

Bournemouth University Student Wellbeing

Periodic Report Academic Year 2015-6

Prepared by
Date 11 th November 2016

1. Introduction

This report covers the period of September 2015 to August 2016, incorporating the whole of the 2015-16 academic year. During this year, Student Wellbeing has been operating at partial capacity with the Wellbeing Coordinator not available in post from June – September.

2. Referrals

There were 793 referrals to the service during 2015-16.

Table 1: Summary of Referrals to Student Wellbeing

Session 1 (2015-16)	Session 2 (2015-16)	Session 3 (2015-16)
386	337	70

3. Student Contacts

There were 687 first time student contacts in 2015-16, 107 of which were booked as urgent appointments. Of the booked appointments, the attendance rates averaged at 70.4%. Table 2 shows appointments broken down into attendance type and service, with attendance rates across each service.

Table 2: Summary of Student Contacts in Session 3

Student Contacts	Attended	DNA	Cancelled by Student	Cancelled by Service	Session 1 Total Offered	Attendance Rates
Assessment	580	87	63	39	769	75.42%
Urgent Assessment	107	1	3	2	113	94.69%
Wellbeing	347	110	63	22	542	64.02%
Counselling	728	133	138	42	1041	69.93%
Group	19	14	4	1	38	50.00%
Other	35	0	0	0	35	100.00%
Session 3 Total*	1816	345	271	106	2538	70.04%

*Not including Urgent + Other

Tables 3-5 shows a summary of how many appointments were attended per student accessing the service.

Table 3: Number of Contacts per Student

Number of Attended Appointments Per Student	Number of Students	Total Number of Contacts	% of Service
1	308	308	44.90%
2	125	250	18.22%
3	87	261	12.68%
4	51	204	7.43%
5	26	130	3.79%
6	22	132	3.21%
7	31	217	4.52%
8	18	144	2.62%
9	15	135	2.19%
10	1	10	0.15%
11	1	11	0.15%
14	1	14	0.15%
Total	686	1816	100.00%

Table 4 shows the breakdown of the number of counselling appointments attended for each of the 209 students who attended counselling during the year.

Table 4: Number of Counselling Contacts per Student

Number of Attended Appointments Per Student	Number of Students	Total Number of Contacts	% of Service
1	55	55	26.32%
2	37	74	17.70%
3	22	66	10.53%
4	19	76	9.09%
5	23	115	11.00%
6	36	216	17.22%
7	12	84	5.74%
8	4	32	1.91%
10	1	10	0.48%
Total	209	728	100.00%

Table 5 shows the breakdown of the number of wellbeing appointments attended for each of the 34 students who accessed the service.

Table 5: Number of Wellbeing Contacts per Student

Number of Attended Appointments Per Student	Number of Students	Total Number of Contacts	% of Service
1	93	93	48.19%
2	62	124	32.12%
3	32	96	16.58%
4	4	16	2.07%
7	1	7	0.52%
11	1	11	0.52%
Total	193	347	100.00%

4. Referral Data

Table 6 shows the referral source for students who accessed Student Wellbeing. Self-referral was the most popular referral route, with 654 students (82.5%) self-referring to the service.

Table 6: Breakdown of Referral Source

Referred By	Number Accessed	% of Service
Self - Email	373	47.04%
Self - In Person	281	35.44%
GP	43	5.42%
BU Staff - Tutor	40	5.04%
BU Staff - Other	38	4.79%
Other	15	1.89%
Chaplaincy	3	0.38%
Total	793	100.00%

Tables 7-10 show the number of students who accessed the service broken down by faculty, nationality, gender and age. The highest proportion of students who accessed the service were from the Media School, with the lowest proportion of the four main faculties coming from the Faculty of Health and Social Sciences.

Table 7: Breakdown of Students by Faculty

Faculty	Number Accessed	% of Service	% Across the University
Science and Technology	236	29.76%	23.4%
Media	275	34.68%	22.9%
Management	169	21.31%	28.7%
Health and Social Sciences	85	10.72%	24.0%
Graduate School	1	0.13%	1.1%
Combined / Joint Honours	11	1.39%	
Unknown	16	2.02%	0.0%
Total	793	100.00%	100.00%

Table 8: Breakdown of Students by Nationality

Nationality	Number Accessed	% of Service	% Across the University
UK	652	82.22%	86.3%
International	128	16.14%	13.7%
Unknown	13	1.64%	0.0%
Total	793	100.00%	100.0%

Table 9: Breakdown of Students by Gender

Gender	Number Accessed	% of Service	% Across the University
Female	503	63.99%	57.1%
Male	283	36.01%	42.9%
Unknown	7	-	-
Total	793	100.00%	100.0%

Table 10: Breakdown of Students by Age

Age	Number Accessed	% of Service	% Across the University
Under 18	0	0.00%	0.3%
18	33	4.78%	34.6%
19-20	288	41.68%	28.6%
21-24	370	53.55%	12.2%
Over 25	114	16.50%	24.3%
Unknown	2	-	-
Total	807	100.00%	100.0%

Table 11 shows the range and percentage breakdown of presenting problems that led students to access the service. The dominant issue that students presented with was anxiety (40.5%), with depression and mood change or disorder being the second most prevalent issue. These categories

serve as a guideline only, since only the most prominent issue is selected but many students present with difficulties that fall under several categories.

Table 11: Breakdown of Presenting Problems

Presenting Problem	Number of Students	% of Students
Anxiety	278	40.5%
Depression and Mood Change or Disorder	161	23.4%
Relationships	81	11.8%
Loss	40	5.8%
Self and Identity	23	3.3%
Abuse	15	2.2%
Addiction	14	2.0%
Unknown	14	2.0%
Other Mental Health Conditions	12	1.7%
Academic	10	1.5%
Other	10	1.5%
Transitions	10	1.5%
Physical Health	6	0.9%
Eating Disorders	6	0.9%
Sexual Issues	3	0.4%
Welfare / Employment	3	0.4%
Self-harm	1	0.1%
Total	687	94.3%

5. Outcomes

Of the 687 first contacts, 51.2% were referred to counselling within the service and 5.2% were referred to wellbeing support (Table 12).

Table 12: Outcomes of Assessment

Internal Referrals	Number Referred	% of Service
Referred to counselling	352	51.2%
Referred to wellbeing	36	5.2%
Referred to workshops only*	76	11.1%
No further action within Student Wellbeing	221	32.2%
Unknown	2	0.3%
Total	687	100.0%

External Referrals	Number Referred	% of Service
GP	35	7.8%
Steps2Wellbeing	285	63.8%
ALS	75	16.8%

SportBU	3	0.7%
Positive Minds	12	2.7%
SARC - Rape Crisis	6	1.3%
Other	31	6.9%
Total Other Services Signposted/Referred to **	447	100.0%

* This figure does not include the students signposted but not directly referred to workshops at assessment.

**Please note that this total includes both students who have and have not had contact with Student Wellbeing beyond assessment and does not equate to the number of students assessed since many students will have been signposted to several services. The total percentage has been removed as the individual percentages per service are not mutually exclusive.

6. Trends

The lower attendance rate for wellbeing support sessions compared to counselling and assessment appointments continues to be a trend. It is likely to be due to the fact that wellbeing support is routinely offered to students with lower level needs including those facing stress or mild anxiety. Those with more severe anxiety are often referred to Steps2Wellbeing. By their nature, these issues are more likely to be short-lived and reactive to life situations that can change rapidly, such as the exam period. It is possible that students who fall into this category are more likely to feel they no longer need an appointment, whereas those referred to counselling are often referred for longer term or historic difficulties affecting them that would be less likely to resolve themselves.

7. Feedback

The service has been collecting feedback obtained from the Dorset HealthCare Friends and Family Test in addition to the administering of an internal paper feedback form.

At the time of reporting, of 20 total respondents to the Friends and Family Test, 100% said that they would be 'likely' or 'extremely likely' to recommend the service to friends or family. Comments include:

I thought the people were really nice and supportive. Also everything seemed quite efficient and like they know what they were doing.

I cannot explain how much these sessions have helped me over my time at uni.

I found the service very helpful, supportive and relevant to my needs at the time.

Really helped me to work through my problems.

I am now able to feel better and look forward rather than worrying constantly. I feel a little more confident because of the help and advice provided by my counsellor.

There were twenty students who completed the paper feedback survey during Session 3. Due to the long term sickness of the Wellbeing Coordinator, the Session 3 data has not been collated over the

summer period as usual. Therefore responses to the survey will be included within Month 1 of the new academic term

8. Complaints

No complaints were received during the reporting period.

9. Incidents

There were no recorded incidents during the reporting period.

10. Future Plans

The service has the opportunity to work with an additional wellbeing advisor on a fixed term basis through 2016/17; this will allow greater appointment flexibility and shorter waiting times for students.

The project to provide email based support will be picked up by the new Student Wellbeing Coordinator to roll out in 16/17.

The future plans will be elaborated upon once the new Student Wellbeing Coordinator is in post.

Bournemouth University Student Wellbeing

Periodic Report Academic Year 2016-17

Prepared by
Date November 2017

1. Introduction

This report covers the period of September 2016 to August 2017, incorporating the whole of the 2016-17 academic year. During this year, Student Wellbeing had a new Wellbeing Coordinator in post from October 2016.

2. Referrals

There were 926 referrals to the service during 2016-17. This is an increase of 133 referrals from the previous academic year.

Table 1: Summary of Referrals to Student Wellbeing

Session 1 (2016-17)	Session 2 (2016-17)	Session 3 (2016-17)
422	394	110

3. Student Contacts

There were 798 first time student contacts in 2016-17, 44 of which were booked as urgent appointments. Of the booked appointments, the attendance rates averaged at 73.2%. Table 2 shows appointments broken down into attendance type and service, with attendance rates across each service.

Table 2: Summary of Student Contacts in Year

Student Contacts	Attended	DNA	Cancelled by Student	Cancelled by Service	Annual Total Offered	Attendance Rates
Assessment	754	110	67	45	976	77.3%
Urgent Assessment	44	3	1	2	50	88.0%
Wellbeing	412	154	127	67	760	54.2%
Counselling	817	138	153	35	1143	71.5%
Group	116	101	55	24	296	39.2%
Drop-in	76				76	100.0%
Annual Total*	2143	506	403	173	2929	73.2%

*Not including Drop-in

Tables 3-5 shows a summary of how many appointments were attended per student accessing the service.

Table 3: Number of Contacts per Student

No. Attended Appointments	No. Students	No. Contacts	% of service
1	316	316	14.4%
2	137	274	12.5%
3	112	336	15.3%
4	72	288	13.1%
5	44	220	10.0%
6	34	204	9.3%
7	42	294	13.4%
8	17	136	6.2%
9	7	63	2.9%
10	2	20	0.9%
12	2	24	1.1%
24	1	24	1.1%
Total	786	2199	100.0%

Table 4 shows the breakdown of the number of counselling appointments attended for each of the 221 students who attended counselling during the year.

Table 4: Number of Counselling Contacts per Student

No. Attended Appointments	No. Students	No. Contacts	% of service
1	40	40	5.0%
2	37	74	9.2%
3	38	114	14.1%
4	26	104	12.9%
5	26	130	16.1%
6	42	252	31.3%
7	8	56	6.9%
8	2	16	2.0%
9	1	9	1.1%
11	1	11	1.4%
Total	221	806	100.0%

Table 5 shows the breakdown of the number of wellbeing appointments attended for each of the 213 students who accessed the service.

Table 5: Number of Wellbeing Contacts per Student

No. Attended Appointments	No. Students	No. Contacts	% of service
1	97	97	23.9%
2	62	124	30.5%
3	35	105	25.9%
4	15	60	14.8%
5	4	20	4.9%
Total	213	406	100.0%

4. Referral Data

Table 6 shows the referral source for students who accessed Student Wellbeing. Self-referral was the most popular referral route, with 798 students (86.2%) self-referring to the service.

Table 6: Breakdown of Referral Source

Referred By	Number Accessed	% of Service
Self - Email	439	47.4%
Self - In Person	359	38.8%
BU Staff - Tutor	45	4.9%
GP	38	4.1%
BU Staff - Other	29	3.1%
Friend/Relative	8	0.9%
Other	5	0.5%
ALS	3	0.3%
Chaplaincy	0	0.0%
Total	926	100.00%

Tables 7-10 show the number of students who accessed the service broken down by faculty, nationality, gender and age. The highest proportion of students who accessed the service were from the Media School, with the lowest proportion of the four main faculties coming from the Faculty of Health and Social Sciences.

Table 7: Breakdown of Students by Faculty

School	Number Accessed	Of which, referred by tutor	% of Service	% Across the University
Media and Communication	358	17	38.7%	22.60%
Science and Technology	283	13	30.6%	24.40%
Management	185	7	20.0%	29.10%
Health and Social Sciences	100	7	10.8%	23.90%
Total	926	44	100%	100.00%

Table 8: Breakdown of Students by Nationality

Nationality	Number Accessed	% of Service	% Across the University
UK	771	83.3%	86.70%
International	138	14.9%	13.30%
Unknown	17	1.8%	
Total	926	100%	100%

Table 9: Breakdown of Students by Gender

Gender	Number Accessed	% of Service	% Across the University
Female	610	65.9%	43.40%
Male	311	33.6%	56.40%
Unknown	5	0.5%	100%
Total	926	100%	100%

Table 10: Breakdown of Students by Age

Age	Number Accessed	% of Service	% Across the University
Under 18	78	8.4%	0.10%
18	393	42.4%	11.50%
19-20	353	38.1%	34.30%
21-24	95	10.3%	28.50%
Over 25	6	0.6%	25.50%
Unknown	1	0.1%	0.10%
Total	926	100%	100%

Table 11 shows the range and percentage breakdown of presenting problems that led students to access the service. The dominant issue that students presented with was anxiety (34.3%), with depression and mood change or disorder being the second most prevalent issue. These categories serve as a guideline only, since only the most prominent issue is selected but many students present with difficulties that fall under several categories.

Table 11: Breakdown of Presenting Problems

Presenting Problem	No. of students	% of Students
Anxiety	320	34.3%
Depression and Mood Change or Disorder	292	31.3%
Not Recorded	173	18.6%
Relationships	34	3.6%
Loss	26	2.8%
Self and Identity	25	2.7%
Transitions	12	1.3%
Other Mental Health Conditions	11	1.2%
Abuse	10	1.1%
Eating Disorders	9	1.0%
Other	6	0.6%
Physical Health	4	0.4%
Academic	4	0.4%
Addictive Behaviours	4	0.4%
Self Harm	1	0.1%
Welfare and Employment	1	0.1%
Total	932	100.0%

5. Outcomes

Table 12: Outcomes of Assessment

Internal Referrals	No. of Students	% of Service
Referred to counselling	303	38.3%
Referred to wellbeing	266	33.6%
No further action within Student Wellbeing	140	17.7%
Referred to workshops only	78	9.9%
Check in on Request	4	0.5%
Total	791	

* These figures only show the first support a student attended. It does not show if a student received several different types of support within the service. For example, a student may have attended counselling but also a workshop.

External Referrals and Signposting	No. of Students	% of Service
Signposted to GP	199	21.9%
Signposted to Steps2Wellbeing	179	19.7%
Referred / Signposted to Other External Services	173	19.1%
Referred / Signposted to Other BU Services	149	16.4%
Referred to Steps2Wellbeing	102	11.2%
IAPT services nationwide	38	4.2%
SportBU Referral	23	2.5%
Referred to GP	22	2.4%
Drug/Alcohol Service	22	2.4%
Total Other Services Signposted/Referred to	907	

**Please note that this total includes both students who have and have not had contact with Student Wellbeing beyond assessment and does not equate to the number of students assessed since many students will have been signposted to several services. The total percentage has been removed as the individual percentages per service are not mutually exclusive.

6. Trends

Overall, we continue to see a rise in the number of students accessing Student Wellbeing each academic year, with self-referral being the most popular way to access the service. The highest percentage of referrals continue to come from the Faculty of Media and Communications. We continue to see a lower proportion of males accessing the service, however, are pleased that we have continued to be able to reach out to the international student population of Bournemouth University

with this group being slightly higher represented among our referrals compared with the University population.

The most prominent presenting problem continues to be anxiety, however, the difference between anxiety and the next most prominent, depression or mood change is smaller.

The lower attendance rate for wellbeing support sessions compared to counselling and assessment appointments continues to be a trend. It is likely to be due to the fact that wellbeing support is routinely offered to students with lower level needs including those facing stress or mild anxiety. Those with more severe anxiety are often referred to Steps2Wellbeing. By their nature, these issues are more likely to be short-lived and reactive to life situations that can change rapidly, such as the exam period. It is possible that students who fall into this category are more likely to feel they no longer need an appointment, whereas those referred to counselling are often referred for longer term or historic difficulties affecting them that would be less likely to resolve themselves.

7. Feedback

The service has been collecting feedback obtained from the Dorset HealthCare Friends and Family Test in addition to the administering of an internal paper feedback form.

During the year we had a total of 121 respondents to the paper feedback form. 120 out of 121 students (99.17%) said that overall, they were happy with the service that they had received.

Comments include:

"I was given lots of techniques to help me with coping with stress and down days."

"Lovely approachable people within the service. Made to feel very comfortable and welcome."

"This service has helped me a great deal through a very difficult time at Uni. It has helped me to realise I can deal with my issues and feel more positive about life when I finish Uni. Friendly, professional and really make you feel at ease. Would definitely recommend to anyone who is struggling."

8. Complaints

There were no formal complaints received during the reporting period. However, several students raise concerns around the waiting time, specifically for counselling. We have tried our best to be open with students at the start about the expected wait and also provide details for online support or other services where appropriate. On occasions, we also offered one off appointments in cancellations, prior to starting regular appointments. Big White Wall has also been offered to students on the waiting list.

9. Incidents

There were four recorded incidents during the reporting period. Three involved the same student suffering with dissociative seizures. The fourth incident involved a student disclosing an overdose whilst they were in treatment with us. Appropriate action was taken on each occasion. More details can be found on the session reports. All incidents were reported on the NHS incident reporting system.

10. Future Plans

A contract expansion for Student Wellbeing was approved over the summer. This will allow us to recruit additional staff. This will predominantly be Counsellors, with the aim to focus efforts on reducing the wait times for counselling. We also plan to be able to offer more regular appointments at the Lansdowne Campus.

We also continue to work on developing our IT systems. This will allow for greater security of the Student Wellbeing database, fine tuning of reports and for staff to be able to more smoothly access their NHS information including training and appraisals. Further exploration of web-based appointments or Skype will also take place in the new year.

As Big White Wall (online support) has become more embedded within the team as a support option, it will be important to monitor this and consider other areas within the University that may benefit from access to this.

Bournemouth University

Student Wellbeing

Annual Report

Academic Year 2017-2018

Prepared by
Date October 2018

1. Introduction

This report covers the period of September 2017 to August 2018, incorporating the whole of the 2017-18 academic year. During this year, the Student Wellbeing Co-ordinator went on maternity leave, and a year's secondment started in January 2018.

2. Referrals

There were 1151 referrals to the service during 2017-18. This is an increase of 225 referrals from the previous academic year.

Table 1: Summary of Referrals to Student Wellbeing

Session 1(2017-18)	Session 2 (2017-18)	Session 3 (2017-18)
525	497	129

3. Student Contacts

There were 874 first time student contacts in 2017-18, 18 of which were booked as urgent appointments. Of the booked appointments, the attendance rates averaged at 70.8%. Table 2 shows appointments broken down into attendance type and service, with attendance rates across each service.

Table 2: Summary of Student Contacts in Year

Student Contacts	Attended	DNA	Canceled by Student	Canceled by Service	Un-booked Appts*	Annual Total Offered	Attendance Rates
Assessment	854	192	98	81		1231	69.4%
Urgent Assessment	18	0	1	1		20	90.0%
Wellbeing	490	151	124	81		846	57.9%
Counselling	1155	166	217	82		1620	71.3%
Group	115	59	34	29		237	48.5%
Drop-in	86	1	0	0	0	87	
Annual Total*	2632	568	474	274	0	3717	70.8%

Tables 3-5 shows a summary of how many appointments were attended per student accessing the service. The Students whom attended 12-13 appointments a portion of appointments attended were workshops.

Table 3: Number of Contacts per Student

No. Attended Appointments	No. Students	No. Contacts	% of service
1	313	313	11.5%
2	144	288	10.6%
3	107	321	11.8%
4	88	352	13.0%
5	68	340	12.5%
6	46	276	10.2%
7	69	483	17.8%
8	23	184	6.8%
9	7	63	2.3%
10	4	40	1.5%
11	3	33	1.2%
12	1	12	0.4%
13	1	13	0.5%
Total	874	2718	100.0%

Table 4 shows the breakdown of the number of counselling appointments attended for each of the 293 students who attended counselling during the year.

Table 4: Number of Counselling Contacts per Student

No. Attended Appointments	No. Students	No. Contacts	% of service
1	44	44	3.8%
2	38	76	6.6%
3	43	129	11.2%
4	40	160	13.9%
5	46	230	19.9%
6	66	396	34.3%
7	12	84	7.3%
11	3	24	2.1%
12	1	12	1.0%
Total	293	1155	100.0%

Table 5 shows the breakdown of the number of wellbeing appointments attended for each of the 261 students who accessed the service.

Table 5: Number of Wellbeing Contacts per Student

No. Attended Appointments	No. Students	No. Contacts	% of service
1	120	120	24.5%
2	82	164	33.5%
3	36	108	22.0%
4	19	76	15.5%
5	2	10	2.0%
6	2	12	2.4%
Total	261	490	100.0%

4. Referral Data

Table 6 shows the referral source for students who accessed Student Wellbeing. Self-referral was the most popular referral route, with 673 students (58.5%) self-referring to the service.

Table 6: Breakdown of Referral Source

Referred By	Number Accessed	% of Service
Self - In Person	673	58.5%
Self - Email	330	28.7%
GP	51	4.4%
BU Staff - Tutor	48	4.2%
BU Staff - Other	24	2.1%
Friend/Relative	13	1.1%
Other	10	0.9%
ALS	2	0.2%
Chaplaincy	0	0.0%
Total	1151	100.00%

Tables 7-10 show the number of students who accessed the service broken down by faculty, nationality, gender and age. The highest proportion of students who accessed the service were from the Media School, with the lowest proportion of the four main faculties coming from the Faculty of Health and Social Sciences. This follows the same trend as the last academic year.

Table 7: Breakdown of Students by Faculty

School	Number Accessed	Of which, referred by tutor	2017-2018 % of Service
Media and Communication	404	20	35.1%
Science and Technology	367	9	31.9%
Management	211	7	18.3%
Health and Social Sciences	141	12	12.3%
Unknown	28	0	2.4%
School of Combined / Joint Honours	0	0	0.0%
Graduate School	0	0	0.0%
Total	1151	48	100%

Table 8: Breakdown of Students by Nationality

Nationality	Number Accessed	2017-2018 % of Service
UK	969	84.2%
International	170	14.8%
Unknown	12	1.0%
Total	1151	100%

Table 9: Breakdown of Students by Gender

Gender	Number Accessed	2017-2018 % of Service
Female	730	63.4%
Male	404	35.1%
Unknown	13	1.1%
Other	4	0.3%
Total	1151	100%

Table 10: Breakdown of Students by Age

Age	Number Accessed	2017-2018 % of Service
Under 18	5	0.4%
18	82	7.1%
19-20	476	41.4%
21-24	443	38.5%
Over 25	141	12.3%
Unknown	4	0.3%
Total	1151	100%

Table 11 shows the range and percentage breakdown of presenting problems that led students to access the service. The dominant issue that students presented with was anxiety (30.5%), with depression and mood change or disorder being the second most prevalent issue with only one less student. These categories serve as a guideline only, since only the most prominent issue is selected but many students present with difficulties that fall under several categories. The not recorded presenting problem is high as this accounts for students who registered with the service but did not attend an appointment, therefore nothing is recorded for them.

Table 11: Breakdown of Presenting Problems

Presenting Problem	No. of students	% of Students
Anxiety	355	30.5%
Depression and Mood Change or Disorder	354	30.4%
Not Recorded	305	26.2%
Relationships	41	3.5%
Loss	32	2.8%
Abuse	23	2.0%
Self and Identity	17	1.5%
Transitions	9	0.8%
Other Mental Health Conditions	8	0.7%
Eating Disorders	7	0.6%
Academic	4	0.3%
Addictive Behaviours	2	0.2%
Other	2	0.2%
Self Harm	2	0.2%
Physical Health	2	0.2%
Welfare and Employment	0	0.0%
Total	1163	100.0%

5. Outcomes

Table 12: Outcomes of Assessment

Internal Referrals	2017-2018	% of Service
Referred to counselling	384	42.4%
Referred to wellbeing	287	31.7%
No further action within Student Wellbeing	148	16.4%
Referred to workshops only	74	8.2%
Check in on Request	12	1.3%
Total	905	98.7%

* These figures only show the first support a student attended. It does not show if a student received several different types of support within the service. For example, a student may have attended counselling but also a workshop.

External Referrals and Signposting	2017-2018	% of Service
Referred to Steps2Wellbeing	55	33.3%
Referred to GP	54	32.7%
SportBU Referral	51	30.9%
Referred / Signposted to Other External Services	4	2.4%
IAPT services nationwide	1	0.6%
Signposted to GP	0	0.0%
Signposted to Steps2Wellbeing	0	0.0%
Drug/Alcohol Service	0	0.0%
Referred / Signposted to Other BU Services	0	0.0%
Total Other Services Signposted/Referred to	165	100.0%

**Please note there is currently a data quality issue with recording of signposting elsewhere on the Student Wellbeing database as the numbers are not fully reflective of the full academic year and referrals made to external agencies. We are looking at updating the student wellbeing database to improve data quality. Please note that this total includes both students who have and have not had contact with Student Wellbeing beyond assessment and does not equate to the number of students assessed since many students will have been signposted to several services. The total percentage has been removed as the individual percentages per service are not mutually exclusive.

6. Trends

Overall, we continue to see a rise in the number of students accessing Student Wellbeing each academic year, with self-referral being the most popular way to access the service. The highest percentage of referrals continue to come from the Faculty of Media and Communications. We continue to see a lower proportion of males accessing the service.

The most prominent presenting problem continues to be anxiety, but this is very close as only the next most prominent presenting problem was depression with a difference of only one student.

The lower attendance rate for wellbeing support sessions compared to counselling and assessment appointments continues to be a trend. It is likely to be due to the fact that wellbeing support is routinely offered to students with lower level needs including those facing stress or mild anxiety. Those with more severe anxiety are often referred to Steps2Wellbeing. By their nature, these issues are more likely to be short-lived and reactive to life situations that can change rapidly, such as the exam period. It is possible that students who fall into this category are more likely to feel they no longer need an appointment, whereas those referred to counselling are often referred for longer term or historic difficulties affecting them that would be less likely to resolve themselves.

7. Feedback

The service has been collecting feedback obtained from the Dorset HealthCare Friends and Family Test in addition to the administering of an internal paper feedback form.

During the year we had a total of 171 respondents to the paper feedback form. 170 out of 171 students (99.42%) said that overall, they were happy with the service that they had received.

Comments include:

"My counsellor was very responsive and showed excellent levels of patient interest and care. I was listened to, given good advice and appropriate feedback. My feelings were also kept in mind throughout my sessions".

"It has been really supportive and helpful. I had many difficulties and struggled with anxiety because it is my first year to this country. The wellbeing service made me feel more clear and manage my fears and thoughts of disappointment."

"Really helpful service has helped me address everything I needed to."

"I always felt as though I was taken seriously and nothing was 'off the cards' to talk about. I always left feeling more positive for my future."

"Lots of helpful suggestions on what I can to help myself."

8. Complaints

There was one formal complaint received during the reporting period. A GP made a complaint regarding onward urgent referral to GP practice, and felt that student should have been seen by urgent services or the hospital. This complaint was investigated and responded to by phonecall and letter. The Wellbeing Advisor deemed the student was able to attend GP on the same day as had travelled to the appointment to Student Wellbeing from Southampton. The team have discussed onward referrals in the team meeting and through clinical supervision.

No other formal complaints were made during this period.

9. Incidents

There were two recorded incidents during the reporting period. First a student death was reported in February 2018, this has subsequently been to the Coroners Court and the cause of death was reported as suicide. At the time of death the student was not open to the Student Wellbeing, but had been discharged two weeks prior after engaging with six sessions with the service. The trust has completed a serious investigation regarding this and the report and recommendations have been shared widely with the team and management in the University.

The second incident was an incident whereby a student was given a letter for somebody with the same name as them but a different date of birth. We have now made it policy within the administration team that if a student is picking up a letter or information we check full name and date of birth.

Appropriate action was taken on each occasion. More details can be found on the session reports. All incidents were reported on the NHS incident reporting system.

10. Future Plans

Over the summer of 2018 an operational policy has been drafted and is awaiting final approval. The aim of this document is to give further clarity on the remit of the Student Wellbeing service, to encourage clear decision making in supervision and in individual sessions with students on the remit of the service.

A referral pathway has also been developed with Steps 2 Wellbeing for smoother referral process, so that students can be put straight onto a waiting list with Steps 2 Wellbeing for further support if this is identified in a Student Wellbeing appointment. This will be piloted during the first term with monthly meetings with a contact from the Steps 2 Wellbeing team.

The Student Wellbeing team are also planning a series of events for the World Mental Health Day and week in October. One aim of this is to promote the Big White Wall and promote healthy wellbeing and self-care, alongside other support services.

We also continue to work on developing our IT systems. This will allow for greater security of the Student Wellbeing database, fine tuning of reports and for staff to be able to more smoothly access their NHS information including training and appraisals. We are currently awaiting an updated Microsoft Access database, but have also started conversations to explore the options of web-based databases.

UNIVERSITY BOARD

Meeting Date	23 November 2018
Paper Title	Annual Report on Student Welfare
Paper Number	UB-1819-1-026
Paper Author/Contact	Mandi Barron, Head of Student Services
Decision Required	To Note
Confidentiality	None

1. INTRODUCTION

Bournemouth University (BU) provides a range of welfare support to students alongside training and development for our staff who are supporting students. This report outlines the range of support and development available, highlights activities in 2017-18 and includes statistics about students using the dedicated Student Wellbeing service in the same period. It also notes our plans for 2018-19.

2. BU APPROACH TO STUDENT WELFARE

2.1 Like most other universities, BU offers a range of welfare support services to help students who may be struggling. Board members will be aware of reports in the press that universities do not have enough resources especially in the area of mental health support, and there are calls for HEIs to be doing more. At BU we believe the role of the university is to provide support for issues that relate to the transition to university and to help students cope with the stresses and strains of everyday life so that they are able to engage successfully with their studies. We do not believe it is our role, or indeed an effective use of resources, to replicate specialist services already provided by the NHS or social services with whom we work closely. Nevertheless we accept this is an area of concern and we have increased staff in our Student Wellbeing service, reviewed existing roles to be more focused on welfare support and have invest in and are currently recruiting for a new post of Head of Student Wellbeing to coordinate all activity in this area. We are also working closely with the NHS to refine referral routes for our students and are carrying out two externally funded research projects into improving student wellbeing.

2.2 Specialist Staff Support

2.2.1 Student Services comprises a number of different functional teams including Student Wellbeing (delivered on campus through contract with Dorset Healthcare University Foundation Trust, DHUFT), Additional Learning Support, SportBU, Frontline Services, Residential Services, Chaplaincy and Careers. The Head of Student Services also manages the contract for the BU Medical Centre, provided for us by Talbot Medical Centre. This offers standard General Medical Services that students could access through any practice but delivered on campus for convenience and supplemented by a nurse practitioner funded by the university. We constantly look for new partnerships to supplement these activities and have recently developed closer working relationships with Dorset Rape Crisis and Victim Support who both offer drops ins on campus.

2.2.2 Under the BU model, the Student Services Executive team work together to provide a joined up approach to welfare; where a student issue is identified in one area, there is the opportunity for cross referral as appropriate. For example a student presenting with low mood to Student Wellbeing may well benefit from physical activity and so Wellbeing staff are able to issue a free 10 day gym pass for the student and a friend. ALS staff work with a number of students with Mental Health issues and where these are deemed to need more specialist support, will refer across to Student Wellbeing; in some cases this will lead to a referral to a specialist outside BU. Many student welfare issues arise in an accommodation setting; we provide Welfare Coordinators in each student hall as an initial point of contact and these staff work very closely with Student Wellbeing and other areas of Student Services.

2.2.3 Additionally Student Services works closely with faculty staff, and staff in other professional services, to ensure that students receive the appropriate support regardless of where an issue is identified. Where a serious concern is identified for a particular student we will monitor their progress and may invite them to attend a Fitness to Study meeting where we discuss what additional support or adjustments the university could make to allow them to engage fully with their studies. This may involve the creation of an action plan to help the student take full responsibility for their welfare, albeit with support from BU.

2.2.4 In 2017 Tribal carried out a benchmarking survey for BU which noted that BU allocated less funding for specialist mental health support than other universities in their benchmarking

survey. The data at that time showed that BU allocated █ per on campus student, whilst the Benchmarking peer group was █ per student, the Wider Group was █ per student and the Aspirational Group¹ spent █ per student. It should be noted that since then we have made additional investments including the appointment of an additional 0.75 FTE Wellbeing Advisor and an additional 0.8 FTE counselling support. ULT have also recently approved a new post of Head of Student Wellbeing (currently being recruited) and the introduction of (externally funded) mental health mentors to be appointed once the Head is in post.

2.3 A pro-active approach

- 2.2.1 In addition to offering reactive services when a support needs arise, we have been running a number of initiatives to try to prevent welfare issues occurring. Our ResLife programme, launched in the 2016-17 academic year, offers support via Welfare Coordinators based in each hall of residence and also a range of social activities designed to help students settle into university and prevent isolation. In 2016 we introduced our 'Dry Halls' approach to Week One and support for this for students is growing year on year. This year nearly 50% students who responded to our survey expected this to have a positive effect on them, up from 25% in 2016-17. During the September 2018 arrivals period we ran an alcohol free pop up bar provided by 'Pink Soda'. This offered a range of non-alcoholic beers, wines and spirits and seems to have been well received by students.
- 2.2.2 We also reviewed the staffing of our ResLife programme for 2017-18 and introduced a new post to manage our Residents Assistants and Senior Residents Assistants. This role focuses on the delivery of social activities in halls and helps students to integrate when they may otherwise feel isolated. This has freed up time for our Welfare and Communities Officer, who previously looked after all areas of ResLife, to concentrate on welfare issues. We have also appointed an additional 0.5FTE to cover the Student Village extending the hours when support is available there.
- 2.2.3 Many welfare issues are identified in the accommodation setting and our ResLife programme has allowed us to identify students who may be at risk at an early stage. Working jointly our ResLife, Student Support and Engagement and Faculty Support Teams follow up jointly on areas of concern whether these arise in an accommodation or classroom setting. Since 2013 when Student Services was established we have seen a 63% increase in the number of students that we are supporting through this non-clinical/non-specialist route ensuring that those with lower level support are provided with information and advice and appropriate support arrangements are agreed to allow students to successfully continue with their course.
- 2.2.4 This approach completely aligns with the whole university approach to mental wellbeing as articulated in the UUK's Step Change recommendations. (www.universitiesuk.ac.uk/policy-and-analysis/stepchange/Pages/default.aspx) although it should be noted that BU adopted this approach even before these recommendations were published. . Aligned to this we are in the process of approving a Student Health, Wellbeing and Welfare Policy and we have also reviewed our Fit to Study Policy, which is now a Health, Wellbeing and Fit to Study Policy.

2.4 Non Specialist Staff

- 2.4.1 Student Services offers a range of services when students are in need of welfare support, however the issue of student welfare is relevant to all staff. In particular, all staff coming into contact with students who may have welfare issues, and particularly those who have no expertise and/or limited experience in this area, need to understand what support is available in order that they can signpost them effectively to the available specialist support. To aid this understanding Student Services have developed a number of resources, which are available in a dedicated area on the staff portal. This includes a booklet entitled *Student Health & Wellbeing: a Practical Guide for Staff* (available at <https://intranet.sp.bournemouth.ac.uk/documentsrep/Student%20Wellbeing%20Staff%20Guid>)

¹ Group descriptors as provided by Tribal. Peer group are perceived as similar profile to BU's, wider group is all HEIs using Tribal benchmarking and aspirational group is as defined by BU through the development of BU2025

e.pdf and in hard copy on request) as well as a referral flowchart (copy attached at Appendix 1).

- 2.4.2 Staff development events, open to all and publicised through Organisational Development, include topics such as Counselling Skills, Handling Loss Issues in Students and Understanding Boundaries to name just a few. The full programme can be accessed at <https://staffintranet.bournemouth.ac.uk/workingatbu/staffdevelopmentandengagement/ppd/supporting/wellbeing/>. Through the staff portal we also offer access to an excellent Mental Health online learning package developed by the Charlie Waller Memorial Trust (<http://learning.cwmt.org.uk/>). The Health, Safety & Wellbeing Team (based in HR) also run Mental Health First Aid workshops for all staff.

2.5 Partnerships

- 2.5.1 As previously noted, our Student Wellbeing service is provided under contract by Dorset Healthcare University Foundation Trust. The staff working in Student Wellbeing are based in the same NHS division as Steps 2 Wellbeing which offers a good route into the external service where appropriate. We have recently agreed a streamlined referral system from BU Student Wellbeing into Steps 2 Wellbeing which removes the need for a separate assessment by Steps 2 Wellbeing staff once a student is referred. This is only possible because our Student Wellbeing staff are employed and trained by DHUFT.
- 2.5.2 We also work closely with the Talbot Medical Centre based on Talbot Campus and fund a post of nurse practitioner, allowing our students to access support more quickly. Student Wellbeing and the GP practice have been reviewing how, despite having different records systems and both being subject to client confidentiality, they can better share information where a student is identified as being at serious risk.
- 2.5.3 We have also been consolidating our relationships with the local Community Mental Health Teams (CMHT) and Early Intervention Services and we are working more closely with them to ensure our students with the most complex needs are supported. In particular we have been considering whether we can do more in the way of information sharing and referral pathways.
- 2.5.4 BU partially funds the presence of the Universities Police Neighbourhood Team, again based on campus. This has proved extremely useful and allowed us to work closely where there may be issues of potentially criminal concern that could impact on the university community.

3. SPECIFIC ISSUES

- 3.1 There are a number of specific topics relating to student welfare and wellbeing that Board members may be aware of and that have been hot topics in 2017-18:

3.2 Student Suicides

- 3.2.1 The most recent report from the Office for National Statistics highlighted that in 2016-17 there were 95 student deaths by suicide, a reduction in the previous year reported. Sadly at BU we did have one student death by suicide in 2017-18 and, although the NHS serious incident review found the death to have been non-preventable, we are considering further actions that we can take in relation to suicide prevention in future.

3.3 Communication with parents

- 3.3.1 Particularly in relation to media reporting on student suicides, there has been much discussion in the press about how and when universities should communicate with parents, not helped by Sam Gymiah MP stating that universities should act 'in loco parentis'. Legally anyone over 18 is an adult and the university's contract is direct with the student and not their parents. When you add into the equation the fact that emotional problems can in themselves be caused by families, that students want independence, that not all students are in the 18-21

bracket and that many students do not come from a supportive family background, deciding if and when to involve parents is tricky. There is also a real danger that students will not seek support if they believe that their confidentiality will not be respected.

- 3.3.2 Some universities, most publicly the University of Bristol, have asked students to agree on enrolment that their parents may be contacted if there is a problem. At BU we do not believe this is the best approach, as students will change during their time at university and their wishes may change even during a short period of time. Therefore where we are aware of a serious issue, such as a suicide attempt, we will ask the student if we may communicate with their family. If the student refuses we will always respect their wishes; if the student isn't deemed to be of sound mind we would leave the decision to the emergency services who are qualified to make that judgement.

3.4 Meningitis

- 3.4.1 We have had no reported cases of meningitis in the 2017-18 academic year. We are delighted to have obtained the Meningitis Now Meningitis Aware Recognition Mark which demonstrates our commitment to raising awareness of preventative measures and appropriate interventions.

4. DEVELOPMENTS FOR 2018-19 ACADEMIC YEAR

- 4.1 Although we are confident that the work we do at BU is both appropriate and helpful, of there are always improvement to be made. We are planning a number of enhancements for 2018-19 including:
- The introduction of the new role of Head of Student Wellbeing. This role, which will be filled by a qualified mental health specialist, will support the Head of Student Services to develop and deliver an integrated student welfare support package, taking line management dotted line management for all Student Services staff who offer front line welfare support.
 - Once the Head of Student Wellbeing is in post we intend to appoint 2 x 0.5 FTE Mental Health Mentors. These posts will be funded by Disabled Students Allowance. and will allow us to provide ongoing support for those with long term mental health issues
 - Continuing to develop the dry halls approach, extend the pop up alcohol free bar and other non alcohol based activities at the start of term. We are also talking to Alcoholics Anonymous about the possibility of running an AA group specifically for students.
 - Continuing to work with the NHS on developing more streamlined pathways between BU and NHS core services.
 - Running the pilot resilience programme developed jointly with Mind and Dorset Mind and part funded by AMOSSHE. If successful we will roll it out to all students in halls and it will also be available for use by other universities
 - Continuing to research into PGR mental wellbeing, this project is funded by HEFCE catalyst funding and is a joint project with AUB
 - Introducing a cross university system to record all incidents relating to student welfare to allow this to be shared more easily (with appropriate confidentiality rules applied)

5. DECISION REQUIRED

To note

6. APPENDICES

- 6.1 Appendix 1 – Student Wellbeing Statistics

APPENDIX 1 – Student Wellbeing Statistics

Student Wellbeing registered 1,151 students in 2017-18, up from 926 in 2016-17.

The main presenting problems are similar to previous years although there has been an increase in students reporting abuse. The reasons listed are self-reported and so may refer to the student's own perception rather than a clinical diagnosis.

Table A1 – reasons for reporting

Anxiety	355
Depression or Mood Change	354
Not recorded	305*
Relationships	41
Loss	32
Abuse	23
Self & Identity	17
Transition	9
Other Mental Health Conditions	8
Eating	7
Other	6
Academic	4
Addictive Behaviours	2
Physical Health	2
Self-harm	2
Welfare & Employment	0

*- students who register with the service but have not yet attended an assessment.

As in previous years the Faculty of Media and Communication remain the largest users of the service.

Table A2 –users by faculty

Media & Communication	404
Science & Technology	367
Management	211
Health & Social Science	141
Not recorded	28

Most users are aged between 19 and 21, although age is recorded at the beginning of the academic year only.

Table A3 – users by age

Under 18	5
18	82
19-20	476
21-24	443
Over 25	141
Unknown	4

Most service users are of UK nationality. When the Wellbeing Service was established Board Members asked that we monitor usage by nationality as International students traditionally do not tend to access these types of support services. However at around 15%, the number of international service users is broadly in line with the % of international students at BU

Table A4 – users by nationality

UK	969
International	170
Unknown	12

Waiting times for appointment vary significantly during the year. At the start of each term wait times are short both for initial assessment and also for ongoing support. However as students may receive up to 6 sessions of counselling or wellbeing support, these sessions quickly get booked up and students need to wait until another student has finished their course of support. During the year assessment wait times are generally on target (1 day for urgent assessment and 5 days for non urgent) and students deemed to be in need of immediate support will be prioritised.

Extracts from Report for Bournemouth University Leadership Team on Student Mental Health Support

Author: Mandi Barron, Head of Student Services

Date: 21st September 2018

1. Executive Summary

- 1.1 This paper notes that student welfare support at BU has developed over the years and is far more integrated than many other universities. However our focus has been on improving and joining up welfare support internally and with key external partners and not specifically in the provision of mental health support, an area which is becoming increasingly important for universities. It makes the case for an additional senior post to be created in Student Services to take responsibility for student wellbeing generally and specifically student mental health support. Should such a post be approved we will move the management and development of all welfare support under that person and appoint additional posts to be funded in the longer term from the Disabled Students Allowance (DSA). ■■■
- 1.2 A number of actions in BU2025 emphasise the importance of ensuring appropriate student support and particularly related to wellbeing and mental health and these are listed in Section 2.
- 1.3 Until recently mental health provision was seen as pretty much the sole remit of the NHS and other specialist providers with HEIs' duty restricted to low level support and signposting. Philosophically I still believe that should be the case, however it is become very clear that the required specialist support is not always available in a timely manner. Therefore if universities want to support and retain their students they have no option but to review their provision in this area.
■■■
- 1.5 UUK are very keen for universities to adopt their 'whole university approach' to mental health through the #stepchange programme. UUK are also working with Student Minds and Papyrus on campaigns to support student mental health and prevent suicide. HEPI have also majored on mental health with recommendations for improved services. New initiatives are being announced on a regular basis and we don't currently have the capacity to keep up with these in detail or indeed to implement recommendations as quickly and fully as we would like.
- 1.6 ■■■ We need to review how we support academic and faculty PSS staff so that they understand what is available and how students can easily access this as well as assuming responsibility in Student Services when issues go beyond those which staff are comfortable dealing with.
- 1.7 It is difficult to obtain regular benchmarking information on the delivery of student mental health support services due to the different structure and approach between universities. However two recent benchmarking exercises have identified that the resources BU invests in this area is significantly less than many other universities .

2. BU2025 Context

- 2.1 Action 14A states "Take action May 2018 for impact in and from the 18/19 academic year, using existing processes and redeploying resources, Student Services and the Health and Wellbeing team to work together to develop and implement an integrated approach to health and wellbeing for staff and students". This is in train and a document will be submitted to ULT in October 2018. Other relevant BU 2025 actions include:
 7. Further develop our campus as a vibrant and **inclusive** environment, that engages students and staff and maximises the value of our campus experience [inclusive will include a number of students who may have mental health needs]
 10. All our departments, professional services and cross-BU teams **listen to and respond to the student voice** in their activities [we know that mental health support is a live issue for students]

12. All our departments, and professional services engaged in student and academic support, act to **improve attainment, retention and completion rates** for all programmes and all groups of students. Use learning analytics and other data to provide personalised support for students to improve their outcomes [having robust support in place for students allows them to concentrate on their studies without concern, offering the best chance of success]

18. All our departments, professional services and cross-BU teams **provide consistently excellent service** [there is difference of opinion as to the level of MH support that should be the responsibility of the university; regardless students perception is that they will receive this type of support from a university and expect it to be delivered in a way that meets their expectations]

39. Our professional service teams **learn from and implement best practice in their areas** to increase efficiency and effectiveness, and contribute to the development of their professions [best practice recommendations relating to mental health support have been made by UUK and other bodies as outlined below]

63. All our departments, professional services and cross-BU teams **take account of staff feedback**, manage change effectively, support openness and transparency, and communicate clearly and authentically to achieve high levels of staff satisfaction [we know that, particularly academic, staff would like more support for student mental health to ease the burden on them]

68. Our departments, professional services and cross-BU teams review their ways of working and develop creative solutions to deliver more **efficient and personalised support to staff** [this includes dedicated support and point of contact when they have concerns about students with a mental health issue]

84. Horizon scan and take appropriate action to anticipate, influence and **respond to policy and sector changes** and developments in the external environment [there has been a policy shift in relation so student mental health support as promulgated by the current Minister for HE and UUK]

89. Continue to review the scope, activity and resourcing of all our services **against benchmark data**. Use this data to make informed decisions about how we allocate resources and prioritise our actions [Obtaining sector wide data about mental health support is difficult because of the different structures and method of delivery between HEIs. However benchmarking exercises have shown that BU employs less resources in this area than other universities.

3.

3.2 UUK and Papyrus have recently launched a guide on preventing students from dying by suicide, again highlighting the importance of university involvement in supporting this issue. this guide does recommend that universities review their approach to mental health support and create a policy for suicide prevention and general welfare support.

3.3 This initiative builds on the #stepchange UUK initiative encouraging greater cross and inter-institutional support as well as closer working with our NHS and other healthcare partners. Whilst we have been working hard with our partners to try to enhance our provision and increase links, it does take a dedicated resource which we don't currently have.

3.4 Student Minds have also announced that they will be working with UUK on developing a mental health charter and again this will need dedicated resources to review and deliver this.

3.5 Most recently Sam Giymah wrote to all Vice Chancellors asking universities to prioritise student mental health, to review how they are meeting the #stepchange recommendations and to prepare for the introduction of the Mental Health Charter

5. Student Services enhancements

5.1 Student Services was formed in August 2013. One of our first tasks was to try to integrate support that was being delivered piecemeal and often in silos. We also wanted to ensure we were getting value for money from our contracts. Over the last 5 years we have:

- Revised our counselling contract introducing a much wider range of support and a triage system
- Renegotiated our contract with the GP surgery
- Funded additional counselling and welfare support to meet increased demand
- Refocussed the resource spent on the GROW team (designed to support transitions but not demonstrating impact) to recruit a specialist Student Support and Engagement Coordinator for each faculty as the first point of contact for staff and students
- Introduced an 'At Risk register' with fortnightly meeting between key staff to track those students reported to be at high risk of harm. This activity is a partnership exercise between Student Services and Faculties
- Introduced the BUREsLife programme. Self funded and with a strong focus on welfare and wellbeing. Through this programme we have managed to identify and support many students who are at risk of dropping out and offer them appropriate support. This is done in partnership with our accommodation partners
- Introduce a Health, Wellbeing and Fitness to Study policy. This supportive policy is designed to help us engage with students who are struggling to help them put in place support to help them continue with studies and is operated collaboratively by Faculties and Student Services
- Introduced a suite of workshops for staff supporting students
- Developed intranet pages for staff supporting students
- Placed an emphasis on preventative steps and importance of looking after own wellbeing. Introduced information about NHS Steps to Wellbeing into open day talks and marketing activity and pre and post arrivals activity
- Created a dedicated referral pathway for students into Steps 2 Wellbeing, reducing waiting times by around 4 weeks
- Gained the Meningitis Now Charter Mark

5.2 We also have a number of projects in train including those listed below. However we really now need some senior MH expertise to drive these, and other projects, forward.

- Externally funded projects focused on improving student resilience (working with Mind, part-funded by AMOSSHE) and PGR mental health (Advance HE catalyst funded project, a collaboration between Student Services, HSS, Doctoral College and AUB)
- Working with DHUFT Community Mental Health Teams and the GP surgery's mental health nurse to agree better referral processes.
- Working with DHUFT and the Dorset Clinical Commissioning Group to identify any improvements we can make in the student referral and support process
- Implementing a more robust record keeping system via SID. This will allow the recording and monitoring of student welfare issues generally (rather than just high risk cases which we monitor currently) by faculties and Student Services. It should be noted that the university has committed to review written policies and records following a recent request
- Reviewing our engagement with parents where a significant risk is identified, again this was a requirement falling out of the recent request

6. BU resource as compared to other HEIs

6.1 It isn't straightforward to compare mental health provision between universities due to the differing structures and remits of different teams. Additionally sector statistic bodies, eg HESA, don't regularly collect or publish this type of information as they do with some other support areas. Therefore there

is no definitive comparison that can be made with the resource that we allocate at BU compared to other universities. However two recent exercises offer some indication that BU is not as well-resourced as other HEIs

- 6.5 BU has increased its wellbeing provision, adding an additional 1.3 FTE in 2017 to try to tackle waiting lists, however the demand for 1:1 support keeps rising and the service is still unable to keep up with demand despite additional resources and more efficient ways of working.
- 6.6 We have no senior post with a mental health qualification which means that we are limited in future developments. ULT (?) are therefore asked to consider the case for the new post of Head of Student Wellbeing. Once we have capacity at senior level we will also be able to recruit Student Mental Health mentors which should be self funding through the DSA. The
- 7. Resource requested**
- 7.1 Since Student Services was created in 2013, we have spent a lot of time and focussed resources on developing an integrated wellbeing provision as listed in section 3. BU's integrated approach is far more evolved than many other universities and we work collaboratively with faculties (academic and PSS staff) and other services to ensure that we can identify and support students who may be struggling. However not only is demand for support now exceeding what we can provide through current resources but we will also be required to dedicate significant senior management resource in this area to ensure that we are complying with best practice requirements (including working towards the Mental Health Charter) which continue to evolve on a daily basis. UKRI have recently announced research funding into Student Mental Health in Higher Education (<https://www.smartten.org.uk/>). As wellbeing is one of BU's SIAs under 20205 this is also an opportunity for BU to be leading and influencing in this area. This will build on the funding we have already obtained from AMOSSHE for are resilience project we are working on with Mind, and the Advance HE Catalyst funded research we are doing into PGR Mental Health. No one in the Student Services Executive team has the required mental health expertise which is now required in this new world
- 7.2 In order to lead this work we need an additional senior member of staff with an appropriate mental health qualification. It is proposed this new Head of Student Wellbeing will take over management responsibility for a number of existing teams and contacts. They will also formalise our already effective integrated approach to student support by reviewing and update policies and procedures in this area. With an appropriately qualified senior lead we intend to expand our mental health support through the appointment of mental health mentors. These posts which will need clinical supervision, should be able to attract DSA funding and eventually be cost neutral. These staff would be able to offer regular and ongoing more specialist support thus reducing the work of academic staff in this area how have previously expressed concern at not being qualified to deliver certain pastoral support. It is also intended that by offering regular ongoing support to students with the most complex needs we will prevent crisis arising, be able to work collaboratively with NHS Community Mental Health teams and other external support staff and reduce the burden on Student Wellbeing who may support these students on an interim basis. If this proposal is supported it would be intended to recruit the Head asap and then Mentors once this role has bedded down.

A number of universities are recruiting for similar senior posts.

We also need to update materials such as the Supporting Students Booklet, refresh our web and intranet pages and promote events such as University Mental Health Day.

██████████ In our Fair Access Agreement for 2018 we have committed to support students with mental health conditions as part of both our Student Success and Progression activities. ██████████

- 7.6 ██████████ Of the 57 students on our 'At Risk' register in 2017-18, only 5 withdrew with a further 4 being withdrawn from academic failure. This could be interpreted to show that intervention and on-going support for these students is effective in helping them to continue with their studies.

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