

Petitions Committee

Oral evidence: A statutory duty of care for higher education students, HC 1343

Tuesday 16 May 2023

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Members present: Catherine McKinnell (Chair); Tonia Antoniazzi; Marsha De Cordova; Nick Fletcher.

Education Committee Member present: Robin Walker.

Health and Social Care Committee Member present: Paul Blomfield.

Questions 10 - 18

Witnesses

Ged Flynn, Chief Executive, PAPYRUS; Dominic Smithies, Influencing and Advocacy Lead, Student Minds; and Chloe Fields, Vice President for Higher Education, NUS UK.



Examination of witnesses

Witnesses: Ged Flynn, Dominic Smithies and Chloe Fields.

Q10 **Chair:** Thank you for joining us. We have Ged, who is the Chief Executive of PAPYRUS. We have Dominic Smithies, who is the Influencing and Advocacy Lead from Student Minds, and online we have Chloe Field, who is the Vice President for Higher Education for the National Union of Students. Thank you so much; I am going to hand over to Marsha.

Marsha De Cordova: Good afternoon to each of you and thank you all for being here this afternoon. You would have heard that we have had some powerful testimonies from the witnesses before on their experiences of loss. Sadly, we know that these are not isolated incidents. In 2020, one university student died by suicide every six days in England and Wales. What do you think lies behind these tragedies and what do you think could help to reduce the number of suicides?

Ged Flynn: Thank you for the opportunity to contribute to this conversation. Secondly, from my heart, my deepest sympathy to the people sitting right behind me and to the many people in the room who are here not just because of suicide, but because of a suicide, and to prevent future deaths.

PAPYRUS was started 25 and a half years ago by parents like the ones you have just met, who did not want to be here, who did not want to have to talk about these matters but were forced into it by dint of the fact that they had lived experience of suicide.

If I had the question to your question, Marsha, of what lies behind these tragedies, I would be a very wise man, and I am not. The longer I am in this game—it is not a game; that is the wrong word—the more I realise how complex suicide is. The contributory factors to suicide are so many and so varied. Each story is unique, but there are commonalities in those stories that we must learn from.

My first observation of the conversation so far has been that many of the issues that are being raised are not peculiar to the higher education sector. I sat on the National Advisory Group for Government for the last 12 years around suicide prevention. It struck me that for many years now, in England and Wales a coroner can reach a suicide conclusion and often will prepare a “Prevention of Future Death” report. That will go to a third party—for example, a GP surgery or a GP cluster or a Department of Government—and nothing is done about those apart from a response. My point is that we are still not learning from deaths to prevent future deaths, in spite of having the mechanisms to do so. We need to improve that beyond this particular sector.

That these concerns are not peculiar to that sector does not mean that they are any less real. My heart and my head are with the families who have presented their concerns to you today. Personally, I am not yet convinced that the statutory duty of care is the right way; I will say that



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openly, but that is just one person, really. However, I am definitely with these families in their pursuit of learning from loss so that we can prevent future deaths, because suicide is very much a preventable death.

Dominic Smithies: Thank you for having me. I would like to echo a lot of the sentiment that has been shared in thanking the parents and the campaigners that brought this petition before you. It is always great to see how much energy there is to talk about preventing deaths by suicide and addressing student mental health more broadly. I agree and acknowledge the complexity of student suicide. My worry would be trying to present any solution as a silver bullet when there probably needs to be a myriad of interventions and approaches taken in order to address this to prevent as many deaths as possible.

At Student Minds we take the position that an improvement approach is needed, which is why we did set up the university mental health charter. It takes a whole-university approach in acknowledging that the issue of dealing with student mental health does not sit just within support services but sits within how we embed wellbeing within pedagogy, within curriculum, how we look at the learning environment of students, the physical environment and the communities that we build on campuses.

Part of the improvement approach is recognising that we need to be ready to meet universities where they currently are. It has been shared in acknowledging that the sector is at very different points with its journeys in supporting students and understanding what it can do to support them as best as possible. However, the sector is incredibly diverse. The student population that we are supporting is incredibly diverse. By default, we often think of students as the 18 year-old, fresh-to-university population, but it is important that we recognise that the population includes mature students, international students, and students studying remotely and potentially having absolutely zero contact with their university in person.

It is recognising that introducing any kind of parity or standardisation could have equality implications for how students are supported, acknowledging that the diversity of the sector is important to us so that we can get it to recognise its own local context and improve on its own practice as much as possible.

Chloe Fields: Thank you for having me here. I echo what everyone else has said. My condolences to the families, and thank you so much for raising such a massive issue, which is the crisis of student mental health.

When we talk about the causes of mental health in students, there are loads of complexities. A lot of people already arrive at university with a history of mental health. There are many things that can cause mental illness. However, if we are talking about stuff that is circumstantial or that can exacerbate mental health, the biggest one that we see time and time again from speaking to students, from the conferences that we have on big issues and from the surveys that we run comes down to financial



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reasons. We have especially seen it during the cost of living crisis, where 90% of students reported that the cost of living crisis already had an impact on their mental health in the autumn, and 24% said that it was having a major impact.

I know Student Minds also reported that 59% of students with diagnosed mental illnesses said that managing money was a cause of stress often or all of the time. This is due to a multitude of reasons, not just because of the stress of managing finances and struggling to pay bills. However, working multiple part-time jobs is such a strain, especially if you are doing a full-time degree. You lose a lot of time socialising and being able to relax and look after your own wellbeing. This can also cause isolation. Obviously, the sort of people who are more likely to experience financial strains are working-class students, so there is definitely a class aspect to this and a financial aspect.

Also, NHS services are incredibly hard to access as it is. If you are a student it is even harder because you are only at your university city half the time and you are likely to be in your home time the other half, so it is difficult to get long-term support. However, in terms of answers, there is not one quick-fix answer. If we are talking about trying to resolve the issue of student mental health, the system of universities and higher education is not fit to support students. Students are treated as pound signs and universities seem to prioritise profit over student wellbeing. That is because of the system that the Government have created and Governments before have created. This marketised system is not fit to support students' wellbeing or mental health, so there needs to be serious system change before we will see student mental health get properly better.

Q11 Mr Robin Walker: Ged has been very upfront about being sceptical at this stage that a statutory duty is the answer. Rather than ask for everyone's position on the statutory duty, can I ask what benefits you think it might offer? We will have to weigh up in the debate as a Committee the benefits and potential risks or disbenefits. Could you talk through where you see any potential risks of a statutory duty?

You have all said, and we all accept, that this is more complicated than simply a piece of legislation. I am sure that the previous witnesses would agree with that. It is about a whole-system approach. However, we have heard some quite persuasive arguments as to why that could move universities in the right direction. Could you expand on some of the risks that you see on introducing a statutory duty, and any downsides?

Ged Flynn: I found myself reflecting, on the train on the way down yesterday, that I am not as against this as I am not for it. It is a very, very difficult place. The parents—and particularly Mark online—were saying that it is evolution rather than revolution. I think that we are not too far away from that ourselves. From POPYRUS's point of view, everyone so far has credited Universities UK with the guidance. We wrote it with them and for them. Like these parents, we are working with



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Universities UK as a body to say, "Let's create what our colleague previously said—that this is basic." It is not best practice; this should be done.

However, in the shift from "should" to "must", one of the risks is that already we see most prevalently a rescinding of energy. When somebody senses that somebody else needs immediate emotional response, most of us are pretty good but don't touch the word "suicide". Most people—including us, probably—default to thinking that if we say something or do something we will make it worse. If I ask, "Are you thinking about suicide?" which is something in our guidance that we encourage, people recoil and think that that is foolish and is going to make it worse. My worry is that if you put a framework that says you must, people will recoil even further and avoid any natural intervention that they would ordinarily make.

My other reflection goes back to what I said about reports into prevention of future deaths. Outside this sector there is a statutory duty. If I go to my GP, he should share information to protect me if I am under 19. That is absolutely codified by the GMC. I have lost count of the number of inquests wherein a GP has been found wanting—no disrespect to GPs in the room or elsewhere—where information sharing is just not happening. There is already a statutory duty there, but it does not protect the child.

Dominic Smithies: In terms of the benefits, there are some things we acknowledge would be valuable in this petition, in calling for more pressure being put on the sector to engage with the frameworks and practice that do exist and how we can learn from tragic incidents. It is important that universities engage with the processes so that we can ensure that tragedies are preventable in the future.

In terms of the risks, from the consultation that we have done with students and clinicians to try to understand their perspectives on this, the worry is the impact that this could have on staff—adding a lot more pressure on them when they are potentially already in a position where they are feeling quite stretched—if we are not resourcing them to engage with the framework and resourcing them to build up partnerships with the NHS. Chloe acknowledged resourcing universities to support students with the challenges that they are facing around financial hardship, and accessing the NHS when they do have clinical levels of care. There is a concern that we are just putting more pressure on them without providing them with the support to engage with the practice that they need to embed.

There is a lot more concern around recognising that even if we do have fully well-resourced health services, we don't know that this will be a silver bullet that will prevent all suicides completely. There is a worry that there is a mismanagement of expectations here with the best practice that we do currently have. There are still a lot of unknowns from the evidence available to us.



Some of the practice was referenced around information sharing and the guidance that was put out, and the lack of take-up of it. I know that research was done a couple of years ago looking at the pilot at Bristol with the information sharing, which found that some of the most vulnerable students—the ones that you would hope would engage with those interventions—are the least likely to opt into the process. What we are currently calling best practice, or even essential, might not even be effective in the way that we need it to be. Therefore, recognising that need for a broad spectrum of interventions and initiatives to make sure that we catch students wherever possible. It may save some lives but no one intervention is going to save all of them.

Q12 Mr Robin Walker: We can take it as accepted that you are not going to rule out suicides altogether in any sector, sadly, but the question is: does it do more good than harm, and is it going to move things in the right direction? To your point about staff, universities do have a duty of care to their staff, and they have a legal duty as employers. One of the things that struck me in the evidence that we have heard is that distinction that is being drawn between the duty of care as it applies to an employer and the duty of care as it applies to children. As Chair of the Education Select Committee, I think that that is an important distinction and it is important that we keep children and the loco parentis issue separate from this.

When it comes to the duty of care for employers, do you think that there is something that the university could do in terms of a contract with students to say, “Yes, we will look after you”? Would that potentially be an alternative to a statutory duty, or is a statutory duty the better way of addressing this in a way that makes the whole sector, in all its diversity, move to address it?

Dominic Smithies: Fantastic question and framing. There definitely is appetite from students to understand and get clarity on what the responsibility of the university currently is. As the panel before rightly pointed out, the lack of understanding and confusion in what is communicated to them about what they can expect does need to be cleared up. I am not sure that we are convinced that that needs to be done through a statutory duty, but there is definitely the desire for the sector to clarify its current position and potentially improve it.

Chair: Chloe is online. Do you want to come in on any of that? Tonia has questions as well.

Chloe Fields: Yes, I have some thoughts on the statutory duty of care. *[Interruption.]*

Chair: We will need to suspend the hearing very quickly, as we have a vote in the House of Commons. Can we suspend, please, for 15 minutes? My apologies.

Sitting suspended for a Division in the House.



On resuming—

Chair: Sorry for the interruption for the vote. Chloe, you were about to come in just as we took a short pause. However, Tonia has some other questions, and I was going to bring her in. Chloe, if you have anything to add from what we were discussing previously, you can incorporate it into your response.

Q13 Tonia Antoniazzi: Chloe, what are your views on existing support that universities provide to students?

Chloe Fields: The existing support is not really there, and the structures are not particularly there. There is a whole host of reasons. One of the reasons is because universities have become almost the only port of call for students if they are suffering from mental health, because of the failures of the NHS and the long waiting lists that the NHS has. Students struggle to get through to that NHS service. There is a huge number of students who try to access that support.

As I said earlier, there is an issue with universities not particularly prioritising money there. However, it is not always about the money. It is about the systems that exist. They are also often not quite there. I already said that there is a wider problem where universities are almost not allowed to succeed in supporting students when it comes to mental health. The systems are not there. The NHS system isn't there to support or provide student support. It is not that staff are not willing to support students and their mental health; it is that they often cannot, and they do not have the capabilities or the capacity to provide the support that students need.

That is due to the marketised system prioritising funding like new buildings instead of putting it into support services. That is not always necessarily the case in all universities, but we do see it a lot. A lot of the time it is students' wellbeing, so stuff that would improve students' wellbeing, such as smaller class sizes, more financial support and stuff like that. The system does not allow for that. There are the wider systemic problems that don't allow universities to succeed.

Also, talking about what we spoke about before: what is my position on this proposal for statutory duty of care? I do agree that there does need to be more standardised regulation of university processes. It is not very clear often how to access mental health systems within universities. It is not clear who to talk to. As someone who also went through university mental health support and counselling, I struggled with it. Especially because you are there for a short amount of time at university throughout the year. When you are not at university it almost feels like you don't have as much access to the counselling, as in during the holidays.

I also have a few concerns about a statutory duty of care around data sharing, like communicating with parents. I think there are definitely a lot of cases where it would be beneficial for parents to know, but we have to



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think about as well the dangers that could be faced for students from very vulnerable family backgrounds, such as LGBTQ+ students who might not be out to their family. We also know that LGBTQ+ students are more likely to suffer from mental illnesses. There are also students who are from maybe potentially abusive families or toxic family situations. It might be that the university contacts their family and that makes things worse. It could potentially prevent students from reaching out for help due to fear of information being shared that they do not want reached out to their family.

Something I am also concerned about is the precedent that is being set. If this came into place, if a fear is instigated in universities about being sued, that could release positive stuff, such as what people have said about giving them a kick to provide more support and better policies around mental health. However, I do worry about precedent being set that could negatively impact a student, which could be like the over-policing and intrusion from universities to students.

We already know that students feel like universities can often over-police students, like doing room searches in university accommodation and stuff like that. There have been instances where universities have had surveillance on students. We worry about that being exacerbated. If universities have this fear of being sued, they might be over-intrusive on students' lives. You could lose a sense of autonomy. I think it was mentioned before about this push of when people who are suffering mental illness feel like they are losing their autonomy, that that can also make things worse. Obviously, this would all be about implementation, but these are some concerns that I have about what could arise from this Bill.

Q14 Tonia Antoniazzi: I think many of those concerns are valid. Robin Walker brought up the idea that there could be a parent agreement that there was a contract—that at the beginning of the university term there was something agreed. On one of the points that you mentioned, earlier we heard about not all students being able to access the services, but it is not appropriate for all students to have access to these services because they won't all need them.

My son is currently at university. One of the things that I am taken aback by is that when they are in student accommodation, they form groups of friends but then there are outliers who do not have those friendships or do not have that bond. Are you aware of any initiatives in university that may be raising awareness with other students who are not necessarily going to access these services, but who can support others who they may identify to be able to access them? For example, I would say to you, "Come on now, Chloe, are you okay?" Just literally that conversation. Is there any work being done around that?

Chloe Fields: I cannot talk for all universities, because every university is different—they all have different schemes—but I do think there is a lack of that. I mentioned before about intrusion, but I do think there are positives in interventions that could be made, and I think universities do



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lack that. Potentially if someone has not turned up to their lectures for a while and that has been noticed, I don't think there is any standardised policy where a university would then reach out to the student if they have not been attending. I think there is stuff that could be vital. Especially in accommodation, in that first year of doing your undergrad they can be vulnerable times, so providing that community is important.

I do not particularly know of any specific universities running any schemes, but I do know that that is an area that universities are lacking in. Also just building a community. That is a big problem at universities at the moment.

Q15 **Tonia Antoniazzi:** Ged, I was going to go to Dominic but then come to you, so hold that thought. Dominic, we have heard about the charter, and we heard earlier that only five universities have taken on that charter. Is it five or are there more?

Dominic Smithies: When we talk about the charter, it is broken up into different sections. We have the framework, which is all of the research that outlines all of the principles of good practice that universities can be utilising to work towards and self-assess, self-audit their own work before they submit themselves for an award. That is public. All universities can engage with the research and the framework already.

The programme membership, which is essentially how universities commit to the framework, show their public commitment to it and start to join in events to share that learning and that best practice and learn from each other—there are 61 universities currently signed up. We are opening for next year's academic submission over the summer and hoping to get a huge surge. That is something we want the whole sector to be engaging in as soon as possible, showing that commitment to those principles.

In terms of the award, only five institutions have achieved award status. That is not to say five institutions have gone through the award process. We don't publicly share institutions that have gone through and have received their report, which is very extensive in getting a long list of recommendations on how they can improve their practice across different themes and areas. The ratification for awards only happens twice a year, so we are due to have a ratification panel in July, but we will be looking at all of the awards that have taken over the last six months.

The award scheme has only been up and running for about 18 months; it is about a year today since we did our first onsite visit. We are still in the very early days of going through this process. It is quite a long process from when the universities first indicate they want to submit for the award through to collating their evidence, submitting it, getting that assessed by assessors, us doing the onsite visit and then writing the report back to them. It can be anywhere between a six to 12-month process from submission through to the award being public.

Currently we can say five have achieved the award, but a lot more have engaged with the programme than is currently advertised. We are seeing



that ramp up quite significantly. Hopefully, we will have all institutions engaged with the process in the next 10 years at least once—that is our mission.

Q16 Tonia Antoniazzi: Ged, do you want to go back to what you wanted to say?

Ged Flynn: Not to be too personal, Tonia, but you said that a member of your family has friends and there are outliers. My experience, sadly, is that there is no type to suicide. We all assume that it is going to be the person who is out on their own. I have lost count of the parents who say, “My child was surrounded by hundreds of friends”.

When we talk about isolation and suicide ideation, I always remember a story where a woman rang our helpline. I answered it—it was many years ago—and the point of the story is to say, at one level, that she contacted us through Siri. She screamed at her phone and said, “Hey, Siri, I’m going to kill myself” and it said, “Ring this helpline” and she did. In telling that story, she said, “That is the thing. I went through my Facebook followers, my Instagram follows, and my Twitter followers, hundreds of them, but there was none of those people I could share my suicidal ideation with except you”. I think we have to be careful that we don’t miss the reality, learning from previous deaths; most people don’t fit into a typology.

Secondly, I do not know where this came from, but during the discussion, I think we have to be wary of pathologizing emotional distress. It is normal for us to have difficult days. I am not going to say too much on this, but if we are not careful everybody needs a service. They don’t. All the psychosocial models I have ever worked with are a pyramid shape, at the top of which are people that need acute care, and down here we need education and occasional care. We have to be careful that we don’t try to fix everything with a service.

In terms of your question about the status of the sector, I am probably not the right one to ask because I am not in the HEI sector, but my sense is that—Chloe hinted at this—there is a desire to help. There is a lot of good work from academic and non-academic staff, formal and informal care, and from young and older students to their peers as well.

I have been going around the country talking about our guidance, and I put up a slide at the beginning of my presentation that says, “Thank you for listening”, and I say, “That is all I want to say” and they think that is the presentation. We forget, at our peril, the amount of wonderful care that is happening in the university world. That is not going to grab a headline. There is a lot of work that is already happening that prevents deaths every day.

Q17 Tonia Antoniazzi: Thank you for that, Ged. I appreciate it. I will tie up now, and I know that Chloe has touched on this as well, but just a quick sentence: do you think universities have the resources and expertise to identify and take appropriate action when students are suffering from



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poor mental health?

Ged Flynn: My version of that question is: do you think society has the answers? Yes, but we are still frightened of talking about suicide. We need to get over ourselves and talk about suicide more openly, so that young people don't need to hide it, but they can talk about it and get the help they deserve.

Dominic Smithies: We have created a lot of the frameworks, guidance and policies to support universities to engage with that. I believe they are ready to be equipped but, in terms of resourcing and capacity, potentially they need some more support in order to engage with those processes fully and also have the pressure to do so, because I do acknowledge there is that worry to engage them sometimes. There is more to be done, for sure.

Q18 **Tonia Antoniazzi:** Chloe, do you want the last word?

Chloe Fields: I am going to have to disagree with Ged there, unfortunately. I do think there is a problem with speaking out about stuff, but a lot of people now are speaking out and they are screaming out for help, but it is not there. The universities don't have the capacity and the system does not work for them to be able to be in capacity. I think there needs to be a huge amount of structural and systematic change to achieve what we want to achieve.

Chair: Thank you, all of you, for your time today and for your patience. It is much appreciated. There is a huge amount to take away and digest from what you have all said, so thank you.