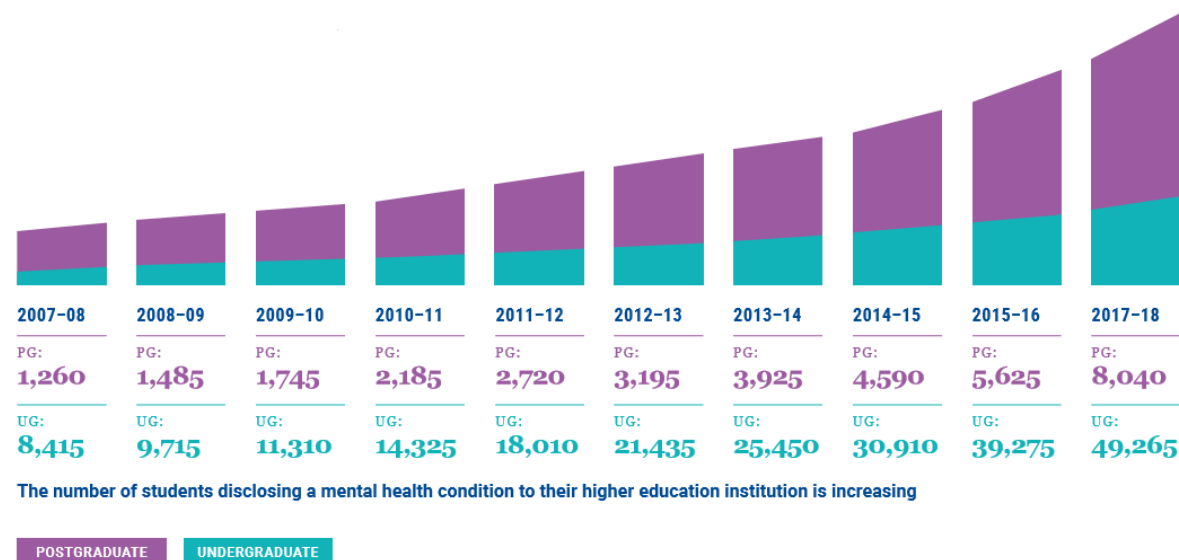


Figure 2. Numbers of students disclosing a mental health condition to their HEI in the last ten years¹⁸

Over the past four years, the UCS has experienced a 34% increase in the number of students applying for support from 1,565 in 2013-2014 to 2,095 in 2016-2017. During the Michaelmas Term 2017 the Service saw a 15.5% increase in clients from 959 to 1,108.

As well as demand for dedicated central support services, the University has seen significant increases in the numbers of applications for exam access arrangements, intermission, complaints and appeals. The University's Applications Committee reported that the number of exam allowances granted on the grounds of mental health, anxiety and depression had more than doubled since 2013-14, rising from 192 to 473 in 2016-17. Similarly, the Board of Examinations reported a doubling of the number of examination access arrangements made on the grounds of anxiety, depression or other mental health difficulty from 132 in Easter Term 2014 to 274 in 2017. Colleges also report ever-increasing welfare caseload, with growing complexity. Colleges are increasingly sourcing counselling and mental health support for their students in addition to that provided by the central UCS¹⁹.

¹⁸ Taken from <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2018/minding-our-future-starting-conversation-student-mental-health.pdf>

¹⁹ For instance, ten Colleges directly employ an in-house counsellor, five contract-in the services of a counsellor or therapist as and when required, and two operate a retainer arrangement to allow students quick access to external mental health support. College Nurses are also heavily involved in mental health provision within Colleges, with several Colleges citing their Nurse as the main point of contact for students with mental health difficulties.

Reputational risk

The increasing prominence of the issue of student wellbeing also brings the potential for reputational risk; students continue to campaign here at Cambridge and nationally for more support. Expectations at Cambridge, including of students themselves, around workload and achievement are extremely high, and are reflected in the demand for welfare support. In our striving for academic excellence, there is a need to ensure that associated pressures and expectations do not come at the expense of student mental health and wellbeing. It is incumbent on us as an institution to consider not only how sector-wide issues such as transition, belonging, workload, pressure and stigma can affect students, but also issues that are specific to our institution: the particulars that arise as a result of living and studying at Cambridge that affect student mental health and wellbeing.

Technological advancements

There have been huge advancements in technology in the last decade or so and this has brought significant benefits to society and individuals. When used well, technology can greatly enhance overall wellbeing. However, digital and virtual advancement have also sparked debate about the detrimental impact technology may be having to wellbeing, particularly for young people. For instance, social media use has been linked with increased rates of anxiety, depression and poor sleep, and cyber bullying is a growing problem with 7 in 10 young people saying they have experienced it²⁰. Students are constantly having to adapt to technological changes and the many challenges that arise as a result. Universities are working hard to support students in this shifting societal and technological landscape.

The Strategy

The collegiate University acknowledges the growing need for student wellbeing provision, and in recognition of the significant increase in demand experienced by the DRC and UCS in recent years, the University and Colleges have - from October 2018 - agreed to fund four additional posts within these services to support students experiencing mental health difficulties. This approach has been taken in recognition that action is required to ensure the collegiate University has accessible and high quality support services available to those in need.

However, there is also acknowledgment that increased need is unlikely to abate and therefore safeguarding the wellbeing of students requires greater focus on developing preventative strategies and action to institute wider systemic and cultural change in order to foster the long term and sustained wellbeing of the Cambridge community. For this to be effective, a whole collegiate University approach needs to be taken that will involve students, academics, administrators and support staff alike.

Existing strengths

- College pastoral and welfare support model.
- Scale and quality of existing specialist student support services compared to other HEIs.
- Professional qualifications/accreditation of staff working in welfare roles (e.g. UCS counsellors, College nurses etc.).
- A template model for supporting culture change and campaigning gained through work on *Breaking the Silence*.
- Extensive University and College facilities for participation in sport, volunteering, music, theatre and creative arts, and other extra-curricular activities.

²⁰ <https://www.rsph.org.uk/uploads/assets/uploaded/62be270a-a55f-4719-ad668c2ec7a74c2a.pdf>

- Already a base of preventative work in DRC (mentoring scheme) and UCS (Mindfulness, workshops for ‘well’ students and for others to help prevent relapse) – see Appendix 1.

Weaknesses

- Devolved structures and fragmented communication/links across the institution can lead to working in silos, lack of consultation and joined up thinking. Duplication of effort as well as gaps in provision can also go unnoticed. The disparate nature of collegiate Cambridge also creates difficulties in obtaining strategic or operational oversight.
- Overlapping and unclear roles, responsibilities and expectations on the part of the University and the Colleges with respect to student mental health and wellbeing.
- Culture of high achievement and high workload pervades for both staff and students at all levels, which may sometimes put pressure on working relationships and be at expense of mental health and wellbeing.
- Lack of resource - inability to manage demand for services and to provide training for staff.
- Disparity of welfare and financial support for students, and facilities between Colleges.

Opportunities

- The unique capacity of Cambridge, with its collegiate system, to pick up on issues early and respond quickly to students in need gives the potential to create a compelling advantage for Cambridge.
- Institutional and national interest in the topic of student wellbeing and mental health offers an opportune moment to start discussion across collegiate Cambridge.
- Momentum for culture change gained from *Breaking the Silence*.
- Ongoing work to revise governance, policies and processes, which will have an impact on student wellbeing and mental health.
- Opening of the Student Services Centre gives an opportunity to increase communication, collaboration and cross working within student professional services and the Colleges.
- Exceptional levels of academic acumen to debate the issue and to undertake research in the area of student mental health and wellbeing.
- Expertise of professional support staff, and connections in the field nationally and internationally.
- Given the ongoing debate and discussion happening across the sector in relation to student mental health, there are clear opportunities to talk to and learn from other HEIs and to consider how their approaches and the wide range of interventions adopted might work at Cambridge.

Threats

- Increasing number of students are arriving at University with complex mental health needs. A recent study indicates that half of all adult mental health disorders have begun by the teenage years²¹. A Children’s Society Survey indicates that over a quarter of fourteen-year-old girls and nearly one in ten fourteen-year-old boys had self-harmed in the preceding year²². There is a growing recognition that more preventative interventions need to be established for school-age children to support their future wellbeing. The

²¹ <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/adult-mental-health-disorders-and-their-age-at-onset/13F1A156235E5FF0D904F2CE2FDC053F>

²² https://www.childrenssociety.org.uk/sites/default/files/thegood_childhood_report_2018_0.pdf

actions taken by the University and other HEIs to improve the availability, accessibility and nature of preventative and supportive interventions are clearly necessary, but must be taken in the context of this broader national and societal backdrop.

- Focus on dealing with increased demand for operational support leaves little capacity to consider strategic and preventative measures.
- NHS saturation and threshold of access to secondary care for students. NHS services, such as those offered under Improving Access to Psychological Therapies (IAPT), have long waiting times²³. There are limits to the nature and extent of the support that can be provided and it is not the responsibility of the University to attempt to replicate specialist NHS mental health services, specifically for students with severe and potentially self-harming mental health conditions.
- Difficulties with language and lack of shared understanding and frame of reference when talking about mental health. Media representation of students in HE as “snowflake millennials” and sensitivity amongst students about the use of the term resilience. Given the multiple and new pressures the current generation of students face, the language used needs to be positive, empower students and encourage autonomy and agency, rather than focus on deficit.
- Challenges associated with supporting students as they move across the mental health continuum.
- Increasing diversity within the institution makes blanket approaches to tackling mental health and wellbeing untargeted and ineffective.
- Lack of coordination within the institution makes data collection and service delivery fragmented.

Vision

- To take a whole collegiate University approach, led from the top down, to creating an academic environment that enables all students to flourish at Cambridge; where individuals are able to realise their own potential, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to the collegiate University community²⁴.
- To take a leading role amongst HE institutions, not only in supporting students to reach their potential whilst studying at Cambridge, but to cultivate adaptable, self-aware and independent individuals who are empowered with the knowledge, skills and resources to thrive in the wider world.
- To create and maintain a safe, welcoming, inclusive and supportive community that fosters a culture of mutual respect, empathy and consideration.
- To facilitate a collegiate Cambridge culture where all members are informed about and take collective responsibility for promoting positive mental health within the institution, and recognising this as a key contributor to a successful teaching, learning and research environment.
- To put in place preventative measures that raise awareness of mental health issues and that empower individuals to take proactive and positive action to support their own mental health needs.

²³ In February 2018, the typical wait stood at 4-6 week for an assessment and a further 18- week wait for treatment. There was an 18-week wait for low intensity, guided self-help. Waiting times for specialist services such as Personality Disorder or Eating Disorder treatment are even longer, and the threshold for accessing those services is very high.

²⁴ World Health Organisation definition of mental wellbeing in Global burden of disease report (2008)

- To ensure that targeted, accessible, effective and timely interventions and services are available to support those within the collegiate University experiencing difficulties with their wellbeing/mental health.

Aims to achieve the Vision

1. Through research and reflection, to understand better the extent to which the current Cambridge culture, systems and ways of working affect student mental health and wellbeing, and to establish a baseline of current levels of wellbeing.
2. With senior leadership buy in, to engage the whole collegiate institution in discussion about mental health and wellbeing; raise awareness and encourage collective responsibility; cultivate dialogue and expression of different perspectives on mental health and wellbeing across all parts of the institution to identify further actionable preventative and/or supportive interventions that are relevant to, and can be implemented within the Cambridge context.
3. To continue to deliver and enhance service provision in support of student mental health and wellbeing.
4. To raise awareness of wellbeing and mental health support currently available to students and to develop clear, targeted signposting on how and when to access it. In raising awareness, support services need to be in a position to respond to likely increases in demand.
5. Through training, information and guidance, to promote staff and student understanding of the importance of their own wellbeing; empowering students in utilising their agency to promote their own and others' wellbeing and positive mental health.
6. Through training, information and guidance, to promote staff awareness of mental health issues in the student population, to equip staff with tools to support students experiencing difficulties with mental health, to signpost effectively to support services, and to ensure that they are a positive role model for mental health.
7. To engage with external partners/stakeholders with a role to play in student wellbeing and mental health to improve communication and collaboration in support of the University's vision.

Action plan to support the aims:

	AIMS	ACTIONS	LEAD	CRITICAL SUCCESS FACTORS
1	<i>Through research and reflection, better understand the extent to which the current Cambridge culture affects student mental health and wellbeing</i>	a) A longitudinal research project: An epidemiological research study running over the three-year period. This will collect both quantitative and qualitative data to highlight problem areas to be addressed by preventative or supportive interventions, and evaluate the impact of such interventions. Benchmarking may be undertaken with another university in the United Kingdom.	GD/PJ	Detailed research proposal.
2	<i>With senior leadership buy in, engage the whole collegiate institution in discussion about mental health and wellbeing; raise awareness and encourage collective responsibility; cultivate dialogue and expression of differing perspectives on mental health and wellbeing across all parts of the institution to identify further actionable preventative and/or supportive interventions that are relevant to and can be implemented within the Cambridge context.</i>	b) Wellbeing campaign in parallel with c) Facilitated discussion groups - members from diverse backgrounds and perspectives across the University to consider particular areas of student MH/wellbeing (see Appendix 2) leading to a report at the end of the academic year aimed at gathering data through a collaborative exploration of University culture, values and structures. These discussions will provide areas of focus in the messages delivered via the Wellbeing campaign to spark debate, reflection and engagement across the institution.	AB/KS/TS	Engagement and buy in from Colleges, students, Faculties and Departments Working with students' unions Branding and messaging from Comms Sponsorship from VC and PVC Education, STC and Colleges' Committee Cambridge Hub involvement and evaluation Skilled facilitation of Action Learning Sets

	AIMS	ACTIONS	LEAD	CRITICAL SUCCESS FACTORS
3	<p><i>Continue to deliver and enhance service provision in support of student mental health and wellbeing.</i></p>	<p>d) Deep-dive into existing supportive provision across collegiate Cambridge to explore interconnectivity, efficacy, efficiency etc. To maximise synergies and reduce duplication of effort. Establish a set of metrics/indicators in existing services, procedures and interventions which are indicative of levels of wellbeing within the student body and consider them holistically across the institution (e.g. exam arrangements, intermissions, complaints, FtS/FtP cases, withdrawals, counselling, DRC, SUAS data etc.) Break down by gender / ethnicity etc. to give a sense of any intersectionality at play. Consider technological and infrastructural requirements to improve communications and collaborative working within Collegiate Cambridge to support student MH. Use this information to inform resourcing, and give overall picture of demand and workload on professional services and College welfare teams. Sports Service will undertake an audit of existing provision to better understand the range of facilities and support available for social and competitive sports and promotion of physical wellbeing across collegiate Cambridge to inform a toolkit.</p>	AB/KS/MW	<p>Joined up, coordinated approach and cooperation across services and Colleges/University Buy in from professional services and Colleges Willingness to share good practice and lessons learned across support provision Business systems analysis resource to undertake audit Data analysis resource to pull together metrics Funding for Mindfulness Funding for digital platform, remote access counselling</p>

	AIMS	ACTIONS	LEAD	CRITICAL SUCCESS FACTORS
		<p>Consider opportunities students have to engage in and impact of other extracurricular activities e.g. involvement in societies, music, theatre, volunteering etc.</p> <p>e) Building on value and future potential of interventions such as Mindfulness and DRC Mentoring</p> <p>f) Introduce digital platform to support mental health/wellbeing (SilverCloud, Big White Wall or another clinically proven online CBT/counselling/support resource? Remote Access Counselling?)</p>	<p>GD/JH</p> <p>GD</p>	
4	<p><i>Raise awareness of wellbeing and mental health support currently available to students and develop clear, targeted signposting on how and when to access it.</i></p>	<p>g) Student Services Centre website?</p> <p>h) Build on success of 'When to Refer'</p> <p>i) Work with comms, USC, DRC and Colleges to consider communication strategy, particularly targeting specific groups (e.g. PGR students vs PGT and UG students)</p> <p>j) Updating Mental Health CoP and/or introducing Mental Health Policy</p> <p>k) Destigmatising and demystifying mental health within collegiate community and particularly Faculties and Departments, raising awareness of mental ill health as a disability</p> <p>l) Raising awareness of benefits of physical activity and nutrition via Sports Service</p>	KS/TS	<p>Resource for website</p> <p>Funding for 'When to Refer' printing and tweaks</p> <p>Buy in and support from Comms</p>

	AIMS	ACTIONS	LEAD	CRITICAL SUCCESS FACTORS
5	<i>Through training, information and guidance, promote student understanding of the importance of their own wellbeing; empowering students in utilising their agency to promote their own and others' wellbeing and positive mental health.</i>	m) Training programme empowering students: E.g. Going the distance: the marathon runner mentality Thrive (akin to resilience training) Self-care Impostor syndrome Perfectionism Work/life balance Expand/adapt existing training offer	GD/KS	Involvement of and buy in from students Training officer resource or train the trainer model Branding and advertising support from Comms Leadership buy in and encouragement
6	<i>Through training, information and guidance, promote staff awareness of mental health in student population, equip with tools to support students experiencing difficulties with mental health, to signpost effectively to support services, and to ensure that they are a positive role model for mental health.</i>	n) Training for College and University staff (targeted taking into account differing roles and responsibilities): E.g. Mental Health First Aid or equivalent Active listening skills Giving constructive feedback When to refer – case studies Inclusive teaching strategies PGRs supervising UGs Supervisor relationships with PGs Expand existing offer of courses for staff through PPD and CCTL	GD/KS	Training officer resource or train the trainer model Branding and advertising support from Comms Leadership buy in, prioritising time for staff to attend training Awareness of boundaries and expectations of different roles across the institution and appropriateness of levels of training depending on role.
7	<i>Engage with external partners/stakeholders with a role to play in student wellbeing and mental health to improve communication and collaboration in support of the University's vision.</i>	o) NHS – Clinical Commissioning Group, GPs forum, NHS CPFT Psychological Wellbeing Service etc. Finding ways to improve waiting times, routes and speed of referrals especially for more complex cases. Better understanding	GD/JH/AB	Senior leadership involvement College buy in and involvement DRC and UCS input and engagement Buy in and involvement of Admissions Offices and Careers

	AIMS	ACTIONS	LEAD	CRITICAL SUCCESS FACTORS
		<p>local and national NHS constraints and policy making in MH/wellbeing, roles and responsibilities of Uni/Colleges versus NHS – risk/crisis management.</p> <p>p) Schools – through outreach</p> <p>q) Parents – through outreach</p> <p>r) ARU, local 6th form/FE Colleges</p> <p>s) Employers – through Careers</p>	<p>JB</p> <p>AB</p> <p>Careers</p>	

Appendix 1: Current Welfare Support across Collegiate Cambridge

University support for student mental health is provided through two key and distinct services: the University Student Counselling Service (UCS) and the Disability Resource Centre (DRC). Both services work with students to help them to reach their full potential and make the most of their time at Cambridge. Both Services work with students with a range of clinical mental health conditions, including students experiencing or with a history of severe levels of disturbance. The support that these Services offer sits alongside the significant welfare provision available through the College pastoral support system.

The DRC

Through provision of its services the DRC enables the collegiate University to meet its statutory duty under the Equality Act to provide support, and to make reasonable adjustments for disabled students, including those with mental health difficulties. The DRC has a remit which encapsulates provision of academic-related disability support and the development of inclusive teaching and learning policy and practice. Of the total 2,750 disabled students the DRC supports, 22% have disclosed mental health conditions to one of its team of Disability Advisers.

Whilst students with mental health conditions can and do disclose at different points in the student lifecycle, the majority do so on application or on offer (with postgraduate students manifesting a much higher rate of over 80% disclosure prior to admission). Disability Advisers work closely with incoming students to determine the impact of their disability on study and the most appropriate support and recommendations for adjustments to provide them with effective access to their studies.

Every student who registers at the DRC disclosing a mental health condition is provided with a named Disability Adviser who supports them throughout their time at Cambridge. This allocation is determined by the student's College and Advisers work in close conjunction with academic and support staff within their allocated Colleges. This allows the Adviser to develop productive working relationships with those College staff responsible for students' pastoral and academic support, while also recognizing the need for some students to access a source of professional support and practical advice at a distance from their College. The Adviser also liaises directly with the student's Department or Faculty through a system of named contacts.

The DRC operates a CIMR (Concern, Incident, Matter, Report) safeguarding system under which mentors can raise concerns about any of the student with whom they work. This allows quick identification of risk and appropriate referral for support. Where a student's support requirements are clinical/therapeutic and are not related directly to teaching and learning and other academic-related disability support, the DRC signposts and refers students to other specialist support services such as the UCS.

One key support service which the DRC provides for disabled students including those with mental health conditions is the specialist mentoring scheme. Specialist mentors work with students with mental health conditions on a regular basis (often weekly) to help them address issues around organization and time management, personal and workload management and concentration. Working with their mentors helps students develop practical strategies,

allowing them to remain engaged and participate fully in their studies. Currently, the DRC has 35 mentors supporting 399 disabled students, 204 (51%) of whom are students with a mental health condition. 103 students with mental health conditions also receive support from 1-1 specialist study skills tutors managed by the DRC. It is projected that the DRC will deliver a total of 6,000 mentoring hours in 2017-18.

Student feedback from annual quality assurance exercises indicates that support from specialist mentors is an effective supportive and preventative measure allowing students to cope with the impact of their disabilities.

The UCS

Students self-refer to the Counselling Service and all referrals are triaged and prioritised daily by a Senior Counsellor.

The service deals with students with a range of mental health issues, offering support to students tailored to their particular circumstances and needs. The range of support offered includes carefully selected self-help material and leaflets written specifically for Cambridge students, workshops that support students to self-manage, therapeutic groups and individual counselling with highly-trained counsellors and therapists, through to consultations with a mental health advisor for those in crisis or managing an ongoing psychiatric condition. The Service also retains the services of a psychiatrist for two assessment slots a week in term time.

In addition to these supportive interventions, for the past four years the University has piloted, through the UCS, the largest Mindfulness programme offered in a British university. Seven eight-week 'Mindful Student' courses were delivered during the Michaelmas and Lent terms, offering 210 places to students each term.

A series of four differently-themed workshops targeting examination issues were offered during the Easter term: Keeping Calm: Mindfulness to help with exam nerves; Improving attention: Mindfulness for maintaining a healthy focus when you work; Productive Decisions: Making mindful choices that support your goals and wellbeing; and Improving sleep: Mindfulness approaches to improving sleep and rest.

The results of a randomised controlled trial carried out by researchers at the University of Cambridge which ran in parallel to the programme, showed that the mindful student courses led to lower distress scores. Participants were a third less likely than a control group to have scores above a threshold commonly seen as meriting clinical mental health intervention. Distress scores for the mindfulness group during the examination season fell below their baseline levels (as measured at the start of the study, before exams began). The main results of the study were published on 18 December 2017 in the *Lancet Public Health*.

College Counsellors and private counselling

Based on information collected since 2015, a considerable proportion of the Colleges are also sourcing counselling and mental health support for their students in addition to that provided by the central UCS. For instance, ten Colleges directly employ an in-house counsellor, five contract-in the services of a counsellor or therapist as and when required, and two operate a retainer arrangement to allow students quick access to external mental health support. College Nurses are also heavily involved in mental health provision within Colleges, with four Colleges citing their Nurse as the main point of contact for students with mental health difficulties.

In addition, the Counselling Service operates a scheme of College-based counselling in which Colleges can opt to pay to have a UCS counsellor work in College one day a week. Currently six Colleges take part in this scheme.

This counselling provision sits alongside established welfare teams within the Colleges. Whilst the composition of these welfare teams varies to a certain extent across the Colleges, most comprise a Senior Tutor, Tutors (admissions, undergraduate and graduate), College Nurses and Chaplains.

Other provision

Crane's Charity, a University Trust Fund, provides grants for urgent mental health care, including counselling and various forms of therapy, assessments and medication for mental health disorders. Applications are submitted by Colleges on behalf of individual students. The number of applications and proportion of spend in respect of mental health, in comparison with other health issues, has increased in recent years.

Appendix 2 – Aim 2 – Facilitated discussion groups

Aimed at examining individual perceptions within the Cambridge culture, exploring assumptions and unexamined values, and at the structures of the collegiate University as a whole

A way to get into the crux of challenging questions and problems by exploring them from many different sides

A way to creatively ideate solutions to complex problems, with openness and ambition as well as an eye to practicalities and local context

