



Department
for Education

Higher Education Mental Health Implementation Taskforce

Notes of 10th Taskforce meeting held on 27th February (13:00 – 15:00).

Chair

Higher Education Student Support Champion, Professor Edward Peck.

Members Present

- Mia Brady, Student representative- Student Minds Student Advisory Committee.
- Dr Nicola Byrom, Network Leader- SMaRteN.
- Suzanne Carrie, Head of Student Equality and Welfare- Office for Students (OfS).
- Prathiba Chitsabesan, National Clinical Director for Children and Young People's Mental Health- NHS England.
- Kathryn Cribbin, Student Representative – Quality Assurance Agency (QAA) Student Strategic Advisory Committee (SSAC).
- Helen Megarry- Independent Adjudicator, The Office of the Independent Adjudicator (OIA).
- Angela Halston, Senior Policy and Engagement Officer- Independent HE (IHE).
- Jane Harris, Chair of Mental Wellbeing in Higher Education Expert Group (MWBHE).
- Dr Mark Shanahan, Member of The LEARN Network.
- Jill Stevenson, Chair of Association of Managers of Student Services in Higher Education (AMOSSHE).
- Dominic Smithies, Head of Influencing & Communications - Student Minds.
- Dr Dominique Thompson, Clinical Advisor - National Institute for Health and Care Excellence (NICE) and Student Minds.
- Professor Sir Steve West, Board Member - Universities UK (UUK).
- Peter Mayhew-Smith, Group Principal and CEO - South Thames Colleges Group, representing Association of Colleges (AoC).

In Attendance

- The Rt Hon Baroness Smith of Malvern, Minister of State (Minister for Skills).
- Cathryn Rodway, Programme Manager and Research Associate - National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) (deputising on behalf of Professor Sir Louis Appleby).

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- John Bloomfield, Executive Director - AMOSSHE.
- Peter Fonagy, Head of Division of Psychology and Language Sciences - University College London (UCL).
- Ben McCarthy, Student Support Champion's team.
- Jenny Shaw, Student Support Champion's team.
- Jonathan Rushforth, Executive Secretary, Committee of University Chairs (CUC).
- Amanda Oliver, Deputy Executive Secretary, Committee of University Chairs (CUC).
- Suzy Allinson, Office for Students - Safeguarding & Welfare manager.
- Ben Jordan, Director of Strategy - UCAS.
- Ellie Rowley, Fair access & programme lead – UCAS.
- Ellen Graves, Policy Advisor - Guild HE (deputising on behalf of Kate Wicklow).
- Department for Education (DfE) Officials.

Apologies

- Vee Okobia, Student Representative - University of Nottingham
- Professor Sir Louis Appleby, Chair of National Suicide Prevention Strategy Advisory Group (NSPAG) and Director of National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH).
- Kate Wicklow, Director of Policy & Strategy - Guild HE.
- Matt Lee, Head of Children & Young People's Mental Health Policy - Department of Health and Social Care (DHSC).

1. Welcome and Introduction

The Chair welcomed Taskforce members and thanked them for their work so far, and Minister Smith for taking time to join this meeting. An update was provided to Taskforce members that the Competency Framework has now been published.

2. Discussion with Minister Smith

Minister Smith noted:

- She is pleased to join colleagues today and thanked Taskforce members for their efforts so far. She noted that the hard work of the Taskforce members is evident and there has been great progress in supporting students with their mental health since the launch of the Taskforce.
- She wants to ensure all students can thrive at university and this can only happen if students are safe and well-supported.
- In her time as Minister of State for Skills, she has been grateful to meet with families who have lost children to suicide at university. Their continued dedication to this vital issue is evident.
- The recommendations from the National Review of Student Suicides will be taken incredibly seriously in this work to prevent tragic cases of suicide.

- She shared her congratulations to Edward for all the work he has done during his time as HE Student Support Champion, and Taskforce chair, congratulating him on his potential appointment as OfS chair.
- She noted that the Taskforce is due to end May 2025; however, she is convinced that the progress so far justifies continuation beyond then. She welcomed feedback from Taskforce members on how we ensure Taskforce initiatives are implemented in full, and what the barriers may be, as well as what the future of the Taskforce looks like.

Taskforce members raised the following points:

- Several members noted that the Taskforce has significantly accelerated positive change, and that continuation is important going forward.
- Several Taskforce members shared that they were keen for the Taskforce to continue beyond May and stressed the importance of ministerial oversight in its work.
- Future work with DHSC and the NHS is crucial to ensure that HE students are recognised as a unique demographic by the NHS, and that the roles and responsibilities between providers and the NHS are clearly defined and communicated, with providers not being expected to deliver clinical outcomes.
- Taskforce members felt that more work is needed on implementation, accountability and delivery to ensure providers engage in a meaningful way. With one Taskforce member highlighting the need to ensure the work from the University Mental Health Charter is fully implemented and embedded into institutional practice.
- A member noted they would like to see the development of accountability through the OfS through regulation and the Teaching Excellence Framework (TEF).
- Several Taskforce members agreed that support for neurodiverse students is an area that needs development. A Taskforce member noted that there is already a good amount of guidance for the sector about supporting neurodiverse students, but the sector should be working towards being accessible as standard. The Chair suggested the Disabled Student' Commitment to drive this work forward.
- A member suggested the National Union of Students (NUS) should be engaged in the work of the Taskforce going forward.
- A member highlighted guidance for the sector on engaging with families, and a duty of candour as potential areas of focus in the future.

3a. National Review of HE Student Suicides

Taskforce members were provided with the following updates:

- A final version of the National Review's report has been produced and is with DfE awaiting further comments.
- NCISH will produce individual feedback to providers who engaged in the review, due to large scale engagement of this work there is no set timescale for this feedback.
- NCISH will be working alongside DfE on a communications plan.

Taskforce members raised the following points:

- The review has seen a great response from the sector, and the Chair felt that the project has led to more universities completing the serious incident template.
- A member noted that 70% of reports referred to students who were known to university support services, most often wellbeing services. This is much higher than the corresponding figure for individuals who die by suicide within the general adult population and their prior engagement with the NHS.
- Universities have engaged well with the project, but they are limited to the information held by the university; there needs to be work in the future to engage with other communities which students occupy to give a fuller picture of individual cases. Several Taskforce members agreed with this and flagged the difficulties providers face in obtaining external information.

3b. Mental Health Governance Framework

Taskforce members were provided with the following updates by the Committee of University Chairs (CUC):

- The framework is developing well with thanks to a wide range of experts and Taskforce members feeding into this work.
- Supporting documentation has also been developed to assist with CUC members understanding of the framework.
- Taskforce members were welcomed to submit their feedback on the framework over the next two weeks. Following this, the framework will be presented to the CUC Board of Trustees with the aim publication in late May.

Taskforce members raised the following points:

- A member praised the work, but raised some concern that the current framework needs to go further in ensuring accountability from governors. They also stated their belief that suicide cannot be risk assessed.
- A member noted that IHE has its own code of governance and aim to ensure guidance complements this work.
- A member noted that it would be useful to have a specialist lead on implementation of this work within the Executive Team.
- A member raised the importance of having a lead governor identified at each institution to oversee the implementation of this work.
- Several Taskforce members highlighted the risk of this framework considering mental health in isolation, with a member highlighting the need to encourage governors to be mindful of wider social detriments of mental health and broader factors across the institution that will influence student mental health, via the guidance.
- A member raised the point that mental health training is often available, but as this is voluntary, staff may not take it up, though they also recognised making training

mandatory carries its own risks. A Taskforce member suggested that building this training in to job descriptions of non-clinical staff could address this.

4. HE-NHS Partnerships

Taskforce members were provided with the following updates:

- The Chair noted ministerial support is needed to ensure this work lands successfully. DHSC and DfE join up is also crucial.
- Discussions have taken place with NHS colleagues to inform this work.
- Taskforce members should be aware of pressures faced by NHS services & systems and the need to align this work with the Government agenda on health.
- A two-phase approach is currently being considered to ensure the work lands well, whilst acknowledging separate audiences of HE and NHS: firstly, delivery to the HE sector through the Taskforce while NHS colleagues adapt guidance for the NHS.
- Taskforce members were welcomed to share their feedback, particularly on whether the paper balances the nuance of addressing two different audiences.

Taskforce members raised the following points:

- A member stated that they anticipate that it will be challenging for NHS partners to engage and there is a need for senior lead prioritisation.
- Whilst the two stage approach is pragmatic, it needs to be clear to the HE audience that the NHS has been engaged in this work, and assured that will be work to ensure it is implemented within the NHS.
- A member outlined financial challenges within Integrated Care Boards regarding health & inequalities.
- A member suggested senior leadership is key to addressing this work.
- A member suggested HE students may not be seen as a priority to the NHS, given the financial constraints, as students are seen to have some support available from their institution, where as many other groups have no support available outside the NHS.
- A member suggested it could be useful to review global models that are successfully addressing this issue, for example, Canada.
- Several members highlighted that the paper should address structural challenges such as students not being able to register to NHS services in two locations.

Actions:

- Taskforce members to send over any comments on content.
- An updated version of this paper to be shared again and discussed in the next Taskforce meeting.

5a. Competency Framework

Taskforce members were provided with the following updates:

- The Framework was sent out to providers on 6 February via Advance HE, receiving more than 800 downloads so far. It was also presented at The Student Accommodation Code Conference in February and was well received by attendees.
- The Framework is gaining good traction and will also be presented to a student union audience, discussing a range of taskforce outputs.

5b. Compassionate Communications

Taskforce members were provided with the following updates:

- A workshop on compassionate communications was well attended at the AMOSSHE winter conference, the paper was also featured on a podcast, aimed mainly at student accommodation providers.
- We welcome suggestions on how to further socialise this work.

5c. Wellbeing Analytics

Taskforce members were provided with the following updates:

- A virtual roundtable is being planned for the 9 May, focusing on evidence of analytics in supporting student wellbeing, implementation and addressing barriers to roll out, and sector engagement.

5d. UCAS End of Cycle Data

A delegate from UCAS presented an overview on the [end of cycle data](#) focused on students who had declared a mental health condition. Key findings included:

- In the 2024 entry cycle, the number of overall applicants was broadly flat but there was a record number of offers within the cycle, leading to an increase in proportion of accepted applicants.
- The proportion of students living at home is increasing, and more prevalent in students from a disadvantaged background.
- Progress has been made on access & participation, but has slowed down recently in comparison to levels in the pandemic.
- The trend of students disclosing a disability has increased over the last few years; however there are still students who have concerns about disclosing. UCAS will continue to work on creating a positive culture around disclosure.
- There is a need for the sector as a whole to ensure students are more comfortable about how their data will be used.
- There has been a small decrease in the proportion of students disclosing a mental health condition from the 2022/23 cycle.
- Female and mature individuals are more likely to disclose a mental health condition.
- Disclosure rates are also higher among student carers, care experienced students, and LGBTQ+ students.

- Disclosure rates are lower for students applying for highly competitive courses, such as medicine and dentistry.

Taskforce members raised the following points:

- A report by Transforming Access and Student Outcomes (TASO) found that the main factor for students dropping out is mental health related issues, so it is possible that this is also the leading cause for successful applicants who do not go on to enroll.
- In Further Education (FE), work is ongoing with Uni Connect to reduce stigma and increase disclosure of mental health conditions. A member suggested that there may be a role for the Taskforce in learning from and implementing this successful work.
- A member suggested that lower disclosure rates on courses such as medicine and dentistry could be down to the perception of students that a mental health condition could impact their fitness to practice.
- A member highlighted the high levels of diversity within the LGBTQ+ group, and the need to break it down further. UCAS has data which further breaks down this group, finding that disclosure is more prevalent among trans students.
- A member questioned wording around a mental health condition in application questions, and whether students are being asked to disclose conditions diagnosed by a clinician, or self-declared conditions. UCAS is exploring how to best capture this information going forward.
- A member stressed the need for students with 'two or more conditions' to be disaggregated, as in many cases UCAS data feeds directly in to university systems. This is not currently solely within UCAS control, but it is exploring how to do this.
- A member highlighted that past UCAS reports on end of cycle data have had good engagement from the sector, and asked if UCAS plan to publish this years report.

6. Case Management

Taskforce members were provided with the following updates:

- There is growing recognition of the importance of alignment of data between academic and student support teams.
- Ten interviews with providers now been conducted at different levels of implementation within HE systems.
- The key themes of the feedback were that support is not structured in a joined up way, there are challenges around how to define case management, and institutions need to develop their understanding on how to implement these systems.
- The reflection paper is a blueprint but work will continue over the next two months to develop a paper that will be shared in the next Taskforce meeting.

Taskforce members raised the following points:

- A member highlighted the need to promote the economic savings that can be made by providers through the implementation of this work.

- A member raised the importance of practitioners sharing data within the institution, and the need for them to break the belief that their notes are confidential; keeping this crucial information private is unhelpful.
- However, another member felt that students may perceive sharing information with a practitioner as separate from the rest of the institution, and students should be able to decide whether this information is disclosed to the institution.
- Several Taskforce members similarly disagreed about whether information shared with academics should be shared more widely within the institution.
- Several Taskforce members agreed that it should be clear to the student when information they disclose could be shared more widely.
- A member suggested platforms should be set up so students can see the information the university is holding and sharing.
- A member questioned if academics were represented in the consultation.
- A member suggested we need to be clear on language around mental health and both the case management and governance framework need to reference each other.

7. Next Steps and Close

Taskforce members were provided with the following updates:

- The next Taskforce meeting is due to take place on 22 May, in person.