HE Mental Health Implementation Taskforce – first stage report

January 2024

Foreword – Robert Halfon, Minister for Skills, Apprenticeships and Higher Education

I am delighted to present the first stage report of our Higher Education Mental Health Implementation Taskforce. This report is a testament to the hard work and dedication of the Taskforce members and its chair, the HE Student Support Champion, Professor Edward Peck.

I asked Professor Edward Peck to establish the Taskforce in summer 2023 – to act as a vehicle of real change. The Taskforce supports the aim of improving the wellbeing and mental health of HE students, which is an absolute priority for this government. Mental health issues should not hold back anyone from entering and thriving in HE. This is not just about individual success but a matter of social justice.

The Taskforce is at the centre of the government's plan for student mental health, which is based on three pillars:

- Funding vital services and innovative projects via the Office for Students

- Spreading and implementing best practice consistently across HE providers:

- Clear responsibilities for providers and protection for students

I was delighted to open the inaugural Taskforce meeting in July, where I saw common cause across a group, bringing together different parts of the higher education sector, as well as health services, the charity sector, and – crucially – students and parents.

I commend the progress made by the Taskforce since then and the actions it sets out in this first stage report. This includes those which support delivery of the target I set for all universities to join the University Mental Health Charter Programme by September 2024. The Charter Programme supports providers to embed these important principles and follow a process of continuous improvement as they work towards the Charter Award. It is already raising standards within the sector. We have seen an impressive 50% increase in membership since the target was announced. I am confident that remaining universities will come on board, in part due to the commitment from Student Minds and HE representative groups to address some of the barriers to engagement for our diverse university sector.

The report also outlines next steps for the National Review of HE Suicides, which I have appointed the renowned National Confidential Inquiry into Suicide and Safety in Mental Health to lead. I wrote to all HE providers this month about the importance of this National Review for ensuring difficult lessons are shared widely across the sector to do all we can to prevent future tragedies. Providers' participation in this review will be assisted by the one-off additional £10 million OfS will be allocating to HE providers for student mental health and hardship support, which comes on top of the £15 million already distributed this year on HE student mental health.

In the next stage I have asked the Taskforce and the HE Student Support Champion to continue progressing its priorities with a renewed focus on prevention, empowering students to be resilient, tackling online harms, and exploring greater information sharing between schools, colleges, and HE providers. Further, we need to send a clear message that we should have well-trained mental health professionals supporting students in higher education settings. The Taskforce is being extended to progress this work and being asked to deliver a second stage report by July 2024.

I know that the Taskforce has engaged widely in the production of this report and I expect the HE sector to embrace the steps it sets out. I stand firmly behind it and am determined that we see this work through. Ultimately, we must do what is necessary to support students to thrive in their time in higher education.

Robert Halfon
Minister for Skills, Apprenticeships and Higher Education

Introduction

Openness about and attitudes to mental health have transformed in recent years, especially amongst younger adults. At the same time, a combination of world events and social media have contributed to increasing mental distress.

Students of all ages and backgrounds are subject to the same pressures as their peers and may experience additional ones derived from the demands of academic study. Whilst suicide rates amongst students are lower than in the general population, each and every one is a tragedy[1].

The Higher Education Mental Health Implementation Taskforce ('the Taskforce') was established by the Government to drive forward the development and adoption of good practice amongst higher education providers (HEPs) in England to reduce the impact of mental distress on students. The Taskforce's remit recognises the important role that HEPs play, not only in supporting students to succeed in their academic work and future career, but also on their lives outside of their studies. However, it is also clear that HEPs are just that, providers of higher education, and that the NHS is responsible for providing clinical mental health treatment for students who require it.

Chaired by Professor Edward Peck, the HE Student Support Champion, the Taskforce contains representatives of bereaved parents, students, provider groups and sector agencies. The Taskforce continues to focus on connecting the concerns of parents and students with the commitment of those delivering higher education to improve the support that is available to those studying with them. These providers range from small private institutions, through further education colleges (FECs) and specialist organisations, to large universities. The challenges they face may be similar, but the solutions they pursue may differ.

The Taskforce has focused on four priority areas specified by the Minister for Skills, Apprenticeships and Higher Education when it was announced in June 2023.

The first area of work established the ways HEPs can identify students who may be vulnerable due to mental distress and may therefore be at greater risk of declining mental health, but who have not shared this information or sought help.

The second priority area of work is promoting an approach that ensures policies and procedures are written, communicated, and operationalised in a sensitive, inclusive, and compassionate way. Crucially, they must not exacerbate distress. The principles for a student commitment will be developed to allow the Office of the Independent Adjudicator (OIA), where appropriate, to employ it in consideration of student complaints.

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[1] [Estimating suicide among higher education students, England and Wales. ONS.](#)

The third priority area of work will see the National Review of HE Suicides begin to collate student suicide investigations conducted by HEPs for analysis. A national review process will give insight for all stakeholders into effective practice in suicide prevention, areas for improvement, and recommendations on the future process for suicide reviews. Reviews will ultimately ensure that the sector learns valuable lessons.

The fourth priority is ensuring good practice is being adopted across the sector. The Taskforce has adopted the principle that all HE students should receive support aligned with the aspirations of the University Mental Health Charter (UHMC) and underpinned by an appropriate method of validation.

For each of these four areas, this report sets out the objective that the Taskforce has been set, introduces the context for that objective, summarises progress to date and specifies the next steps.

This initial report will be followed by a second stage report on these areas of focus in July 2024. This will also cover activity in additional areas of work that are expounded briefly towards the end of this report.

This report references the role and work programme of the HE Student Support Champion, Professor Edward Peck, appointed in June 2022. Mental health featured as a priority in the HE Student Support Champion's work programme from the outset, for example a focus on information sharing between agencies, and outputs are already published [2]. Other relevant strands of activity, such as 'compassionate communication' (the second area highlighted above), have now been incorporated entirely into the agenda of the Taskforce.

However, the work programme of the Student Support Champion continues alongside the Taskforce, looking at the wide range of needs that students possess. Of most importance in this context is the project that explores ways in which HEPs can undertake a comprehensive reform of student support, such as rethinking the contribution of academic personal tutors. For some areas discussed in this report, therefore, it will be beneficial to integrate them into this wider consideration of student support.

Overall Taskforce objectives

Established by the Minister for Skills, Apprenticeships and Higher Education in June 2023, the Higher Education Mental Health Implementation Taskforce aims to build on existing good practice in England to ensure that guidance and initiatives are implemented in full, with greater clarity on which parts are applicable to different types of providers and clear measures for identifying progress. It also aims to fill gaps in areas where more consistency is needed and where there is the opportunity to roll out innovative practice more widely.

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[2] Higher Education Student Support Champion | Nottingham Trent University

Work strands

To achieve this, the Taskforce is focusing on four specific areas set out by the Minister as part of the three-pillar plan for student mental health, specified in its Terms of Reference as follows:

Spreading and implementing best practice consistently across HE providers

- **Supporting adoption of good practice** - adoption of common principles and baselines for approaches across providers, such as through sector led charters.

Clear responsibilities for providers and protection for students

- **Identification of students at risk** - better identification of students in need of support and a clear user journey for accessing that support;

- **Student Commitment** - development of more sensitive policies, procedures, and communications within a proposed HE Student Commitment; and

- **National review of HE student suicides** - effective local case reviews and engagement with the national review of HE suicides, including generation of insights into mental health services on offer by HEPs, and exploration of the methods for achieving greater timeliness and transparency on suicide data.

This first stage report identifies progress to date in the above four areas and outlines further areas of work.

Areas of focus

Spreading and implementing best practice

Clear responsibilities for providers and protection for students

Mental health support

Adoption of best practice

Identifying students at risk

Student commitment

Suicide prevention

National Review of HE Suicides

Overall progress and steps toward second stage report

The Taskforce has had four meetings to date: 18th July; 22nd September; 1st November; and 6th December. Four more meetings are scheduled (in February, March, April and May).

By July 2024, the Taskforce will produce a second stage report that shows:

- what the taskforce has achieved in the four areas set out above and those additional ones identified below as well as those suggested by the Minister in his Foreword;

- outstanding work that is yet to be completed; and

- areas where additional interventions and actions for further improvement are indicated.

Supporting adoption of good practice

Objective: adoption of common principles and baselines for approaches across providers, such as through sector led charters

The priority in this strand of work is to ensure good practice is followed widely and rigorously across the HE sector, with clear accountability achieved through public transparency on progress. It will require improvements in the culture and environment that support good wellbeing with robust, effective, and accessible services alongside transparency around delivery that provides confidence across stakeholders. The Taskforce has endorsed the principle that all HEPs should be taking a whole institution approach to mental health. This can be achieved by every HE student being covered by a charter that aligns with the University Mental Health Charter (UMHC), with an appropriate method of assessment against the relevant charter.

Context

There is a wide range of well-regarded good practice guidance on mental health for universities to adopt, including that produced by UUK in conjunction with mental health charities. This includes:

- guidance for university leaders on suicide prevention[3];

- guidance on actions universities should take in the immediate aftermath of a student death by suicide[4];

- guidance developed by PAPYRUS and UUK on when and how to involve families, carers or trusted contacts when there are serious concerns about a student's safety or mental health[5]; and

- placements checklist - on actions universities and placement providers can take to support students on placements facing difficulty with their mental health[6].

The UMHC framework was published in 2019 by Student Minds. It sets out evidence-informed principles to underpin achievement of a whole-university approach to mental health[7]. These principles encompass how universities teach, the accommodation they provide, the support they offer, and the ways leaders and community work together. The publication of the framework followed an extensive process to engage with staff, students, and leaders.

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[3] Suicide Safer Universities. UUK
[4] How to respond to a student suicide. UUK.
[5] Suicide safer universities: sharing information with trusted contacts. UUK.
[6] Suicide safer universities: supporting placement students. UUK.
[7] University Mental Health Charter - Student Minds Hub

Student Minds runs a Charter Programme which supports providers to use the framework as well as providing opportunities for peer support, challenge, and learning. Communities of Practice are provided as well as journey reviews which enable universities to judge their progress.

Programme members are able to work towards the Charter Award which provides a thorough scrutiny of a university's approach to mental health. Universities receive a feedback report following assessment and the Charter Award Panel determines whether a university should receive Award status. Achievement of a Charter Award is a significant milestone but not an end in itself; Programme members are expected to undertake continuous improvement, with the aspirational aim of receiving Merit or Distinction Award status.

Only those HEPs with degree awarding powers are in scope of the UMHC Programme. However, the Association of Colleges (AoC) has developed the AoC Mental Health and Wellbeing Charter for AoC members. The AoC offers resources on areas highlighted in this Charter, including training and self-assessment (through the Charlie Waller Memorial Trust). There are also opportunities to spotlight and share effective practice through regional communities of practice, national conferences, national leadership programmes and AoC Beacon Awards.

There are a sizeable number of HEPs without degree awarding powers which are not currently in scope of the UMHC Programme, and which are also not AoC members and therefore not eligible for the AoC Mental Health and Wellbeing Charter. These are a diverse group of providers, including specialist business schools, art and media schools, religious education centres and design schools. Their academic awards are either validated by a HEP which possesses degree awarding powers or offer degrees on a franchise basis from a HEP. Collectively, these providers cover a relatively small student population, despite representing over half of providers registered with the OfS. On an individual basis, the vast majority of those without degree awarding powers have very small student cohorts (fewer than 500 students). Furthermore, the OfS has made clear recently that the quality of provision under partnership arrangements will be considered when prioritising HEPs to be assessed on the student outcomes regulatory condition (B3)[8] .

Many HEPs have adopted mental health strategies, often approved by their governing bodies, some of which monitor progress in their delivery. This is another means through which HEPs can advance and demonstrate adoption of good practice. These strategies can form an important part of embedding whole institution approaches and enable HEPs to establish strategic leadership in respect of student mental health.

Typically, these strategies comprise both a public-facing document and an internal action plan. The public document provides an opportunity for HEPs to outline to a wider audience

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[8] [Statement about the prioritised categories for the 2023-2024 assessment cycle. OfS.](#)

their ambitions, responsibilities, and commitments, including to prospective students and their parents or carers. In time, they can demonstrate the progress and improvements that have been made and the oversight being exercised by governing bodies.

HEPs may draw upon different formats and sources when developing these strategies, sometimes resulting in inconsistent application across the sector. Guidance exists to support HEPs in their development, such as that published by the Charlie Waller Trust, but usage is not widespread at present.

Progress update

UUK's May 2023 survey suggested high adoption of the good practice produced by UUK, in conjunction with third sector organisations, by UUK members. This ranged from 90-100% across the different frameworks, with 71% of UUK members responding to the survey. This demonstrates a strong commitment from universities to putting in place effective approaches to support student mental health and prevent suicides. However, this does not show the way in which good practice has been adopted by individual providers or identify which providers are yet to begin implementation.

Most of this this guidance was designed for universities and there has not yet been a full review of its applicability to wider HEP models. However, we are aware of HEPs outside of UUK membership which have found this guidance valuable.

The Minister for Skills, Apprenticeships and Higher Education wrote to all HEPs in June 2023 asking for ownership of mental health at an executive level to drive adoption of best practice. A target was also set for all universities to join the UMHC Programme by September 2024. In October 2023 Student Minds confirmed significant progress had been made, with 96 members now signed up across the UK, representing a greater than 50% increase in membership. Of those, 83 are English members, over two thirds of the cohort in scope of the UMHC Programme target.

While this represents major progress towards the target, some smaller or specialist providers have indicated they face challenges joining the Programme. They cite the need to prioritise between directing limited budgets to frontline support or recruiting and upskilling staff for projects to adopt the Charter framework and to undertake evaluation of strategies and services as part of the Charter Award process. The Taskforce is clear that costs of adopting the Charter should not fall just onto student support services, and that the drive for a whole institution approach to mental health should be led at an executive level.

While there are concerns about costs, the Award has not exclusively been gained by large universities, showing that providers of different type and size can demonstrate excellence through this process. The Charter's framework is principles-based and, importantly for smaller providers, does not demand that they have certain services in place, only that whatever is provided is adapted to the local context and meets the principles (safe, effective, accessible).

Student Minds intends to undertake a light-touch review of the Charter and award process to begin early in 2024. This will also explore opportunities for sharing learning and insights with non-eligible providers so that the wider sector can benefit. This review will be informed by feedback from UUK members and discussions with Guild HE, Independent HE, AoC and AMOSSHE. Student Minds is clear that the award process has been designed to minimise the burden on providers but also to be deliberately rigorous. Thus, the work required for universities to change culture and support wellbeing is inevitably demanding and Student Minds is not minded to lower the criteria for the award.

The Taskforce has also explored transparency and timeframes of the UMHC Award process. Student Minds is clear that universities should only undertake the Award process when they are ready to do so and within a sustainable operating model. However, subject to funding, there is the potential for greater transparency around anonymised lessons from the Award process being shared in future.

The AoC charter is being updated and relaunched in January 2024 having been reviewed by the AoC Mental Health Charter Working Group, which includes the Further Education Student Support Champion, Polly Harrow, among its membership. One of the aims of the update is to better align with the principles and practices within the UMHC whilst retaining a college-wide approach in the context of the safeguarding responsibilities that colleges have for the majority of their learners. The introduction of standards in the AoC charter framework means that members should, as a minimum, carry out an annual self-assessment, produce an annual governance paper, and publish a statement on the college website. The AoC will also refresh the college mental health self-evaluation tool (C-MET) in conjunction with the Charlie Waller Trust. AoC is looking to set a target date for all members to join the Charter.

Mission organisations that represent HEPs have agreed the Taskforce principle that every HE student in England should be studying with a HEP that is covered by appropriate charter principles with a process that verifies institutional adoption. As part of this, IHE and Guild HE have confirmed that their members support adoption of the UMHC principles but will need to explore further the most appropriate assessment process for non-university members. The Taskforce has reflected on the nature of an alternative assessment process that may help these providers to assess their whole institution approach to mental health. It has developed four potential principles for any approach:

- Clarity – it must be clear what the assessment outcomes are and how this relates to the UMHC Award;

- Robustness – the assessment process must be sufficiently rigorous to give confidence in the outcomes;

- Proportionality – the burden of the assessment is reasonable for small providers to manage, with realistic expectations around evaluation for small student cohorts; and

- Deliverability – is must be feasible to set up and run this process on an ongoing basis, with potential organisations able to deliver it with a sustainable funding model underpinning it.

Next steps

It is proposed that the following work take places to achieve the Taskforce's aims around adoption of good practice and baselines for approaches across HEPs:

- UMHC:

    - Light touch review of the UMHC framework and Award process for eligible providers to begin early 2024;

    - All English universities to sign up to the Charter Programme by September 2024; and

    - Commitment by small and specialist providers which are not eligible for the Charter Programme to follow the principles of the Charter by September 2024, with exploration of a credible alternative assessment process by July 2025.

- Refresh of AoC Mental Health and Wellbeing Charter and full take up by AoC members, by September 2024; and

- Understand the means by which HEPs construct their mental health strategies and engage with the sector to understand where additional work may be impactful (particularly with regards to the formulation and oversight of HEP mental health strategies) by May 2024.

Identification of students at risk

Objective: better identification of students in need of support and a clear user journey for accessing that support

The Taskforce aims to develop a plan to enable HEPs to improve their early warning capabilities such that they are more adept at identifying students at risk and in need of support and then take action to prevent mental health issues escalating. We define these students to be those that are displaying signs of mental distress and thus particularly vulnerable to declining mental health and potentially serious mental illness. Identification will entail a multi-layered system that deploys a variety of approaches to enable proactive and targeted intervention. The Taskforce acknowledges that the manner in which HEPs combine these approaches will need to differ to reflect the specific characteristics of these institutions and their students.

Context

Data from the Higher Education Statistics Agency (HESA) suggests that 5.5% of all home students have a mental health condition (2021/22)[9]. However, the true prevalence rate is likely to be higher. The National Health Service (NHS) estimates that 22.0% of young people aged 17 to 24 years have a probable mental disorder[10].

These statistics indicate that disclosure rates by students are significantly lower than we would expect or hope to see. This is a challenge that has been acknowledged by HEPs and is a major focus of work for mental health practitioners, third sector organisations and mission groups operating in the higher education sector. Students who are not being supported with their mental health vulnerabilities – in most cases because the HEP is unaware of them – may be more likely to experience a decline in their condition. Almost invariably, a lack of prevention activity means these students then require more intense intervention and management by already-stretched HEP and, potentially, NHS services. The earlier HEPs can identify, assess, and intervene (and potentially refer onwards to statutory services), the greater the opportunities to reduce risk as well as minimise harm.

In addition, across the wider population, research suggests that only one in three people who die by suicide had been in contact with NHS mental health services in the twelve months prior to their death[11]. Whilst it is challenging to find comparable data for HE students, the Taskforce has been told by those in the sector that too many vulnerable students are not on the radar of HEPs' student support services. Consequently, they do not receive the support they need to have a fulfilling experience of higher education.

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[9] UK domiciled student enrolments by disability and sex – 2014/15 to 2021/22. HESA.
[10] Mental Health of Children and Young People in England 2022. NHS.
[11] National Confidential Inquiry. Annual Report 2021.

Progress update

Over Summer 2023, members of the Taskforce Project Team engaged with a variety of HEPs to identify approaches which demonstrate evidence of positive outcomes or are otherwise deemed to be good practice.

Three broad approaches were identified and discussed at a roundtable organised on behalf of the Taskforce in October. This roundtable garnered significant interest and attendance from the sector, demonstrating a marked level of enthusiasm to address this agenda. The key conclusions of these discussions, and subsequent consideration in Taskforce meetings, are outlined below.

Approach 1 – staff training and competence

For many students experiencing mental health challenges, their teaching staff, personal tutors, or course administrators are seen as the first point of contact. There are benefits to using this route to identify students who may need support. Students may have greater affinity to their course teams, who may be seen as more accessible and approachable than institution-wide support services. For resident students, accommodation and security teams may also find themselves playing a pastoral role, often on an informal basis. For those students who do not overtly disclose challenges, these staff may still have more frequent opportunities to observe signs of mental distress.

These insights are an important source of intelligence about the mental health of students in any educational setting. For some HEPs, especially those with smaller student cohorts, it may be the preferred or primary route for identifying those at risk.

However, this approach assumes an understanding on behalf of these staff who interact with students daily of how mental distress may manifest and how to help, and an understanding of when to escalate concerns to more specialist forms of support. Some staff may see it as an additional task that is beyond their current remit; in the view of others, it may be beyond what either they are trained for or signed up to do.

This method raises, therefore, some important questions. To what extent should non-specialist staff be expected to carry out triage and signposting? Should the emphasis instead be on them responding to the distress they see with everyday empathy and understanding? Is a hybrid model possible and, if so, how could it best be implemented? How could non-specialist staff be trained to combine these responses given the large numbers who interact with students?

The Taskforce recognises the value of non-specialist staff in responding to students at risk. However, there is a need to balance this with an acknowledgment that clarity is needed on expectations around their boundaries and responsibilities.

The Taskforce has come to the view that a number of issues arise:

- whether a broad consensus can be reached on these responsibilities and boundaries

with regard to student wellbeing and mental health;

- whether it is feasible to formulate a professional development framework that is sufficiently broad to be relevant to HEPs of all sizes and specialisms in the sector;

- whether there is benefit in reviewing existing training, development, and guidance materials – including drawing on HEPs' internal evaluations and evidence from UMHC evaluations – and mapping them against the required competences; and

- whether there is an opportunity to link this strand of work with existing activity within the sector, to help reduce the burden of change.

Approach 2 – mental health analytics

Sophisticated analytics systems are enabling the identification of individual students with apparent vulnerabilities and supporting HEPs to employ targeted interventions. These systems combine and align data from multiple sources to generate a holistic profile of students' behaviour. Some HEPs have been employing these systems to monitor students' academic engagement for several years. More recently, mental health analytics has emerged as a viable application of student data.

Following discussions with the HE sector on proposed areas of focus, in March 2023 the HE Student Support Champion issued with Jisc a model specification which outlined eleven datapoints relating to engagement and wellbeing, most of which many HEPs collect at present. These data points can be combined into a set of metrics that would enable more comprehensive identification of students who may benefit from intervention[12].

This specification drew upon an evaluation of Northumbria's mental health analytics model that showed that it was possible to predict student wellbeing with significant accuracy[13]. Importantly, it showed that the metrics could identify students exhibiting signs of mental distress who may otherwise not have disclosed their mental health challenges with their HEP. The Taskforce acknowledges that HEPs' student data must first be accurate, available, and interoperable in order to implement mental health analytics and achieve similar outcomes to those demonstrated at Northumbria.

The implementation of analytics is a complex and time-consuming task, albeit one which many HEPs are pursuing or considering for the purpose of monitoring academic engagement. The extent of HEPs' current and future use of wellbeing data to underpin student support, or their planned future development, is not yet clear. It also looks likely that HEPs are designing and delivering local systems without benefitting fully from collaborative learning. There are a very limited number of commercial operators active in this area at present.

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[12] A core specification for engagement and wellbeing analytics.
[13] Jisc evaluation of the Northumbria project (to be published shortly).

Approach 3 – encouraging early disclosures

Intelligence about students, in particular about their specific needs for mental health support, is not typically shared between schools and colleges and HEPs. Mental health needs are also not always disclosed by students in their application to study in HE or in pre-arrival questionnaires that may form part of the enrolment process.

The UCAS application is generally the first point at which a HEP is provided information about a student, including – if the student chooses to disclose it – information about a disability, support need, or other personal circumstances. Figures from UCAS indicate a growing confidence by students to disclose a mental health condition; in 2023, 36,000 accepted applicants made such a disclosure in their UCAS application, a 125% increase compared to 2019[14].

Despite this, there was wide agreement at the October 2023 roundtable that the UCAS application service could be further developed to elicit additional information about students' mental health challenges and the support that mitigates these. This may encompass extending the UCAS reference process to derive more detail about students from schools and colleges. The Higher Education Student Support Champion has explored at previous roundtables other methods by which information could be shared more directly between schools, FEC, and HEPs to enable a smoother transition between these stages of education. These options will be taken forward following the publication of a paper on transition based on the outcomes of these roundtables.

The Taskforce supports this proposed approach, acknowledging there are issues around confidentiality and consent to be considered. Students' mental health also may deteriorate from the point of application, underlying the need for additional approaches to identify students once they reach higher education. Furthermore, it needs to be recognised that not every student enters higher education through UCAS, and further consideration is required to address this issue.

Many HEPs have invested in introducing expanded enrolment or pre-enrolment surveys to encourage students to disclose their support needs. Notwithstanding some evidence of good practice in specific HEPs, these activities may be prone to similar challenges to the UCAS questionnaire; in particular, that students who do not disclose via UCAS may be unlikely to disclose via an enrolment survey.

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[14] 2023 end of cycle data. UCAS.

The student journey to access support

The focus to date of the Taskforce has been on the identification of students at risk related to their mental health. However, all of the approaches outlined above will generate information about student needs for support that will include many aspects not connected to mental health. The question of the user journey to access support is an important one, and this wider focus to date has been addressed by the HE Student Support Champion in collaboration with the Universities UK Student Policy Network and Advance HE through the Student Needs Framework[15]. There is a view emerging that this will require a redesign of student support across all of its dimensions and not just those related to mental distress, albeit that will be a significant component. The HE Student Support Champion's intention is to pick up this generic redesign project in the early part of 2024, drawing on a broader range of sector perspectives.

Next steps

It is proposed that the following work take place prior to the second stage Taskforce report:

- Consider the evidence for the effectiveness of different training programmes to raise awareness for non-specialist staff, identify examples of good practice, and share these within HEPs as well as sector agencies which may design and deliver staff accreditation processes (e.g. Advance HE);

- Work with the sector, and potentially Jisc and system suppliers, to develop and promote guidance for HEPs looking to implement student analytics or other related data systems, paying particular attention to supporting HEPs to improve their data governance; and

- Work with UCAS to support their developing work around student surveys and references, facilitating discussions between UCAS, HEPs, FECs and schools to understand what additional information might be collected, the means to do so, and how this might be shared with HEPs. Feed into the work of the HE Student Support Champion on understanding and establishing methods of addressing barriers to schools and FECs sharing information with HEPs on students' previous educational records, including their mental health needs.

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[15] Student Needs Framework. Advance HE.

Student Commitment

Objective: development of more sensitive policies, procedures, and communications within a proposed HE Student Commitment

The intention is that the Student Commitment will provide a clear articulation of good practice within HEPs regarding compassionate policies, ways of working, and communications. As such, it should set the tone for a consistently sensitive and inclusive culture which prevents harm to students, without compromising appropriate academic challenge and acceptable behaviour.

While the primary intention is to promote good practice, the Student Commitment will also act as a resource for students to consider when making a complaint through the OIA if they believe that their HEP has not adhered to its own standards or established approaches across higher education. To enable this, the Commitment will be developed to align with the principles set out by the OIA in their Good Practice Framework[16].

Context

Concerns have been raised by bereaved families, including The LEARN Network, about unintended harm arising from policies and procedures, and the language used to communicate them to students. These concerns were shared by the Taskforce. Policies and procedures of concern include those relating to academic misconduct, fitness to study, and sharing of assessment outcomes; they also include broader codes of student behaviour. There is concern that insensitive wording and timing may contribute to the exacerbation of students' mental distress, and that opportunities for prevention of escalating mental health issues by providing relevant signposting and support are being missed.

It is acknowledged that for many students this may be the first time they have had to engage as adults with institutional rules and regulations, and they may be doing so without immediate access to advice from family or carers. Starting university can be stressful, and key transition points during the student journey can further challenge students' mental health[17]. Additionally, interruptions in their studies and life changing events, such as pregnancy, bereavement, or illness, can leave students more vulnerable to mental distress. Evidence provided to the Taskforce included examples of processes that were neither sensitive to this vulnerability nor sufficiently inclusive; for example, taking international students through an academic misconduct process without having considered their understanding of UK academic norms, their cultural learning style, or the impact of an extended process on their finances.

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[16] Good Practice Framework - OIAHE

[17] Eilidh Cage, Emma Jones, Gemma Ryan, Gareth Hughes & Leigh Spanner (2021) Student mental health and transitions into, through and out of university: student and staff perspectives, Journal of Further and Higher Education, 45:8, 1076-1089, DOI: 10.1080/0309877X.2021.1875203

Some policies and procedures, and the communications that arise from them, are couched in legal or bureaucratic language that students may find incomprehensible at best and intimidating at worst. They may not offer the flexibility or support to account for personal circumstances, disabilities, or other protected characteristics, further increasing the potential for distress. There is currently no sector-wide expectation that communications should take these individual factors into account.

In the roundtable organised on behalf of the Taskforce in October 2023, evidence was presented that good communication drives trust and belonging, and that today's students expect a high level of 'customer service'. They value – and need – clear communications telling them what the position is, what is expected of them, and what is going to happen next. However, they also want their feelings and circumstances to be acknowledged. To deliver against these expectations will require HEPs to take a systematic, institution-wide, and consistent approach to communications by putting students at the centre, taking further action to understand how they best receive and respond to communications.

Progress update

The Chair of the Taskforce has been promoting the importance of what has become known as 'compassionate communications' within the sector. This formulation has been very well received and many HEPs are already reviewing their communications, procedures, and policies – usually in that order - to be more considerate of how they are received and understood.

The October 2023 roundtable generated good attendance, showing that HEPs and sector agencies have understood the importance of improvement. This engagement has yielded some early examples of good practice that have formed the basis of the proposed Commitment principles. The OIA, as a member of the Taskforce, has indicated that it is supportive of the direction of travel in developing expectations and examples of good practice that it could use when it receives relevant student complaints.

The principles that will be adopted by the Commitment will be aligned with the principles set out in the OIA Good Practice Framework: accessible and clear; fair, independent, and confidential; inclusive; and flexible, proportionate, and timely.

Notwithstanding the demonstrable support within the sector for the Commitment, it is recognised by the Taskforce that this is not a simple task. Sector engagement has uncovered challenges faced by HEPs when endeavouring to make improvements in this area:

- the need for a broader range of good practice exemplars, in particular compassionate policies;

- the requirement to adapt existing and emerging practice to the precise requirements of each individual provider;

- the centrality of creating a consistent, whole institutional approach, where many sources of communications and interactions become mutually reinforcing;

- the vital role of senior leaders in setting the tone for a compassionate culture;

- the volume of material to be revised, in the context of resource constraints and competing priorities; and

- the balance between compassion and the need to be clear about requirements and potential consequences of non-observance.

Next steps

It is proposed that the following work take place prior to the publication of the second stage report:

- Consult with the wider sector and students on the agreed principles;

- Continue to engage with the sector to identify further examples of embedding compassionate principles into policies, procedures, and communications;

- Develop material that can be utilised by the OIA;

- Continue to promote the importance of this area with senior leaders with responsibility for overseeing policies, procedures, and communications, and more broadly with HEPs and their professional bodies; and

- Deliver a national event to promote the Commitment.

National Review of HE Student Suicides

Objective

Effective local case reviews and engagement with the National Review of HE Suicides, including generation of insights into mental health services on offer by HEPs, and exploration of the methods for achieving greater timeliness and transparency on suicide data

The Taskforce will encourage HEPs to carry out robust internal reviews of suspected suicides and attempted suicides and engage openly with the National Review of HE Suicides (the 'National Review') to ensure these reviews are submitted for analysis.

This will support the outputs of the National Review:

- enabling broad lessons around addressing serious mental illness and preventing suicide in HEPs to be shared more widely across the sector such that HEPs can enhance processes and policies; and

- Suggested further developments in the template for suicide reviews by HEPs, including incorporating any good practice from outside the HE sector.

The Taskforce will also look to establish the most robust and effective method of collecting and reporting data on student suicides.

Context

Each student death is a tragic loss. Where a student is suspected to have died by suicide, or attempted to take their own life, UUK and PAPYRUS Postvention guidance[18] is explicit that universities should undertake an internal review to examine their circumstances and interactions with the provider, fellow students, and partner organisations (e.g. Students' Unions and NHS services). This internal review should evaluate whether changes to policies, procedures, or processes could be made to prevent suicides and attempted suicides and improve mental health support to students more broadly. While this guidance was created for universities, it can be adapted for use by wider HEPs.

There is potentially huge benefit in HEPs learning collective lessons from these reviews. To this end, in June 2023 the Department for Education (DfE) committed to commissioning an organisation to conduct an independent national analysis of these reviews of suspected suicides and attempted suicides. HEPs will be encouraged to submit their reviews as part of this initiative. This will enable the publication of an anonymous meta-analysis, focusing on lessons learnt and areas for improvement. HEPs will also receive specific feedback on the reviews they have submitted.

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[18] Responding to a suicide: advice for universities. UUK.

Progress update

In November 2023 DfE appointed the University of Manchester's National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) to conduct the National Review. Professor Sir Louis Appleby (Director of NCISH) and Professor Nav Kapur (Head of Suicide Research, NCISH) are world-leading clinical academic experts in suicide and self-harm prevention. Louis Appleby chairs the National Suicide Prevention Strategy Advisory Group (NSPSAG) for England and is a member of the Taskforce.

In scope of the National Review will be suspected suicides and attempted suicides with an initial focus on those that have occurred in the Academic Year 2023/24. HEPs will be encouraged to submit their reviews to NCISH. Guidance to support HEPs to engage with this activity will be shared with the sector in early 2024.

HEPs will be able to make use of the template for serious incident reviews set out in the UUK Postvention guidance, published in December 2022, though this template is not mandatory. The National Review's final report will be published by spring 2025 and will outline lessons around good practice and areas for improvement, drawn out from submitted reviews.

The Taskforce and NCISH recognises that there is value in the National Review being informed by the lived experiences of families bereaved by suicide. To this end, NCISH will take into account the reports and details of historic cases that are submitted to the National Review.

NCISH will convene an expert advisory group for the National Review, including HE students, families bereaved by suicide, and specialists from the sector, some of whom will be drawn from the Taskforce. The advisory group's role will be to bring important perspectives to bear and advise on all aspects of the National Review, including the identification of common themes and insight on the effectiveness of the UUK Postvention guidance template for serious incident reviews.

NCISH will engage actively with the HE sector to ensure that reviews are conducted and submitted to the National Review. NCISH has met with Taskforce members to begin this process of engagement.

In order to address perceived concerns around the accuracy and availability of data on student suicides, members of the Taskforce Project Team have had discussions with the Office for Health Improvement and Disparities (OHID) and the Police. In November 2023, OHID, part of the Department of Health and Social Care (DHSC), launched their new suicide surveillance system for England, which uses near to real-time suicide data and will report on suspected suicides in the wider population across England[19]. It uses standardised reporting from individual Police forces, who submit their data on a monthly basis.

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[19] National system launched to rapidly identify trends in suicides. DHSC.

As the Police respond to a suspected suicide, it is possible for the victim to be identified as a HE student. However, it is challenging to collect this information consistently across the individual Police forces. As such, OHID do not currently have plans to report on suspected suicides by HE students through the new suicide surveillance system. Rather, the ONS dataset for suicides among HE students in England and Wales is deemed to be the most accurate and authoritative[20].

Next steps

It is proposed that the following work take place prior to the publication of the second stage report:

- The Taskforce will facilitate and support engagement between the HE sector and NCISH, whilst NCISH will assume overall responsibility for operationalising the National Review on an independent basis together with the expert advisory group; and

- The Taskforce will continue to consider how best to achieve transparency and availability of data on student suicides.

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[20] [Estimating suicide among higher education students, England and Wales. ONS.](#)

Additional areas of focus

Objective: To articulate areas where additional interventions by all parties should be considered by the Minister and other actors for further improvement

In addition to the four specific areas of work set out by the Minister in its Terms of Reference, the Taskforce has been asked to identify further areas of work which may be taken forward from January 2024 onwards. Work within this strand is intended to reflect the views of the broad range of stakeholders which have roles to play in addressing the challenges and opportunities that the HE sector faces in supporting the mental health of students.

The Taskforce agreed that any additional areas should satisfy the following criteria:

- Are in the broad scope of the Taskforce remit;

- Possess clarity about the problem being addressed and the desired outcome;

- Require coordinated national interventions in policy and/or practice;

- Generate support around impact and importance across Taskforce members; and

- Lead to actions that are deliverable and progress that can be measured within a specified timeframe (and by no later than July 2025).

Context

The initial agenda for the Taskforce was formulated in part in response to the concerns raised by The LEARN Network. The parallel work of the HE Student Support Champion and discussions at the initial meeting of the Taskforce suggested that there were a range of additional issues that those in the sector thought that it might want to address. As a result, the Taskforce undertook to conduct interviews with stakeholders from a broad range of backgrounds within HE to explore options.

Progress update

A stakeholder map steered the selection of participants, ensuring that a broad range of perspectives could be heard. Fifty stakeholders were involved in wide-ranging and open discussions, mostly on a one-to-one basis, to understand their views on potential areas for improvement and opportunities to build on existing good practice. The process also drew on relevant resources and publications, including those shared by consultees.

The consultation exercise drew out several recurring themes. The benefits of pursuing a proactive, preventative, and population-wide approach to student mental health were highlighted. The Taskforce believes that the most effective way of achieving these aims is to ensure that HEPs are following the principles of a relevant and robust charter on mental health, which mission groups have committed to during the formulation of this report. It did

not identify additional work Taskforce should initiate in the pursuit of this goal above and beyond this.

The need to address the needs of specific student groups also recurred, in particular:

- Adaptations and support for neurodivergent students;

- Support for students at key transition points in the student journey; and

- Improving cultural competence of student support services.

It was ultimately agreed that these themes, whilst important, did not meet the criteria for suggesting further areas of focus to the Minister. In part, this was because they relate to all students, including those who may not be experiencing mental distress. As such, they may be better addressed – and some are already under consideration - within the remit of the HE Student Support Champion.

Respondents spoke frequently about a range of broader societal and economic factors that affect student mental health which, although outside of the remit of the Taskforce, nonetheless form the context in which any initiatives must operate.

Proposed next steps

Material from the conversations has, where possible, been fed into the existing strands of work. This includes the additional focus on staff training and competence in Identification of Students at Risk and further ideas and evidence in the Student Commitment.

Additionally, the Taskforce has prioritised the following three areas for potential further development.

The relationship between HE and NHS primary care

Relationships between HEPs and GP practices vary, with some having GP practices on the university campus that are closely integrated with their own student services. Others report the challenges of managing relationships with multiple GP practices, and apparent reluctance on the part of some GPs to provide certain services or share data. There are issues about how the contribution of these practices to student wellbeing is assessed, and little opportunity to take into account the views of students themselves.

Not all students register with a GP when they enrol at university, which means that they can experience delays in accessing care. However, students who have ongoing mental health conditions risk losing their places on waiting lists if they register with a new GP near to their HEP. This is likely to be an issue for managing both physical and mental health issues. For those who do register with a GP at university, there can be delays in data being shared by their previous practice.

The Taskforce would like to consider whether there is a contribution that a national initiative might deliver here. There may be benefit in exploring and sharing good practice in the

relationship between higher education and primary care in England, which should also take into account the needs of students registered with GPs in Scotland and Wales.

The relationship between HE and NHS secondary care and specialist MH services

Due to the increased demand on mental health services across the health system, HEPs are often required to support students beyond what may be appropriate given their lack of resources, facilities, or skills to intervene effectively. The need for greater strategic collaboration between HEPs and NHS mental health services is widely recognised and has recently been identified as a key recommendation for the sector in the Office for Students and Nous Group report on join up between the HE sector and NHS at a regional level[21].

There are well-regarded models of jointly governed and funded HE-NHS services that seek to identify and support students as a specific patient group. These students are typically demonstrating complex and/or long-term mental conditions, some of which may not meet the threshold for secondary care or specialist mental health services and may on occasions be exacerbated by their experiences of tertiary study.

The Taskforce would like to progress with an approach that brings together health agencies and the higher education sector to highlight the challenges of student mental health and promote those models which are demonstrating positive outcomes. In early 2024, it is proposed that the Taskforce work with NHS England to engage local leaders from the NHS and HEPs and encourage them to engage strategically on this issue and seek solutions which build on these models.

Case management approaches to coordinated support

Concern was expressed that support for students exhibiting significant mental distress or illness can be uncoordinated within HEPs. This may be underpinned by poor information sharing between teams within a HEP (both as a result of often misplaced concerns around GDPR but also due to limitations in HEPs' data systems and processes). This can lead to warning signs about a student not being identified or addressed appropriately or urgently. There is a need for HEPs to bring together insight more effectively from a range of sources and respond accordingly.

A case management approach to student mental health enables the coordination of support from different teams. This is likely to become increasingly important as the sector becomes better at identifying students at risk, and as more information about students becomes available (including through analytics or UCAS). The Taskforce has heard that a growing number of HEPs are adopting case management systems to overcome perceived obstacles to information sharing and to enable greater combination and analysis of insight that HEPs hold on students about which they have concerns. There is potential for the Taskforce to

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[21] Working better together to support student mental health. Office for Students/Nous Group.

engage with the sector to identify and disseminate good practice and consider where additional work may be helpful.

This is a specific manifestation of a broader topic which touches on multiple aspects of student support. Nonetheless, the Taskforce is of the view that it does warrant its potential attention, suitably dovetailed with the wider work on student support redesign that the HE Student Support Champion is undertaking in early 2024.

Conclusion

Agreeing this programme of development across a broad range of stakeholders and then mobilising over 400 HEPs to deliver its contents requires commitment from all parties. The common agenda and solid progress outlined in this report reflect that all those involved in the initiation and implementation of the changes required share the same aim: to provide the best possible support to all students suffering from mental distress so they can thrive in their studies. Furthermore, ensuring good support for all students gives us the best chance of reducing the likelihood of those contemplating suicide taking that tragic step.

However, it is important to recognise that some improvements – such as the introduction of student analytics – will take time to be designed and delivered. It is important that expectations are realistic, achievements are monitored, and accountability is enhanced. The same spirit of common cause that has brought us to this point will need to be continued if we are to maintain and enhance momentum in ensuring that all students receive the mental health support that enables them to fulfil their academic potential.

Appendix A – Terms of Reference for the Higher Education Mental Health Implementation Taskforce

Purpose

The mental health of university students is a priority for government and the higher education sector. The proportion of higher education (HE) students reporting a mental health condition to their university has been increasing over recent years[22]. We want to ensure all students are given the support they need to thrive, and all possible action is taken to prevent suicides which have a devastating impact on families, friends and the community.

Progress has been made to tackle this challenge by funding innovative approaches to student mental health and through the provision of additional services including Student Space. Mental health experts and the sector have also worked to produce significant best practice guidance, supported by government, including the University Mental Health Charter run by Student Minds and a range of broader best practice from Universities UK, as well as guidance that applies to colleges. However, there is wide recognition among mental health practitioners, charities, bereaved families and the sector that more could and should be done.

The Higher Education Mental Health Implementation Taskforce aims to build on existing best practice and ensure that guidance and key initiatives are implemented in full, with greater clarity on which parts are applicable to different types of institutions, and with clear measures for identifying progress. It also aims to fill gaps in areas where more consistency is needed and where there is the opportunity to roll out innovative practice more widely. Ultimately prospective and current students and their parents and families need to have the confidence that students will feel safe in their higher education setting and be able to access the right support to help meet whatever challenges they may face.

Scope of outputs

The implementation taskforce should consider how to improve mental health and wellbeing for a wide cohort of students across different HE providers. It will be accountable to the Minister for Skills, Apprenticeships and Higher Education for delivering on these outputs, though many of these will be led and maintained by the sector and other bodies beyond the duration of the implementation taskforce.

By December 2023, the implementation taskforce should:

- Draw on a wide range of expertise and experience in student mental health; produce a plan for improvement in mental health support for the minister; set out the roles

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[22] Table 15 - UK domiciled student enrolments by disability and sex 2014/15 to 2021/22. HESA.

and responsibilities of different organisations, milestones, and progress measures. This plan should aim to ensure current and emerging best practice is followed widely and rigorously across the higher education sector, with clarity on expectations of different types of institutions. There should be clear accountability through public reporting from the sector on progress.

- In so doing, this plan will prioritise detailing the steps to address the four specific areas set out by the minister for the group:

  o better identification of students in need of support and a clear user journey for accessing that support;

  o development of more sensitive policies and communications within a proposed University Student Commitment;

  o effective case reviews and engagement with the national review of HE suicides, including generation of insights into mental health services on offer by HE providers and exploration of the methods for achieving greater timeliness and transparency on suicide data; and

  o adoption of common principles and baselines for approaches across providers, such as through sector led charters.

It will identify progress to date in these areas and articulate further areas of potential work.

By May 2024, the implementation taskforce should produce:

- a public document that shows: the ways in which the four areas set out by the minister have been achieved; work still to be completed; and areas where additional interventions by all parties should be considered by the minister and other actors for further improvement.

In concluding its work, the implementation taskforce should consider what background documents and further considerations on next steps should be passed on to those who will take forward the work.

The group may, where appropriate, commission other relevant bodies and establish working subgroups to produce certain products, in particular where expert input is necessary to ensure it is well-evidenced. It should also consult with stakeholders beyond the group to ensure its outputs reflect a wide of range of views.

Membership

The implementation taskforce shall be formed of experts in student mental health, representatives from across the higher education sector and relevant government departments and agencies.

Members:

- Professor Edward Peck, Chair

- Professor Sir 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 (member from September 2023)

- Emma Douthwaite – Acting Head of Equality, Diversity and Inclusion (replacing Amy Norton from October 2023), Office for Students (OfS)

- Ben Elger - Chief Executive / Helen Megarry, Independent Adjudicator - 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;

- Lee Fryatt - 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 (Dominic Smithies, Head of Influencing & Communications, Student Minds – member from Jan 2023)

- Professor Sir Steve West - Board member, UUK

- Professor Prathiba Chitsabesan - National Clinical Director for Children and Young People's Mental Health, NHS England / Mark Ewins – Head of Mental Health, NHS England;

- Gordon McKenzie – CEO, GuildHE

- Stuart Rimmer - Chief Executive at East Coast College, representing Association of Colleges (AoC)

- Polly Harrow – FE Student Support Champion (member from December 2023)

The expectation is that members will:

- contribute actively to the taskforce, including by helping shape its workplan, attending all implementation taskforce meetings and participating in relevant events;

- use their expertise and experience to progress proposals on the four areas of focus for the taskforce, including by providing evidence and leading on development of papers and proposals where appropriate;

- help ensure the interim and full reports are robust and delivered on time by providing relevant content for these reports and commenting in a timely way; and

- the taskforce will seek to operate on the basis of consensus around evidence and good practice. It will put the interests of students at the centre of its deliberations and look to establish where these lie most in the event of any dissensus. Where members continue to have significant differences with any publications, guidance or advice emanating from the taskforce, these will be recorded.

The outputs of the taskforce will report directly to Robert Halfon MP, Minister for Skills, Apprenticeships and Higher Education and he will be invited as appropriate to be updated on its progress.

Confidentiality

There will be a duty of confidentiality imposed on all taskforce members. Members may be exposed to sensitive information as part of discussions. Confidentiality is extremely important and, while it is understood that staff of taskforce members may see some documents connected to the group's work, unnecessary involvement of third parties in handling this material is strongly discouraged.

Conflicts of interest

Members will ensure that there are no conflicts of interest likely to prejudice their independence and objectivity in performing their roles in the group. Where any such possible conflict of interest does arise (either before or during the term of the taskforce) members will declare it. Members and their employers will not use their position on the taskforce or information obtained in the course of that work, to benefit their employer, particularly in gaining advantage in competition to provide services to the Department for Education.

Frequency and duration of meetings

The group should meet formally at least once every 6 weeks.

Sub-groups may be convened to take forward the outputs and these may meet more frequently as required.

The secretariat will be provided by DfE and will aim to:

- circulate papers a minimum of five working days before the meeting; and

- issue minutes no longer than five working days after the meeting.

Papers and materials may be provided by appropriate members of the implementation taskforce, as well as by external bodies and individuals who are supporting its work.