

# York Student Health Needs Assessment Summary Report

June 2017



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# Overview

The health needs of students are changing. In York there has been a particular focus on student mental health over the last 18 months. This report identifies the health needs of York students, which will help guide commissioners and service providers to ensure that the appropriate services are provided to meet student need.

The report has involved students and staff from Higher York institutions, plus wider stakeholders from across the City. The main areas of need identified are around improving mental health and wellbeing and access to services. Although gaps in provision and concerns about existing services have been identified, there are also some clear examples of local good practice across the institutions. Findings from this assessment, alongside other student feedback, are already being used to improve student health and wellbeing provision.

This report recommends that a multi-agency partnership is established to drive the student health agenda in York. This partnership should focus on addressing the five key challenges outlined in the report: mental health, communication, access to services, integrated approach to wellbeing and local leadership & partnership working.

This is a summary of the information covered in the full York Student Health Needs Assessment (HNA) report, which is available on the York Joint Strategic Needs Assessment (JSNA) website: [www.healthyyork.org](http://www.healthyyork.org)

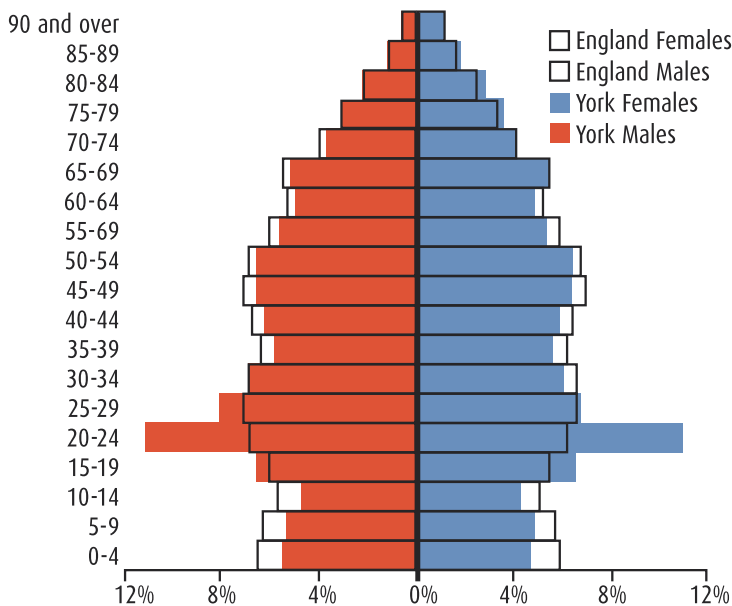
This report was produced by Dr Victoria Turner (Public Health Specialty Registrar, City of York Council) on behalf of York Health & Wellbeing Board. For more information please contact Nick Sinclair (JSNA lead) at: [nick.sinclair@york.gov.uk](mailto:nick.sinclair@york.gov.uk)

# What is the York student demographic?

Students make up a fluctuating but significant part of the York population. Students are known to have a specific health profile, with particular concerns locally and nationally around mental health. During the last decade the national student population has become younger and more cosmopolitan, with a higher proportion of full-time students.

Office of National Statistics (ONS) data shows that 15% of the York population is aged 18-24 (30,856 out of 206,856 people). This is higher than the England average of 9%.

York population pyramid v England (ONS mid 2015)



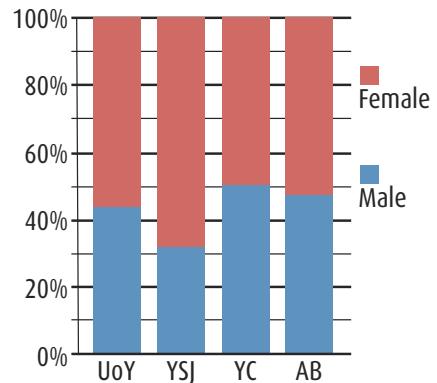
There were around 31,000 students attending the 4 Higher York institutions in 2016/17.

- University of York (UoY) = 16,665
- York St John University (YSJ) = 5585
- York College (YC) = 6508
- Askham Bryan (AB) = 5291

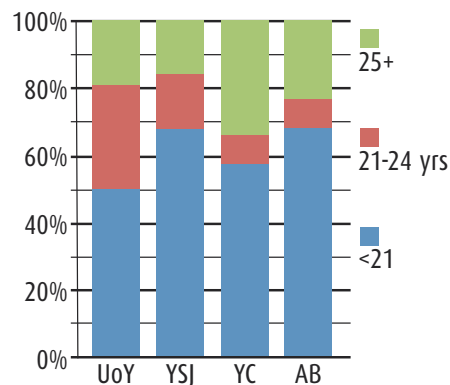
(N.B. Askham Bryan student numbers include those across all campuses. Around 2,000 of these students are based at the York campus.)

Some students live in York full time, some live in York during term-time only, and some commute on a daily basis. Many students living in York live in the more deprived City wards.

## Gender



## Age



## Level of academic study

**University of York:** 12,300 undergraduates, 4,150 postgraduates, 205 pre-sessional students

**York College:** 6,147 students levels 1-4, 361 levels 5-7

**York St John:** 4,935 undergraduates, 650 postgraduates

**Askham Bryan:** data unavailable

## International students

**University of York** = 3,635 (945 EU, 2690 non-EU)

**York St John** = 456

**York College** = 147

**Askham Bryan** = 17 (full-time)

# How was the Student HNA conducted?

The HNA was carried out in 3 main phases: pre-consultation, consultation, and post-consultation. In addition, background data collection ran alongside the three phases.

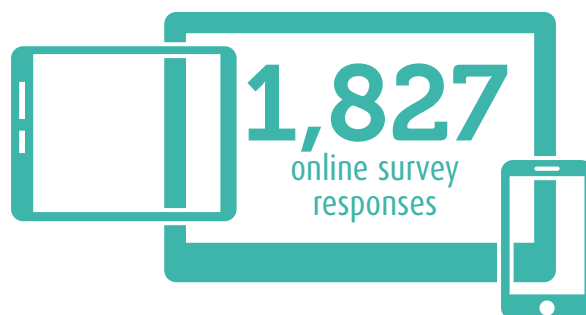
## Pre-consultation

A steering group was formed, involving public health staff and representatives from each institution, which met monthly throughout the HNA process. Initial stakeholder engagement was carried out to identify key local issues to explore during consultation, and an initial review of existing research and similar projects was undertaken to ensure key topics were included in survey and focus group questions.

## Consultation

Discussions were held with individual stakeholders, including local health service providers, commissioners and voluntary sector organisations. This involved staff focus groups, an online stakeholder survey, and one-to-one discussions.

Consultation with students was carried out in three main ways: an online survey (1,827 responses), small focus groups and broader café sessions (including cafés specifically with international students) at each institution. These methods provided both qualitative and quantitative data.



## Post-consultation

Data analysis was carried out by the public health team. Further discussions were held with individual services, wider institutional groups, council officers, and the York Student Mental Health Network, to discuss data and recommendations.

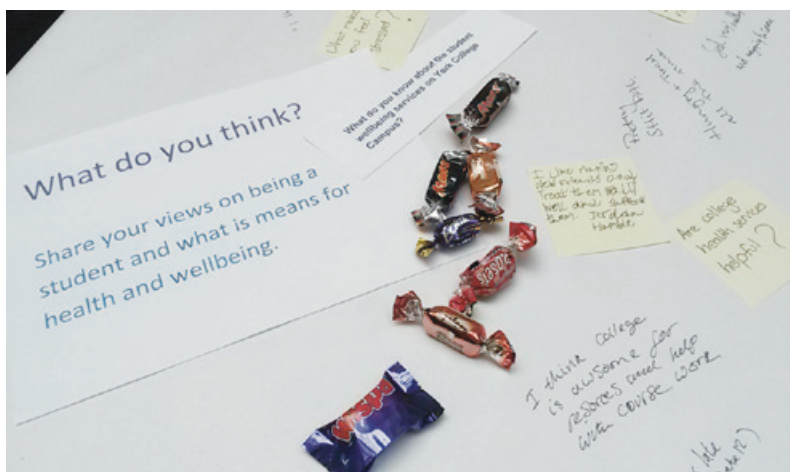
Additional consultations were held following completion of the draft report. The final version was reviewed by the JSNA working group and Health & Wellbeing Board prior to publication.

## Background data collection

A general review of student health research and national guidelines was carried out. Additional literature reviews were carried out on the most significant health topics.

Service mapping was carried out to identify local services. Health data were requested from institutions, local health services and other groups, including Vale of York CCG, Public Health England, Yorkshire Ambulance Service and North Yorkshire Police.

General demographic information was also collected from institutions, with additional information gathered from Experian.



## Limitations

Datasets collected were often not student-specific. Where student data was not available an 18-25 age range was used; however, this excluded some college students (aged 16-17yrs) and included other young people not in further education.

The data collection periods across the different datasets were also not the same, with some based on academic years and others based on calendar years.

There was limited uptake with some focus groups. However, qualitative evidence was sufficiently supplemented by the café events.

There were also difficulties obtaining data from some organisations, either for logistical or data protection reasons.

However, despite these limitations the report is based on the most comprehensive data set available, in order to give the most accurate picture possible.

# What services are available for students?

## York services

Each institution has its own health and wellbeing services for their students. Students also have access to wider health services across the City.

### York District Hospital

- Accident and Emergency
- Walk in centre/minor injuries unit

### Yorkshire Ambulance Service

- 999 – emergency number
- 111 – non-emergency number

### Other services

- Sexual health: YorSexualHealth
- Drugs & alcohol support: York Drug & Alcohol Service
- Smoking cessation: YorWellbeing

### York Student Health website

<http://yorkstudenthealth.org.uk/>

Provides information on health services, student health concerns, information for international students, tips on staying healthy, a how-to guide for UK health services and a list of key contacts/ phone numbers.

### Mental Health

York Healthwatch has produced a booklet summarising the many services available for York residents who need support with mental health and wellbeing. The booklet includes a section specifically for students.



## University/college services

Each institution has a range of services available for health and wellbeing. Further information on services can be found on institutional web pages.

### University of York

- University wellbeing homepage
- YUSU wellbeing page
- York GSA wellbeing page
- Open Door
- GP surgery on campus (Unity Health)
- Sexual health drop-in service
- Nightline

### York St John University

- University wellbeing page
- YJSU wellbeing page
- GP surgery on campus (York Medical Group)
- University counselling and mental health service (Wellbeing team)
- Nightline
- Wellbeing drop-in

### York College

- Health Hub webpage
- College counselling and mental health service
- Weekly drop-in sexual health clinic
- Monthly youth homeless drop-ins
- Monthly IDAS drop-ins

### Askham Bryan College

- Student Support webpage
- College counselling service
- Weekly drop-in sexual health clinic

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# What are the key student health issues in York?

National literature shows what the most common health topics are. Discussions with students locally have highlighted what the most important areas are to them.

## Mental health

Mental health was the topic of most concern to both students and stakeholders. Mental health has been broken down into 3 main areas: mental wellbeing, mental ill health, and suicide/self-harm.

### Mental wellbeing

Mental wellbeing was recognised as an important concern by students, which influenced both mental and physical health. The most common concern reported around mental wellbeing was stress. However, loneliness and isolation were also reported by many students, particularly those living off campus or away on placements.

Many factors were found to influence mental wellbeing. These included physical health, diet, physical activity, social relationships (including social media), housing, academic issues, environment, and finance.

Students reported that their main causes of stress were managing time and deadlines, exams and assessments, career prospects and self-image. Other significant causes of concern were financial prospects, physical health, emotional health and diet.

Students were largely able to deal with one or two of these issues by themselves; however, accumulation of multiple stressors often led to more significant mental ill health.

Levels of resilience among students were found to be low, particularly at the University of York where reported levels of pressure on students were very high. Students felt unable to effectively regulate their own mental wellbeing, which led to development of more serious mental health issues.

Students wanted more information on health and wellbeing, particularly at the start of their course. Positive comments were made about available mindfulness sessions, although students often felt there was a lack of signposting to wellbeing events.

Students commonly found that the most useful wellbeing support came from support services such as college staff, tutors, student volunteers, chaplaincy and academic departments rather than counselling or primary care staff. The importance of peer support and having friends and family to talk to was also emphasised.



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There were particular groups of people who had specific wellbeing needs/concerns, including international students, students with disabilities and LGBT students.

### **Mental ill health**

The prevalence and severity of mental ill health among university students in the UK is increasing. This is reflected in local data, with GP and counselling services showing a year on year increase in the number of students diagnosed and treated for mental illnesses.

The most commonly-reported conditions among students were anxiety and depression. However, eating disorders were also recognised as a significant concern among students and stakeholders.

24% of responders to the student survey had a diagnosed mental health condition. A further 21% reported they felt they had an undiagnosed mental health condition. Students who felt they had an undiagnosed mental health condition had a similar average wellbeing score (Short Warwick-Edinburgh Mental Well-Being Scale) to those with diagnosed conditions, which was significantly different to those who reported no mental health concerns. In total 31% of respondents (560 students) had sought support in York for mental health problems. Of these, 34% did not find the support they received helpful.

The most commonly reported concern by students was poor access to mental health services. University of York students reported difficulties accessing campus-based mental health and GP services, with students and stakeholders more widely expressing concerns about access to secondary mental health services. Knock-on effects of a lack of secondary mental health services were also noted, contributing to the pressures on GP and counselling services, with some students turning to A+E as a last resort and many students choosing to use services in their home locations (usually many hours away, but sometimes in other countries).

Concerns were also raised about transitions between services, including between child and adult services, between 'home' and York services, and between primary and secondary care.

Continuity of care in and out of term time was a challenge for those requiring ongoing mental health treatments.

Some students reported a lack of signposting to available mental health services. They also underlined how difficult many students found it to take the first step towards seeking help, often due to ongoing stigma.

## **Suicide & self-harm**

National rates of suicide among students have increased over the last decade. Locally, there was a recent high-profile increase in the number of deaths by suicide among York students. Analysis of the Coroner's case files has shown no 'cluster' link between the individuals, i.e. which may have led to contagion or copy-cat behaviour. However, there were some common lifestyle themes identified (e.g. alcohol use, academic stressors, pre-existing mental health issues, previous bereavement). Over half of the 24 ambulance call outs to the University of York between January and February 2016 were linked to self-harm or suicide attempts. However, across York as a whole rates of admission for self harm were greatest among people aged 18 and under.

Student awareness of issues around suicide and self-harm has increased following recent deaths. There was a desire for more open communication between institutions and students, with recognition that deaths had a ripple effect on the mental health of the wider community, not just close friends.

## **Sexual health**

Students appear knowledgeable and fairly confident in managing their sexual health. Students demonstrated a good awareness of local sexual health services. Campus drop-in sessions and free resources such as condoms and pregnancy tests are available at all institutions, as well as the sexual health clinic on Monkgate. Findings from focus groups suggest awareness of sexual health has improved in recent years as there is less stigma and better advertising of services.

Chlamydia remains the most common sexually transmitted infection among young people. In 2015 22.3% of 15-24 year olds in York were screened for Chlamydia. Local detection rates for 2015/16 show 7.5% of tests were positive in this age group. The low percentage of positive tests is thought to be a true reflection of low STI rates in York.

However, although physical aspects of sexual health were well-addressed, there were some concerns about the emotional aspects of sexual relationships, particularly around harassment and domestic abuse.

## **Harassment and domestic abuse**

Universities UK have reported an increasing level of violence against women, harassment and hate crime involving students nationally. Students, staff and other stakeholders have all reported that sexual offences, harassment and related issues are areas of concern for students in York.

Police data shows that students are over-represented in public safety and welfare incidents related to domestic incidents and domestic violence. Similarly, around 20% of people accessing Survive services in York are thought to be students. However, domestic abuse remains under-reported so these figures are not likely to show the true extent of domestic incidents in the student population.

## Disabilities

28% of students reported being disabled or living with a long-term health condition. Of these, 1 in 5 had not informed their university or college about their condition.

Students reported mixed findings around disability services, with some students struggling with bureaucratic systems and limited support. Many students were going to disability services as they were unable to access mental health services. Often students were filling in all the relevant forms to get assistance, but the recommendations from learning support plans were not always used by lecturers in practice.

## Meningitis

There has been a rapid increase in the number of meningitis W cases reported nationally since 2009. University students, particularly “freshers”, are a high-risk group as they come into close contact with large numbers of new people, some of whom may be carrying meningitis bacteria.

The Men ACWY vaccine is recommended to all school leavers and new university students up to 25yrs old as part of a catch-up programme. 95% coverage is needed for full vaccine effectiveness. Uptake of the Men ACWY vaccine in 18-20yr old students surveyed was 70% (78% in university students only). Students registered with a York GP were more likely to have been vaccinated. Lower vaccination rates were reported in international students (45% EU students, 29% non-EU students). In comparison to the 95% target this is low, but in comparison to other areas York appears to be doing well.

By 2020/2021 all UK students should have received Men ACWY at school. However, a continual programme will be needed for international students.

## Dental health

Students report very limited access to NHS dental services in York. This is of most concern regarding emergency dental treatment, with very poor access reported by students and stakeholders.

Dental problems are the most common cause of calls to NHS 111 by 18-25 year olds in York (12.1% of calls in 2015/16, 13.6% in 2014/15). This suggests that there is a need for better signposting to emergency dental care, as well as ensuring students take better care of their oral health to prevent the need for emergency treatment.

# What other factors do students report affect their health?

## Alcohol

Alcohol consumption has always been considered a health concern for students. However, national rates of binge drinking among young adults have fallen by more than a third since 2005, and many more young adults are reporting they do not drink at all. Excess alcohol consumption is linked to further risk-taking behaviour, affecting the physical, mental and sexual health of both individuals and others.

Survey responses suggested that most students were drinking within the 14 unit recommended limit for alcohol each week, although 50% of students scored positive on the AUDIT-C alcohol screening tool, indicating the potential of increasing or higher risk drinking. However, a significant minority of students reported experiencing some harmful effects of alcohol within the last 12 months. Most commonly reported were spending too much money, and feeling embarrassed about something they said or did whilst drunk. 5% of students reported needing to seek medical help for injury or illness as a result of their drinking.

Some stakeholders and parts of the wider community perceived student drinking to be a problem for the city, with issues including antisocial behaviour, the need for emergency medical care and river safety. However, students often reported using alcohol as a coping mechanism for high levels of stress rather than for social purposes.

## Drugs

10% students reported taking non-prescribed drugs, and 1.3% students reported taking performance-enhancing drugs (including smart drugs/learning aids).

Of the students who reported drug use, less than half reported experiencing any harms in the last 12 months. Most frequently reported harms were spending more money than they wanted to and feeling too ill the next day to do things they wanted to.

## Smoking

11% of survey respondents reported smoking, with just under half of these smoking both cigarettes and e-cigarettes. (Smoking rate for adults in England in 2015 = 16.9%). Knowledge of how to access smoking cessation was poor, with only one student aware that City of York Council is the provider of smoking cessation services in York. Whilst some students identified online or phone NHS resources, most were unaware of where to access help or would choose to visit their GP. Only 4 student smokers stated they did not want to quit.

## Sleep

Two thirds of students reported they did not get enough sleep to feel rested most nights of the week. The most commonly reported causes were studying, stress, noisy flatmates and existing mental health conditions. Students with poor mental and physical health were significantly less likely to report feeling well rested. Students who reported they did not get enough sleep also had significantly ( $p = <0.001$ ) lower wellbeing scores than those who did get enough sleep.

In the short term, poor sleep makes it harder for students to concentrate and less able to cope with stressful situations. In the long term, poor sleep can have a negative impact on mood, increasing the risk of anxiety and depression as well as physical disorders such as diabetes and heart disease.

An evidence review found that improving students' knowledge about sleep does not necessarily translate to improved sleep behaviours. It also found that interventions involving reducing caffeine or alcohol may not be suitable for students, whereas interventions focused around gentle forms of exercise appeared to be effective.

## Physical activity

National studies suggest that in the UK 73% of male and 79% of female university students do not meet physical activity guidelines.

Most students focused on lack of exercise, and tended to overlook physical activity in other parts of life (e.g. active transport).

Students were concerned they did not get enough exercise, which was recognised as beneficial to physical and mental wellbeing. Some students found it difficult to fit exercise around their existing timetable, whilst others found accessing gyms and societies difficult either due to cost or lack of information on how to join.

## Diet

More than half of students were worried about their diet. Students reported they were not able to afford healthy food, and that not enough healthy options were available on campus. There were also concerns about limited culinary skills, poor understanding of budgeting, and eating as a temporary solution to stress.

National data suggests more students are relying on food banks, with cost the biggest factor affecting dietary choices. Nearly 90% of students in a national study failed to consume the recommended intake of fruit and vegetables.

## Wider determinants

Other factors besides those directly associated with health were found to affect student health and wellbeing.

### Academic issues

Pressures around higher/further education were significant causes of stress. University students are most worried about managing time and deadlines, whereas college students are most concerned about exams and assessments. Over 60% of students were worried about career prospects. Perfectionism and fear of failure were also common issues.

College students were very positive about their tutors and their role in welfare. However, at the universities it was not always clear about the boundaries for academic supervisors and the role they played in welfare support, with considerable individual variation in perceived approachability and training.

Students found applying for mitigating circumstances very difficult. Forms were found to be long and complex, with limited support available to navigate the system. In many cases this made existing physical and mental illnesses worse.

### **Finance**

National evidence shows the prevalence of debt among young people has increased in recent years. Debt has serious effects on health, including greater levels of suicidal ideation and depression, and worse health-related behaviours. Many students worried about financial problems on a regular basis. Particular issues related to course fees, living expenses (housing, food), travel, bursaries and part-time work.

As well as immediate financial concerns students also worried about future finance. Most students will never earn enough to pay off their student debt; however, many students still perceive the need to meet their full student loan repayment and the associated financial stress can be significant.

### **Housing**

Some issues including damp, temperature, and living in close proximity to others were reported to cause physical health problems. However, most reported issues were more psychological, with stress and more serious mental health problems arising from poor interactions with housemates. Sometimes bullied students were unable to move despite fears for their safety. Several students reported difficulties in leaving leases, leading to paying two sets of rent.

On average, students scored their term time accommodation as 7/10, indicating moderate satisfaction levels.

There were positive reports regarding 'find your housemate' matching services, housing fairs and Residential Support Assistants.

International students wished to be more integrated with non-international students in halls of residence.

## **International students**

International students face additional challenges as a result of lack of familiarity with services/systems and broader cultural differences, which can lead to them requiring a higher level of support. Students reported difficulties adapting to everyday issues such as the climate and food. Issues are understandable and usually transient, but should not be underestimated for their impact on the student's health and wellbeing.

Many international students were not registered with GPs in the UK. Several did not know whether or not they were entitled to free NHS treatment, and did not know how to access basic services such as primary care, pharmacy and opticians. Dealing with visas was another source of stress. This included the application, which often needed to be completed at very short notice, and the subsequent registration with the police on arrival. Other individuals reported difficulties when visas needed to be changed, for which they had received little support.

There are also concerns reflected in national literature around understanding of particular health issues, particularly mental health and sexual health. Some students arrive with limited knowledge around contraception. Additionally, in many countries mental health issues are heavily stigmatised or not recognised at all, leading to difficulties in students recognising symptoms or agreeing to seek help.

# What is already being done in York?

There are many schemes already in place to support student wellbeing, both at individual institutions and more widely across the City. Some of these are highlighted below:

## University of York

- Extra funding for mental health, including employing 2.5 additional posts at Open Door
- Mental Health First Aid training for front line staff, including college tutors
- Mind Your Head's Mental Illness Awareness Week
- Regular wellbeing workshops
- Revised student wellbeing website
- YUSU consent talks to new students at induction
- Healthy Mind Healthy Body scheme
- College wellbeing workshops
- Free weekly sports sessions for postgraduates
- Find a housemate events and support in sourcing accommodation

## York St John University

- 'Welcome Wobbles' drop-in during the first weeks of term
- Wellbeing Zone – includes 500 healthy recipes, sleep tracker, exercise advice
- SW5 – cheap access to sports sessions
- Aspire Card – financial assistance to support study
- A comprehensive training programme for residential support assistants (RSAs) including mental health
- 'Pay Safe 'n' Stay Safe' agreement with Streamline taxis
- Daily Learning Support drop-ins
- Daily Wellbeing drop-ins
- River safety talks at induction
- Sexual consent sessions for YSJSU students reps
- Mindfulness sessions
- Financial education training with Blackbullion
- Mental health training for front line staff

## York College

- Suicide prevention strategy
- Regular health and wellbeing days
- Infozone/Helpzone
- Intensive Personal Advisors
- ELSA training for college tutors
- Video recording of induction lectures
- Further Education Free Meals
- Traffic light system on food options

## Askham Bryan College

- Pastoral tutors
- Peer mentors
- Barclays Life Skills financial tutorials
- Further Education Free Meals
- 'Live Action' made-from-scratch meal options

## City-wide initiatives

- York Student Mental Health Network
- Suicide safer city partnership
- Suicide postvention service
- TEWV Transition Passports from CAMHS to adult mental health services
- Funding for Mental Health Champions
- New HEFCE-funded projects on preventing harassment:
  - York St John, York College, IDAS and Survive are running Building Healthy Relationships Project, which provides education and training around healthy relationships.
  - University of York are running a separate project to develop and implement research-informed training for student leaders on gender-based harassment and violence.

# What new changes are being made?

## “You said... We did...”

Changes are already being made based on findings from the Student HNA and other student feedback. Here are some examples:

### **York St John:**

International students said they were unsure how to access NHS healthcare

- York Medical Group to produce a leaflet on healthcare services targeted at international students

Students reported lecturers didn't always use student learning support plans (LSPs)

- LSPs are now under review to make them shorter and easier to put into practice

Campus not as accessible as it could be to visually impaired students

- Issue raised with estates team to put Braille on toilet doors

### **York College**

Student worried that information they share with counsellors will be shared with wider college staff

- Ensure communications with students are more upfront about confidentiality of services

Students want larger variety of cheaper meal options

- Free Meals System expanded to include student catering options

### **University of York**

International students struggle to understand UK culture when they first arrive

- GSA producing an induction booklet for international students as a guide to the basics of being a student in the UK

Students concerned about the waiting time to be seen by Open Door

- New online self-referral scheme to be piloted from May 2017

Students reported problems with the Unity Health appointment booking system

- Range of measures implemented – see Healthwatch report for more details

Students felt signposting to services could be improved

- Planned wellbeing communications campaign with targeted messages to run from September 2017

Students need more access to low-level mental health interventions

- University working with Student Minds to develop peer support

### **Askham Bryan**

More mental health support needed for students

- From September 2017 – group sessions for counselling, peer mentors for all students, FE and HE mental health co-ordinators

### **Other**

The extent of provision of dental health services for students in York is unclear

- Public Health team at CYC to undertake scoping work around the provision of dental health.

The pathways into and between mental health services for students are unclear

- YSMHN to undertake mapping of the student pathway through mental health services.



# What are the main challenges to improving student health?

## Challenge 1: Mental Health

The prevalence of mental ill health among students in York is high, and is increasing year on year. Students are not always able to differentiate between 'normal' or expected mood fluctuations, and more severe mental ill health. Mental health still attracts stigma, which prevents timely access to services.

There are opportunities to improve protective factors and reduce risk factors relating to mental wellbeing at a population level. There are also opportunities to engage further with providers of low-level mental health support such as Student Minds and Samaritans, as well as encourage more open discussions on mental health to improve student awareness.

## Challenge 2: Communication

Many services students would like to see already exist, but they are unaware of them. Students would like more information at specific times, such as welcome weeks. Regular reinforcement of key messages is needed.

There are opportunities to rapidly improve student concerns by better signposting existing services, as well as being clear about what those services are able to provide.

## Challenge 3: Accessing services

There are issues in some places with waiting times, with demand for services (particularly mental health services) exceeding availability. The SHNA has also highlighted that the pathways into and between services are often unclear.

There are opportunities to make accessing services easier by setting out clearer, more

streamlined pathways. There is an opportunity to use the results of the SHNA to make the case for further funding allocation for low-level mental health interventions for students.

## Challenge 4: Integrated approach to wellbeing

Wellbeing should be fully integrated into academic culture. Student wellbeing should also be seen as part of a broader life course approach to wellbeing. Student wellbeing should be integrated into that of the wider community.

Promoting wellbeing gives institutions the opportunity to increase the employability of their students, and their ability to thrive post-education. There is a potential opportunity for university and college students to play a role in helping prepare school students for higher education. There are opportunities for students to benefit themselves and the wider community through volunteering.

## Challenge 5: Local leadership and partnership working

There is a desire for more partnership working between organisations. There are many examples of good practice relating to student health, but limited opportunities to share. Leadership on student health issues is not always clear across the City. Beyond the city there are many national networks leading projects on student health.

There are opportunities to use the SHNA to support existing networks such as the YSMHN. There are opportunities to share local and national good practice between organisations. There is an opportunity for Higher York to provide leadership on student health issues.

# How can these findings be used in practice?

The SHNA has demonstrated more work needs to be done on student health in York. The following actions are recommended to implement and monitor improvements:

## 1. Establish a multi-agency partnership to drive the student health agenda in York

- This should include Higher York (who have agreed to provide leadership), each academic institution (including student representatives), CYC, TEWV, Vale of York CCG and relevant health and voluntary sector partners.
- There is an opportunity to repurpose the existing YSMHN to tackle student health more broadly.
- Ensure the partnership has clear governance arrangements and links to existing committees.

## 2. Continue to build on the work started through the SHNA

- Disseminate the findings of the SHNA to students, local stakeholders and national organisations.
- Develop a student health charter through which stakeholders can demonstrate commitment to improving student health.
- Hold a conference in 12 months' time to demonstrate progress made.
- Repeat the student survey annually to measure progress.

## 3. Base future areas of work on needs identified as part of the SHNA

- e.g. transition from school to further education/higher education, workforce health

## What other work exists on related topics?

### Strategies

- The Children and Young People's Plan, 2016-2020
- CYC Mental Health Strategy
- CYC Autism Strategy
- York Joint Strategic Needs Assessment
- Joint Health & Wellbeing Strategy

### Services

- YorWellbeing Service

### Groups

- York Student Mental Health Network
- York Student Community Partnership
- Learning City Partnership Board
- Strategic Partnership Emotional and Mental Health (transitions subgroup)

### Projects

- Mental Health Youth Champions
- Time to Change hub (with York CVS)
- HEFCE-funded projects to tackle sexual harassment at UoY and YSJ/YC

## Where can I find more information?

The full version of the SHNA report is available online at: [www.healthyyork.org](http://www.healthyyork.org).

For more information about the project please contact:

Nick Sinclair (JSNA lead) at:  
[nick.sinclair@york.gov.uk](mailto:nick.sinclair@york.gov.uk)

### Other useful resources on student health include:

- AMOSSHE  
[www.amosshe.org.uk](http://www.amosshe.org.uk)
- Healthy Universities  
[www.healthyuniversities.ac.uk/](http://www.healthyuniversities.ac.uk/)
- Higher York  
[www.higheryork.org/](http://www.higheryork.org/)
- Mental Wellbeing in Higher Education Working Group (MWBHE)  
[www.universitiesuk.ac.uk/about/Pages/mwbhe.aspx](http://www.universitiesuk.ac.uk/about/Pages/mwbhe.aspx)
- NUS (National Union of Students)  
[www.nus.org.uk/](http://www.nus.org.uk/)
- Student Health Association  
[www.studenthealthassociation.co.uk/](http://www.studenthealthassociation.co.uk/)
- Universities UK  
[www.universitiesuk.ac.uk/](http://www.universitiesuk.ac.uk/)
- York Student Health website  
[www.yorkstudenthealth.org.uk](http://www.yorkstudenthealth.org.uk)
- Healthwatch York  
[www.healthwatchyork.co.uk/](http://www.healthwatchyork.co.uk/)



ASKHAM BRYAN COLLEGE

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Polish

Bu bilgi kendi dilinizde almanız mümkündür.

Turkish

此信息可以在您自己的语言。

Chinese (Simplified)

此資訊可以提供您自己的語言。

Chinese (Traditional)

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