



Department
for Education

Higher Education Mental Health Implementation Taskforce

Notes of 3rd Taskforce meeting held on 1st November 2023 (10:30 – 12:30), virtually via MS Teams

Chair

Higher Education Student Support Champion, Professor Edward Peck

Members Present

- Professor Edward Peck – Chair
- Professor Louis Appleby – Chair of National Suicide Prevention Strategy Advisory Group
- Mia Brady, Student representative – Student Minds Student Advisory Committee
- Dr Nicola Byrom – Network Leader, SMaRteN
- Kathryn Cribbin – Student Representative, QAA student panel
- Emma Douthwaite – Safeguarding and Welfare Manager, Office for Students (OfS)
- Ben Elger – Chief Executive, The Office of the Independent Adjudicator (OIA)
- Angela Halston – Senior Policy and Engagement Officer, Independent HE (IHE)
- Jane Harris – Chair, Mental Wellbeing in Higher Education Expert Group (MWBHE)
- Matt Lee – Head of Children and Young People’s Mental Health Policy, Department of Health and Social Care
- Mark Shanahan – Co-founder, The LEARN Network
- Jill Stevenson – Chair, Association of Managers Of Student Services In Higher Education (AMOSSHE)
- Dr Dominique Thompson – Clinical Advisor, National Institute for Health and Care Excellence (NICE) and Student Minds
- Rosie Tressler – CEO, Student Minds
- Professor Steve West – Board member, UUK

Apologies

- Prathiba Chitsabesan – National Clinical Director for Children and Young People's Mental Health, NHS England
- Lee Fryatt – Co-founder, The LEARN Network
- Gordon McKenzie – CEO, GuildHE
- Stuart Rimmer – Chief Executive at East Coast College, representing Association of Colleges (AoC)

In Attendance

- Mark Ewins – Head of Mental Health, NHS England
- Kate Wicklow – Policy Director (Insight, Access & Student Experience). GuildHE
- Sandra Binns – Student Support Champion's team
- Department for Education (DfE) officials
- Ben McCarthy – Student Support Champion's team
- Jenny Shaw – Student Support Champion's team

1. Welcome and Introduction

The Chair welcomed members and thanked them for their engagement so far.

2. Review of Minutes from Taskforce Meeting Two

The following points were discussed by Taskforce members:

- UUK will reach out to its membership in January on the Charter Programme and organise a roundtable discussion.
- Members requested changes to the previous session's minutes. Changes to previous minutes will be made by the Taskforce project team.

3a. Adoption of Best Practice – Alternative Charter Process for Small/Specialist Providers

A subgroup meeting took place which discussed the four principles for an alternative assessment process: clarity; robustness; proportionality; and deliverability.

Feedback at the subgroup meeting was that:

- Principles were correct, but it would be difficult to achieve all of them at once.
- Timescales are of particular concern, as it would be difficult to deliver on this work alongside other commitments.
- Student Minds, as the organisation leading the Charter Programme and Award for universities, would not have capacity to engage in the development of an alternative assessment process in the near future.

Action: We will raise issues around timing to Minister Halfon in the upcoming interim report.

3b. Adoption of Best Practice – Mental Health Strategies

In previous Taskforce meetings, members had supported the ambition for HE providers to develop their own mental health strategies, and to publish them for transparency and accountability purposes.

Feedback from the sector is that many providers are already developing, or have developed, a mental health strategy. Joining the Charter Programme is also allowing providers to think about development of a whole-institution approach; however, it does not provide specific guidance on creating a strategy.

The Taskforce should think more about supporting the institutions in how to develop a specific strategy, as well as resources and organisations we can point providers to, such as The Charlie Waller Trust. We also need to consider how we support providers in embedding strategies.

Strategies need to also be included as part of a HE provider's governance.

Timing needs to be considered for this work, though it will not start until at least September 2024, following the deadline for the University Mental Health Charter Programme target.

The following points were raised by Taskforce members:

- Best practice is that strategies are embedded into the existing governance of HE providers through annual reviews and also through annual reporting on the profile on

unexpected deaths and suicides in line with the Suicide Safer Universities framework.

- Several members asked that the organisations they are representing have visibility on and the opportunity to feedback on this work.
- A member raised the importance of the work being done by institutions being accessible to their students, particularly around governance.

Action: A discussion paper on this topic will be put to the relevant subgroup; members can contact the Chair's team to be involved.

4. Identification of Risk

Members were updated that a roundtable was held on this issue on 25 October, predominantly attended by representatives from HE providers, membership organisations, Taskforce members but also other interested groups.

The Roundtable covered 4 methods of identifying risk –

- Staff Competence and training
- Mental Health Analytics
- Encouraging disclosures during application through UCAS
- Post-application surveys to identify student need

The following points were raised by Taskforce members with regards to staff competence and training:

- HE providers need to be clear about the limitations of training and role-based competencies.
- HE providers must ensure their staff know how and when to pass students on to relevant support services as they are not always the best person to provide a student with the help they need and passing them on in a timely manner is crucial.
- Academics should be better at supporting students but not be overburdened. If we

do not consult with academics, personal tutors and students, we may risk doing more harm than good. There is too much variability in the sector on the roles, expectations, and competence of personal tutors in this space. There needs to be a systematic approach built which reduces this variability and provides good support for students.

- Providers need to engage with serious incident reviews and coroners' reports which highlight good and poor practice.
- Students know support services exist, but do not know how, or if they should contact them. The Taskforce could make it clear in its report that students should feel like they can ask for support, with DfE perhaps releasing communications alongside this.
- There is a need for support staff, such as reception, administrative, and accommodation staff to know where to redirect students.
- A member suggested that the Taskforce should promote the Psychological First Aid model as it is more useful in HE than Mental Health First Aid.
- Students on placement, part-time students, and students with caring responsibilities often struggle to access services which are only available 9am-5pm.
- There needs to be clearer referral pathways.
- TASO recently launched their evidence hub. Members of the Taskforce may want to take an active role in developing its frameworks and models for local use, rather than always needing to create something new. The plethora of guidance and frameworks out there already needs to be rationalised.
- The Taskforce will seek a steer from the Minister on whether staff training is an issue for the Taskforce to pursue.

The following points were raised by Taskforce members with regard to data analytics:

- A member argued that the role of analytics is limited, as students who die of suicide are often flagged as low risk by data, so focus on students flagged as high risk is unlikely to impact the number of suicides in HE. We need a comprehensive system which responds to all individuals.
- There is value in presenting wellbeing data through a dashboard, but we need to be clear that such data cannot predict behaviour, it can only report what is currently happening.
- Making data presentable will improve case management of individuals who HE providers are concerned about. There is more data available now to assist HE

providers in this. However, this work needs to consider how frontline staff will engage with the data.

- A member suggested it would be helpful to refer back to NICE guidelines and important to acknowledge the negative impacts of wider societal issues on mental health, in particular on those students from particular minority groups.

Action: Members will share case studies with the Taskforce on the use of data analytics at HE providers.

The following points were raised by Taskforce members in regard to encouraging disclosures through UCAS and post-application surveys:

- The Chair stated that UCAS is keen to support work in this area and the Taskforce needs to consider what it can do which will be of most value. He also declared his interest as Deputy Chair of UCAS.
- Several Taskforce members praised UCAS's work, but noted that many students apply direct, or through other channels, meaning that they do not have the opportunity to disclose information to UCAS.
- A member raised the challenge of what HE providers do with the information when they have it, arguing too often it is not passed on to the right people.
- It was suggested we may need a tool which gets students to think about what their support needs are, and encourages conversations with their families, friends and their HE provider.
- There needs to be a way of informing students who are diagnosed with a condition whilst at university what support is available. Another member noted a role for the NHS and Student Space.
- The burden on students of disclosing needs to be considered, there is sometimes a financial cost to prove disability.
- Some students also do not feel safe disclosing, particularly if they feel there is a negative public narrative against them, such as LGBTQIA+ students.

Action: The Team will continue discussions with UCAS on the potential for it to extend its contribution here.

5. HE Student Commitment

The Taskforce were updated that two roundtables were held in October on this topic, with around 60 attendees across the sessions.

The paper shared with members focusses on themes of communication and process being:

- Clear and accessible
- Fair
- Inclusive
- Flexible, proportionate, and timely
- The perceived challenges of this work identified were:
- Consistency across a large organisation
- The volume of communication received by students
- Information needing to be clear vs compassionate
- A lack of good practice examples
- Implementing this alongside the whole-university approach

The following points were raised by Taskforce members:

- The approach was warmly welcomed by one member who had some concerns at the outset.
- It is important that HE providers publicly announce their commitment and students are aware of this.
- The Chair suggested these principles be implemented as and when communications and processes come up for review, rather than all at once. This will ensure that this is not seen as an additional ask of the sector and is the right approach even if it may take 2-3 years to be fully implemented.
- Several members raised the role of external accreditation bodies which have contact with students in this work.

- It was suggested this issue is broader than mental health and is also about inclusive approaches to pedagogy and curriculum.
- Wider consultation with the sector and students is needed

Action: Taskforce members will share examples of good practice on compassionate communications with the Taskforce team.

Action: The relevant subgroup will refine the next steps on the student commitment for inclusion in interim report

6. National Suicide Review

Taskforce members were updated that a researcher is being appointed to carry out this work. The review will look at deaths by suicide in the sector and attempted suicides (where case reviews are available). DfE will encourage universities to follow Safer Suicide Universities guidance on case reviews, this will be then collected and stored centrally by the researcher with lessons shared with the sector.

Action: The contracted organisation will form an advisory group and will regularly feedback progress on the work to the Taskforce.

Action: The Chair will convene a separate session for taskforce members to give non-binding advice to the researcher on the review before the December Taskforce meeting.

7. Areas for Further Improvement

Taskforce members were reminded that the report to the Minister will include suggestions for potential future areas of work once the existing Taskforce programme is nearing completion.

The key themes raised through this work are:

- Contextual factors – including the pandemic, cost of living, global threats, harassment, drug use, housing, finance, and leadership
- Risk management – including inconsistency of job titles and processes, training of non-clinical staff

- Working with the NHS – including data sharing, collaborative models
- Whole population approaches – including social prescribing, student access to advice, access to mediation services
- Additional risk factors – including inclusivity of services, commitment to neurodiverse students, students with interrupted study
- The paper on this area is still a work in progress so will not be published online at this stage but will be refined for the interim report.

The following points were raised by Taskforce members:

- Case management and referral pathways are an area of priority
- Inconsistency of job titles within such a diverse sector is likely a challenge we cannot solve, but staff understanding their responsibilities and being clear on where to direct students for support is key.
- There should be an understanding of what a good wellbeing package looks like, particularly for smaller institutions who cannot afford a specific mental health intervention offer.
- It was argued there should be greater clarity about what risks are being managed, and that some issues that students face are life stresses rather than formal mental health issues.
- The areas of focus look right though there are still issues with data governance.
- Need to be precise about what the Taskforce is recommending around the broad topic of 'students with additional risk factors'. It would be helpful to develop good practice guidance, but this would not necessarily be the role of the Taskforce. Building on the work of the OfS pilot projects on inclusion would be a good starting point.

Action: Refine proposal for recommendations around whole population approaches and additional risk factors for December Taskforce meeting

Action: The team will speak to team running the Manchester model for care partnerships with NHS regarding issues with data governance

8. Next Steps and Close

Next Taskforce meeting will be 1 December.

We will update on areas of work at this meeting, but the key focus will be on updates for the Minister within the interim report.

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