



Department  
for Education

# **HE Mental Health Implementation Taskforce – second stage report**

**December 2024**

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## Foreword – Jacqui Smith, Minister for Skills

As Minister of State for Skills, I am delighted to present the Higher Education Mental Health Implementation Taskforce's second stage report.

This government has a clear mission: to usher in a new era of opportunity. We are making a promise to our children and grandchildren: if you work hard, you'll be able to get on, regardless of your background. We can't do this without confronting the concerning rise of mental ill health in children and young people.

As a priority, we need to tackle the unacceptable wait for NHS mental health services – with an estimated 1 million people on waiting lists. We are determined to address that by recruiting 8,500 additional mental health workers. There is also a clear role for our world-class higher education sector. We need a system that promotes and supports wellbeing at every level, so all students can seize the opportunities presented to them.

That is why I have made it an early priority to back the work of Professor Edward Peck as Higher Education Student Support Champion and ask the Taskforce to continue its drive to prioritise the wellbeing of students. This second stage report is a testament to the hard work and dedication of the Taskforce's Chair and members.

It comes as we reach a real milestone: 113 universities have now signed up to the University Mental Health Charter Programme. This is significant, it means universities are committing to making wellbeing central to everything they do.

This government shares that commitment to student mental health. We are directly funding higher education providers' wellbeing services, with the Office for Students allocating £15 million this academic year through the Strategic Priorities Grant. We also recognise the wider financial pressures in the higher education sector and have already taken steps to help move the sector towards a more stable financial footing. By strengthening these foundations, we can implement positive reforms that create opportunities for all.

As part of this positive vision for reform, we need a clearer focus on protecting our young people and preventing tragic instances of suicide. The National Review of Higher Education Student Suicides is important here and I have been pleased to hear how openly the sector has shared difficult lessons with the independent review team ahead of its report in spring 2025. To further show our commitment to transparency, I can confirm that the Office for National Statistics will publish updated statistics on student suicides alongside this in the spring.

We must listen to and learn from the lived experience of students and bereaved families. The Compassionate Communication Statement, having been overseen by the Taskforce, directly responds to practice that has been seen to contribute to past tragedies. I expect the sector to warmly embrace the new approach it espouses and to continue to offer the Taskforce its backing as it moves into the final phase of its work.

## Introduction

The Higher Education Mental Health Implementation Taskforce was established in June 2023 to drive forward the development and adoption of good practice amongst higher education providers (HEPs) in England. The Taskforce aims to improve mental health support for students in higher education and reduce the impact of mental distress. Chaired by Professor Edward Peck, the HE Student Support Champion, the Taskforce membership includes bereaved parents, students, mental health experts, provider groups and sector agencies. This second stage report builds on the foundational work laid out in the first report, updating on progress made to date and setting out plans for future work.

The Taskforce's original Terms of Reference asked it to focus on four priority areas:

- **Identifying students at risk** – better identification of students in need of support and a better user journey for accessing that support.
- **Compassionate Communication** - development of more sensitive policies, procedures, and communications by HEPs guided by a statement of good practice principles.
- **National Review of HE Student Suicides** - effective local case reviews and engagement with the National Review of HE Student Suicides.
- **Supporting adoption of good practice** - adoption of common principles and baselines for approaches across providers, such as through sector led charters.

This second stage report also sets out progress in further priority areas that the Taskforce decided to bring in scope following extensive consultation and as detailed in its first report. One represents a new area of attention:

**The relationship between HE and the NHS** – promoting models of good practice and developing practical guidance to encourage collaboration between HE and NHS mental health services.

In addition, the Taskforce has increased its focus on prevention and early intervention by expanding work on identifying students at risk to incorporate:

- **Learning and development for non-specialist staff** - improving the ability of those in roles that are not directly delivering specialist student support services to respond to students with empathy and understanding, offering a clear pathway to more specialist services where needed.
- **Case management** - improved management and sharing of student information to enable enhanced coordination of support across teams within HEPs.



While the Taskforce has developed proposals to address most of its original Terms of Reference, there is a continuing need to oversee implementation of its initial agenda and conclude work on its new areas of focus. The Taskforce has therefore been extended and will now run until May 2025. This report outlines next steps for the work strands and provides an update on progress to date.

The significant progress outlined in this report has only been possible thanks to the collaborative effort of a broad range of stakeholders, which goes beyond the core membership of the Taskforce. This has been driven by a clear shared goal of supporting students’ mental health and enabling them to thrive in their studies.

The Taskforce is aware that many institutions in the HE sector are facing increasing financial challenges at present. This raises understandable concerns from all sides about the capacity of HEPs to continue to improve mental health support. However, the focus of the Taskforce is on good practice; whilst on occasion this may require additional investment, in many areas discussed below it is probably no more expensive to do things well than it is to do them poorly. At the same time, the Taskforce is cognisant of this context and the importance of not generating new activities for providers without being confident they will make a material impact on student mental health. The Taskforce has therefore prioritised work it believes could bring about notable improvements in student outcomes and where – through preventative activity – early action could bring about savings in the long run.

## Overall progress and updates

The Taskforce has had 8 meetings to date: 18th July 2023; 22nd September 2023; 1st November 2023; 6th December 2023; 2nd February 2024; 7th March 2024; 19th April 2024; and 19<sup>th</sup> September 2024.

This report follows the first stage report which was published in January 2024. Reports and minutes of meetings are available on the Taskforce website<sup>1</sup>.

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<sup>1</sup> [Higher education mental health implementation taskforce - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

## Supporting adoption of good practice

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

The Taskforce aims to ensure that good practice is followed widely and rigorously across the HE sector, with all providers taking a whole institution approach to mental health. To achieve this, every HEP should have a clear strategy which sets out how it will implement best practice, potentially including adoption of a national charter which is relevant to its student population and institutional profile. Crucially, there should be robust governance within all HEPs that ensures oversight of objectives and assessment of implementation, with strong student engagement in this process and external visibility on the progress. Ultimately, this should lead to more effective and accessible services and be accompanied by improvements in the culture and environment that support positive wellbeing.

### **Context**

A comprehensive set of good practice guidance on HE mental health and suicide prevention has been published in recent years, including that produced by UUK in conjunction with mental health charities. This good practice has been widely embraced by UUK members, the 71% of UUK members who responded to UUK's May 2023 survey reported adoption rates of 90-100% across the different publications.

In addition, frameworks have been developed to support providers to take a whole institution approach to mental health. Student Minds' University Mental Health Charter (UMHC) sets out the principles for how universities teach, the accommodation they provide, the support they offer, and the ways leaders and educational communities work together. The Department for Education wrote to all providers in June 2023 setting a target for all universities to join the associated UMHC Programme by September 2024.

Only those HEPs with degree awarding powers are in scope of the UMHC Programme. However, the Association of Colleges (AoC) Mental Health and Wellbeing Charter is available for AoC members.<sup>2</sup> It covers all students within further education (FE), of which those studying on higher education courses are a small minority.

### **Progress update**

#### **Charter uptake**

The commitment of universities to engage with the UMHC programme has been supported by £400,000 funding from the Office for Students to enable Student Minds to accelerate expansion of the scheme. As a result, 113 universities are now UMHC Programme members. This represents an 85% increase in membership over 2 years. 90% of HE

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<sup>2</sup> [AoC Mental Health Charter | Association of Colleges](#)

students are now studying at English universities which are adopting the principles of the UMHC and are taking part in Communities of Practice.

While this exemplifies the importance that HEPs attach to mental health support for their students, signing up to the UMHC Programme is not a panacea. Rather, it is another significant step in the institutional journey towards providing – and being assessed on its provision of - the right support and learning environment for positive student and staff wellbeing. Universities are encouraged to continue to pursue attainment of the UMHC award. Progress here is steady. In October 2024, Student Minds confirmed 15 providers have achieved Award status to date, with one doing so with 'Merit'<sup>3</sup>.

Student Minds has received feedback from UMHC Programme members on the barriers to signing up to the UMHC Programme and this has informed a review of the UMHC and Award process. It has shared the outcome of this in the 'UMHC Development and Continual Improvement Report' which outlines recommendations for future development following three years of research into the impact of the Programme and Award. This comes alongside a package of evaluation and insights which also includes the UCLan UMHC Evaluation Report, the UMHC Award Assessment Insights Report and UMHC Framework Review.<sup>4</sup>

There is recognition that the UMHC Programme and Award was originally designed for universities and the UMHC principles may apply differently to 'diverse' providers, in particular those without degree awarding powers which are not eligible for the Programme. It is important to acknowledge that a number of Guild HE members can and have engaged with this programme.

In the first stage report we confirmed that Independent HE and Guild HE will support their members which are unable to join a charter programme to adopt the principles of the UMHC by September 2024. In the coming months Student Minds intends to engage with Independent HE, Guild HE, and AMOSSHE to find the best possible application of the UMHC to diverse HEPs. Furthermore, Independent HE and Guild HE intend to produce case studies which bring together how a wide range of HEPs have applied the principles of the UMHC.

For colleges, AoC published its refreshed Mental Health and Wellbeing Charter in March 2024<sup>5</sup>. It seeks to bring greater alignment with Student Minds' UMHC and ensure robust college-led accountability. It covers four key themes: 1) Leadership and Ethos; 2) Support for Students' Mental Health and Wellbeing; 3) Workplace Wellbeing; 4) Evidence and Impact. AoC's goal is for all colleges to be signed up to the Charter by the end of 2024.

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<sup>3</sup> [Charter Award Holders - Student Minds Hub](#)

<sup>4</sup> [UMHC Reports Package 2024 - Student Minds Hub](#)

<sup>5</sup> [AoC Mental Health Charter | Association of Colleges](#)



## Mental health strategies

Over two thirds of HEPs had a mental health or wellbeing strategy according to the 2023 DfE provider research, up from just over a half in 2019.<sup>6</sup> Having an ambitious and robust strategy is crucial in taking a whole provider approach to mental health. The lack of a clearly articulated strategy and accompanying action plan is a common area of feedback for universities undergoing UMHC Award assessments.

While adoption of such strategies is becoming increasingly widespread, the Taskforce believes more needs to be done to support providers to produce and then embed these in ways which are both effective and transparent. To achieve this, the Taskforce is working with the Charlie Waller Trust to promote its CREATE toolkit which provides guidance on the development of strategies and which has been recently reviewed<sup>7</sup>. Guild HE and Independent HE have worked closely with the Charlie Waller Trust to ensure the toolkit will in future account for a diverse range of HEP models, including smaller providers which may have student cohorts in the hundreds, structure support accordingly, and thus be less able to quantify direct impact from creation of a specific mental health action plan. There is the opportunity going forward to share examples of good practice from a range of providers which have implemented strategies and, importantly, communicated their progress on implementation with stakeholders.

Fully embedding strategies will require active engagement and support of the governing bodies, councils or corporations that oversee HEPs' activities. To this end, the Committee of University Chairs (CUC) has committed to producing a governance framework for universities around mental health strategies and action plans. They are keen to work actively with the Taskforce and other HE stakeholders and will seek to align with the Charlie Waller CREATE toolkit and the UMHC as well as CUC's existing code of governance. Independent HE will also explore guidance around governance codes for their members to address expectations around mental health, including how these providers can audit their approaches to mental health.

The Taskforce believes that guidance and governance frameworks on mental health strategies should emphasise:

- the importance of having a mental health and wellbeing/suicide prevention strategy in place;
- the vital role of leadership in overseeing this strategy and setting the culture within which implementation will take place;
- the different needs and challenges of specific demographic groups that should be addressed;

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<sup>6</sup> [Mental health and wellbeing practices in higher education - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>7</sup> [Mental Health and Wellbeing Toolkit for University \(charliewaller.org\)](https://charliewaller.org)

- the potential for strategies to be used to complement assessment of how good practice has been adopted and the principles of relevant mental health charters or frameworks have been met, including progress towards attaining any relevant award;
- the benefits of having an associated action plan which is specific and measurable, with an appropriate governance mechanism to ensure the action plan is being implemented;
- the need for keeping strategies under review, including in light of emerging practice, new research evidence, and changes in trends identified through internal institutional data; and
- the value of engaging students and stakeholders and being transparent about actions being taken to implement strategies and progress therewith.

It is important to be explicit about the requirement here. Strategies should build the confidence of stakeholders as well as lead to action that improves outcomes for students. Part of this is about involving students at every stage of the process in a spirit of co-production. Once published, the Taskforce is clear that there needs to be clear accountability mechanisms around implementation, including the potential for regular scrutiny of plans and progress by governing bodies.

Students and their representative bodies should be supported to engage with action plans, including raising challenges when the necessary steps appear to be absent or inadequate. As part of this process, students need also to be aware of their rights to raise concerns through the internal complaints process of their HEP and, if not satisfied with the outcome, the role of the Office of the Independent Adjudicator for Higher Education (OIA) in reviewing students' complaints.

The OfS has already set out in its Equality of Opportunity Risk Register<sup>8</sup> that mental health is considered a sector-wide risk. Regulatory guidance issued in 2023 encourages universities and colleges to consider this when preparing their access and participation plans.<sup>9,10</sup> The guidance focuses particularly on students who have declared a mental health condition to their provider, those who may be less likely to report a mental health condition, groups of students with characteristics identified as increasing the risk of poor mental health, and those where there is evidence that poor mental health may impact outcomes.

External stakeholders should be able to access these strategies and updates of their adoption within HEPs through appropriate publication on institutional websites and routine sharing of the deliberations of governing bodies.

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<sup>8</sup> [Equality of Opportunity Risk Register - Office for Students](#)

<sup>9</sup> [Regulatory notice 1: Access and participation plan guidance - Office for Students](#)

<sup>10</sup> [Regulatory advice 6: How to prepare your access and participation plan - effective practice advice - Office for Students](#)

The creation of mental health strategies and action plans, informed by the Charlie Waller CREATE Toolkit and UMHC, and the adoption of appropriate governance on mental health, will provide a strong basis for HEPs to assess their approach to supporting student wellbeing. This could be particularly valuable for those HEPs not eligible for the UMHC and therefore unable to participate in the UMHC Award process. This fulfils the commitment to an alternative assessment approach for non-eligible providers set out in the Taskforce first stage report.

## Next steps

The first stage report set out commitments to achieve the goals of widespread adoption of good practice and consistent baselines for approaches across HEPs. The Taskforce will continue to oversee progress and implementation of mental health strategies, including through appropriate governance on mental health support:

- UMHC
  - Student Minds to work with AMOSSHE, Independent HE and Guild HE to consider how the UMHC could be best adopted by a diverse range of HEPs. Findings will be shared in 2025;
- AoC Mental Health and Wellbeing Charter
  - All AoC members to sign up to the AoC Mental Health and Wellbeing Charter by the end of 2024;
- Develop and embed mental health and wellbeing strategies:
  - Charlie Waller Trust to work with the Taskforce to promote the CREATE toolkit guidance;
  - CUC to work with the Taskforce to produce a governance framework for mental health strategies;
  - Independent HE to explore governance guidance for members by May 2025.

## Identification of students at risk and case management approaches to coordinated support

### Objective: better identification of need and coordination of support, with clear user journeys for accessing services

The Taskforce aims to promote approaches 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. This will enable them to take action to prevent mental health issues escalating, including through the use of case management systems to ensure enhanced coordination of support between teams within a HEP.

Accurately identifying and responding to these students will entail a multi-layered system that deploys a variety of approaches to enable proactive and targeted intervention. The Taskforce acknowledges that the way HEPs combine these approaches will differ in ways that reflect the specific characteristics of each institution and its students.

### Progress update

In its first stage report, the Taskforce outlined an ambition to explore different methods to identify students in need of support. Students who are not being supported with their mental health vulnerabilities – in most cases because they have not disclosed them to their institution – may be more likely to experience a decline in their condition. Almost invariably, a lack of prevention and early intervention activity means these students then require more intense intervention and management by already-stretched HEP and, potentially, NHS services. Following discussion with the sector, the Taskforce has outlined three broad approaches to early identification of at-risk students; these demonstrate evidence of positive outcomes or are otherwise deemed good practice within the sector. This area of activity has been given added importance following the Advice Note to HEPs issued by the Equality and Human Rights Commission based on the final judgement in a recent case brought against a university under the Equality Act<sup>11</sup>. This note emphasises the need for student-facing staff to be trained to recognise symptoms of mental health crises and to know what to do next to obtain support.

The Taskforce also agreed to consult on case management approaches for students with mental health challenges, and support the development or sharing of good practice with the sector.

An update on the development of these identification and case management approaches, and their consideration in Taskforce meetings, is outlined below.

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<sup>11</sup> [Advice note for the higher education sector from the legal case of University of Bristol vs Abrahart | EHRC \(equalityhumanrights.com\)](https://www.equalityhumanrights.com/en/advise-note-for-the-higher-education-sector-from-the-legal-case-of-university-of-bristol-vs-abrahart)

## **1. Identification**

### **Approach A – staff training and competence**

The first point of contact for students struggling with their mental health will not always be specialist student support services. Instead, they may find their teaching staff, personal tutors, or course administrators to be more immediately accessible and approachable. In the case of resident students, accommodation and security teams may also perform a pastoral role. This informal contact can provide important insight that can help HEPs better target support as needed. However, it puts the onus on staff who are not specialists in mental health to identify signs of distress and offer help, which may be beyond what they are currently trained to do.

To address this, the Taskforce has overseen a working group to develop a Competency Framework for staff working outside of specialist student support services. Members of the working group include existing Taskforce members, representatives of professional bodies, and co-opted experts. The group has met four times and reached a broad consensus on the basic expectations of student-facing staff when interacting with a student in distress. The resulting Competency Framework will set out good practice approaches to supporting students in distress, together with a minimum standard of knowledge and skills that can be expected of non-clinical staff. It will balance the need for a student-centred approach and empathetic listening skills with more specific areas of knowledge around holding suicide-safer conversations, and signposting or escalating for support.

In addition to the competencies themselves, the group has identified a small number of organisational procedures that would enable staff to respond in a safer way to student distress. These procedures chiefly relate to organisation-wide communication, escalation, and emergency protocols.

The intention is that the competencies will be embedded into existing professional standards and recognition processes for key student-facing roles in higher education. To support this process, key professional bodies such as AMOSSHE, UKAT, CUBO and SEDA have been active in the development of the framework as members of the working group. Advance HE has also been consulted on the framework that has been developed.

Additionally, the Taskforce is working with AMOSSHE to create a toolkit of existing good practice that will help individual HEPs embed and support the framework within their institution.

### **Approach B – mental health analytics**

Student analytics systems work by aligning and combining data from multiple sources to generate an overall picture of students' engagement with their studies. This enables HEPs to identify those students who are most at risk of not completing their course. The Taskforce's view is that these analytics are providing HEPs with valuable intelligence on students which can be used to deliver effective and targeted interventions, including to support their mental health. However, further efforts are necessary to ensure the long-term

momentum of this objective is maintained beyond the conclusion of the Taskforce in 2025. In its first stage report, the Taskforce agreed to consider what actions it might take or support to encourage the adoption of analytics by HEPs. It has noted that an increasing number of HEPs are using analytics to monitor students' academic engagement, but fewer are using them at present for mental health and wellbeing interventions, for which their application is novel.

Since January 2024, in discussion with the sector we have heard that whilst HEPs recognise the value of analytics, there is often a lack of institutional data readiness which impedes their implementation. For example, data needed to generate this insight may not be available or may be siloed in different systems that do not easily align.

In addition, the adoption of analytics requires a profound rethink of student support, including consideration of the most effective ways to design and deliver analytics-prompted interventions. This demands that HEPs equip their workforce with the necessary skills and competencies to use analytics effectively to deliver these interventions. Furthermore, HEPs must engage their study body through co-production to ensure consent and transparency are considered. A lack of evidence on wellbeing analytics is also a perceived barrier to implementation, albeit this may relate more to lack of familiarity with recent initiatives. Overall, there are challenges here that require investment by HEPs at a time of growing financial constraints.

There have been a number of important publications on wellbeing analytics to date, and more are forthcoming, such as: the Core Data Specification for Student Analytics<sup>12</sup> (2023); the Data Maturity Framework<sup>13</sup> (2024); the evaluation of the Northumbria wellbeing analytics project by Jisc<sup>14</sup> (2024); and the soon to be commissioned TASO research project on analytics-prompted wellbeing interventions (2024-25). These begin to address concerns of HEPs by generating greater clarity on the efficacy of analytics as a tool to support student wellbeing, as well as providing guidance for HEPs to improve their institutional data maturity. However, the Taskforce acknowledges that more encouragement is going to be needed to address fully the obstacles that HEPs have indicated they face.

The Taskforce will convene a roundtable comprising HEPs and sector agencies (such as Jisc and TASO) which are actively engaged with, or otherwise interested in, the use of analytics for the purpose of student wellbeing. The roundtable will provide an opportunity to share and discuss emerging practice and evidence, and to identify additional steps that the sector might take, including the appropriate stakeholders to take this work forward. The roundtable aligns with the Taskforce's agenda to promote the evidence-based use and implementation of wellbeing analytics.

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<sup>12</sup> [A Core Specification for Engagement and Wellbeing Analytics. Jisc and Higher Education Student Support Champion. 2023.](#)

<sup>13</sup> [Data Maturity Framework. Jisc. 2024.](#)

<sup>14</sup> [The Office for Students mental health analytics project - Jisc](#)

## Approach C – information sharing between schools, colleges and HEPs

HEPs can only effectively deliver proactive support and make the right adjustments to support learning from day one when they understand students' existing needs and mental health challenges from the outset. Often, this information is shared by applicants themselves through disclosures in their UCAS applications.

Recent UCAS data shows a 125% increase in declarations of a mental health condition in 2023 compared to 2019<sup>15</sup>. In part, this is probably due to UCAS' work to build a positive culture around disclosure, including through improvements to the application service as well as enhanced messaging around the collection and use of applicants' mental health information.

While this increased disclosure represents promising progress, the Taskforce knows the declaration rate is likely to understate the true prevalence of mental health conditions among HE students. Latest available Higher Education Statistics Agency (HESA) data from 2022/23 show that only 5.6% of home students disclosed a mental health condition<sup>16</sup>. The NHS estimates that as many as 22% of young people aged 17 to 24 years have a probable mental health disorder<sup>17</sup>.

UCAS continues to consider how best to support students in understanding and triggering the range of support available within HEPs. Over the next year, as it develops its new strategy, UCAS will continue to collaborate with the sector to understand how it can further support widening access and enhancing the transition experience of all students. In addition to its continuous improvements to the information, advice and guidance regarding mental health and student support, there is the potential for UCAS to work with the Taskforce to consider how it might enhance the guidance for its new reference process to ensure that relevant information about applicants' support needs is made available to providers at the earliest opportunity.

While UCAS is a well-established route for capturing mental health conditions, the Taskforce acknowledges that further solutions are needed in future to capture international students and those who do not apply through the UCAS system. The potential for other systematic ways of receiving information about students' individual needs and challenges was explored in a report on improving transitions to university published by the HE Student Support Champion in partnership with Unite Students.<sup>18</sup> It is also worth acknowledging that IT companies are developing 'electronic envelopes' or 'passports' where young people can

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<sup>15</sup> [Highest number of students sharing disability and mental health conditions secure a place at university. UCAS. 2023.](#)

<sup>16</sup> [Table 15 - UK permanent address student enrolments by disability and sex 2014/15 to 2022/23 | HESA](#)

<sup>17</sup> [One in five children and young people had a probable mental disorder in 2023. NHS. 2023.](#)

<sup>18</sup> [Improving the transition to Higher Education | Unite Group](#)

store information about themselves, some of which they may choose to share with their HEPs.

## 2. Case Management

The Taskforce is clear that, while a necessary first step, the approaches set out above to identify students in need of significant support will not by themselves lead to an improvement in support for such students, particularly if they are not coordinated within HEPs. Institutions must be equipped to process information systematically from various teams across campuses, consolidate insight, and make informed decisions about which students require support. Interventions should be coordinated and tracked through a multi-disciplinary team approach that acknowledges the importance of bringing together the appropriate colleagues to address students' needs, including, at times, staff who do not traditionally provide mental health support (such as those working in security or accommodation). A case management approach for student mental health is designed to facilitate this collaboration. In its first stage report, the Taskforce agreed to consult on case management for students with mental health challenges, and, potentially, to support the development or sharing of good practice with the sector.

Over March and April 2024, discussions with a range of HEPs took place to explore different perspectives on case management, including the experiences of HEPs implementing case management systems. Consultees agreed that case management approaches and systems were enabling more effective support for students through improved management and sharing of student information, enhanced coordination of support across teams, as well as supporting practitioners to make more rounded assessments of risk.

These discussions with HEPs included consideration of the potential areas where the Taskforce could generate greater clarity and consistency with respect to case management. In light of this, the Taskforce has agreed to collaborate with sector agencies, including AMOSSHE and UMHAN, to develop a good practice document which would guide HEPs in their development and adoption of case management systems. This will draw on the experience of HEPs who have embedded case management into their mental health support. As well as generating greater clarity, this could also support commercial suppliers of case management systems to align their products more closely with the needs of HEPs.

### Next steps

- Staff training and competence:
  - Work with professional bodies to embed the Competency Framework for non-clinical staff into existing development and recognition schemes;
  - Work with AMOSSHE to develop and publish a toolkit of good practice to support the Competency Framework;
- Analytics:
  - Convene a wellbeing analytics roundtable comprising HEPs and sector agencies;



- Information sharing:
  - UCAS to attend a Taskforce session to outline and seek feedback on potential changes to the application service;
- Case management:
  - Convene a stakeholder group comprising HEPs, AMOSSHE and UMHAN to develop a good practice document for case management systems.

## Compassionate Communication

### **Objective: development of more sensitive policies, procedures, and communications**

The purpose of the Compassionate Communication Statement (previously known as the Student Commitment) is to promote good practice within higher education, prompting a review of internal student-facing policies, procedures, and communications. Its primary aim is to ensure these are drafted and delivered with compassion and, as far as possible, do not compound any difficulties students may be experiencing.

### **Progress update**

As set out in the first stage report, the Taskforce has seen examples of insensitive and bureaucratic communications, but also of good communication that drives trust and belonging. Getting this right can be vital for students, particularly those who may be engaging for the first time as adults with institutional rules and regulations, and potentially without immediate access to advice from family or carers.

Drawing on several roundtables with the sector and examples of good practice from individual HEPs, a Compassionate Communication Statement of good practice principles has been drafted under the oversight of the Taskforce and reviewed by students and student representatives, including international students and a neurodivergence specialist. The OIA has provided further input to ensure it is in line with their Good Practice Framework.

Key principles of Compassionate Communication include: fostering a culture of kindness; ensuring that communications are mindful of student needs, clear and timely; generating an inclusive and culturally competent approach to communications and processes; and enabling continuous improvement. It has become clear that these principles reflect a positive direction of travel within the sector, as demonstrated by a set of case studies from pioneering HEPs across England. These case studies should help to inspire change and support the sector to embed the principles of good practice in Compassionate Communication.

Feedback from students and other reviewers has not only been valuable to the development of the Compassionate Communication Statement, but also very positive about the change it represents. It is anticipated that the principles will eventually be embedded in academic and conduct processes and reflected in – and communicated to students through – HEPs' student charters or equivalent.

Moving forward, the Academic Registrar's Council (ARC) has agreed to oversee and promote the Compassionate Communication statement within the sector and take responsibility for periodically reviewing and updating. The Compassionate Communication

Statement and supporting case studies is being hosted initially on the HE Student Support Champion website, on behalf of ARC, to raise the profile and visibility of the work.<sup>19</sup>

Additionally, Student Minds will help to share the Compassionate Communications principles with institutions who are working towards the UMHC, through content on their Hub and development programme.

## **Next steps**

- Communication and sector engagement to promote Compassionate Communication;
- Gather additional case studies to support the adoption of Compassionate Communication in HEPs across England;
- Student Minds to create content on Compassionate Communication to support the UMHC development programme and learning hub.

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<sup>19</sup> [Compassionate Communication Statement](#)

## National Review of HE Student Suicides

### Objective: effective local case reviews and engagement with the National Review

This strand deals with the sensitive topic of suicide within higher education. While this report, and the National Review of HE Student Suicides, will discuss numbers, reviews, and processes, it is crucial to recognise that each case represents a profound tragedy. The impact reverberates not only through the families and friends of the students involved but also deeply affects the academic community. The National Review serves as a vital tool for learning lessons, fostering prevention, and improving support to those in a crisis to reduce future suicides.

### Progress update

#### National Review

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 of HE Student Suicides. The review aims to improve safety for students and prevent future deaths. It is examining serious incident reports of suspected suicide and non-fatal incidents of self-harm by higher education students conducted by HEPs.

The focus of the review is incidents occurring during the 2023/24 academic year, but it will also consider some earlier reports to give context to the review. Prevention of Future Death reports (PFDs) are being considered as part of this study, including relevant PFDs outside of the 2023/24 academic year.

An expert advisory group has been established for the review with members ranging from academics, clinicians, bereaved families, representatives from the third sector, people working within student support and student experience at a university, and a student with lived experience. The list of expert advisory group members can be found in Appendix A. The group's role is to 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.

As set out in the UUK postvention guidance<sup>20</sup>, it is crucial that family members are involved in the right way when HEPs conduct a case review. In setting up the National Review, NCISH have engaged with bereaved family representatives to understand how best to learn from their lived experience. NCISH also engaged directly with the Taskforce, mission

groups and individual HEPs to answer questions on the process in the early stages of the review. Following this, NCISH published an information sheet and FAQs<sup>21</sup>.

The window for HEPs to submit case reviews to NCISH was open until the end of October 2024. The HE sector has shown a strong level of engagement, and the submitted reviews will inform the study's public report, due spring 2025. The report will set out lessons learnt as well as recommendations for better preventing suicides in the higher education sector.

## **Next steps**

- The National Review of HE Student Suicides will report in spring 2025

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<sup>21</sup> [NCISH | Research projects \(manchester.ac.uk\)](https://www.manchester.ac.uk/research/projects/ncish)

# The relationship between HE and NHS mental health services

## Objective

### Identify and share principles of good practice for better collaboration between HEPs and NHS mental health services

In addition to the above areas of work set out in its Terms of Reference, the Taskforce was asked to identify further areas of work which would be taken forward. Through consultation with a broad range of stakeholders across higher education, the Taskforce identified the relationship between higher education and the NHS as an additional area of focus in its first stage report.

HEPs face significant challenges responding to escalating student needs and this corresponds with increased demand on mental health services across the health system. Seeking to reduce these pressures on the NHS, the government has already committed to recruiting 8,500 additional staff across children and adult NHS mental health services.

In recent years, partnerships between HEPs and the NHS have been a major focus of work for Universities UK's Stepchange strategic framework, as well as for the OfS through the Mental Health Challenge Competition and action learning set project<sup>22</sup>. Despite this progress, HEPs continue to note the barriers in engaging with NHS partners to develop partnerships.

The Taskforce recognises that there is an opportunity to work with the sector, including with colleagues from NHS England and the Department for Health and Social Care (DHSC), to develop guidance and information that builds on existing and successful models of collaboration between services provided by HEPs and the NHS.

## Progress update

The Taskforce first stage report proposed that it produces guidance in partnership with NHS England to encourage the development of formal and structured partnerships between HEPs and NHS mental health services. Several innovative local partnerships are already delivering benefits to HEPs' student support services, local health systems, and to students (particularly those with long-term complex conditions where HEPs' services alone are unlikely to be adequate).

The purpose of this guidance will be to outline these different approaches to collaboration between HEPs and NHS services. It will encourage higher education and health leaders to begin discussions on joined-up care for students within local contexts and settings, whilst drawing on the evidence and experience of existing partnerships.

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<sup>22</sup> [Student mental health: Higher education and NHS joined-up working - Office for Students \(www.officeforstudents.org.uk\)](http://www.officeforstudents.org.uk)

A working group of the Taskforce has been created to oversee development and to contribute with advice and knowledge. This group has supported the identification of several models of HEP-NHS partnership from across the UK. A survey of these partnerships over summer 2024 has elicited more information about their collaboration, including how they originated and were implemented, the necessary components that made that implementation successful, and the impact that these joint services have had across higher education and health partners.

Through its consultation, the Taskforce also heard that there are inconsistencies across HEPs around how closely and effectively they work with their local GP practices. To address this, the Taskforce will explore how effective collaboration is achieved between HEPs and primary care services on mental health provision within the partnership models that have been identified by the working group. The guidance will therefore seek to explore how HEPs can most effectively partner with local NHS mental health services as part of a coherent model of support.

## **Next steps**

- Collate the survey responses from the partnership models and work with the Taskforce's working group (and relevant external stakeholders) to draft guidance on collaboration between HEPs and NHS (including primary/secondary/specialist services);
- Publish this guidance and promote within HEPs, Integrated Care Boards (ICBs) and NHS Trusts to prompt senior conversations at a local level around aligning governance, funding, and interventions for services that treat students with a serious, complex or enduring mental illness.

## Conclusion

This second stage report underscores the importance of collaborative work across Taskforce members, the wide range of diverse organisations across the higher education sector, and all the stakeholders they represent. It highlights both the progress achieved and the key steps still to be taken to achieve our shared aims.

One of the major developments since the publication of the first stage report is the increased engagement in the programme of work of sector bodies that have responsibility for delivery of specific areas of higher education activity. A number of these groups were incorporated into the membership of the Taskforce from the outset. More have engaged very actively as the tasks have unfurled. This is evidenced in the contributions of the University and Colleges Admissions Service, the Academic Registrars' Council, and the Committee of University Chairs that are noted in the report above.

Their collective expertise and experience has been invaluable in ensuring the outputs are as impactful as possible and will ensure that progress continues to be made well beyond the existence of the Taskforce. We will be looking to extend this approach further in coming months.

The intention is that with the help of sector bodies the initiatives championed by the Taskforce will become embedded into the core activities of HEPs. Despite the difficult financial context of the sector, we are seeing a clear and continuing commitment to student mental health. Ultimately, this will result in best practice being more fully adopted. Beyond the HE sector, NHS England has become a key partner as we look to enhance the relationship between the NHS and HEPs.

The Taskforce wants to put on record how much it appreciates the active support of the Secretary of State for Education and the Minister for Skills, Apprenticeships, and Higher Education for the improvements we are pursuing.

In coming months, the Taskforce will be publishing a competency framework for non-specialist staff to support student mental health, having already produced a set of principles for compassionate communication, policies, and procedures. These will be followed by guidance on effective collaboration between HEPs and the NHS as well as on the governance of the development and the monitoring of mental health strategies within institutions. The report of the National Review of HE Student Suicides will be published in the spring of 2025.

The Taskforce trusts that this second report demonstrates the focus, consensus, and momentum that have characterised its work to date and will continue to do so until its programme is complete. It will carry on seeking to foster the collaboration that is crucial to improving support for our students' mental health and enabling them to thrive.



## Appendix A – National Review of HE Student Suicides Expert Advisory Group members

|                            |  |
|----------------------------|--|
| <b>Debbie Laycock</b>      | Samaritans                               |
| <b>Samantha Buss</b>       | Student Voice                            |
| <b>Rowan Fisher</b>        | Universities UK                          |
| <b>Ged Flynn</b>           | Papyrus                                  |
| <b>Lee Fryatt*</b>         | LEARN Network                            |
| <b>Jane Harris*</b>        | University of Oxford                     |
| <b>Simon Merrywest</b>     | University of Manchester                 |
| <b>James Murray</b>        | LEARN Network                            |
| <b>Phil Scarfe</b>         | UMHAN                                    |
| <b>Mark Shanahan*</b>      | LEARN Network                            |
| <b>Jo Smith</b>            | University of Worcester                  |
| <b>Dominic Smithies*</b>   | Student Minds                            |
| <b>Dominique Thompson*</b> | Clinical Advisor, NICE and Student Minds |
| <b>Sandeep Ranote</b>      | Psychiatrist                             |

\* Member of Higher Education Mental Health Implementation Taskforce

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