



Subject The Mental Health and Wellbeing of Architecture Students
Purpose For Decision
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1. Summary

At the 15 September 2016 Board meeting, the issue of mental health and wellbeing of architecture students was raised under any other business. It was agreed that the Prescription Committee would consider this matter further. A paper was discussed by the Committee at its meeting on 23 February 2017 and this document has subsequently been updated to reflect their revisions. This paper provides the Board with information about the mental health and wellbeing of architecture students and ARB's responsibilities in relation to this matter. It sets mental health issues in the context of disability, a characteristic protected by law alongside others including age, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity.

2. Recommendations

The Board is asked to discuss the proposals outlined in section 4.10 and agree a way forward.

3. Contribution to the Board's Purpose and Objectives

In delivering the Act, ARB's objectives are to:

Protect the users and potential users of architects' services, and support architects through regulation. Prescription of qualifications is a key function of ARB's regulatory role. This paper discusses the mental health of students studying at universities or schools of architecture, it explores the evidence available and reviews the regulator's role in relation to this issue.

4. Background

4.1 The Architects Act 1997

The Architects Act requires the Board to prescribe UK qualifications and practical training experience for the purposes of registration. In effect, this means that the Board has a statutory duty to set the standards required of someone who wishes to be registered through the UK route. The prescription of qualifications is therefore central to the Board's work and the Board has developed procedures which underpin this process. Amongst other things, these state that in order for the Board to prescribe qualifications, the institution and the Board must be confident that appropriate mechanisms are in place to ensure compliance with the duties relating to equality and diversity placed on the institution by

equality legislation.

4.2 Prevalence of mental health problems within the student population

Currently, there are no comprehensive surveys of the mental health of those studying architecture qualifications prescribed by ARB. Nonetheless, a number of data sources are available which may help inform discussion on this issue.

Architects Journal Survey (a survey focusing on architecture students) – During 2016 articles in the trade and national press reported on the results of a survey conducted by the Architects Journal (AJ) of those studying on architecture courses. It did not identify whether the respondents undertook qualifications prescribed by the ARB. According to the AJ survey of 450 students, 26% of respondents were receiving or had received medical help for a mental health problem relating to their course and a total of 52% expressed concerns about their mental health in some way (Architects Journal, July 2016). The Guardian picked up on the AJ survey and ran an article which focused on the heavy workload, length of training and the resultant debt associated with studying architecture. It discussed the impact of these factors on student mental health (The Guardian, July 2016).

National Union of Students (NUS) Surveys (surveys focusing on the mental health of the general student population) - A National Union of Students survey conducted in 2015 on behalf of the All Party Parliamentary Group (APPG) on students found that eight out of 10 students (78%) of a sample of 1,093 individuals said that they had experienced mental health issues in the previous year (The Guardian, December 2015). More than half (54%) of respondents who reported having experienced mental health problems said they did not seek support. This compared to another survey conducted by the NUS in 2013 which found that of 1,200 higher education students surveyed, 20% considered themselves to have a mental health problem (NUS, May 2013).

Word of caution - Whilst both the AJ and NUS surveys are helpful in promoting debate regarding this important matter, they cannot replace the robust dataset resulting from a government commissioned survey of mental health morbidity. The results of the latest such analysis are summarised in the below paragraph.

The National Study of Health and Wellbeing (a survey focusing on the mental health of the UK adult population, commissioned by UK government) – The National Study of Health and Wellbeing, also known as the Adult Psychiatric Morbidity Survey (APMS), is conducted every seven years. It is overseen by NHS Digital which is an executive non-departmental public body, sponsored by the Department of Health. The last survey, of around 7,500 people, was conducted in 2014. It found that one in three adults (37 per cent) aged 16-74, with conditions such as anxiety or depression, surveyed in England, were accessing mental health treatment in 2014. This represented an increase on the previous data collected in 2007 which showed that one in four people (24 per cent) were accessing similar treatment at that time. (NHS Digital, September 2016). It should be noted that this is aggregate data for the UK adult population as a whole and that this survey does not provide stand-alone data for those studying in the higher education sector.

The 37% of adults in the general population accessing mental health treatment is higher than AJ's reports of 26% of architecture students seeking treatment but in reality it is impossible to compare these numbers. There is a substantial difference in the quality of the

datasets due to factors such as sample size, respondent selection, the structuring and phrasing of questions and non-response bias etc. Nonetheless, whilst the data from the AJ survey is not on a par with the government's rigorous analysis in terms of its reliability as high quality evidence, it has raised the profile of mental health in this context. We cannot be certain of the exact percentage of students on prescribed courses with mental health problems, but we can conclude that the number is likely to be significant, as is the case with the general UK adult population.

Suicide by occupation, England: 2011 to 2015 (an analysis commissioned by Public Health England and undertaken by the Office for National Statistics (ONS) study in partnership with Bristol University)

It is also worth mentioning a further analysis of suicide by occupation, recently published by the ONS which highlights a number of matters in relation to the construction sector (ONS, March 2017). Unfortunately, the ONS study does not identify specific data about architects. Instead, they are categorised within an occupation group for business, media and public service professionals (ONS, 2010), who have a risk of suicide around half the national average (ONS, March 2017).

The analysis, which splits out data for males and females found that, 'The risk of suicide among low-skilled male labourers, particularly those working in construction roles, was 3 times higher than the male national average...(and)...For males working in skilled trades, the highest risk was among building finishing trades; particularly, plasterers and painters and decorators had more than double the risk of suicide than the male national average.' As to the risk factors which contributed to the higher incidence of suicide amongst males working in the construction sector, the ONS study pointed to research from Australia which indicated a link to high levels of alcohol intake, relationship issues and multiple challenging life events in the period leading up to death.

Data for females did not mention those working in construction, nonetheless it found that the risk of suicide for women working in, what it referred to as, 'elementary trades occupations' was almost twice the national average. There was also a higher incidence of suicide amongst women working in culture, media and sport occupations and the health sector.

4.3 Causes of mental health problems

It is widely recognised that the causes of mental health problems are varied, complex and often the result of a combination of factors. Additionally, many patients present with co-morbid mental and physical health problems.

The specific challenges facing students were discussed by the Higher Education Policy Institute (HEPI) in its 2016 report entitled, *The invisible problem? Improving students' mental health*. These included living away from home for the first time with a lack of access to key support networks. At the same time as these life changes students face additional challenges in terms of a new learning environment, substantial debt and concerns about future job prospects (HEPI, 2016).

The AJ survey noted two key causal factors which impacted on the mental health of architecture students. Firstly, concerns about fees and debt and secondly, issues linked to the course itself including content, workload and mechanisms for assessment. This paper

focuses on the latter of these, given the regulators role in prescribing the courses which lead to registration.

4.4 Mental health and the law

Awareness of mental health issues amongst both the general population and policy makers has increased over recent years following substantial work by patient groups, charities and healthcare professionals. Whilst many lobbying for change in this area continue to campaign for more funding and better healthcare, the UK has seen substantial progress in terms of policy developments and service improvements. Two significant changes have strengthened the rights of those with mental health problems. Firstly, under the Equality Act 2010 mental health conditions were recognised as a disability when they have a long-term effect on a person's normal day-to-day activity. And secondly, under the Health and Social Care Act 2012, the principle of 'parity of esteem', in terms of healthcare provision, was enshrined in law. This had the effect of requiring the NHS to view physical and mental health equally.

In particular, the Equality Act 2010's recognition of long term mental health problems as a disability impacts directly on schools of architecture. Schools must not discriminate against students on these grounds in the same way that we would expect them not to discriminate on the grounds of any other protected characteristic. As a regulator, we are not a provider of education but nonetheless, we have a role in setting the framework within which we prescribe architectural courses. An element of our role is to ensure that providers of prescribed courses comply with the law.

4.5 What ARB currently does

ARB's prescription procedures are intended to be proportionate, both from the point of view of the institution applying for prescription and for the Board. The institution is free to decide what to submit in support of its application and most of the information submitted, as part of applications, should already be available. The aim is not to place an undue burden on the university or school of architecture, over and above what is required to adequately assess the applications.

As such, it is worth considering how any guidance or request for additional supporting information, to gain assurances about the universities approach to the mental health of architecture students, fits within ARB's prescription model.

Of particular relevance to this discussion is ARB's requirement that institutions applying for prescription must demonstrate 'That appropriate mechanisms are in place to ensure compliance with the duties relating to equality and diversity placed on the institution by equality legislation.' (ARB Procedures for the Prescription of Qualifications, 2010). As outlined above, equality legislation protects against discrimination on the grounds of disability, which includes enduring mental health problems. As such ARB is requiring that universities and schools of architecture comply with UK law. The debate which we and other regulators are currently having is whether we have a duty to go further than this, and implement additional requirements and guidance which go above and beyond the legal minimum.

4.6 The approach of others in the architecture sector

The architecture sector is clearly interested in the issue of mental health and wellbeing with more articles, comments and initiatives focused on this subject. As a result of our existing relationships with the Royal Institute of British Architects and the Architects Benevolent Society, we have been invited to the launch of an event the two organisations are hosting on 8 May 2017 to launch new mental health support schemes for people in the wider architectural community. We will continue to follow these developments with interest, exploring opportunities for joint working where possible.

4.7 What do other regulators do?

This analysis has reviewed the approach taken by other regulators with regard to the mental health of those studying for prescribed qualifications. Three of the regulators covered below are health regulators – the General Medical Council, the General Osteopathic Council and the Royal College of Veterinary Surgeons.

One of the key principles of regulation is that it should be proportionate and appropriate to the risk posed. Consequently, when looking at what health regulators do we must be mindful that the importance of patient safety effectively places an additional duty on health regulators to ensure that those treating patients (whether they are registered professionals or students) are fit to practice. Health regulation clearly presents specific challenges in terms of the need to protect the health, privacy and dignity of patients. As such, the professional codes of the three health regulators mentioned, all require registrants to ensure that any problems with their own physical or mental health do not impact on others.

The General Medical Council (GMC) – Good quality data about the prevalence of mental health problems in the medical student population is hard to locate with commentators arguing that there is an issue of under-reporting of mental health issues amongst this group. In 2015 the British Medical Journal (BMJ) conducted an online survey which was completed by 1122 UK based respondents (BMJ, September 2015). Of these, 30% (343) declared they had experienced or received treatment for a mental health condition whilst at medical school.

As a result of the concerns in this area the GMC have produced guidance covering the responsibilities of medical schools to support students with mental health conditions. The guidance sets out the schools role in reducing stigma, encouraging students to seek help and supporting and signposting students appropriately. It also addresses various myths related to fitness to practice advising that the use of such mechanisms are limited to cases where the students practice could harm patients. The full guidance can be read here:

http://www.gmc-uk.org/Supporting_students_with_mental_health_conditions_0816.pdf_53047904.pdf

As mentioned above, it should be noted that the GMC's comprehensive guidance, which provides great clarity on how medical schools should approach the mental health of students, should be seen within a health regulator's role in protecting patient safety.

The General Osteopathic Council (GOsC) – There is no available data about the mental health of those studying osteopathy courses. Nonetheless, the GOsC is about to launch guidance for students and educational providers on students with a disability or health impairment (including mental health problems). This guidance sets out the GOsC's expectations and the duties that arise from the Equality Act 2010 – including notably the legal obligations of osteopathic educational institutions in relation to disabled applicants

and students. The guidance outlines the impact of the Equality Act 2010 on educational providers exploring the potential points at which discrimination can occur for example during selection and interview processes and during assessments and sets out how reasonable adjustments can be implemented in these circumstances.

Royal College of Veterinary Surgeons (RCVS) – Once again, there is a lack of data regarding the mental health of those studying on veterinary courses with only a few small scale studies indicating that veterinary students experience a greater degree of mental ill-health than the general population. A 2013 survey undertaken at just one veterinary school with a total student population of just over 1000 achieved a response rate of 48%. Just over half (54 per cent) of the respondents advised that they had experienced mental ill-health, with the majority reporting that they had first experienced these issues prior to veterinary school (Cardwell, 2013, University of London). The Cardwell study was limited in size and scope and Cardwell noted that the data could be distorted by non-response bias with those unaffected by problems opting not to respond to the survey.

It has, however, become evident that the risk of suicide amongst registered veterinarians, who are further on in their career, is a matter of concern. This has led to the RCVS focusing on the issue of mental-ill health in the profession. A 2010 study found that veterinary surgeons in the UK are at least three times as likely to die from suicide as members of the general population (Platt et al, 2010, Occupational Medicine Journal). This strikingly high suicide rate within the veterinary profession has been attributed to a number of factors including veterinary surgeons access to lethal means as well as psychosocial factors during training and in the workplace. A range of stressors have been identified such as a long hours culture and the emotional nature of the role which is impacted by client expectations, mistakes and complaints as well as a propensity towards anxiety and depression (Medical Minds Matter Conference Report, 2015).

In response to this evidence, the RCVS has established a Vet Mind Matters initiative which has included funding a help line, providing mental health awareness training to a number of student wellbeing representatives and offering free training to staff at all vet schools so they can better support students (Vet Mind Matters, 2015). The RCVS has also issued fitness to practice guidance for UK veterinary schools and veterinary students, an element of this covers mental and physical health issues (RCVS, November 2014). The guidance sets out the need for schools to make appropriate reasonable adjustments whilst bearing in mind how these could translate to a practice setting upon registration.

Solicitors Regulatory Authority (SRA) – This analysis found very limited statistical information about the extent of mental ill-health amongst law students in the UK. Nonetheless, as in many other regulated professions, there is widespread acceptance that mental health problems are a significant issue both for students and those in practice.

LawCare, a charity established in 1997, which promotes and supports good mental health and wellbeing provides advice and support to legal professionals including students. LawCare says that of the 907 calls it received in 2015, 39% were from trainees, pupils or those who had been qualified for less than five years (Law Care, 2015).

Additionally, the SRA is clear that its complaints processes and other elements of its regulatory role can have a negative impact on registrants. Consequently, in May 2016 it

launched an initiative entitled 'Your health, your career' which offers a package of support for solicitors who are facing regulatory action (SRA, May 2016). Further information about the SRA's work in this regard can be viewed at the following link:

<http://www.sra.org.uk/support/>

Bar Standards Board (BSB) – This investigation found very little data regarding the prevalence of mental ill health amongst those studying for the bar. Nonetheless, a 2014 survey of wellbeing by the Bar Council completed by nearly 2,500 barristers highlighted the extent of issues within the profession (The Bar Council, April 2015). The survey did not ask about diagnoses of mental health conditions, instead choosing to focus on mood and behaviour; the results showed that one in three respondents found it difficult to control worrying and one in four felt nervous or anxious. For qualified barristers a 'Wellbeing at the Bar Portal' was launched in October 2016 by the Bar Council with support from the Inns of Court and the Institute of Barristers' Clerks (IBC) www.wellbeingatthebar.co.uk. It aims to tackle stigma, increase understanding and empower practitioners to make healthy choices.

In order to train to become a barrister applicants must hold an approved legal qualification, they are also required to complete a Bar Professional Training Course (BPTC) and a pupillage. This analysis found no mental health specific guidance for providers of BPTCs. Nonetheless, the Bar Standards Board have issued a few key pieces of information which relate to this issue. Interestingly, the BSB's website contains a 'Health Warning for prospective Bar Professional Training Course' students, this includes the statement that, 'The Bar can offer an extremely rewarding career if you... have determination and stamina and are emotionally robust', (BSB, 2017) The BSB also produce a Bar Professional Training Course handbook which overtly states that course providers must fulfil their duties under the 2010 Equality Act including matters such as equality impact assessments, institutional E&D policy, course design, appropriate staff training and the collection and use of data (BSB, 2016).

4.8 UK university mental health programmes

A range of mental health initiatives have been developed at universities across the UK. To name but a few of these:

- Universities UK is a membership organisation for the vice-chancellors or principals (executive heads) of universities in the UK. It published revised good practice guidance on student mental health which includes a useful summary of the legal requirements upon universities in terms of supporting students (Universities UK, February 2015). The good practice document also provides a practical introduction to the issues faced by students and sets out recommendations for universities in addressing these problems.
- Student Minds is a student mental health charity, which provides resources, training and runs support courses at various campuses across the UK.
- Additionally, the University Mental Health Advisers Network is a charity which represents a network of professionals providing support to this group.

The Prescription Committee felt that it would be appropriate to signpost students to the 2015 best practice guidance published by Universities UK and this point is noted in the recommendations section of this paper.

4.9 Reasonable adjustments

When the Prescription Committee considered the original version of this report at its meeting on 23 February 2017 they discussed a recommendation that institutions be asked to document their commitment to making reasonable adjustments. Members of the Committee noted that it would be helpful to be more specific in relation to this matter and discussed whether this amounted to asking universities to restate their legal obligations in this area.

Severe and enduring mental health problems are classed as a disability according to UK law. As such disability forms one of several protected characteristics which also include age, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity. The Equality Act 2010 contains a reasonable adjustment duty which seeks to enable people with disabilities to participate in society and prevent them from being disadvantaged on these grounds. In the context of education the term reasonable adjustments is used to refer to positive measures which enable disabled students to access education and the associated facilities and benefits.

It was evident from the material available on the subject of the mental health of architecture students that some find a number of elements of the course programme challenging. These aspects include the crits, the long hours studio culture, deadlines and the structuring of assessments.

A number of the health regulators carefully cover the issue of reasonable adjustments both at the point at which students access courses and during the period of study. They note that whilst reasonable adjustments should be considered where possible, course providers should decide whether they could be replicated within a practice setting and that public protection, which in the context of health means patient safety, is paramount. The GMC, in particular, produces a guidance document for institutions on supporting students with mental health problems and advises universities to go as far as publishing examples of reasonable adjustments they are willing to make for students. Nonetheless, the extent of information provided by health regulators on this subject should be seen in the context of their role in ensuring patient safety and the risks associated with this and thus it is not directly comparable to regulation in other sectors.

4.10 Conclusion and recommendations

The recent AJ student mental health survey has encouraged constructive debate on this important subject. Whilst there is an absence of a robust dataset for the prevalence of mental health problems within this group there is little doubt that the causes are complex and the issues are widespread.

ARB's role, in relation to students, focuses on the prescription of qualifications which lead to registered status. As a regulator we are seeking to achieve a careful balance. On the one hand we need to ensure that the qualifications we prescribe equip students to practice effectively, legally and safely as an architect. Whereas, on the other hand we have a duty to regulate in a way which is fit for purpose and which does not place undue burdens on the institutions applying for prescription.

One of the key principles of regulation is that of proportionality – that regulators should only intervene where necessary and that regulatory action should be appropriate to the risks posed. The way that different regulators address the issue of student mental health reflects

this principle with health regulators (particularly the GMC) taking a much more proactive and prescriptive approach than their counterparts in the legal sector. For those in health regulation, the fact that students are in direct contact with patients means this area must be tightly controlled. As part of its assessment of what action to take regarding the mental health of students on prescribed architecture courses the Board will need to consider what is proportionate for regulation in this sector.

Whilst the reasonable adjustment duty set out in the Equality Act 2010 specifically refers to people with disabilities, the issue of student mental health cannot be considered in isolation as it is one of a number of characteristics protected by law. Therefore if the Board takes steps to strengthen protections for this group it must also consider whether additional changes should be made in view of the other protected characteristics - age, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity.

We want to ensure that the qualifications ARB prescribes are delivered in a way which complies with the law and its underpinning principles of equality and diversity. As such our focus is on the qualifications themselves (including admissions processes, the delivery of teaching and assessment arrangements) rather than the wider university constitution. Consequently, if ARB was minded to undertake a more assertive approach to the issue of student mental health, it could consider implementing the following recommendations which have been updated to reflect the comments of the Prescription Committee:

1. To consider undertaking further research into the issue of ill health amongst students on prescribed architecture qualifications to gain a full understanding of the key stressors with a view to tailoring guidance to address these. The Prescription Committee noted that as commissioning research would involve financial expenditure it would need to be decided by the Board and, if approved, a scoping exercise would need to be undertaken.
2. To consider signposting universities and students to the 2015 best practice guidance published by Universities UK, which the Prescription Committee felt to be appropriate. To consider issuing other guidance to universities providing prescribed qualifications on how to support students appropriately.
3. To consider asking universities to explain their approach to combatting the stigma associated with mental health problems. This could also include asking universities to provide students with information regarding who to approach for assistance.
4. To consider whether universities should be asked to document a commitment to providing reasonable adjustments where appropriate. As outlined above, the Prescription Committee felt that asking institutions to do this was to a large extent restating universities' legal obligations in this area. The Committee also noted that it would be helpful to be more specific on what was meant by 'reasonable adjustments'. If the Board decides to proceed with this recommendation some time may need to be given to further exploring in more detail, how such arrangements could apply to architecture students.
5. To consider updating the ARB student handbook to include signposting information regarding a range of support services including, but not limited to, those covering mental health problems.
6. To consider undertaking a myth-busting exercise, aimed at informing students how other students and practicing architects have identified successful strategies to

tackle mental ill health. This could take the form of anonymous case studies demonstrating how students and architects experiencing mental health difficulties have made reasonable adjustments to their working arrangements including agreements about roles; projects; working hours and lines of reporting. Such an approach would go some way to addressing accepted narratives within the sector. The Prescription Committee discussed this recommendation but felt that it may be outside of ARB's remit. The Board may wish to consider whether there are opportunities to partner with other organisations in this regard.

7. The Prescription Committee queried to what extent the number of Criteria which students are required to meet, linked to the financial penalties for failure, could impact on the mental health of architecture students. Whilst the point was noted, it was also highlighted that as a regulator ARB has a statutory responsibility to ensure that individuals wishing to join the Register were competent to practice as architects. Consequently, the Committee added a final recommendation that this issue should be considered as part of any future Criteria/Procedures review.

6. Resource implications

The resource implications will vary depending on the way forward agreed by the Board.

Recommendation 1 & 2 - If the Board decides to commission further research, with a view to issuing tailored guidance, this will have both cost and time implications. At this stage, the costs have not been calculated but a paper could be brought back to the Board outlining timelines and setting out the likely costs if the Board decides to proceed with this recommendation.

Recommendation 3 & 4 - As noted above, ARB currently requires universities or schools of architecture to demonstrate that they comply with equality and diversity legislation. Under this requirement ARB could legitimately request universities or schools to provide additional information regarding how they combat stigma and/or implement reasonable adjustments. **If the Board is not satisfied with the current approach, making changes in this regard could form part of any future review of Prescription Committee procedures. Such a change would also need to factor in the resource implications of requiring staff members to undertake these additional checks whilst scrutinising applications.**

Recommendation 5 & 6 - Updating the student handbook to provide sign posting information and/or to produce case studies to dispel myths would require staff time but limited other financial outlay.

Recommendation 7 – Considering the issue of student mental health as part of any future review of Criteria/Procedures will require staff time. As such it would need to be factored into the project plan for such an exercise.

7. Risk Implications

As a regulator ARB is responsible for setting the criteria for prescription and verifying that the courses it prescribes meet those criteria. As such, ARB must ensure that applications for prescription demonstrate that the institutions are acting in accordance with equality and diversity law. By not requesting evidence from universities about their work to combat stigma and make reasonable adjustments for students with mental health problems, there is the possibility that our decisions to award prescription could be challenged. Requiring further supporting evidence in relation to this criterion would mitigate this risk.

Nonetheless, it should also be noted that potentially, the same argument could be made in relation to the other protected characteristics. Therefore as a regulator, we need to decide if what we are currently doing is proportionate or if further steps are needed.

The Board may consider that providing additional supporting information in the student handbook is a sufficient mitigating measure. To do so would act as a safety mechanism, advising students of their rights under UK law and sign-posting them to appropriate help should they need it.

8. Communication

There is greater awareness of mental health issues in the student population than ever before. There is also a better understand of the causal factors and the impact of mental ill health. The government's Time to Change campaign has gone some way to combatting the stigma associated with these problems and has encouraged people to talk about the issues. Consequently, if we needed to communicate new information on this subject it is likely that it would be well received. Topical and interesting content of this type is popular with audiences if handled sensitively.

9. Equality and Diversity Implications

This paper and the resulting recommendations propose a way forward which would have two clear benefits:

Firstly, adding mental health content to the student handbook and requiring universities to provide evidence to demonstrate their compliance with legislation can only be of benefit to both students and universities, informing them of their respective rights and obligations in accordance with the law.

Secondly, adopting this course of action would show ARB's work to maintain an effective prescription process as well as demonstrating our genuine commitment to equality and diversity policy.

If any of these recommendations are implemented consideration should also be given to how to measure their impact. This could include asking universities to report (via annual monitoring submissions) on the number of students for whom reasonable adjustments had been made and logging visits to the student handbook from a bespoke mental health link.

10. Further Actions

If the Board decides that any, or all, of these recommendations should be put into practice, it will need to decide where work on this fits in with other priorities. Depending on the Board's view in this regard, the staff team will need to set aside time during 2017, and possibly 2018, to implement any changes.

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