Student mental health and wellbeing

Insights from higher education providers and sector experts

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Institute for Employment Studies

IES is an independent, apolitical, international centre of research and consultancy in public employment policy and HR management. It works closely with employers in all sectors, government departments, agencies, professional bodies and associations. IES is a focus of knowledge and practical experience in employment and training policy, the operation of labour markets, and HR planning and development. IES is a not-for-profit organisation.

Advance HE

Established in March 2018 following the merger of the Equality Challenge Unit, the Higher Education Academy and the Leadership Foundation for Higher Education, Advance HE supports universities in putting institutional strategy into practice for the benefit of students, staff and society. It brings together HE-focused expertise in governance, leadership and management, teaching and leadership, and equality, diversity and inclusion.

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Summary

The Department for Education (DfE) commissioned the Institute for Employment Studies (IES), Advance HE and the Careers Research and Advisory Centre (CRAC) to engage with the higher education (HE) sector to gain an institutional perspective on the main issues around student mental health and wellbeing. The study sought to explore approaches to supporting students' wellbeing and mental health, the range of services available to students, data collected on the prevalence of mental health difficulties and levels of wellbeing, and evidence gaps. The research involved engagement with expert stakeholders, case studies with HE providers, and online surveys with senior staff responsible for student health and wellbeing (**undertaken summer to winter 2019**). The online survey was sent to all publicly funded HE institutions, and to a sample of further education colleges with HE provision and a sample of private HE providers. Survey feedback was representative of publicly-funded providers but indicative only for other providers. **All data were collected prior to the Coronavirus pandemic.**

What do we mean by mental health and wellbeing?

Half (47 per cent) of HE institutions had a working definition that they used. These institutions either used definitions from health or sector bodies (e.g. the World Health Organisation, Student Minds), or developed their own working definitions.

■ Definitions of **mental health** tended to stress the wide variety of difficulties/conditions included; the dynamic or temporal nature of mental ill-health; that mental health co-vers a spectrum ranging from good mental health to mental illness; and that poor mental health can have wide impacts and arise from a variety of factors. Mental health can often be framed in the negative.

■ Definitions of **wellbeing** tended to stress aspects associated with positive wellbeing such as flourishing, thriving, satisfaction, self-belief, balance; to cover emotional, spir-itual, social, physical as well as mental dimensions; and recognise that it can change. Wellbeing is often framed in the positive.

Frequently institutions saw mental health and wellbeing as highly inter-related, with wellbeing a broader concept within which mental health has an integral part and with resilience a key uniting theme. This interconnected nature meant that some institutions do not have separate definitions of mental health and wellbeing.

How do providers approach supporting their students?

■ 52 per cent of HE institutions had a dedicated strategy for student mental health and/or wellbeing, 6 per cent covered these in a wider strategy, and, although 33 per cent had no strategy at the time of the survey, 25 per cent were planning one.

- Where HE institutions had a strategy(ies): 67 per cent had a separate strategy rather than individual policies and procedures; and in 62 per cent of cases this covered both students and staff.

- Strategies tended to include: an understanding of the context, ambitions (goals, areas of activity, channels of support, roles and responsibilities), how it relates to what else the provider does or is happening in the sector, and how they will review and monitor progress.

- 93 per cent of HE institutions (and more than three quarters of other providers) consulted with their students over how to better support their mental health and wellbeing.

- Providers assessed the extent to which their mental health and wellbeing strategy is embedded into all aspects of their activity, and tended to indicate they were more than halfway there but with some room for improvement.

- Almost all (96 per cent) of HE institutions reported that resources to support student mental health had increased over the past five years. Similarly, resources to support student wellbeing had increased for the majority (86 per cent). Despite many providers having access to increased resource they may still struggle to meet the demand for support.

How do providers understand their students' needs?

- 96 per cent of HE institutions (and two thirds of other providers surveyed) collected data on their student population's **mental health** needs.

  - Self-disclosure was the most common means providers used to record the nature and extent of mental health issues among their student population. Other data collected included: administrative data on students seeking or accessing help, mental health support service outcomes (using standard measures such as PHQ9, GAD7, CORE), numbers receiving Disabled Students Allowance (DSA), data on types of mental health conditions through surveys or diagnostic tools, and wider referrals and use of external services.

- 41 per cent of HE institutions (and one third of other providers) collected data on their student population's **wellbeing**. A further 21 per cent of HEIs were planning to do so in the near future. Assessing wellbeing is perceived to be more challenging than collecting data on mental health.

  - Data on use of or engagement with wellbeing services (meeting with wellbeing advisers, use of wellbeing apps, attending wellbeing events) was most commonly collected. Some providers also collected data (or planned to) through surveys: bespoke whole-institution wellbeing surveys or questions embedded in general student surveys (their own or standard sector surveys such as National Student Survey). These surveys could draw on standardised measures of wellbeing e.g. ONS-4, Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).

What types of support do providers offer to students?

HE institutions and other providers described the many services they provide for students. These differed in terms of 4 inter-related dimensions:

- **who** delivers the service;
- **how,** the mode of delivery;
- **when**, the timing and duration of delivery;
- **how much**, the resourcing required.

Many providers were working with external organisations to develop, access or deliver support to students. These variously offered broad support and expertise with mental health, niche specialisms, and/or local knowledge and networks. Joining up with external organisations increased capacity, helped providers to improve services and helped clarify referral systems/pathways.

What wellbeing services do providers offer?

Commonly wellbeing support (offered to all students) involved:

- group sessions/workshops covering a wide variety of topics,
- campaigns and awareness raising,
- peer-to-peer support,
- self-help through digital resources.

Topics covered included: mindfulness, meditation, resilience, alternative therapies, stress management, anxiety, loneliness, low confidence, and the transition to university life. Support could also focus on helping students to deal with adverse life events, recognise and address unhealthy behaviours, promote exercise, and provide help with wider issues such as finance and accommodation.

Providers were planning to increase peer support/student-led activities and self-help, focus on physical health, and improve training for staff and students to recognise wellbeing and mental health issues.

What early intervention support do providers offer?

There were several types of early intervention actions for mental health needs and these could also be viewed as part of activity to support and promote positive mental wellbeing. Key examples (often focused on vulnerable students) included:

- training to recognise deteriorating mental health and make appropriate referrals;
- monitoring of attendance/performance to identify potential needs or students at risk;

- working to educate and raise awareness of mental health issues;

- encouraging an open culture where mental health issues can be discussed;

- timing activities with key points when students could be most vulnerable;

- focus on suicide prevention.

What targeted support for mental health needs do providers offer?

A range of targeted services drawing on internal, specialist professionals were offered. Most commonly (offered by virtually all providers)[1] these were a combination of:

- face to face counselling and therapies such as Cognitive Behavioural Therapy (CBT);

- online support in the form of online counselling and online CBT using purchased tools and apps (e.g. SilverCloud, Big White Wall (now called Togetherall) and Kooth).

Providers also collaborated/partnered with external organisations to support specific mental health needs, access funded support through DSA, provide crisis and emergency support, and offer out-of-hours services. Providers anticipated increasing their work with external agencies to expand their services and increase their speed of response.

Providers were also planning to: increase their capacity by recruiting more specialist staff and using online provision; and to target key at risk groups with new services.

What do providers know about the use and effectiveness of their services?

- 95 per cent of HE institutions collected data to evaluate or review the services and/or support they provide for **mental health** needs. This involved: monitoring use (e.g. take-up, waiting times, use of apps), user feedback surveys, and assessing impact (via pre- and post-intervention clinical measures, comparing student outcome measures of users with non-users, and external evaluation).

- 70 per cent of HE institutions similarly collected data on their services and/or support for **wellbeing**. This was largely limited to monitoring engagement with services/events and gathering user feedback. Collecting impact data was rare, and involved student self-reported impact, standardised wellbeing measures, and measuring student outcomes.

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[1] To explore the breadth and nature of support provided, the survey used open text questions. It is therefore not possible or advisable to give precise numbers of responding providers describing particular types of approaches/services as it is likely to under-represent coverage. For example, we cannot deduce an absence of a particular service from a response where such a service is not mentioned. This can only really be determined with a closed question listing all types of service with respondents asked to note whether each is offered or not offered to their student body.

Evidence Gaps

Despite the monitoring activity undertaken, there was a desire to further strengthen the evidence and to use this to inform service provision. Providers wanted to learn more about impact, effectiveness and value-added of their services, to have robust evidence about what works.

HE institutions felt there were several areas where the evidence on student mental health and wellbeing could be improved- in their own institutions and across the sector as a whole. These gaps included: evaluation evidence on effectiveness of services; understanding the influence of HE (and transitions to HE) on students' mental health and wellbeing over and above that experienced by the general population; understanding students' expectations for and experiences of support and any mismatch; students most at risk and barriers to seeking help; and understanding prevalence.

1. Introduction

The mental health and wellbeing of students is of increasing importance. The proportion of students declaring mental health conditions has dramatically increased in recent years, set against changes in support funding in HE (and wider healthcare funding), changing attitudes towards disability and mental health, and rising expectations for HE and its providers from students and their families.

A partnership of the Institute for Employment Studies (IES, lead), Careers Research & Advisory Centre (CRAC) and Advance HE was commissioned by the Department for Education (DfE) in March 2019 to undertake an exploratory study to gather intelligence from HE providers across the sector to gain a better understanding of the nature of the evidence base and measures used to assess mental health and wellbeing in the HE student population. To explore what is 'known' and what is missing, to examine the data HE providers collect, the approaches they take and the services they provide. The research involved:

■ An initial phase with stakeholders to help to refine and prioritise the research themes and questions to develop the survey instruments for providers. This involved an ideas workshop, discussions with mental health and wellbeing practitioners in the sector and case studies with HE providers.

■ A survey phase with a survey for publicly funded HE institutions; and a separate survey for other HE providers including Further Education Colleges with HE provision, and private providers (collectively termed 'other providers').

■ An analysis and reporting phase, where all the evidence was reviewed and synthesised and wider evidence and commentary from across the sector was added for context.

This report outlines the approach taken and presents a synthesis of findings across the research activities.

1.1 Research background

The rising numbers of students declaring a mental health condition, reporting adverse effects of stress or low levels of wellbeing has been well documented[2],[3], and even before the COVID-19 global pandemic HE providers health and welfare support systems were experiencing unprecedented demands for their services set against changes in support funding in HE[4]. This increase may have been driven in part by less stigma around disclosure and changing attitudes to mental health; but also by the policy and institutional

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[2] https://www.employment-studies.co.uk/resource/understanding-provision-students-mental-health-problems-and-intensive-support-needs
[3] Equality in Higher Education Statistical Report 2015, ECU www.ecu.ac.uk/publications/equality-highereducation-statistical-report-2015/
[4] https://www.employment-studies.co.uk/resource/models-support-students-disabilities

focus on widening participation changing the profile of HE students. It also reflects the increasing prevalence of mental health conditions both in the wider adult population and among children and young people (pre-COVID). The latest adult Psychiatric Morbidity Survey (APMS) in 2014 estimates the proportion of adults of working age (aged 16 to 64) and of young adults (aged 16 to 24) with any common mental disorder[5] has been increasing over time and was at is highest in the last survey at 18.9 per cent (for both age groups). The Millennium Cohort Study (MCS) investigated the prevalence of mental ill-health and estimated that, at age 14, 24 per cent of girls and nine per cent of boys reported symptoms of depression; and researchers at University College London (UCL), using MCS and the Avon Longitudinal Study of Parents and Children, found that depressive symptoms and self-harm among 14 year olds increased between 2005 and 2015. Some studies such as research undertaken by the Royal College of Psychiatrists (RCP)[6] and a review by the Education Policy Institute (EPI)[7] note that university students are at particular risk of developing mental health problems, as the majority are under 25 years old and most mental illnesses manifest at a young age, and as the stressors faced by university students may additionally impact upon their mental health. The incidence of mental health conditions among university students may therefore be higher than found in wider population studies.

This echoes findings in other work such as the HEPI study 'The invisible problem? Improving students' mental health' (Brown P, 2016, HEPI report 88)[8]; the IPPR research 'Not by Degrees: Improving student mental health in the UK's universities' (Thorley C, 2017, IPPR), and the What Works Centre for Wellbeing review 'What interventions improve college and university students' mental health and wellbeing? A review of review-level evidence' (Worsley J et al, 2020)[9]. These, and other studies, argue that for HE providers to successfully address the challenge of increasing demand a better understanding of 'what works' is needed so that resources can be targeted effectively and strategically. This is a particular theme of the SMaRteN, the national Student Mental Health Research Network[10], funded by UK Research and Innovation and led by King's College London. This network aims to improve understanding of student mental health

[5] Common Mental Disorder covers: Depressive Episode, Generalised Anxiety Disorder, Panic Disorder, Obsessive Compulsive Disorder, and Phobias. See https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub/mental-health-prevalence-surveys; accessed December 2020.
[6] Royal College of Psychiatrists (2011) Mental health of students in higher education, College Report CR166, https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr166.pdf?sfvrsn=d5fa2c24_2
[7] Johnson, J. and Crenna-Jennings, W. (2018) Prevalence of mental health issues within the student-aged population, Policy Analysis, Education Policy Institute. https://epi.org.uk/publications-and-research/prevalence-of-mental-health-issues-within-the-student-aged-population/
[8] https://www.hepi.ac.uk/wp-content/uploads/2016/09/STRICTLY-EMBARGOED-UNTIL-22-SEPT-Hepi-Report-88-FINAL.pdf
[9] https://whatworkswellbeing.org/wp-content/uploads/2020/03/Student-mental-health-full-review.pdf
[10] www.smarten.org.uk

and develop an evidence base to support evidence-based approaches to professional services, so that the right services are there for students who need them.

Key sector bodies including the sector regulator the Office for Students[11], the membership organisation representing HE providers Universities UK[12], and the mental health charity Student Minds have been calling for the mental health and wellbeing of students to be a high priority for all HE providers. This is a complex and sensitive area to tackle, and the risks for institutions and individuals are high such as students failing to fulfil their academic potential, failing to complete their studies or even suicide. Indeed, media attention has focussed on student suicide in recent years[13] leading to public and government scrutiny[14] of the actions HE providers are taking to intervene when students are in distress and to prevent serious escalation. There are also high expectations of HE providers from students and their families; arguably fuelled by a 'student as consumer' perspective and greater awareness of mental health issues in UK workplaces[15].

The HE sector is committed to a renewed and whole-institution focus on mental health action facilitated: by OfS/Research England funding initiatives[16],[17] which aim to find innovative ways to combat the rise in student mental health issues; the government green paper *Transforming children and young people's mental health provision*[18] and its working group to review support needs for transitions into university; good practice guidance from Universities UK including the Stepchange framework[19]; the formal establishment of the Healthy Universities Network (in 2015); and the support and initiatives of key charities and student-led organisations such as Student Minds. Student Minds have been leading the work to develop the University Mental Health Charter which was published in 2019[20]. The Charter is a document which sets out a set of principles to support universities in the UK in making mental health a whole-university approach and priority. A whole-university approach is defined as providing well-resourced mental health services and interventions, and (critically) taking a multi-stranded approach which recognises that all aspects of university life can support and promote mental health and

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[11] https://www.officeforstudents.org.uk/news-blog-and-events/blog/mental-health-and-wellbeing-a-priority/

[12] https://www.universitiesuk.ac.uk/news/Pages/New-guidance-on-mental-health-and-wellbeing--%E2%80%93-supporting-staff-and-students-more-important-now-than-ever.aspx,

[13] https://www.theguardian.com/education/2013/mar/23/student-suicide-depression-debt-recession

[14] https://www.gov.uk/government/news/new-package-of-measures-announced-on-student-mental-health

[15] https://www.theguardian.com/society/2018/nov/18/make-mental-health-important-first-aid-business-leaders-manifesto

[16] https://www.officeforstudents.org.uk/news-blog-and-events/press-and-media/new-competition-funding-to-support-student-mental-health/; with £6 million of funding for 10 collaborative projects

[17] https://www.officeforstudents.org.uk/advice-and-guidance/promoting-equal-opportunities/student-safety-and-wellbeing/what-are-we-doing/

[18] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf

[19] https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2015/student-mental-wellbeing-in-he.pdf. Note that UUK have a dedicated working group focused on this issue the Mental Wellbeing in Higher Education Working Group

[20] Hughes G, and Spanner. L., (2019) The University Mental Health Charter, Student Minds

wellbeing. Accompanying the set of principals is the Charter Award Scheme which is a voluntary improvement and award programme that aims to recognise and reward providers with exceptional approaches to mental health and that support ongoing improvement[21].

Challenges in measuring mental health and wellbeing among students

The Student Mental Health Charter reports that one of the challenges for universities is that *'at present we do not know the prevalence rates of poor mental health or mental illness in either the student or staff populations or the effectiveness of many of the commonly provided interventions.'…'much work within social sciences suggests that addressing this [evidence] gap will require cross-disciplinary collaborations, involving researchers and practitioners and bringing together universities of differing size and type.'* (p73, Hughes and Spanner, 2019).

In trying to determine prevalence, studies have found that measures of mental health in the general population are not designed to specifically examine the circumstances of people who are students. A key study was undertaken by SMaRteN and NatCen[22]. They reviewed the UK Data Service archive which lists national surveys, many of which utilise data and measurement scales for assessing mental health in the wider population. These include: the Adult Psychiatric Morbidity Survey (a national household survey using diagnostic criteria and thus a key source of trends in mental health), the Health Survey for England (which uses the General Health Questions GHQ-12 to measure mental health), Understanding Society (also uses GHQ-12), and Next Steps (see Appendix A for further details of these measures). Their report notes how HE students are not sufficiently covered in such surveys.

There are however some dedicated data and surveys of students which aim to explore mental health and wellbeing but these too have their flaws; and because many focus solely on students and use bespoke measures they do not allow for a comparison with the non-student population. These studies have used different methods, measures and populations/samples (including self-selecting samples), and so their coverage, consistency and reliability are limited. These include studies conducted by survey organisations and sector bodies including Youthsight, NUS, Student Minds, YouGov, HEPI/Advance HE, Dig-in and by Unite; and these tend to be administered without university involvement. Whereas other surveys have been conducted by universities themselves, but often acting in isolation.

In 2019 the SMaRteN network made available a number of one-year grants to fund UK HE institutions to find better measures of student mental health, and more recently

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[21] See supporting website https://universitymentalhealthcharter.org.uk/
[22] General population surveys – comparing student and non-student mental health https://www.smarten.org.uk/uploads/1/2/0/8/120879546/review_of_national_surveys_smarten.pdf

SMaRteN reported there were at least 10 large-scale longitudinal studies in the UK on student mental health and/or wellbeing that are being led by HE institutions.

Some of the key surveys, studies and measures are outlined in Appendix A.

1.2 Aims and objectives

The aim of the research was to gain an institutional perspective across the sector from senior staff responsible for student health and wellbeing, on; the experiences and practices of HE providers across England in supporting student mental health and wellbeing, the data collected on mental health and wellbeing, and the perceived gaps in the data and evidence.

More specifically the research aimed to explore:

- approaches to supporting students' wellbeing and mental health,
- data collected on the prevalence of mental health difficulties and on levels of wellbeing,
- range of services available to students,
- data collected on the engagement with services and how providers assess the value of their services,
- specific areas where additional evidence is felt to be needed in order to support HE providers in delivering the best support for their students

1.3 Methodology

The research involved case studies, expert workshop, and expert interviews in the early development phase to support the design of a provider survey. This was followed by administration of a survey for HE Institutions and a survey for other HE providers (private providers and further education colleges with HE provision). The final stage involved analysis and synthesis of the findings across all strands of activity.

Early case studies

Six case studies were undertaken in March and April 2019 with providers across the sector including specialist distance learning providers, Russell Group institutions, small and large HE institutions and college-based higher education providers. Case studies were undertaken by telephone and involved depth interviews with a range of staff to gain an insight into the overall structure and achievements of mental health and wellbeing teams, to establish a picture of recent and ongoing work around student mental health and wellbeing, and how this is embedded within structures and wider work of the institution. A discussion guide was developed covering: approaches and strategies to

supporting students' wellbeing and mental health, main triggers and determinants of mental health issues among students, barriers faced to accessing support and providing support, institutional impacts of student mental health issues, and groups most at risk from mental health concerns. Illustrative examples from the case studies are noted in the main body of the report, and other key findings are summarised in Appendix B.

Expert interviews

In-depth telephone interviews were held in March and April 2019, with representatives of key sector organisations: Association of Managers of Student Services in Higher Education (AMOSSHE), British Association of Counselling and Therapy (BACT), Heads of University Counselling Services (HUCS), Nightline, SMaRteN and Student Minds. The discussions aimed to gather feedback from these sector experts based on their knowledge and experience of observing and working in the sector as to how students and other young people are experiencing mental health concerns, how institutions and other support organisations are putting measures in place to provide support, and how this is impacting on institutions. Relevant insights from these expert interviews are noted in the main body of the report, and other key findings are summarised in Appendix B.

Workshop

A workshop was held in February 2019 with sector experts to explore how to maximise engagement and response from HE providers in the research, and to prioritise and provide advice on the research themes for the survey with providers. The workshop allowed for question wording and potential answer categories to be discussed, to consider the best approach to questioning, particularly around open text questions or closed questions, and to consider the structure and flow of a provider survey. It was attended by representatives from the Department for Education, CRAC, Advance HE, the Office for Students, Kings College SMaRteN network, Universities UK and NUS.

Developing the surveys

Findings from the institutional case studies and expert consultation with input from the Department helped to develop a survey of HE providers. The majority of questions were designed to be open questions asking for descriptions, suggestions, and feedback to gather qualitative data from institutions and to avoid being overly prescriptive. Care was taken in the use of language, terminology and categories, as the development work highlighted how these can be value-laden, contentious and disputed. And an initial possible list of research themes and question areas were narrowed considerably to focus on key issues for ease of survey completion and to minimise burden on respondents.

Due to limited sample availability, a separate survey of students' unions (SUs) was not possible. Instead, interviews were planned with a small number of SUs but the COVID-19 pandemic meant all fieldwork with the sector had to be halted.

> **It is important to note that all findings were obtained prior to the COVID-19 pandemic and the resulting lockdown, so do not take into account the impact of the pandemic on the needs of students or the actions of providers.**

A final online version of the survey for HE institutions was launched in August 2019, with an email invitation sent to nominated senior level contacts in all English HE institutions requesting one (collated) response per institution. It was promoted through sector networks, and institutions were sent two email reminders and one telephone reminder.

A separate version of the online survey was developed for further education colleges with HE provision and private providers (referred to collectively as 'other providers) and launched in October 2019. An email invite was sent to senior level contacts at a purposive sample of large providers[23]. It was promoted through relevant networks and two reminders were sent.

Copies of the surveys are available on request.

Both surveys were closed in December 2019.

- A total of 136 publicly funded English HE institutions were invited to participate and 85 useable responses were received; giving a response rate of 63 per cent.

- A total of 63 other providers (38 FE colleges, and 25 private providers) were invited to participate and 23 useable responses were received; giving a response rate of 34 per cent.

Approach to the analysis

A grounded theory approach was used in the analysis of the survey responses. This involves construction of theories through gathering and analysis of data, and using inductive reasoning to identify ideas, concepts and categories. The responses from the institutions were therefore used to identify and explore themes rather than overlaying and testing hypotheses. It was decided to deliberately use and reflect the language and terminology given in the responses which may differ from that used in key papers in the sector or used by sector bodies or indeed in the wider mental health and wellbeing debates (beyond HE). This strategy was adopted as language in this field is somewhat contested and evolving.

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[23] A purposive sample of FE colleges and private providers was drawn: selecting larger FE colleges with a strategic interest in HE (drawn from membership of the Mixed Economy Group), the vast majority of which had an Access and Participation Plan registered with OfS; and selecting larger English private providers with at least 500 UK domiciled students, again many of these had an Access and Participation Plan

Analysis was undertaken in SPSS and Excel. For a small number of questions, identified categories were coded to provide a sense of the relative frequency of occurrence. As not all open questions were coded, frequencies for open text questions are not reported. Additionally, as the open text questions generally asked for brief descriptions in order to draw out common themes (rather than requesting exhaustive reports) we cannot assume an absence just because a provider did not mention something.

1.4 Survey responses

Publicly funded HEIs

The survey was closed on 3 December after several months in the field. The survey achieved 85 usable responses (including ten partial responses) which gives a response rate of 63 per cent. The survey achieved a spread of responses across English Higher Education Institutions (HEIs):

■ **Size** – approximately one third (33%) were small institutions with less than 10,000 students (all study modes, study levels, and domiciles); just over one third (40%) were medium-sized institutions with between 10,000 and 20,000 students, and just over one quarter (27%) were larger institutions with over 20,000 students. The responses included some very small institutions with less than 2,000 students and some very large institutions with over 30,000 students.

■ **Set-up** - the majority of responding institutions were multi-campus universities, fewer were single campus institutions. Additionally, ten responding institutions considered themselves to be collegiate universities.

■ **Location** - the responding institutions were spread across England (the survey was focused solely on English institutions), with at least three institutions in each of the nine regions. The largest number of responses came from institutions in the greater London region followed by the South East which reflects the concentration of institutions in the sector.

■ **Research focus** - responses were received from institutions in all of the TRAC[24] peer groups. Just over one quarter (29%) were TRAC group A and B institutions (research intensive), one quarter (26%) were group C and D institutions, 27 per cent were from group E, and 14 per cent from group F (specialist institutions). The responding institutions also included dedicated medical schools.

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[24] Transparent Approach to Costing (TRAC) is an activity-based costing system. There are 6 peer groups – 5 of which categorise institutions by total income and the proportion of their total income gained from research, and 1 categorises institutions that are specialist creative institutions.

Table 1: Characteristics of respondents

Characteristic	Number	%
Size		
Small & Extra Small	27	33
Medium	33	40
Large & Extra Large	22	27
Base	82	100
Set-up		
Collegiate structure	10	13
Predominantly distance learning	1	1
Single campus	27	36
Multiple campus	38	50
Base	76	100
Location		
East	3	4
East Midlands	5	6
London	22	26
North-East	5	6
North-West	8	9
South-East	14	17
South-West	12	14
West Midlands	8	9
Yorkshire & Humberside	8	9
Base	85	100
TRAC Peer Group		
Group A	12	14
Group B	13	15
Group C	15	18
Group D	7	8
Group E	23	27
Group F	12	14
Other	3	4
Base	85	100

Source: IES/CRAC/AdvanceHE survey, 2020

Each institution was required to submit just one response but were encouraged to gather wider feedback to collate into one comprehensive response. The survey was generally completed and submitted by a senior member of staff, with roles including: Director, Head or Deputy Director of departments responsible for student experience, student services, student support, mental health or wellbeing, student administration, registry; as well as Vice Principal and Dean of Students. In a few cases the survey was submitted by a dedicated mental health specialist such as a mental health advisor or head of the counselling service, or by a person with responsibility for equality, diversity and/or inclusivity.

Other providers

The survey was closed on 4 December after several months in the field. The survey achieved 23 usable responses which gives a response rate of 34 per cent. The survey achieved a spread of responses:

- **Type** - Three fifths of responses were from FE colleges (N=14), and two fifths from private providers (N=9).

- **Set-up** - The majority of other providers (over three quarters) had multiple sites.

- **Degree awarding powers** - Less than one fifth of other providers who responded to the survey had degree awarding powers. Almost three quarters had a validation agreement with a HE provider for the programmes it delivers, and one third had franchise (sub-contractual) agreements with HE providers with degree awarding powers. Some other providers described relationships with just one HE institution but others had relationships with a range of institutions including private providers and publicly funded institutions. These arrangements might impact upon who is felt to 'own' the student and access to support services.

- **Student body** - Just over one quarter of responding other providers had students who were only following HE programmes, the vast majority had students on other programmes, particularly further education level.

1.5 Report structure

The report is structured along the themes of the survey questionnaire, as follows:

- Approaches to supporting students covering defining mental health and wellbeing, responsibilities for mental health and wellbeing, strategy and student involvement.

- Services, activities and initiatives offered and in development covering wellbeing, early intervention programmes for students with mental health needs, targeted services for students with specific mental health needs, and assessment of progress to date.

- Monitoring covering collection of data on student populations' mental health and well-being to assess their needs, data collected to evaluate mental health services provided and services and support for wellbeing, and perceived evidence gaps.

- The final section sets out some conclusions from the research.

Appendix A provides a brief description of some of the dedicated data and surveys of students which aim to explore mental health and wellbeing, and standardised measures of mental health and wellbeing that are widely used[25].

Appendix B provides key findings from the case studies and expert interviews.

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[25] This reflects the position at the time of preparing the report which was before the global COVID-19 pandemic

2. Approaches to supporting students

This section explores HE institutions, FE colleges and private providers (collectively referred to as providers) approaches to supporting their students with their mental health and wellbeing. It looks at whether they have or use working definitions of mental health and/or wellbeing, who has responsibility for mental health and wellbeing, and the format and content of any mental health and/or wellbeing strategy(ies).

2.1 Defining mental health and wellbeing

Understanding what is meant by mental health and by wellbeing in the HE context is important when developing policies and services, collecting data or discussing concerns and issues. Indeed, GuildHE note that a formalised definition is a vital component to a coherent strategy[26]. These terms are used regularly but there may not be a shared understanding of what is covered. At the time of the research there was no standard definition in use across the sector, and it appears that wellbeing in particular can be contentious.

The Mental Health Foundation define wellbeing as: a measure of social progress and relates to creating the conditions in society for individuals to thrive. The World Health Organization (WHO) defines wellbeing as a state where everyone is able to realise their potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community.[27] Other definitions include:

> '"a positive state of body and mind. It is the subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional ('happiness'), and development and activity dimensions" (*Waddell & Burton, 2006, page 4*).

The provider survey therefore sought to understand what definitions individual institutions use or indeed whether they have any working definitions for these concepts.

Providers were asked 'does your institution have working definitions of mental health and wellbeing': 57 per cent do not have a working definition of mental health and wellbeing compared with 43 per cent that do. Comments also indicate that even when institutions have a working definition this may be not be shared across the whole institution or indeed be shared between staff and students. As one institution noted:

> 'The words "Mental Health", "Wellbeing" and "Disability" may be used very differently by members of the public and Mental Health professionals. The medical/social work models and terminology may

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26 GuildHE (2018) Wellbeing in Higher Education: A GuildHE research report
27 See https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-about-mental-health-2016.pdf, p12

also be at variance with how students choose to think about their own situation. Brown (2016, p.7) notes that, 'The failure of much commentary to note the differences between mental disorders, mental health problems and poor wellbeing …reinforces misconceptions and is counterproductive.' (*Medium-sized HEI*).

Table 2: Working definition of mental health and wellbeing (HEIs)

Working definition	N	%
YES	34	43
NO, do not have a working definition	45	57
Base	79	100

Source: IES/CRAC/AdvanceHE survey, 2020

Larger HE institutions and those with multiple campuses were the least likely to have working definitions of mental health and wellbeing: 27 per cent and 38 per cent respectively reporting they had. In contrast medium-sized institutions were the most likely to have working definitions (56%). Institutions in TRAC group C were also more likely than others to have working definitions (60%), and those in groups A and D were the least likely (25% and 33%). These findings are indicative only and not statistically significant. Having a working definition was closely associated with whether or not the institution had a mental health or wellbeing strategy, and was much less likely among those with no strategy. Approximately one in five (22%) of those with no strategy had a working definition of mental health and/or wellbeing (see below).

Table 3: Working definition of mental health and wellbeing by size (per cent) (HEIs)

Working definition	S	M	L	All
YES	44	56	27	43
NO, do not have a working definition	57	44	73	57
Base (N)	*23*	*32*	*22*	*79*

Source: IES/CRAC/AdvanceHE survey, 2020

Table 4: Working definition of mental health and wellbeing by whether or not the institution has a mental health or wellbeing strategy (per cent) (HEIs)

Working definition	Dedicated	Subsumed	None	Other	All
YES	55	40	22	50	43
NO, do not have a working definition	45	60	78	50	57
Base (N)	*40*	*5*	*27*	*6*	*79*

Source: IES/CRAC/AdvanceHE survey, 2020

In contrast very few other providers surveyed (FE colleges with HE students and private providers) reported they had working definitions of mental health or wellbeing, less than one quarter of this small group of respondents. This could reflect the providers sampled and responding to the survey or suggest that these types of providers perhaps have less experience in this area.

Defining mental health

Some providers went on to provide details of their working definitions of mental ill-health. HE institutions sometimes referred to definitions provided by other organisations, bodies or academics. Most commonly this was the WHO definition *"Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."* Others cited included the definition of mental impairment outlined in the Equality Act 2010,and a definition provided by the US Office of the Surgeon General (2001): *'a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with people, and the ability to change and cope with adversity.'*

Other HE institutions had developed their own definitions or explanations, and these tended to stress the following:

■ Breadth - the wide variety of difficulties, and/or conditions that could be included when identifying mental ill-health. The definitions highlighted that mental illness can include, but crucially is not limited to, conditions which receive a clinical diagnosis and illnesses that fall within the definition of a disability as set out in the Equality Act 2010. One medium-sized HE institution noted: *'Mental health difficulties can manifest across a broad continuum, from mild anxiety or discomfort that may be a natural response to a challenging event through to extreme mental illness.'* Another small HE institution quoted the Mental Health Foundation which states that mental health problems *'range from the worries we all experience as part of everyday life to serious, long term conditions'*. It was noted that mental illness can be used in a diagnostic capacity and thus a means to identify illness and provide treatment.

■ Dynamic nature - the temporal nature to mental ill-health. Mental ill-health can encompass: long-term mental illness or psychiatric conditions; emerging mental health issues which can develop into conditions requiring on-going support and interventions; and temporary debilitating conditions or reactions which impact on a students' ability to fulfil their academic potential. In some institutional definitions, it was stressed that mental health is fluid and can change over time.

■ Continuum - that all individuals have mental health but some have mental ill-health or a mental health condition. Mental health therefore covers a spectrum ranging from good mental health to mental illness. This spectrum or continuum approach can however lead to mental ill-health being defined negatively, essentially as the absence of

having good mental health and the characteristics associated with this (deficit model).

> 'Good mental health is characterised by a person's ability to fulfil a number of key functions and activities, including the ability to learn, to feel, to express and manage a range of positive and negative emotions, to form and maintain good relationships with others, and to cope with and manage change and uncertainty…..It is therefore about much more than the absence of particular problems that might fit criteria for a 'mental disorder'. (medium-sized HEI).

■ Impacts and influences - that poor mental health can have wide impacts *'affecting how we think, feel and behave'* (small HEI) and can arise from a variety of factors *'organic, generic, psychological, relational or behavioural'* (small HEI).

> 'Mental Health Difficulties often following major life events such as health problems, the end of a relationship, a close bereavement, major transitions, and can impact significantly on how the individual sees themselves and how they engage with their life. The ability to manage things may become impaired, behaviours change, the ability to think might be impacted significantly and support from family and friends or professional services such as personal tutors or counselling / psychotherapy required.' (medium-sized HEI).

As noted above few of the other providers surveyed had working definitions for mental health. One FE college noted how they used the WHO definition.

Defining wellbeing

Responding institutions frequently used the WHO definition of wellbeing (noted above). A couple of institutions used the New Economics Foundation (NEF) model: *'Well-being can be understood as how people feel and how they function, both on a personal and a social level and how they evaluate their lives as a whole.'* The NEF report (2012) explains this further in that how people feel refers to emotions such as happiness or anxiety, how people function refers to things such as their sense of competence or their sense of being connected to those around them, and how people evaluate their life as a whole is captured in their satisfaction with their lives, or how they rate their lives in comparison with the best possible life' (New Economics Foundation. "Measuring Well-being. A guide for practitioners").

Wellbeing therefore appears to be a much broader concept than mental health, and positive wellbeing is associated with *'flourishing or thriving'*, *'satisfaction'*, having *'meaning'*, and a sense of *'balance'* and/or *'equilibrium'*; and is individual and personal, as indicated by other definitions used and/or developed by responding institutions. As

with mental health, wellbeing is regarded as dynamic and can change from moment to moment and day to day. Definitions given included:

> 'It is not prescriptive but demonstrates the need to achieve and maintain balance to maintain wellbeing. When individuals have more challenges than their personal resources enable them to deal with, the balance may dip, which may affect their feeling of positive wellbeing.' (*large HEI*)

> 'Wellbeing is understood, in the broad sense, to mean a time when a person is feeling good and functioning positively, meaning that a person would be engaged in learning, feel socially connected, and have positive perspectives and autonomy. Wellbeing is expressed in feelings and in dimensions such as persistence, grit, sense of belonging, mindfulness, identity formation and flourishing. It is possible to have high levels of wellbeing, yet to live with a diagnosed mental health condition.' (*medium-sized HEI*).

> 'Wellbeing is a person's ability to evaluate and act to improve their state of being. Each individual will have their own set of measures and indicators. These are likely to include health, comfort, safety, sense of purpose, resilience and satisfaction within their personal, social and professional contexts.' (*small HEI*).

One small HE institution felt that, although they had a working definition of mental health, they had not yet clearly defined wellbeing in their policy so were working on this.

Blurring mental health and wellbeing

Institutions clearly saw mental health and wellbeing as important and highly inter-related, with mental wellbeing and mental health specifically sitting within the broader concept of wellbeing.

> 'Mental health and wellbeing are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life… Wellbeing is the balance point between an individual's own resource pool and the challenges faced.' (*medium-sized HEI*).

A few HE institutions noted how they regarded mental health as a state of wellbeing (which is stressed in the WHO definition). It was noted how individuals can have a mental illness but experience good mental wellbeing when properly supported in managing their condition. Responses indicated how wellbeing was perceived to cover mental wellbeing but also physical, social, emotional and spiritual wellbeing (one HE institution referred to the work of Kraut, What is Good and Why: The ethics of well-being, 2009).

Some HE institutions therefore do not have separate definitions of mental health and wellbeing, and just use one definition for both concepts. This blurring of concepts may mean that investigating providers responses to the needs of their students may not be helped by separating mental health approaches from responses to wellbeing approaches and responses, as providers may not consider these to be separate.

Resilience (and ability to 'cope') appears to be a key uniting theme between mental health and wellbeing. Several institutions referred to emotional (and spiritual) resilience. They referred to the definition used in the Student Minds Mental Health Continuum (also attributed to the Health Education Authority), which is linked to the WHO definition*: 'the emotional resilience which enables us to enjoy life and survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own and others' dignity and worth ...and also allows us to engage productively in and contribute to our community and wider society'*. Other HE institutions had developed their own definitions featuring resilience:

> 'The term 'mental health' describes a sense of wellbeing, the capacity to live in a resourceful and fulfilling manner and to have the resilience to deal with the challenges and obstacles which life presents. A mental health problem is one in which a person is distracted from ordinary daily living by upsetting and disturbing thoughts and/or feelings. These problems may disorientate a person's view of the world and produce a variety of symptoms and behaviour likely to cause distress and concern. Mental health is a continuum encompassing the mild anxieties and disappointments of daily life, to severe problems affecting mood, perception and the ability to think and communicate clearly and rationally.' (*small HEI*).

One FE college noted how they felt: *'mental health describes a sense of well-being; the capacity to live in a resourceful and fulfilling manner and having the resilience to deal with the obstacles that life presents*.'

2.2 Responsibilities for mental health and wellbeing

The survey sought to understand where responsibility for supporting and promoting good student mental health and wellbeing sits within institutions – both strategic responsibility and operational (day to day) responsibility.

Strategic responsibility

Generally, the lead for strategy was different from the operational lead. In HE institutions strategic responsibility tended to be at senior management level – with the Director or

Pro Vice Chancellor (Pro VC), Dean of Students, Deputy Vice Chancellor, Registrar, Chief Operating Officer or indeed with the Vice Chancellor. Several institutions had a dedicated strategic lead which was reflected in their role title e.g. Head of Student Welfare, Director of Wellbeing and Safeguarding, Head of Student Wellbeing and Enabling; or the responsibility was part of a broader responsibility for student administration, academic services, student services, student support, student experience/student life or student affairs. In many institutions strategic responsibility was spread over several individuals e.g. the University Executive Board; this could reflect different groups requiring support or different activities (developing the strategy, implementing/delivering the strategy, reporting progress to Trustees etc). One medium-sized HE institution noted how strategic responsibility for student mental health and wellbeing sat with a different set of individuals to those who had responsibility for staff welfare (which sat with HR and legal services senior management); and another large HE institution noted how they also had a faculty lead with a champion role, and had a dedicated individual with strategic responsibility for postgraduate research students.

Similarly, within other providers strategic responsibility was at senior management level: Principal, Vice Principal, Registrar, Deputy CEO, Assistant Principal, Head of Inclusion, Director of Student Experience, Dean etc. Within FE colleges this responsibility could sit with the Director or Head of HE studies. As found for HE institutions these individuals also tended to have a remit for specific aspects of provision such as student support, student experience, customer operations, curriculum, quality assurance; and could also be the Designated Safeguarding Lead.

Operational responsibility

Operational responsibility tended to lie with individuals leading a department dedicated to supporting students with their wellbeing and broader health, or with a group of individuals leading dedicated teams with different remits. This fits with the findings around defining mental health and wellbeing in institutions, in that wellbeing is regarded as a broader concept which includes but is not separate from mental health. Examples of job titles include: Senior Wellbeing Officer, Head of Student Support, Head of Student Wellbeing, Head of Student Welfare, Wellbeing Services Manager, Head of Student Advice and Wellbeing, Health and Wellbeing Manager, Head of Pastoral Care and Wellbeing.

In many HE institutions there was also a lead with a specific mental health remit e.g. Mental Health Services Manager, Head of Counselling and Psychology, Mental Health and Wellbeing Clinical Manager, Lead Counsellor, Senior Mental Health Advisor.

Several institutions noted that all staff, and particularly heads of academic schools/departments, had operational responsibility for student mental health and wellbeing which aligns with the whole institution approach advocated by Universities UK and Student Minds.

Within other providers again operational responsibility tended to lie with individuals leading a department or team dedicated to supporting students; and in many cases student mental health and wellbeing responsibilities were tied in to safeguarding responsibilities and in one case was tied in with SEND. A few other providers (FE colleges and private providers) suggested a more distributed responsibility e.g. sitting with faculty heads, all support staff, student experience officers, and personal tutors.

One FE college noted how operational and strategic responsibility sat with their Caring Services team which included their counselling team, welfare team, safeguarding team, student support officers, the college nurse and the student enrichment team.

2.3 Strategy

Providers were asked whether they had a specific mental health and/or wellbeing strategy. Overall, the majority of HE institutions (52%) have a specific strategy covering student mental health and/or wellbeing. Relatively few responding institutions have a separate mental health strategy (7%) or have a separate wellbeing strategy (1%), whereas most commonly institutions have a combined mental health and wellbeing strategy (43%). This again suggests there are challenges in researching student mental health and researching student wellbeing as separate concepts, as they are often considered together as one issue.

Table 5: Format of strategy (HEIs)

Format of strategy	N	%
Dedicated strategy	42	52
Separate strategy(ies) MH	6	7
Separate strategy(ies) WB	1	1
Combined MH/WB strategy	35	43
Covered in wider strategy	5	6
No strategy	27	33
In progress	20	25
No plans for one	7	9
Other	7	9
Base	81	100

Source: IES/CRAC/AdvanceHE survey, 2020

Additionally, a small group (6%) include these issues within a wider strategy or policies e.g. wider health and wellbeing strategy, student welfare and support policy, learning and disability support policy, safeguarding policy, general institutional Strategic Plan, education strategy, people strategy or student experience offer. At the time of the survey,

a sizeable minority (25%) of institutions reported that they are in the process of putting together a strategy or strategies but nine per cent of responding institutions had no dedicated strategy and had no plans to develop one. This small group tended to be small teaching focused or specialist institutions.

Comments provided by several institutions indicate that these strategies and plans are not static and are in the process of being reviewed and updated, and linked to wider policies and/or frameworks:

> 'In the first half of 2020 we will be undertaking an institution-wide consultation exercise in partnership with our Students' Unions, leading to the development of a whole-institution Wellbeing Strategy. This will be closely aligned to the domains of the Step Change Framework, with a particular focus on developing the notion of a compassionate campus and supportive culture across the institution. This Strategy is to be launched for the 2020/21 academic year.'
> (*large HEI*).

Medium-sized HE institutions were the most likely (more so than either larger or smaller institutions) to report having a strategy – either dedicated mental health and/or wellbeing strategies or subsumed within other strategies. The differences here are indicative and not statistically significant. No other differences were noted.

Table 6: Format of strategy by size of institution (per cent) (HEIs)

Format of strategy	S	M	L	All
Dedicated strategy	44	65	46	52
Covered in wider strategy	4	10	0	6
No strategy	40	26	41	33
Other	12	0	14	9
Base (N)	*25*	*31*	*22*	*81*

Source: IES/CRAC/AdvanceHE survey, 2020

In general, institutions' strategies covering mental health and wellbeing took (or were planned to take) the form of a separate strategic document or set of documents (67%), rather than being solely part of the institution's overall strategic plan (12%) or comprising a set of individual policies and procedures concerned with mental health and/or wellbeing (12%). This suggests an improvement in terms of a dedicated strategic response to student mental health and wellbeing when contrasted to findings of the IPPR research in 2017[28]. The IPPR study found that 29 per cent of HE providers had an explicit mental health and wellbeing strategy, although a larger proportion (54%) had individual policies

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[28] Thorley, C (2017) Not by Degrees: Improving student mental health in the UK's universities, IPPR. https://www.ippr.org/files/2017-09/1504645674_not-by-degrees-170905.pdf

and procedures covering mental health and wellbeing, and 22 per cent covered this in their wider strategic plan[29].

Table 7: Format of strategy (HEIs)

Format	N	%
Part of institution's overall strategic plan	9	12
Separate strategy	49	67
Set of individual policies/procedures	9	12
Other	6	8
Base	73	100

Source: IES/CRAC/AdvanceHE survey, 2020

In our survey smaller institutions were more likely to have a set of individual policies and procedures than other sized institutions (32%). TRAC group A and B institutions were the least likely to have individual policies, and instead to have an overarching strategy covering mental health and/or wellbeing (this is likely to reflect their larger size). Again, these findings are indicative only, not statistically significant.

Table 8: Format of strategy by size (per cent) (HEIs)

Format	S	M	L	All
Part of institution's overall strategic plan	5	19	10	12
Separate strategy	47	74	71	67
Set of individual policies/procedures	32	7	5	12
Other	16	0	14	8
Base (N)	*19*	*31*	*21*	*73*

Source: IES/CRAC/AdvanceHE survey, 2020

Some institutions noted how although their strategy was separate from their overall strategic plan, the strategy was informed by the wider university strategy and supported the delivery of the overall institution's strategic plan (also see below, content of the strategy).

Across the responding institutions, more (62%) reported that their strategy(ies) (or would if currently being developed) covers both students and staff, rather just cover students alone (38%).

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[29] It is important to note that the question and answer categories used in the IPPR survey differed to those used in the IES/CRAC/AdvanceHE survey. Also the IPPR response base was smaller (58 institutions in England, Scotland and Wales). The question asked was 'what form does your institution's strategy to improve students' mental health and wellbeing take?', and respondents could more than one answer

Table 9: Coverage and focus of the strategy (HEIs)

Focus	N	%
Students only	28	38
Both students and staff	45	62
Base	79	100

Collegiate, TRAC group A and specialist institutions were marginally more likely to have student only focused strategies, but this is indicative only (not statistically significant).

As the majority of the other providers surveyed also had FE students as well as HE students, they were asked how their mental health and wellbeing provision for HE students was organised. Most had the same arrangements in place for their HE students and their other students (on other programmes), but a small group had separate arrangements for their students on HE programmes.

Approximately one quarter of responding other providers had no mental health or wellbeing strategy or set of policies (but were working on this), one quarter covered mental health and wellbeing in wider strategies, and almost half had a dedicated mental health and/or wellbeing strategy. Those with a dedicated strategy had all developed these internally rather than used a strategy or policy of a partner institution. The majority – approximately two thirds - of current strategies (or those in development) covered both students and staff.

The numbers here are very small and the sample purposive so should be treated with caution, but responses suggest that FE colleges were less likely to have a strategy than private providers, but were no less likely to have one in comparison to HEIs. FE colleges were perhaps more likely to cover student mental health and wellbeing in wider institutional policies, than found for HEIs. Similar to smaller HEIs, FE colleges also appeared to be more likely to have a set of individual policies and procedures than to have one overarching strategic document.

Content of student mental health and/or wellbeing strategy

Institutions were asked to describe their strategy(ies) or set of policies including what is covered, the scope and the approach taken. Many provided a great deal of detail and some (9 HE institutions and one other provider) also provided links to their relevant documents (although these were not reviewed in full). It is worth noting that whilst many had strategies or policies in place at the time of the survey, many were also developing these or making changes/improvements to these and so described what they planned to cover. Common aspects to these strategies included: setting out the context; clarifying

what they want to achieve and how they will attempt to do so; how the strategy or policy relates to what else they do and what else is happening in the sector; and how they plan to update and review the strategy/policy drawing on relevant evidence. This could mean that their strategies were lengthy documents: *'The full strategy is a 40-page document'* (large HEI).

Providing context

Sometimes these key documents provide an understanding of the context that the strategy and policy sits within and responds to, such as: lower levels of wellbeing among students and worsening trends of student wellbeing, the legal issues/considerations and obligations facing the institution, and definitions used for mental health and/or wellbeing.

Clarifying what they are trying to achieve

A key part of the strategy or policy described involved setting out an overarching philosophy/ethos or set of guiding principles and ambitions for supporting student mental health and wellbeing in the institution. The strategies appeared to have one or more inter-related guiding principles including: a) providing a holistic response, b) demonstrating compassion and creating a supportive community, culture and leadership (encouraging disclosure/discussion and raising awareness), and c) empowering students to flourish and achieve success.

The **holistic ethos** centres on taking a 'whole-university' approach. The IPPR study (Thorley, 2017) found providers had different understandings about what this means in practice and how to achieve it. Common themes in this previous study were: considering both staff and students, prioritising staff awareness and training, emphasising prevention and promotion, and embedding into all aspects of university life. In our study, institutions refer to: embedding support into the curriculum, having inclusive programmes of study, working across all aspects of university life/student journey from pre-entry to graduation, involving the whole institutional community (of staff and students) in supporting mental health and wellbeing, the importance of covering both students and staff (seeing the institution as one community, and recognising and understanding the linkage between staff wellbeing and student wellbeing).

> 'Our strategic aim is to improve and integrate our staff mental health and wellbeing developments with those of students to improve clarity of the whole institution approach and from the staff and student strategies to develop specific staff and student mental health and wellbeing policies.' (*large HEI*).

> 'The provision of holistic and integrated mental health, resilience and activities across the whole of the student journey building on the strengths of our current student support and well-being services. … embedding mental health literacy in the curriculum across the

University to promote awareness of the issues, build resilience and wellbeing and ensure colleagues can respond appropriately.' (*medium-sized HEI*).

One further education college noted: '*This Policy applies to everyone in the College. The College is committed to maintaining the wellbeing of everyone in the College.*'

One private provider noted: '*The Student Support Strategy is in place to provide a holistic and inclusive approach to supporting our students with regards to their health, safety and wellbeing during their studies. The strategy also confirms wider provision for student support covering academic support and application of practical skills.*'

The ethos can also be articulated in terms of '**compassion**' and 'respect' and creating a supportive and knowledgeable **community, culture and leadership**. Here institutions recognised the importance of:

- having and developing an enabling and supportive culture which understands the importance of good mental health and wellbeing,

- having supportive leadership and governance,

- developing a supportive 'community' with a sense of belonging and shared responsibility across the whole institution,

- bringing students with them and including their voice in the work around student mental health and wellbeing, which can involve students in co-creating the strategy and related objectives.

    'To create a University community which is informed about mental health and which encourages openness, recognising good mental health, alongside good physical health and wellbeing, as an important requirement for successful learning and a positive student experience. … a University community which supports positive mental health and the development of skills to value and recognise good mental health and early signs of problems. … To offer an inclusive and supportive learning community for students that would see positive mental health embedded in University life and a clear offer described to prospective students of the learning community they would be joining.' (*large HEI*).

    'To promote and develop: an holistic response to mental wellbeing, an informed, educated and compassionate community of learning which does not stigmatise, training which is impactful and effective at every level of the university so that everyone feels able to respond and support others with mental ill health as well as supporting themselves, external and internal support networks, including out of hours … To become a 'Suicide Safer' university.' (*small HEI*).

One further education college noted how they have a 'safe culture' ethos and strategy: *'HE in FE means smaller classes and a 'safer more nurturing' environment for students. Tutors/lecturers know their students well and build up positive relationships with them. This enables a personalised approach to learning, where extensions and other strategies can be used. Tutors however are not counsellors and will refer students to counsellors, wellbeing advisors and their GP if concerned.'*

The ethos can involve specific branding and positioning for example positioning the policy as being about helping students and staff to **achieve their potential** in terms of academic achievement and also in wider student life, and to ensure high quality learning. This can also be expressed in terms of **empowering** students to build and draw on internal resources, to be adaptable and independent, and helping them to be resilient:

> 'At the [HEI name], we aim to provide our students with the support and positive encouragement they need to be successful in their studies. We work to empower them to become successful learners from the very beginning of their studies giving them confidence through to completion, and beyond…."our commitment to students goes beyond the formal curriculum and the achievement of qualifications, essential though they are. We have a broader and richer purpose, to give all our students an experience of higher education which will best prepare them for whatever they want the rest of their lives to be. That includes equipping them with the skills and confidence to succeed in their chosen careers, achieve personal fulfilment, and contribute to their communities." (Strategic Plan 2017-22)' (*small HEI*).

Strategies and policies could also set out **clear goals** or ultimate ambitions for student wellbeing mental health.

> 'The ultimate goal of this strategic plan is to improve the health, safety and wellbeing of University students and staff, where all of the University community is supported to be healthy and well.' (*large HEI*).

How they are going to go about it

The strategy or policies not only set out the key ambitions or overarching ethos but set out how institutions will attempt to achieve these. Often this refers to **key areas of activity** or priorities and these can be expressed as themes or as a framework. In some cases, these areas of activity are set out as separate policies.

> '*This strategy describes our ambitions in relation to supporting the wellbeing of students and the steps we will take to achieve them...This strategy is focused across 9 Strategic Themes, each of*

which will have a number of actions to be developed across the life of the strategy; the themes are listed below: 1. Personal Ownership of Wellbeing 2. Mental Wellbeing 3. Physical Health 4. Academic Wellbeing 5. Social Engagement 6. Personal Development 7. Campus & Halls Environment 8. Financial Wellbeing 9. Supporting Staff to Embed the Strategy.' (small HEI).

'The 'Healthy University' …is an over-arching strategy integrating several frameworks, such as 5 Ways to Well-being and the Healthy University Framework, into which are slotted the individual policies and procedures, e.g. Alcohol and Drug Misuse, Assistance Dog Policy, Death of an Employee, Dignity and Respect Policy, Employee Health Management and Sickness Absence Policy, Equality policy, Field Studies Policy, Fitness to Study Policy, Health and Safety Management System. And related documents: Induction, Maternity Policy, Mediation Policy, …Safeguarding Policy, Suicide-Safer Policy, Student Code of Conduct, Student Death Procedure, Viral, Bacterial and Emerging Diseases Policy.' (*medium-sized HEI*).

The descriptions indicate how the strategies and policies have a wide focus and involve **multiple approaches** including preventative, proactive and reactive services and activities. These included:

- support for students experiencing mental health problems or difficulties,
- activities aimed at reducing vulnerabilities and reducing sickness absence,
- monitoring student engagement and taking early intervention,
- promoting (raising awareness) and enhancing health and wellbeing,
- working to be personal and responsive,
- protecting personal information and approaches to encouraging and dealing with disclosure.

Some institutions set out how these differing approaches work together to provide comprehensive support; and note the wide range and scope of services offered (or are in development). Here institutions can identify different categories of support or areas of activity. A key aspect often mentioned is suicide prevention, and the institution's approach to suicide risk and prevention.

'Our three-wave model of intervention: 1. University-wide activity to improve the wellbeing of all students, 2. Support for specific groups known to be vulnerable or individuals showing early signs of vulnerability, 3. Support for students at risk or in crisis.' (*Medium-sized HEI*).

One further education college described their mental health policy noting how student support staff and mental health champions take the lead in coordinating support, working closely with specialist staff such as counsellors and with external services. They also have a Mental Health Lead who offers support and advice and guidance to students and prospective students on study related difficulties and external services available, and to staff on supporting students and making reasonable adjustments. The Lead also works with other services and external agencies to develop appropriate procedures and infrastructure to enhance support for students experiencing mental health difficulties, manages the Mental Health First Aiders service, and develops the college's Mental Health Action Plan. In addition, the college seeks to promote mental wellbeing and mental health awareness through self-help guides, promotion of healthy eating, exercise and lifestyle, targeted campaigns, displays and information on services in the college and externally.

The wide-ranging areas of activity and multiplicity of approaches illustrates how institutions view support as being much broader than providing services for individuals with a recognised condition or illness. Support for student mental health and wellbeing covers all aspects of university/college life.

Institutions may also identify specific programmes for **hard to reach or at-risk groups** in their strategy, in recognition of health inequalities and the diversity of their student body. This can be expressly underpinned by a stated commitment to address barriers to inclusion and equality:

> 'Underpinning the approach are public health principles around reducing health inequalities, particularly recognising that traditional approaches to mental wellbeing disadvantage BAME students and men. An example of this in practice is the introduction of Healthy [HEI name] masterclasses. These classes have de-emphasised links to specialist services, are open access and frame the provision in terms of skills development rather than being about individual personal deficits. Early indications are that this has seen a significant increase in BAME students accessing these sessions.' (*large HEI*).

In describing how they intend to support students and effect change, the strategies and policies often highlight the variety of **channels of support**. These include:

- student services;

- pastoral care and support through academic schools via personal tutors;

- support from the Student Union and the student community (peer support);

- support across professional services such as accommodation and catering, IT, library, chaplaincy, course administration;

- access to sports facilities and societies;

■ support with related issues such as finance/money advice, welfare, advocacy, careers/employability, work placements and academic/study skills.

Staff are regarded as particularly key in supporting student mental health and wellbeing and many strategies describe the **training and support provided for staff** and specific staff resources available such as staff toolkits or guides aimed at increasing staff confidence to know what action to take.

> 'bespoke training related to supporting students facing welfare difficulties, an accessible occupational health advisory service, appropriate 'clinical' supervision for staff delivering therapeutic (or equivalent) interventions, informal advice and guidance from specialist staff to colleagues facing complex student presentations, and training and advice to staff on issues relating to faith and religious literacy.' (*small HEI*).

> 'A strategic programme has delivered a 'staff toolkit' which brings together, in a concise and accessible format, all relevant information in relation to supporting students' wellbeing. The toolkit is aimed at non-specialists and includes guidance on what individuals will be able to do in relation to student wellbeing, and the wide range of resources across the university which can also be of assistance. This includes specialist services, but also areas such as sports and exercise.' *(large HEI)*.

Other aspects covered in the strategies and policies include:

■ The **supporting and guiding structures** in place, including the steering and working group(s) responsible for developing, overseeing and/or implementing the strategy – all or parts of it.

■ The wider stakeholder engagement undertaken and how the institution works with **external partners,** including statutory services and the third sector, often in relation to responding to: crises, key groups of students and specific needs, risk management and providing 24/7 cover.

■ The **roles and responsibilities** of the university (it's duty of care), its staff and students in supporting mental health and wellbeing of students, but also the limitations of these responsibilities (what the university cannot do). This can set out an expectation that students themselves have a role to play in their own mental health and wellbeing.

> 'We are just starting a strategic programme called the CPS Approach (Consistent Professional Supportive) - the aim of this programme will be to define and operationalise a consistent understanding of what [HEI name] duty of care is. Central to this, is defining what specifically [HEI name] is setting out to achieve, and thereby removing confused and mixed messages which are sometimes given

to students. The approach will strongly emphasise [HEI's name] role in relation to student wellbeing, as being about supporting students to achieve educationally, and will be based around a social model, and reject the creeping medicalisation of approaches to student wellbeing which are being seen across the sector.' (*large HEI*).

How it relates to what else they do

Institutions also tended to describe how their mental health and wellbeing strategy(ies) or policy(ies) mapped onto, were related to, or incorporated wider institution policies and procedures, new specific policies, and/or specific projects. Several noted how wellbeing is, or is planned to be, a key part of their institution's overall strategy. Other linked policies and strategies included:

■ suicide focused strategy or policy;

■ professionalised out-of-hours provision;

■ disability support and reasonable adjustments;

■ separate staff health and wellbeing strategy (and how this relates to/reflects student focused policy);

■ support to study procedure (fitness to study).

> 'The strategy will be designed to incorporate the needs of the entire university community, taking into account differing needs and responsibilities. There will be policies sitting under the strategy that are operational in nature and which bring the strategy to life. The policies will cover all aspects of staff wellbeing and mental health separately from student wellbeing and mental health. However, where possible joint initiatives and policies will be developed to ensure a consistent approach to these important areas.' (*large HEI*).

A few FE colleges described how their strategy is embedded within wider college strategies such as business planning, student experience, safeguarding, and staff development.

One private provider noted how they didn't have a separate policy but did have a wider student support and reasonable adjustments policy.

This mapping aspect can also explain how their strategy relates to, deliberately aligns with or draws from wider policies, frameworks, guidance and research in the HE sector and beyond. These include:

■ UUK Step Change framework;

- THRIVE wellbeing charter[30];

- UCEA Higher Education Sector Health, Safety and Wellbeing Strategy[31];

- UUK and Papyrus[32] work on suicide;

- time4change Mental Health First Aid (MHFA) Charter for the Performing Arts[33];

- work in other countries e.g. Enhancing Student Well-being developed in Australia[34].

Several institutions were developing their own student charter.

> A couple of further education colleges noted they had signed up to the Association of Colleges Mental Health Charter, and one of these was also working towards signing up for the University Mental Health Charter.
>
> A private provider noted how their strategy had been based on the UUK Step Change Framework.

How will they know how well they are doing?

Finally, the strategies and policies described often had some element of **evaluation and continuous improvement** built in. Institutions recognise that strategies need to evolve to take account of the development of other policies and procedures, of changes in the wider context including the needs of students, and critically to take account of how well support works within their own institutions and drawing on wider research and practice from across the sector. A few institutions noted a commitment to monitoring and reviewing the strategy (and related practice) and described how they planned to do this

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[30] THRIVE at work is a charter scheme developed by Coventry City Council to reflect local business need in Coventry and wider West Midlands.
The Workplace Wellbeing Charter and was launched as a national initiative in June 2014 by Public Health England to provide a systematic methodology for improving workplace health. It is based around 3 levels: commitment, achievement and excellence. It provides a benchmarking facility. It is operated by Health@work on a commercial basis. See https://www.wellbeingcharter.org.uk/. Also: Workplace wellbeing charter: a standard for health, personnel today, Sept 2015. https://www.personneltoday.com/hr/workplace-wellbeing-charter-standard-health/

[31] UCEA developed a strategy for 2016-2020. This captures the priorities at a sector level. It was informed by consultation with other relevant sector associations, member institutions, trade unions and the HSE. It has three themes: culture, competence and collaboration.
https://uceastorage.blob.core.windows.net/ucea/download.cfm/docid/he_sector-level_health_safety_and_wellbeing_strategy_2016_-_2020.pdf

[32] 'Suicide Safer Universities' developed by Papyrus and UUK. This is a guidance for HE providers which includes advice on developing a strategy focused on suicide prevention. https://papyrus-uk.org/suicide-safer-universities/ or https://issuu.com/universitiesuk/docs/guidance-for-sector-practitioners-o/1?ff&e=15132110/64400960

[33] Charter launched by The MTA (The Musical Theatre Academy) in July 2016 to remove stigma around mental health, provide knowledge base and supportive network for those working in creative industries. http://www.time4changementalhealthcharter.com/

[34] A project funded by the Australian Government to support sector-wide promotion of mental health and wellbeing. The work led to a framework for developing a whole institution approach, a suite of resources including a handbook for academic educators https://melbourne-cshe.unimelb.edu.au/research/research-projects/experience/enhancing-student-wellbeing; https://melbourne-cshe.unimelb.edu.au/__data/assets/pdf_file/0006/2408604/MCSHE-Student-Wellbeing-Handbook-FINAL.pdf

with identified review points or dates to assess implementation and progress. An important aspect to the review process was the collection of data, and thus developing a robust evidence base. Some institutions noted a commitment to review service data, staff and student needs and measure impact. This could involve consultation with students.

Some also felt it was important to celebrate and raise awareness of their achievements in supporting their students, to recognise and share progress and external validation:

> 'The University has twice been classified in the Top 10 for 'Student Support' in the annual 'What Uni Student Choice Awards' (2015 and 2017).' (*small HEI*).

> One further education college noted: *'We have been awarded Continuing Excellence status for the Better Health at Work Award, which demonstrates the College's commitment to the health and wellbeing.'*

Student involvement

Almost all HE institutions (93%) reported that they had consulted with students over how the institution can better support their mental health and wellbeing.

> 'We will be undertaking an institution-wide consultation exercise in partnership with our Students' Unions, leading to the development of a whole-institution Wellbeing Strategy.' (*large HEI*).

Table 10: Consultation with students (HEIs)

Consultation with students	N	%
YES	75	93
NO	6	7
Base	81	100

Source: IES/CRAC/AdvanceHE survey, 2020

Smaller HE institutions were marginally less likely to have reported consulting with their students perhaps reflecting their ability to consult less formally.

Institutions provided substantial detail about how this was undertaken. The approaches described included student engagement in the development of policy and practice, and also gathering student experiences of current practice (post-hoc). It also involved regular and open engagement with students covering wide issues and facilitating specific events to focus on key issues to capture the student voice; identifying individuals to represent and champion student groups; involving students in wider institution events to ensure their perspective is sought; and linking in with wider consultation opportunities beyond the HE institution or individual provider. More specifically respondents described:

- Holding a review day, away day or one-day conference; or more regular consultation events, round-tables, open fora to discuss concerns ('responsive discussion events').

- Convening dedicated interest groups, working groups or forums and student advisory groups for a specific issue(s) including suicide prevention, equality, diversity and inclusion (EDI), 'Step Change', and postgraduate mental health.

- Student involvement in key institutional steering groups and committees where strategy and support for student mental health and wellbeing is discussed and formulated. These included: Student Affairs Committee, Student Engagement and Experience Committee, Mental Health Strategy working group, Learning, teaching and student experience committee, Suicide safer working group, Senate, and University Council.

- Dedicated student wellbeing champions: *'our very successful Student Wellbeing Champion roles, whereby a team of students can actively contribute to developing wellbeing programmes and activities, and feedback ideas and comments to inform our overall programme of support.' (medium-sized HEI).*

- Encouraging and supporting close working relationships between the institution and key student bodies such as Student Union/Guild, through regular consultation, attendance/presentation to Student Union/Guild meetings and asking Student Union/Guild for formal feedback on policy in development. This could involve working with Sabbatical Officers, Student Union/Guild management team, executive committees, and reps, groups and societies such as the mental health society and disabled students' society; and engagement of formal course reps.

- Stakeholder co-creation workshops, and student involvement in projects to ensure that provision meets the needs of the student body.

- Students participating in staff training.

- Linkages with other fora such as Student Minds forum.

- Dedicated feedback events on support and services provided including workshops and focus groups with students on their experiences of wellbeing and mental health, often targeting specific groups of students such as hard to reach constituencies (e.g. postgraduate research students, international students).

- Analysis of student survey data or dedicated research with students such as: counselling and mental wellbeing service users survey, regular large-scale student surveys, and/or student 'pulse' surveys. These included 'the Residential Life Student Survey', 'Alterline Being Well, Doing Well survey'[35].

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[35] Alterline (a research agency) runs the 'being well, doing well' project across several institutions to gather evidence on student mental health and wellbeing. The 2017/18 project involved 14 student unions and approximately 13,000 students. A new survey is running for 2019/20. https://alterline.co.uk/being-well-doing-well-19-20/

The consultation could occur during development of frameworks, policies or review of services etc (so institutions feel these have been co-created/co-designed), in response to concerns raised by students, or happen regularly:

> 'The Students' Union were active participants throughout the development the Mental Health and Wellbeing Framework. They sat on the Framework Group (chaired by the Senior PVC). They also attend all of the consultation events at each of our three campuses and arranged a student facing consultation event which they facilitated. Students also were invited, and did, attend the consultation events at each of the three campuses.' (*medium-sized HEI).*

The responses also indicated the groups of students specifically consulted: Student Union/Guild, postgraduate students, teaching assistants/PhD students, graduate interns, postgraduate research students, and international students.

The majority – three quarters – of the other providers surveyed also consulted with their students over how they can better support students' mental health and wellbeing.

They described holding focus groups with their Student Union, running surveys to assess awareness of services available through the college and asking for suggestions for improvement (on World Mental Health day), hosting a welfare wellbeing fair, inviting students to comment on the college's strategic plan, and gathering student feedback via student reps, 'student leaders' and student council.

One FE college described running a major project. *'with an artist in residence engaging hundreds of students both FE and HE titled "Who else am I?" The project uses art to help students explore issues of identity, belonging and self-efficacy.'*

Another described their general approach to student consultation around student support: *'HE students have Student Staff Liaison committees (SSLCs) four times a year, where ALL students from each programme and cohort are members, not just student representatives. This gives the college a unique opportunity to understand the student experience, with every student being able to contribute and have a voice. There are set agendas and the agenda always include 'student support', Feedback from these is presented to specific HE meetings in the college and are considered when developing strategies, policies etc. Students will also be consulted through the SSLCs regarding the development of policies etc.'*

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3. Services

This section explores the range of services, activities and initiatives that HE institutions, FE colleges and private providers offer and those they are currently developing in terms of mental health support and student wellbeing including preventative programmes and promotion activities, early intervention work, tailored support (responding to risk and referral into specialist care) and crisis intervention. The wide remit of services corresponds to the 'whole-university' approach championed by Universities UK (see Thorley, 2017).

The majority of surveyed providers did not have a working definition of mental health or wellbeing, and even those who did had quite different definitions from each other, so respondents were given definitions to help guide their responses when describing the services they offered or were developing.

> **Mental health** services/programmes designed for a proportion of students with a mental health need (with or without a formal mental health diagnosis).
>
> **Wellbeing** services/programmes designed for all students with or without a mental health need.

Types of programmes and services were categorised as:

- wellbeing services;
- early intervention programmes for those with mental health needs;
- targeted services for students with specific mental health needs.

Providers were asked to briefly describe the services, programmes and activities provided in each category therefore their responses should not be expected to be exhaustive. Most, however, provided substantial detail about the services they offered. It should also be noted that the survey separated services into these three specific categories, but providers may not view or categorise their services in this way. Indeed, analysis of the open text responses from the survey clearly shows that providers (HE institutions, FE colleges and private providers) do not always make a clear distinction between their activities to support wellbeing and those to support mental health needs.

3.1 Overview of services offered

Providers were asked to briefly describe the programmes, services and activities they currently offer in each of the three categories in the survey. Across all categories, the responses clearly illustrate there is a myriad of services currently being offered by HE institutions to their student population (directly or indirectly). All of the HE institutions offer numerous services. These are summarised in the table below (in order of frequency of mention) but explored in further detail in the following sections.

Table 11: Summary of key programmes, services, and activities (HEIs)

Wellbeing	Early intervention	Specific MH services
Group sessions/work-shops Self-help (digital resources) Peer-to-peer support Online CBT Digital mindfulness apps Campaigns/awareness raising Alternative therapies Physical health/fitness	Staff training (MH first-aid) Attendance monitoring Student training Awareness raising Targeting 'at risk' groups Activities at key pressure points Suicide prevention Encouraging disclosure	Face to face counselling Therapies e.g. CBT Online support (Big White Wall/Togetherall, Silver-cloud, Kooth) DSA funded support Reasonable adjustments alongside inclusive approaches Specialist trauma support* Emergency support* Out-of-hours support*

* working with external organisations
Source: IES/CRAC/AdvanceHE survey, 2020

3.2 Key differences

A great number and range of services, initiatives, programmes and approaches were described by providers which suggests there is no standard approach to supporting students' mental health and wellbeing.

Feedback from the **sector experts** (early interviews) suggested that scale and type of provision will vary considerably from provider to provider to respond to their student population and their local contexts

Across the myriad of services described a number of dimensions or features of these services and programmes can be identified. They differed by:

- **who** delivers the service,

- **how,** the mode of delivery,

- **when**, the timing and duration of delivery,

- **how much**, the resourcing required.

Who delivers the service?

- Services can be distinguished based on the extent to which they are *professionalised.*

Those delivering services often extend beyond professionally trained and qualified mental health staff and core specialist teams (e.g. professional counsellors) to staff with either some experience in mental health issues and/or some limited specialist training (such as mental health first aid) or staff with limited experience and no real exposure to training. These include: academic staff with teaching responsibilities, academic staff with pastoral responsibilities (personal tutors), wider support and pastoral staff (including chaplains and accommodation staff).

■ **Students** themselves can also be involved in delivery. This includes student-led activity, peer to peer support (e.g. peer mentoring schemes, peer networks/support groups, buddies, essentially providing students the opportunity to talk to someone they relate to) and self-help services accessed via institutions' intranets (e.g. e-books, digital apps and online support platforms, links to specialist resources). These were common, particularly within the category of wellbeing support. Although one small HE institution felt that student-led peer support had been decreasing in recent years perhaps due to students' increasing academic workloads. Students and Students Unions/Guilds were also important in communicating services to fellow students.

Self-help was regarded as being part of the aim to empower students to take control of their own wellbeing. Institutions often offer both professionally led activities and services led by other staff and peers simultaneously.

Case study: One large university described a large-scale peer support programme they have developed. This is a student volunteering endeavour where students are trained to be active listeners and are specially trained in knowing where to signpost students if a problem arises. There are a number of peer supporters across the university, and they are trained by the counselling service and offered clinical supervision along the way. A recent concern that has arisen is how the university can assist students to help one another in a safe way, as sometimes nominated peer supporters can feel a burden of too much responsibility.

Case study: One large university noted how its Student Association is heavily involved in communicating services to students. They run a Student Mental Health Working Group and help to publicise the use of Big White Wall (now Togetherall). This group have also been involved in reviewing the university's mental health and wellbeing strategy and are working closely with Student Minds to support the sector-wide development of the Mental Health Charter.

■ Services can also be distinguished by whether provided by internal staff or external organisations or a combination of the two. Many HE institutions engaged with **external organisations** to provide services to their students through liaison/referral, formal collaboration or subcontracting. These other organisations can be: affiliated to the university (e.g. Student's Union/Guild) and help work towards lowering barriers for students to make use of the provision; can be other HE providers working to-

gether; or they can be external third parties such as charities or public sector organisations who have experience or expertise in key areas that the HE provider lacks. Examples of the latter include specialists in mental health issues and specific wellbeing issues such as Mind, but most commonly were NHS, Improving Access to Psychological Therapies (IAPT), and social services[36] (see section on working with others, below). HE institutions often had good connections and networks with a range of external specialists.

■ Wider staff - particularly those who interact frequently with students such as personal tutors - can not only provide services but critically can signpost or refer students to services. **Signposting** to appropriate support, both that available within the institution and that offered externally (offering more specialist support) is seen as key. Staff often receive training, guidance and resources on the services available so they can support this important activity, and this is clearly considered to be a critical aspect to effective student support. Signposting is used to point out to students that there are additional options or resources for those who seek help, beyond that available in the institution; and HE institutions try to show the whole range of what is available so that students can then choose what they need.

■ **Point of access** was also a consideration for some institutions, and there are concerns that with the increasing range of support available it can be overwhelming for students to know who to approach. Some therefore appear to have introduced specialist posts to act as the first point of contact with responsibility for signposting. These individuals may have had some training or experience in triage so they are able to find out what the student needs before signposting, but this may need further exploration.

> 'The University has introduced a number of Education Support for Welfare Advisors (ESAWs), situated in our student-facing hubs across all campuses. These offer immediate points of contact for students to receive initial support, guidance, and signposting to additional services as required.' (*large HEI*).

Others were attempting to create a universal online point of access such as an online hub or online student support help centre. For example, one institution has a single point of entry approach – one place to signpost/channel students – in order to counteract the fragmentation of services:

> 'Our hub provides succinct but comprehensive information in relation to wellbeing, based around the 5 ways to wellbeing model. This acts as a routeway into a comprehensive set of support initiatives including sport and exercise, [HEI name] Masterclasses, Open Faith activities, Volunteering, Student Union, Academic Skills development etc. Also we have our Course Specific Initiatives programme which

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[36] Others noted included: Samaritans, Childline, Kooth, drug and alcohol support services, Canine Concern, PAPYRUS

works with specific course teams to embed health and wellbeing initiatives into time tabled sessions. Single Point of Access approach ensures that students wellbeing is considered in a holistic way, rather than just being assessed against criteria for accessing a specific service.' (*large HEI*).

Mode of delivery

Services can also differ in the way they are delivered (whether by internal staff or by external organisations). Here institutions described delivering:

■ face-to-face support through one-to-one sessions such as mentoring, coaching or counselling (particularly for supporting specific mental health needs);

■ face-to-face support through group sessions such as workshops on specific topics such as anxiety (particularly for supporting wellbeing);

■ support embedded into courses; one institution noted: '*We have an Academic Toolkit on Resilience which courses use to integrate content into their modules' (large HEI);*

■ or virtual support to wider groups of students who access the service individually when they need it through an online app, website (e.g. Silvercloud), university based 'hub' or online 'toolkit' (including podcasts and videos).

Again, institutions tend to offer a mix of modes, and the delivery mode may depend on who delivers the service and the focus of the service (need being addressed).

Online applications and programmes were particularly common and included: Silvercloud[37], Big White Wall/Togetherall[38], Headspace[39], Living Life to the Full[40], and Kooth[41].These applications include subscription-based services that HE providers pay for

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[37] **SilverCloud** is an online course to individuals to manage stress, anxiety and depression. Individuals work through a series of topics selected by a therapist to address specific needs. The eight-week course is designed to be completed in the student's own time and at their own pace. (from https://www.nhs.uk/apps-library/silvercloud/)

[38] **Big White Wall** is an online community for people who are stressed, anxious or feeling low. It has an active forum with support from trained professionals. Individual users can talk to other users or take part in group or one-to-one therapy with professionals. It provides a digital mental health support service available online, offering 24/7 anonymous access with guides who monitor the community.(https://www.nhs.uk/apps-library/big-white-wall/; https://www.bigwhitewall.com/faqs/). This is now known as Togetherall. It was renamed and relaunched in August 2020 to represent its community approach.

[39] **Headspace** is online service offering guided exercises, videos, animations and articles focused on meditation and mindfulness (https://www.headspace.com/about-us)

[40] **Living life to the full** uses a Cognitive Behavioural Approach to teach skills aimed to improve wellbeing and resilience. It aims to provide useful information, resources and tools. It offers a range of courses - for low mood, for chronic pain, diabetes, long-term illness, expectant mothers etc (https://llttf.com/about-llttf/)

[41] **Kooth** is an online wellbeing community, an anonymous mental health and emotional wellbeing platform for children and young people (aged 11 to 26). It aims to reduce wait times and stigma associated with accessing help. It is a free service and offers online counselling through instant chat messaging, self-help materials, articles written by users, and mood tracking (https://www.kooth.com/; https://xenzone.com/kooth-online-counselling-support-service-available-every-day-throughout-holidays/; https://student.kooth.com/)

and then make free to access for their students, or applications that are free (at least for basic level support but may charge subscriptions for more intensive support). In general, online apps were found to be useful to help students to manage their own conditions. They were also seen as a practical tool to ensure anonymity which can make them particularly attractive to students, and online services also allow for out of hours support and making support available whenever students need it. HE institutions also provided access to information and self-help materials online, often produced by external specialist organisations.

> 'Free access to Silvercloud on-line CBT programmes. We have an annual subscription for the following programmes: Space from Stress, Space from Depression, Space from Anxiety, and Space for Positive Body Image. Students can access these independently or be supported whilst doing so. Free on-line self-help guides on a range of mental health and wellbeing issues (via local NHS Trust).' (*medium-sized HEI*).

Feedback from the **sector experts** (early interviews) also noted that digital apps are helpful and can play a part in support but not at the expense of other services:

'Many digital services are commercial enterprises. Fab if institutions want to have these but not at the cost of other services. I think we need to guard against this. These services market themselves in a way that makes people think that people want digital and not face to face. My worry is people don't understand you need a smorgasbord of support. These services have a place, but they are not 'instead', they need to be additional.'

Timing and duration of delivery

Services can be differentiated by timing and duration. *S*ome of the services offered are on an ad-hoc basis and respond to need (both volume and/or content); some are specifically timed to align with wider campaigns run by external organisations such as World Mental Health Day, University Mental Health Day, Alcohol Awareness week; while others are 'institutionalised' services that run throughout the year and cover issues that are regularly thought to require support. Ad-hoc services are sometimes a way to signpost students to either internal or external specified services.

Some services are designed for a student to engage with once; whereas others are programmes designed for students to attend several sessions over a set period of time. The duration of delivery is closely aligned with the specific mode of the delivery.

> 'Daily counselling drop-in sessions. Weekly mindfulness sessions. Termly workshop programmes on mindfulness, confidence and self-esteem. Creative sessions (weekly make and bake). Weekly dog walks in the park. Non-competitive sports (Get Up and Go) programme of activities each week. Range of joint campaigns with

Students' Union (Safe and Secure, Celebrating Diversity, De-stresstival, etc).' (*small HEI*).

■ Workshops, drop-in sessions etc. offer students a **one-off intervention** focused on general wellbeing or on a particular wellbeing or mental health topic. Students can choose to attend those services on a voluntary, drop-in basis, and therefore attend just one session over the course of an academic year, even though the services may be offered on a regular basis.

■ HE institutions also offer programmes for students which run on a longer basis. This is mostly the case for interventions such as counselling and mentoring programmes specifically focused on students with mental health needs, but longer programmes can also focus on wellbeing. Some universities described providing regular (generally weekly run) wellbeing sessions thus allowing students the choice over the extent of their engagement. The opportunity for **continued (and regular) engagement**, particularly around wellbeing issues, can help build a sense of community and belonging. This can be enhanced by peer-to-peer support.

For example, one medium-sized institution mentioned their Chooseday Chill initiative set up by their Students' Union. Their website notes how this is held every Tuesday for students to take time out of their schedules to discuss what is going on over tea and toast, meet other students and have an informal chat with Student Support. It creates a relaxed and informal setting and offers a range of activities such as board games, music, crafts and sports.

A related issue to timing is providing access to support across the whole day (with some offering Nightline services) and the whole week e.g. 24/7; and access to support outside of term-time. **Out of hours support** is a key consideration for HE institutions:

> ' 'Chat with Charlie' (out of hours support, 6pm-10pm) in partnership with Mind is a new development for 19/20…. Increased pastoral support services for residential students out of hours through our re-modelled residential student support/wardening team.' (small HEI).

Dimensions of difference among other providers

The other providers (private providers and FE colleges) who responded to the survey also offered (and described) various services, interventions and initiatives across the categories explored in the research. These too differed in terms of who delivers these interventions and mode of delivery. Very little information was provided about the timing and duration of support which may require further exploration.

Mirroring the pattern found for HE institutions, other providers also offer a mix of services. Some of these are provided by qualified professionals such as counselling from psychologists, some are provided by other staff (e.g. personal tutors), some are available as self-help resources, and some are provided through fellow students (peer-to-peer support):

'Counselling, Mental health coaches, Welfare coaches, Self-help via our Student First website Peer support group' (FE college)

A small number of the other providers described offering services through their partner HE provider including counselling services, workshops and tutoring on specific topics (e.g. self-harm) and collaborating to work with external organisations such as MIND to provide specific support relate to mental health.

Other providers also described signposting to and working with external providers to give the necessary support to their students. Offering services – generally self-help re-sources - through online tools was common.

Just one FE college described in detail their comprehensive offer:

'Initial assessment (1 hour) for all students referred for MH support unless referral deemed inappropriate. Face to Face therapeutic support (1 hour) on a fortnightly basis for 6 sessions. Self- Help Materials and follow up appointments (30 mins) once a month for 6 sessions. Group Workshops (1 hour) and follow up appointment once af-ter the workshop.'

3.3 Wellbeing services

Services currently offered

Providers firstly described the programmes, services and activities they currently (at the time of the survey) offer for wellbeing available to all students. These cover a wide variety of topics. Services were often offered as group sessions, and many HE institutions specifically mentioned group sessions and workshops to promote mental wellbeing such as resilience, mindfulness and stress management. Peer support (as noted above) was also a particularly common feature of institutions wellbeing support,

> 'Accommodation Services provide mentoring support. [HEI name] mentoring scheme partners first year students with a mentor studying in the same or similar subject area.' (*large HEI*).

Participating in national campaigns or running their own campaigns and awareness raising activities was also common (e.g. World Mental Health Day). However, a key strand of wellbeing support focused on enabling students to help themselves, providing students with access to resources including digital resources such as online CBT, and digital mental health and mindfulness apps. Several HE institutions also specifically mentioned working with external agencies to support their wellbeing work with students, most commonly third sector organisations.

The range of topics and issues covered by the wellbeing services illustrates the wide conceptualisation of wellbeing and/or the factors that can help or hinder positive wellbeing. Some of the services cover topics closely aligned with definitions of wellbeing

as discussed above (when describing strategies and definitions) such as: realising potential, coping with normal stresses of life, and focusing on both how people feel and how they function; and others cover much broader aspects of student life and lives. Key areas of focus for wellbeing services offered include:

- Mindfulness, (self) compassion, meditation, relaxation, yoga, developing resilience, and alternative therapies including reiki, aromatherapy, acupuncture, massage, dog-walking/pets as therapy.

- Issues that are particular to, or heightened in, a higher education setting, such as exam stress, stress management, public speaking, anxiety, low mood, loneliness and home sickness, low confidence and self-esteem, and dealing with the transition to university life (particularly for new students).

- Supporting students dealing with adverse life events such as bereavement, sexual violence, domestic violence.

- Providing access to sports facilities, and promoting exercise, healthy behaviours and healthy lifestyles including sexual health clinics, the C-card scheme[42], nutrition and healthy eating, effective sleep/sleep hygiene, understanding relationships, self-defence, and positive body image.

- Helping students to recognise and address unhealthy behaviours such as drug and alcohol miss-use and dependency and eating disorders.

- Help with related wider issues such as advice and support with money/finance, accommodation etc.

Feedback from the **sector experts** (early interviews) noted that other actions and approaches taken by HE institutions, often those that form part of the business as usual, also help support positive wellbeing but may not be perceived as a direct wellbeing activity. These include: timetable and workload management, preparing students for transitions (e.g. preparing to work as a PhD student, preparing for placement), and designing accommodation:

'Something as simple as no deadlines on the same day. You could probably incorporate positive wellbeing into any course - how buildings are designed makes a difference to how people feel.'

Targeting

Although wellbeing services tend to be offered to all students, some institutions noted how they targeted some specific groups of students for wellbeing interventions:

- International students, who were felt to be at greater risk of social isolation.

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[42] The c-card scheme is a NHS scheme aimed at young people to promote and improve reproductive and sexual health. It provides free condoms and access to trained practitioners for discussions around sexual health.

- Students with a disability, such as autism.
- First year students, dealing with the transition to university life.
- Students in residences.
- Students who are parents/carers.
- Postgraduate students.

Case study: one small university noted how postgraduate research (PGR) students are a sub-section of their student population who are reporting increased levels of distress. They noted how the research topics covered by their students are often considered radical or progressive and the fieldwork involved can be challenging, for example being immersed in marginalised communities. These students can feel isolated due to the nature of their study. This can impact negatively on PGR students' mental health and wellbeing and so the university has put in place support for these students.

Looking to the future

HE institutions were also asked about the services they have in development. The responses suggest that further development of wellbeing services will tend to follow what is already happening across sector rather than represent a wholesale shift or new direction. Thus, institutions are developing initiatives and services on a variety of topics to extend their range or core offer; and to be delivered through a variety of channels - online, by mental health advisors or mental health first aiders or by external third parties and a wide range of staff.

Aspects mentioned that were in development included:

- Developing self-help resources for staff and students and improved access to these, along with improved signposting to (internal and external) services.

  'We are developing a mental health and well-being wizard for students which will signpost them to appropriate internal and external resources.' (*large HEI*).

- Focusing on physical health and encouraging participation in physical activities and sports, offering free gym sessions and classes and sports activity days.

  "Mind Yourself and Get Involved programme" - fitness session and classes around good mental health and wellbeing. Wellbeing walk – a one-hour walk organised once a week… Free piece of fruit with every main meal. Affordable and healthy food options on campus.' (*medium-sized HEI*).

- Developing or extending peer support systems and student-led initiatives for wellbeing to enhance the sense of belonging and combat isolation and help with specific difficulties (following the wider trends in the sector for student co-creation).

  > 'Student Minds peer support - using Student Minds resources and training, we are working to establish and embed a Peer Support Network of Student Minds groups that are run by trained student facilitators and overseen by Student Services...this will include a 6-week programme run by students called Positive Minds, which aims to support students experiencing low mood/mild depression.' (*medium-sized HEI*).

- Improving training for staff and student tutors in order to give them the skills to recognise wellbeing and mental health issues amongst students and then be able to sign-post students with mental wellbeing needs to specialised services, and to provide a more consistent support offer. This could involve carrying out Staff Mental Health First Aid training.

- Greater involvement of external organisations, online apps (with required licences) and online help services (digitalisation of services), to get more specialised and accessible support to their student population.

  > 'We are in discussion with the NHS about how best we can bring GP and sexual health services onto campus.' (*medium-sized HEI*).

- Extending coverage beyond limited core hours to try to provide 24/7 support.

  > 'We are investigating a current perceived gap in our service offer - which is an online (app or phone service) that is available 24 hours. We are only at the investigation stage and we are looking at a number of options for potential introduction in 2020.' (*large HEI*).

- Looking to identify and target vulnerable groups such postgraduate students, and ethnic minority students.

- Developing initiatives to focus on specific issues such as eating disorders, drug and alcohol issues; and wider wellbeing and university life skills such as dealing with anger, working in groups, problem solving (extending the scope of wellbeing coverage).

- Increasing focus on resilience. Resilience is regarded as important, especially in the context of making the transition to higher education, often living away from home for the first time and unable to draw on usual support systems, and also when dealing with stressors such as exams:

  > 'We have a dedicated agenda around promoting resilience. There is an active programme of engagement with school pupils and pre-entry students with the aim of helping these young people develop the skills and strategies that will equip them to make a successful transition into university life.' (*large HEI*).

More innovative developments noted included one small HEI reviewing its physical spaces to encourage belonging and wellbeing with social learning spaces and quiet reflective spaces, and another medium-sized HEI developing a new initiative linking music with wellbeing and offering students regular music workshops.

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Wellbeing services among other providers

In terms of their **current wellbeing offer**, the other providers (private providers and FE colleges) who responded to the survey have similar services, interventions and initiatives aimed at wellbeing to those reported by HE institutions. Their services cover similar topics such as: mindfulness, emotional wellbeing, managing exam anxiety, tackling unhealthy behaviours, and dealing with adverse life events or incidents

'*Tutorials on Managing Student Stress, Exam Anxiety and Emotional Wellbeing. Posters, Leaflets and Information Cards on various social platforms such as [name], Student Hub, Hub News, TV's and College Websites. Self-Help Material on Anxiety, Depression, Eating Disorders, Panic, Abuse, Alcohol etc. Leaflets on what to expect from with student life, how to beat student stress etc. which include links to websites and apps suggesting strategies to overcome various mental health difficulties.*' (FE college)

The other providers surveyed mentioned that targeting of particular groups of students for wellbeing interventions could include mature students. For example, two FE colleges noted how many of their students studying at HE level are mature, so can be juggling academic commitments with part-time jobs, and families/caring responsibilities which can negatively affect their wellbeing.

Looking to the future, half of the responding other providers described the services they are currently developing. Some were looking to provide online services for the first time or extending their online services. These services focus mostly on self-help, providing links to online resources and tools, and access to digital apps such as Big White Wall (now Togetherall).

'*Updating Student/Staff Hub using video and content about internal/external services, relevant websites, apps etc.*' (FE college)

Others mention that they will be: providing training to both staff and students to deal with mental wellbeing challenges, offering peer group support, and expanding their services to offer group sessions on mindfulness and/or resilience.

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3.4 Early intervention for mental health needs

Services currently offered

The second category of support HE institutions were asked about was early intervention programmes, activities and services to meet the mental health needs of their students. Their brief descriptions highlight that institutions offer a wide range rather than having

one programme, activity or service; and particularly how similar these are to services for wellbeing. For example, they included: practical workshops/group sessions on time management, exam anxiety, mindfulness, sleeping problems, budgeting etc; running/involvement in campaigns; mentoring and peer support programmes; and providing access to self-help materials including online CBT. Indeed, early intervention actions on mental health needs were frequently conflated with actions on mental wellbeing, so activity focused on promoting positive wellbeing may also be viewed as early intervention.

Most commonly, when describing early intervention action, HE institutions talked about: the importance of staff training and effective triage; the role of monitoring to identify potential need or students at risk; targeting vulnerable students or timing activities to coincide with key points in the student journey when students could be most vulnerable; raising awareness of mental health conditions; and a focus on suicide prevention.

- **Staff training and triage:** One of the most frequently mentioned early intervention actions centred on staff training. Here institutions described educating staff about mental health issues, and training staff to recognise when the mental health of a student is deteriorating (recognising distress and 'at risk' students) and to manage/signpost effectively including making a referral to the relevant support teams. Staff training is therefore often supported with clear referral systems and processes. Training for staff can be provided via e-learning modules, mental health first aid training modules (which were particularly popular and could involve large numbers of staff), help from other organisations and referrals to specialised websites (e.g. Charlie Waller Memorial Trust); or is tailored to meet the needs of specific staff roles. Some institutions also mentioned providing support for staff if they are concerned about a particular student, and offering staff specialist advice and help-lines. Some HE institutions also focus early intervention training on students to enable them to provide peer support for vulnerable students, with the training including topics such as confidentiality and professional boundaries and self-care, as well as active listening and mental health training.

  The role of **triage** – assessment of urgency of need – was also considered an important element to effective early intervention work. Here HE institutions described offering drop-in services and appointments where students can be seen quickly and where they can be speedily referred to the services that meet their needs.

  Case study: One large university described their approach as holistic. Academic tutors are considered to be the face of support for the students, and the university ensures they are adequately trained on mental health crisis intervention and dealing with a range of associated problems. Academic staff are thus able to spot early warning signs of distress and signpost students to relevant support, either with internal support teams or external specialists if required. Academic staff also work closely with other student facing administrative staff, to explore a range of available

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options for students including deferrals, reasonable adjustments and alternative exam arrangements. If they are ever unsure of how to approach a situation, they can refer to the University's Mental Health Adviser, whose role is to oversee staff care of students. Staff appreciate the need to be cognisant of efficiently signposting students to their existing support mechanisms, especially if they have an acute mental health difficulty – this could be their own GP, or IAPT services for example.

- **Tracking attendance of students** is also a widely implemented early intervention course of action for HE institutions. This allows institutions to act promptly in case a student is not showing up (repeatedly) for classes, as providers recognise the important link between disengagement and the deterioration of mental health. Tracking attendance can be automated across the entire institution or within schools/departments and can generate online reports. It can also involve staff or fellow students reporting their 'cause for care' concerns where they can be reassured of a rapid response. One medium-sized HE institution used SHE ASSURE[43] to develop quick response to incidents on campus. However, monitoring can raise issues that institutions need to work through around privacy and permission to share information:

    'Attendance monitoring system - students are required to 'tap in' to their lectures/taught sessions using their student cards. If they miss a week or more worth of teaching their Faculty is alerted and members of the Faculty will attempt to make contact with the student. If the student cannot be contacted, or they indicate that they have been absent due to mental health difficulties, this is then passed to the Health and Wellbeing Team who will make contact with the student and offer support.' (*medium-sized HEI*).

    'Attendance is monitored via the personal tutor system and tutors are able to make referrals to the Wellbeing Team via this system.' (*medium-sized HEI*).

- HE institutions recognise that some groups of students may be at greater risk of experiencing mental health issues and/or stopping their studies and so need more attention than others; and students may need more support at specific times than others particularly key pressure points in the academic calendar. Providers therefore carefully consider the **targeting and timing** of their early intervention activity. Target groups included: PhD students, international students, students from ethnic minorities, LGBTQ+ students, care leavers, students estranged from their families, those from refugee backgrounds, students with caring responsibilities as young adults, mature students, students under 21 years, and disabled students. These groups may be more likely to experience loneliness and isolation and have difficulties establishing a sense of belonging.

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[43] Assure is a health and safety management software package from SHE Software for risk assessment, incident reporting and health and safety reporting. It identifies trends, and track indicators. (https://www.shesoftware.com/)

Case study: One large university described how they are working to put specific support in place for protected groups (under the Equality Act) and described how their wellbeing team have been trained by Gendered Intelligence, which ensures the team adopts an inclusive approach to support and delivers care in a sensitive manner. They also run Rainbow Peers and Peers of Colour, where student volunteers offer peer support to any LGBTQ students or students of colour from across the University.

Case study: One large university has identified an attainment gap between ethnic minority and white students, despite entering with the same level of academic preparedness. These students often report difficulties associated with establishing a sense of belonging, and the university is working to build a more inclusive community. They are working on recruiting a more diverse staff body (both academic and professional services staff), and ensuring students from various identity groups are involved in mental health and wellbeing training with staff to share a greater awareness and understanding of students' lived experiences. The university's counselling service is also looking to attract specialist ethnic minority staff so that students from this protected group can identify more closely with their supporters.

'A Student Success and Retention Adviser (SSRA) has been employed since 2017 to provide dedicated staff resource to support students at risk of not successfully completing their studies. This post acts as the primary contact for students who are care leavers, are estranged from their family, are from refugee backgrounds, or who have caring responsibilities as young adults. The SSRA contacts the students on a regular basis, assesses their academic progression, and makes referrals to appropriate academic and professional support services as appropriate.' (*medium-sized HEI*).

Key pressure points identified for targeted early intervention activity were around exams, and also transitions into the institution. Much of the work around transitions focused on encouraging students to disclosure any mental health condition or difficulty so the institution can target these individuals with support throughout the academic year.

'Proactive communication to students who self-disclose on application forms for pre-entry conversations / visits with mental health and wellbeing advisers, continued once students enrolled and present at university.' (*small HEI*).

'Institutions will have student journey maps that can give peaks and troughs of student stress and crisis across the year.' (*large HEI*).

- Working to **educate and raise awareness** of mental health issues, and recognising, learning about and managing conditions, also formed part of HE institutions' early in-tervention work. Institutions described organising workshops, and awareness days

on various topics. These tend to be open to all students who are interested in learning more about mental health issues. One small HEI noted how they have developed a Z-card (foldable guide) on how to respond to a mental health crisis.

■ Several HE institutions specifically mentioned the work they do focused on **suicide prevention**, often covered by specific policies (e.g. Suicide Safer policy). This largely involves raising awareness of this issue, and training staff and students; but could also involve post-intervention support and reporting of a student death by suicide. Suicide awareness and prevention training appears to be offered to student service staff and to other key and front-line staff (e.g. Residence Tutors), but with plans to extend this to wider staff groups in the future. A specific training module ASIST[44] (Applied Suicide Intervention Skills Training) was used in a few institutions of differing sizes to help them identify and support students who are feeling suicidal.

■ For some HE institutions, **encouraging disclosure,** particularly disclosure prior to enrolment, of a mental health concern is considered part of their preventative work and supports their efforts at early intervention. Disclosure can help providers to plan support and, for those disclosing mental health needs before starting at the institution, it can help the university or college to put in place support for their arrival.

> **Case study:** One large university described how underpinning their work on mental health and wellbeing is their inclusive culture and atmosphere where students can feel comfortable disclosing a mental health concern. Their aim is to deliver a message to all students around the benefits of disclosing at an early stage. They view this as a preventative measure, as students are asked to disclose a disability at registration in order to put the appropriate support in place as soon as possible.

Looking to the future

Institutions also described early interventions that are in development and these largely mirror those currently offered in other HE institutions (and noted above): developing training plans for staff (which is felt to be an important part of ensuring an open culture where mental health issues can be discussed) or extending training to cover more or all staff; expanding their peer-to-peer support services to help students discuss mental health issues; rolling out workshops on specific issues to raise awareness (e.g. suicide awareness days); targeting key groups; and implementing attendance and wider monitoring services (harnessing new technologies including learner analytics) to detect early-on students who are struggling and enable targeting of proactive support.

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[44] This is an accredited 2 day interactive workshop in 'suicide first aid'. It is aimed at improving suicide alertness, assessing risk and safety, recognise invitations for help, examining barriers to seeking help, and presenting a practical model of suicide prevention. Participants do not need any formal training to attend. (https://www.prevent-suicide.org.uk/training-courses/asist-applied-suicide-interventions-skills-training/)

Other developments described included: an accreditation scheme for counselling and wellbeing staff, working with external services to support incoming students with existing support needs, and reviewing policy around early interventions.

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Early interventions among other providers

The early interventions described by other providers (private providers and FE colleges) who responded to the survey include:

- staff training to raise awareness of mental health issues, to help them identify deteriorating mental health among their students, and to understand and use referral pathways to access (internal and external) services. This was part of the current activity for several other providers and an area for development for a few others:

- Monitoring class attendance, student performance and gaining staff feedback (this was again part of the current offer but also an area for development for some of the other providers) in order to recognise and respond to support needs:

'*We have an attendance policy. Where students fall below 90% we contact students to ascertain why they have not attended a learning opportunity. It triggers a supportive approach and often reveals the student has a mental health issue, which we would then sign post and with the student create an action plan to enable the student to access learning. This means that students do not go unnoticed. We use electronic tutorial processes where we can link to other professionals in the college if additional support is required.*' (FE college)

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3.5 Targeted services for mental health needs

The third category of support explored in the survey was targeted services for students with specific mental health needs, services provided by the institutions rather than those provided by surrounding NHS and care services. Again, HE institutions described a range of targeted services, and a range of staff who can deliver support including mental health advisors, mental health practitioners, disability practitioners, therapists, mental health nurses, counsellors, psychologists and psychiatrists. Generally, these are mental health specialists, and professionally qualified staff including those who are BACP accredited. Some of the support is provided on a walk-in basis often with drop-in sessions, and other support involves timetabled and regular sessions.

Services currently offered

The key themes that emerged from the responses relating to support for students with specific mental health needs were the: central role of counselling and therapies; importance of working closely with external organisations; use of online support; need to offer support around the clock (and respond to crises); and importance of supporting students in accessing Disabled Students Allowance (and related support).

■ **Counselling and therapies**. Virtually all[45] of the responding HE institutions reported that they have team of counsellors and offer counselling services to their student body. Most of the time this is offered in combination with online access to counselling and wellbeing apps. Counselling can be delivered face to face, by phone or email, and can be delivered 1-2-1 or in group sessions; and delivered by employed staff or external services (contracted by the institution). Institutions' descriptions indicate how counselling tends to involve multiple sessions. Some institutions place a limit on the number of sessions a student can access (e.g. 6 sessions a year) due to resource constraints but others do not and indicate they have no waiting lists. Many institutions also offer drop-in sessions to increase student access to counselling. Counselling can involve a range of therapies but Cognitive Behavioural Therapy (CBT) is most common, with one large institution noting how CBT is used to support students with low level mental health conditions. Other therapies mentioned include: Acceptance and Commitment Therapy (ACT), Dialectical Behaviour Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR), Psychodynamic Therapy, and hypnotherapy.

> '... We employ two University Counsellors who provide 1:1 sessions on a weekly basis. These sessions are not time limited and can be short-term sessions or sessions that run for the duration of the year. We buy in off-site counselling provision for students who do not want to receive counselling on site. This service is available for all students who telephone for an appointment and students can receive up to 6 sessions on a weekly basis.' (*small HEI*).

> 'We have a counselling service which supports students with more complex conditions. The Counselling Service includes a team of mental health advisors who work with students with mental illness (typically staffed by social workers and psychiatric nurses). The University also employs a psychiatrist for one session a week.' (*large HEI).*

■ Institutions frequently noted that they **work closely with external organisations**, particularly working in collaboration or partnership with local GP practices or mental health practitioners to provide mental health services to their students. The external providers mentioned were local GP practices (some had GP practices on campus),

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[45] To explore the breadth and nature of support provided, the survey used open text questions. It is therefore not possible or advisable to give precise numbers of responding providers describing particular types of approaches/services as it is likely to under-represent coverage. For example, we cannot deduce an absence of a particular service from a response where such a service is not mentioned. This can only really be determined with a closed question listing all types of service with respondents asked to note whether each is offered or not offered to their student body.

specialist services related to specific traumas (e.g. sexual assault or domestic violence), local A&E departments and their Psych Liaison Teams, NHS medical practices and IAPT services[46].

One institution noted how they have support in place to help those students not able to access wider NHS support when they need it:

> 'Psychiatrist (internal referral for students who have complex needs and may not be able to see psychiatrist on NHS quickly - but the assessment can help our team work appropriately with the student).' (*small HEI*).

Others noted how they work with external services to provide crisis support and crisis interventions:

> 'Mental Health Service, including crisis intervention service. Crisis intervention includes working with statutory services, in halls or any teaching site. Attend ward reviews and support discharge from hospital.' {*medium-sized HEI*).

> 'Working with the NHS to develop PAUSE - a drop-in service for early intervention and crisis. The new service will be available every weekday and based in the main library, no appointment necessary. Up to 3 specialist practitioners (NHS and 3rd sector) will be available to all students every day.' (*large HEI*).

- Many HE institutions (of all sizes) reported using **online support services and programmes** to support those with mental health difficulties. These include online counselling and online cognitive behavioural therapy (CBT) which was particularly common. Online tools also included devices to track an individual's mental health status through self- assessment and then to signpost to appropriate services. Applications and programmes mentioned included SilverCloud, Big White Wall (now Togetherall) and Kooth,

- **Out of hours and crisis support** - some HE institutions described offering support services outside 'traditional' hours in case students or staff need emergency support and to respond to crisis situations. Extending opening hours for support services, opening during vacation periods and at weekends is also helpful for students with heavy workloads and full timetables. This could be provided in person by a rota of specialist staff or via digital platforms such as Kooth or other subscription-based services such as Nightline. This out of hours support can be provided direct to students or to staff who are supporting students. Institutions described how wider staff can

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[46] IAPT Improving Access to Psychological Therapies is an NHS programme of talking therapies for adults to treat anxiety disorders and depression.

also be involved in monitoring for crisis situations outside of normal working hours. Examples of initiatives to extend provision and be able to respond to crisis include:

> 'Wardens to perform welfare checks in residences.' (*medium-sized HEI*).

> 'Campus support officers providing out of hours pastoral support (6pm-6am and 24/7 at the weekends).' *(medium-sized HEI).*

> 'Student Wellbeing Team provide consultancy & advice on urgent student mental health concerns for staff supporting students. Extended all day duty cover for crisis response… Enhanced Crisis Protocols guidance on staff home page.' *(large HEI)*

■ **Reasonable adjustments and DSA support**: Students with disclosed disabilities including mental health needs can be entitled to reasonable adjustments such as extra time in exams, and extensions on coursework. They may also be eligible for support from the Disabled Students Allowance (DSA). Students who can provide evidence of a long-term mental health condition can apply for support from non-medical helpers for specialist study skills support and specialist mental health mentors.[47] Several HE institutions mentioned that the work they do to support students with mental health needs includes helping them with Disabled Students Allowance application process (e.g. DSA drop-in clinics) and providing mental health mentors, a few specifically noted that they offered specialist mentor support for those without diagnosed conditions and/or those who fall outside of DSA eligibility.

Some institutions described a deliberate move away from mainly focusing on reasonable adjustments for some specific students to consider more holistic **inclusive approaches** to learning, teaching and assessment to support their entire student population, whatever their needs.

Case study: One large university described their Assessment Banking Initiative which they have introduced to support retention of those with mental health issues. Their analysis shows there is no attainment gap between their students who declare a mental health issue and those who do not, but the institution has a challenge in terms of retention as the nature of mental health conditions among some students makes studying over a long period of time difficult. The Assessment Banking Policy allows students to freeze grades they have achieved so far so they can return later to 'pick up where they left off'. This has been very beneficial to students particularly those suffering from cyclical mental health conditions.

Case study: One large university has prioritised their assessment process. They have reviewed their approach to assessment through the lens of wellbeing. Their

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[47] These are categorised as Band 4 which continue to be funded by the DSA (after the eligibility criteria were changed in 2016/17). Band 4 covers specialist access and learning support such as specialist mentors.

existing approach is intensive and can put excessive pressure on both staff and students in terms of the volume of activity and so the university are thinking of ways to adjust the phasing of assessment that will maintain academic integrity but relieve some pressure.

■ **Other support**. A couple of HE institutions also specifically mentioned the work they undertook to support transitions to and from the university for those students with mental health needs (which in the case of incoming students, was also described as early intervention work).

> ''Thrive - an inclusion and employability related scheme which supports students throughout their HE experience and supports transition to employment.' *(large HEI).*

Looking to the future

HE institutions were also looking to develop their services for students with specific mental health needs through various means:

■ **Increasing capacity** through recruitment. Some HE institutions are planning to recruit more staff across their sites/campus(es) to enable them to embed and develop their services. They are aiming recruitment efforts at specialists particularly those able to provide counselling and advice on mental health, provide psychological support such as CBT, provide triage support, and provide specialist study skills support. This suggests institutions lack resources in this area and/or want to extend the range of services and therapies they can offer.

■ **Working with external agencies** to provide extra services, expand their services or improve the speed of their responses. Examples included establishing a link worker post with the local A&E and taking on secondees from the NHS.

> 'We are also in the process of finalising the secondment of an NHS mental health practitioner who will work on site and will be able to make direct referrals to the NHS, with the hope that this will reduce some of the information sharing obstacles that can prevent the deterioration of the student's mental health. All cross-agency colleagues are willing to talk to us when there is a matter of vital interest but it is the high concern cases where information sharing can be inconsistent and we often have to wait for the student's mental health to deteriorate to the point of vital interest, before information is shared.' *(large HEI).*

■ Focusing on the provision of **online platforms and developing apps** including a general wellbeing self-serve platform, an emotional fitness platform, CBT apps, and online moderated spaces for students to discuss issues.

Targeted support among other providers

Most other providers described offering counselling services, delivered by mental health or wellbeing coaches, advisors, counsellors or psychotherapists. A few also mentioned that they are working closely with external organisations to access these services, such as the NHS. One FE college noted how their students were able to access counselling through their partner HE institution.

One FE college noted how they provide academic support to students with mental health needs, whereas another FE college noted how they were working towards an inclusive curriculum.

Case study: One FE college described how they put in place reasonable adjustments for students suffering from mental health conditions such as extensions to coursework deadlines or changing from a presentation delivery for those who suffer from social anxiety. However, their main approach to supporting student mental health and wellbeing is to create an inclusive curriculum with alternative assessment methods that involve different ways to validate courses to ensure all students have the opportunity to succeed. As part of this work they are piloting Lecture Capture, which will allow students to listen back to recorded lectures in their own time. The college hopes this will be helpful for students suffering from a mental health condition which may impact on their lecture attendance.

Looking to the future, other providers aim to extend their existing services rather than develop new services either through recruiting additional staff or using online services such as Big White Wall/Togetherall.

3.6 Working with others

Working with other organisations to access or deliver services was noted by HE institutions when describing their wellbeing services, early intervention work and targeted services for mental health needs. This was explored in more detail with a specific question asking respondents to describe the external services and organisations they integrate or link with, to support their students with mental health needs.

Our survey found that almost all HE institutions work in one way or another with external services and organisations, the exception was just one small HEI that reported they had no successful links or integration with external providers. Our study took a broad approach to working with external bodies, which perhaps accounts for the difference in findings when compared to the IPPR study (Thorley, 2017). The IPPR study found that 65 per cent of respondents to their survey did not outsource or subscribe to any external providers of mental health or wellbeing services. However, the IPPR survey did find that HE institutions do consider strong relationships with NHS primary care, NHS secondary mental health services and voluntary services to be important in relation to student mental health and wellbeing. The majority of institutions (approximately three quarters) in

the IPPR survey reported a good level of partnership and collaboration with these external partners but collaboration was lower for third sector organisations.

Our survey found that some institutions signpost to, or refer students to, these organisations, but many have close partnerships with these external services and organisations. This can involve attending regular meetings to review and input to discussions around services, working on joint projects to develop new services, and working together to deliver or provide access to specific services. These specific services include those related to trauma such as rape and sexual violence, those focused on particular mental health issues such as eating disorders and borderline personality disorders, or services to support groups more likely to be faced with mental health problems.

Feedback from the **sector experts** (early interviews) noted how HE institutions would have to rely on external provision for some expertise for example drug and alcohol specialists, those who work with victims of sexual abuse and those suffering from trauma.

The external bodies described include government services, private organisations, and charities; and they offer either specialist services (for specific traumas or groups) or more general mental health and wellbeing services.

■ Key **public services** that institutions work with include: local GP practices, local mental health partnerships, community mental health teams (CMHT), IAPT teams, Child and Adolescent Mental Health Services (CAMHS), Clinical Commission Groups (CCG), local crisis teams, A&E, Early Detection and Intervention Teams (EDIT), Psychiatric in-patient units, other NHS agencies such as Forward Thinking (a local agency that coordinates and commissions mental health support for those aged 25 and under), and the wider NHS. As noted above, some of these services have a base on university and college sites/campuses. Sometimes liaison work is focused around co-delivery of joint projects, for example one small specialist HEI described working with the Child and Adolescent Mental Health Service to undertake a project on disordered and healthy eating for performing arts students.

■ Specialist mental health **charities** mentioned by HE institutions included: Samaritans, Mind, Off the Record, and Nightline. Institutions also work with charities focused on specific issues or student groups such as BEAT (eating disorder charity), CRUSE (bereavement care), Survivors of Bereavement by Suicide, Rape Crisis and Survivors UK (rape and sexual abuse), Family Matters (for survivors of sexual abuse and rape), Blenheim (focusing on drug and alcohol issues), Gendered Intelligence (gender diversity and supporting young trans people), Nilaari (culturally appropriate service provided by ethnic minority-led charity), and James' Place (suicide prevention charity).They can also work with local charities, voluntary organisations, programmes and projects such as Healthwatch (which has a local presence in every local authority area in England to champion health and social care services), The Bexley Crisis Café, Pier Road Project, StART Inspiring Minds a local arts/therapy charity, 42nd

Street a local young people's mental health charity, The Zone a local youth mental health support service, and the Listening Place supporting those with suicidal feelings.

■ **Other bodies** such as student letting and housing organisations.

Looking to the future

Looking to the future, several institutions were very keen to build stronger ties and more structured relationships with external partners to provide better services to their student population. The recent Office for Students Challenge Competition (launched in 2018[48], and aimed at achieving a step change in mental health outcomes for all students) could help with this endeavour[49]. This is open to all HE providers. Some of the larger universities reported this as part of their activities in 2019:

> 'We have excellent links with the campus based (NHS funded) GP practice. We work with a range of NHS teams with varying degrees of success, we have an excellent relationship with Early Intervention in Psychosis. However, NHS and University support is based on relationships rather than structured pathways of support. We are just at the start of a two-year OfS funded project to establish more effective pathways between NHS and University services including clear delineation of responsibilities.' *(large HEI).*

> 'In 2018, the University launched a new, pioneering University Community Mental Health Team in partnerships with [local] Partnership NHS Trust …This brings senior mental health practitioners from our NHS partners into our University Wellbeing Team, to facilitate a swift escalation and a holistic approach to student care between the University and statutory services. This initiative is part-funded by the University.' *(large HEI).*

A key theme emerging from the responses, was how several HE institutions were working with external bodies around **suicide prevention** to: draw on expert advice in developing appropriate strategy, improve support through better communication (e.g. reports of attempted suicide with students' consent) and to influence the work of these external bodies through representation on (or even leading) relevant working groups and steering groups (e.g. regional suicide prevention partnership). Their responses indicate there is much work happening at regional and local levels with local authorities/councils

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[48] OfS funded 10 projects that encourage universities and colleges to work with key external organisations to find innovative approaches to improving the mental health outcomes for HE students
 https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/improving-mental-health-outcomes/
[49] The Challenge fund is subject to independent evaluation, the most recent report can be found at:
Evaluation of the OfS Mental Health Challenge Competition - Office for Students

and A&E departments to focus on this key issue, and that HE institutions are playing a critical role in this work.

Other providers work with external organisations

Some of the other providers described the external services and organisations that they worked with to support students with wellbeing and mental health needs and their early intervention work, these also included public sector services and charities. The NHS was the most frequently mentioned external body and other providers talked about working with local GP practices, community mental health services, specialist adolescent mental health services and psychiatric intensive care units.

'We link with a variety of local services on a case-by-case basis to identify the best solution for each person. We always ensure GP involvement and encourage parent/carer involvement.' (FE college)

Charities specialising in mental health or other issues such as bereavement, drug and alcohol addiction or self-harm were also mentioned by the other providers surveyed.

'Centre Point – supported accommodation. I have liaised with key workers to help provide more tailored support for their residents who are studying at College.' (FE college)

'Samaritans Link - to provide bespoke workshops on Emotional Well-being, Self-Harm and peer mentoring for student reps.' (FE college)

'Naye Subah – support for Asian women with moderate to severe mental health difficulties. Have referred students to this group for culturally-appropriate/culturally-specific MH support.' (FE college)

3.7 Additional development work

HE institutions were also asked about other relevant programmes, activities or services they are currently developing in relation to student wellbeing and mental health and approximately half of respondents added further details about other services they are developing. These respondents tended to be medium to large-sized institutions. This question really gave HE institutions the opportunity to talk about key developments without being constrained by the three categories of service provision used in the survey. However, the key areas described largely echo those already outlined:

■ wellbeing workshops which tend to be ad-hoc and also alternative therapies such as Yoga;

■ collaboration with external organisations and developing (clearer) referral systems and pathways;

■ online services so that students can access resources, support and training to develop confidence, self-esteem, motivation and resilience (reported by one respondent as *'aspects which can often be challenges for students with mental health issues'*);

- staff and student (peer) training on specific mental health issues, such as suicide pre-vention, self-care, boundaries, and mental health first aid;

- working to develop a holistic approach to mental health and wellbeing, and to embed action within the work of the institution.

3.8 Progress to date

Providers were asked to rate the extent to which they have a mental health and wellbeing strategy which is embedded into all aspects of their activity using a 10-point scale, where 1 is not at all embedded and 10 is fully embedded. The minimum score reported by responding HE institutions was 2 and the maximum was 8. The mean, median and modal value reported was 6, so institutions tended to feel positively about their approach. This reflects the wide-ranging nature of the services offered (described above), the holistic ethos of their strategies and the way they already see their services developing. There were no statistically significant differences in the mean score across the different characteristics of HE institutions. However medium-sized institutions, and those with a dedicated mental health or wellbeing strategy appeared to have, on average, marginally higher ratings of embeddedness.

Table 12: Rating of embeddedness of strategy into all aspects of their activity (HEIs)

Rating	N	%
2 (lowest)	3	4
3	5	7
4	9	12
5	10	13
6	21	27
7	20	26
8 (highest)	9	12
Base	77	100
Mean	5.8	
Median	6	
Mode	6	

Source: IES/CRAC/AdvanceHE survey, 2020

In terms of the resources they have for supporting their students with mental health needs and wellbeing, almost all HE institutions (96%) reported that their resourcing had increased over the past 5 years and none said it had decreased. Similarly, the vast majority (86%) reported that their resourcing of wellbeing had increased over the same

period, and none said it had decreased. There were no differences around mental health resources found by type of institution, and only marginal (not statistically significant) differences in the resourcing of wellbeing support. Research intensive HE institutions were marginally more likely to report resourcing had increased for wellbeing in the past 5 years.

Table 13: How resourcing for mental health and wellbeing has changed over the last 5 years (HEIs)

	N	%
Mental health		
YES, increased.	75	96
NO, stayed the same.	2	3
DON'T KNOW	1	1
Total	78	100
Wellbeing		
YES, increased.	67	86
NO, stayed the same.	8	10
DON'T KNOW	3	4
Total	78	100

Source: IES/CRAC/AdvanceHE survey, 2020

Progress to date of other providers

The average (mean) rating among the small number of responding other providers for how well embedded their strategy was into all aspects of their activity was just under 5. The lowest score was 2 and the highest was 8. Other providers were somewhat positive but were slightly less so than found across HE institutions.

In terms of resourcing for mental health and wellbeing, there was more uncertainty reported among other providers and also a couple of providers who reported that resourcing had decreased over the past 5 years.

4. Monitoring

This section explores whether providers collect data on their students' mental health needs and their wellbeing, and/or collect data on the effectiveness of services provided. It also explores how providers use these data and whether there are any perceived gaps in the data and evidence around student mental health and wellbeing. Respondents were given a definition of mental health and of wellbeing to help guide their responses.

> **Mental health** data and services/programmes designed for a proportion of students with a mental health need (with or without a formal mental health diagnosis).
>
> **Wellbeing** data and services/programmes designed for all students with or without a mental health need.

The vast majority of HE institutions (96%) collected data on their student population's mental health needs. Fewer institutions (41%) collected data on their student population's wellbeing which could indicate they felt this was more challenging, but 21 per cent planned to do so in the near future. However, a substantial group (38%) had no plans to monitor the wellbeing of their student population.

Table 14: Collect data on their student population's mental health and/or wellbeing (HEIs)

Student population's	N	%
Mental health		
YES	79	96
NO	3	4
Base	82	100
Wellbeing		
YES	33	41
NO, but plan to	17	21
NO	30	38
Base	80	100

Source: IES/CRAC/AdvanceHE survey, 2020

There were no differences by institution size, type (TRAC group) or location in their likelihood of collecting data (at the time of the survey) on their students' mental health. Institutions with multiple campuses were marginally less likely to collect this data as were those with no mental health or wellbeing strategy (but these findings are indicative only, as the differences were not statistically significant).

Medium-sized HE institutions were the most likely to collect data on their students' wellbeing than smaller and especially larger institutions, as were HE research intensive

institutions (TRAC group A and B). Collegiate institutions and those with multiple campuses were marginally less likely to monitor student wellbeing. Institutions who reported that they had no mental health and wellbeing strategy in place at the time of the survey were marginally more likely to collect data on their students' wellbeing. Again, these findings are indicative only as they are not statistically significant.

Most responding institutions (95%) collected data to evaluate or review the services/support for mental health needs that they provide, and a further four per cent plan to do this. Slightly fewer (70%) institutions collected data to evaluate or review the services/support they provide for wellbeing but a further ten per cent were planning to do so. Whereas 20 per cent had no plans to evaluate or review these services.

Table 15: Collect data to evaluate or review their services and support for mental health and/or wellbeing (HEIs)

	N	%
Mental health		
YES	76	95
NO, but plan to	3	4
NO	1	1
Base	80	100
Wellbeing		
YES	56	70
NO, but plan to	8	10
NO	16	20
Base	80	100

Source: IES/CRAC/AdvanceHE survey, 2020

There were no differences in the likelihood of gathering data to review mental health services. However larger and medium-sized institutions, research intensive institutions and those with no (current) mental health and wellbeing strategy were marginally more likely to gather data to review their wellbeing services (again this was not statistically significant so indicative only).

> The other providers surveyed (FE colleges with HE students, and private providers) were less likely to collect data to assess the mental health or wellbeing of their student body than found for HE institutions. Similar to the pattern found among HE institutions, it was more common for these other providers to collect data on their students' mental health than their wellbeing (two thirds did the former but only one third did the latter). There were no differences in the response of FE colleges and private providers.

In terms of gathering evidence to review and evaluate their services, again other pro-viders were more likely to collect data on mental health services than wellbeing ser-vices (just over half for mental health, and just under half for wellbeing); and were less likely to undertake these activities than found among HE institutions. Although the numbers are small there is a suggestion that FE colleges were more likely to undertake evaluation or review of services and support (for mental health needs and wellbeing) than private providers.

4.1 Overview of monitoring and review undertaken

Providers were asked to briefly describe the data collected on their students' mental health and wellbeing needs, and the methods used to collect these data. They were also asked to describe the data collected to evaluate or review the services and support provided for their students' mental health and wellbeing needs. The detailed responses indicate that providers collect a wide range of data to try to understand the need within their student population and the effectiveness of the services they provide to meet these needs. These are summarised in the table below (in order of frequency of mention) and explored in further detail in the following sections.

It is important to note that monitoring the numbers of students seeking help from the provider is quite different from the number accessing support, as the former is a measure of demand and the latter is a measure of supply.

Table 16: Summary of monitoring practices (HEIs)

A: Population mental health needs	B: Population wellbeing
Self-disclosure (HESA requirement) Follow-up from disclosure Engagement with services (admin data) Support outcomes (e.g. PHQ-9, GAD-7, CORE-10) Receipt of DSA Referrals to external services	Engagement with services, events (admin data) Built-in monitoring within wellbeing apps Bespoke institutional survey Use of standard surveys e.g. NSS optional questions Standard measures (e.g. WEMWBS, ONS-4)
C: Mental health services	**D: Wellbeing services**
Take-up of services via booking systems Waiting times Pre/post clinical measures (e.g. CORE-10, CORE-34) Relative student outcomes User surveys Informal/ad-hoc qualitative feedback External evaluation (rare)	Gather feedback via - focus groups - user surveys - comment cards - online tools

Source: IES/CRAC/AdvanceHE survey, 2020

The responses indicate the overlapping nature of the monitoring approaches taken. This is likely to be driven by the holistic approach taken to supporting students and the blurring of services aimed at mental health and those aimed at wellbeing, and also the various aims for the monitoring activities undertaken:

> 'All our Support Services, including Wellbeing, use an annual reporting framework with a focus on value and impact. This graphical report highlights the services delivered, levels of engagement and the impact/benefits received by the student. It is important to understand that our Wellbeing Service is a convergence of counselling, mental health support, physical health, emotional and spiritual health (incl. Chaplaincy) - hence our reporting and measures cover a range of activity and impacts across both well-being and mental health. Our approach is holistic, inclusive and recognises the synergies and nuanced differences between well-being and mental health support.' *(medium-sized HEI).*

Use of standardised measures

At least one quarter[50] of responding HE providers mentioned using standardised measures or scales. These include measures used in clinical settings by GPs, psychiatrists, and therapists to screen for disorders, assess severity, and/or monitor outcomes of interventions. The survey responses suggest that providers are using or are planning to use these to try to understand prevalence or severity of need and to assess impact of services. The measures/scales therefore appear in boxes A, B and C of the table above (Table 16).

Providers appeared to use several measures or scales rather than just one: using them in combination or for different purposes (e.g. embedded within student surveys or targeted at those accessing specific services such as counselling), or may be trialling different measures. The measures reported are used widely and are generally free to use, although may require institutions to register/gain a licence. They have clear instructions on how to use/administer them and how to interpret the resulting scores. They can be embedded within other surveys and thus asked alongside other questions but generally the wording and layout must be replicated exactly, and all the questions should be used (although measures often have a shorter form that can be used) The most frequently mentioned measures were the Generalized Anxiety Disorder scale (GAD2 or GAD7), the Patient Health Questionnaire (PHQ-9), Clinical Outcomes in Routine Evaluation (CORE), Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), and ONS-4. See Appendix A for details of these and other potential standard measures.

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[50] The use of standardised measures was not explored with a closed question so the proportion is given as an indication only of frequency of mention by providers within the open text responses around monitoring. The use of these measures may well be more widespread.

'We use standard clinical tools within the Well-being team to measure "improvement". We are currently using Core 34 at all initial assessment appointments and then at 3 weeks and at closure. The Mental Health Advisers often use GAD7 and PHQ9. We are currently reviewing and rationalizing our measures. We are looking to incorporate PHQ9 –Measure of Depression, GAD 7 - which measures levels of anxiety, Warwick Edinburgh Mental Wellbeing Scale and a Social Adjustment Scale onto one form (awaiting copyright permission). These 4 forms add up to less questions than the Core 34 and gives us a much broader range of information on the student.' (*medium-sized HEI*).

'Students accessing the counselling service will complete clinical measures, previously CORE although we are currently considering new measures and looking for closer alignment with NHS services so likely to be GAD 7, PHQ 9 in future. We also run a biannual population level survey of mental health including clinical measures.' *(large HEI).*

4.2 Assessing the mental health needs of the student population

Almost all (96%) HE institutions collect data on their student population's mental health needs. These providers were asked to briefly describe the information they collect; the frequency and timing of data collection; the level at which data is collected; and the measures and sources used in data collection. Their responses are summarised in the top left-hand block (cell A) in Table 16.

They collect a range of data, generally across the whole institution; although a few focus their monitoring on specific groups of students for example those with a disclosed mental health condition and/or those considered to be at risk such as care leavers, under 18s, and transgender students. The data on their students' mental health needs are used to:

■ inform their service provision by understanding students' needs, demand for services and trends over time including potential peaks;

■ help ensure sufficient resourcing;

■ offer targeted support and required adjustments to individual students;

■ understand the overall number of students engaging with their mental health support services.

'We collate this data monthly and analyse this data for any patterns, to help us to implement targeted support (i.e. we may see an

increase in student's accessing support in January for stress, so we would look to implement stress workshops).' *(medium-sized HEI).*

Data collected and analysed

- **Student self-disclosure of an issue or condition**. This was the most common means used by HE institutions to record the nature and extent of mental health issues among their student population. Students are encouraged to report any mental health issues, not limited to clinically diagnosed conditions, and this helps providers to undertake their required reporting activity. HE providers are required to collect a range of information about their students (at an individual level) to report to the Higher Education Statistics Agency (HESA). This includes whether or not the student assesses themselves to have a disability: *'a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'*[51]. All institutions will therefore capture data on student disclosure, but they may not use this to assess their student population's needs or may supplement this with other intelligence.

  Encouraging and capturing self-disclosure typically occurs at the application stage (via UCAS or other application forms) or at enrolment/initial registration or yearly/termly re-registration. Some HE institutions reported that they have systems in place which allow students to self-disclose mental health issues at any point in their studies, and disclosure rates often increase around key pressure points such as exam periods and around assessment deadlines. These disclosure systems were often based online or were triggered by registering with support services. None of the respondents discussed how they encourage students to self-disclose or how well students respond to this encouragement (as this was not the focus of the question), but other studies have indicated that encouraging disclosure is an important and effective aspect of institutions' strategies for supporting disabled students[52].

- **Further follow-up from disclosure**. Several HE institutions reported having their own forms or questionnaires that are sent to students who disclose a mental health condition to capture more details about a student's mental health needs and can include details of previous support the student may have accessed before HE. These can be sent at application stage or at enrolment, or at any stage upon disclosure. This additional information helps institutions to plan support, but these data can also

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[51] The HESA student record has a field which records the type of disability that a student has, on the basis of the student's own self-assessment. This has a number of categories including 'a mental health condition, such as depression, schizophrenia or anxiety disorder'. The categories were updated to align with categories used by the Disability Rights Commission. The field is required to be updated throughout the student's time in higher education. https://www.hesa.ac.uk/collection/c19051/a/disable; accessed May 2020

[52] See for example Williams M (2015) Understanding Provision for Students with Mental Health Problems and Intensive Support Needs, HEFCE; Williams M et al (2017) Models of Support for Students with Disabilities, HEFCE; and Williams M et al (2019) Review of Support for Disabled Students in Higher Education in England, OfS

be aggregated to give an overview of the student population's needs and of the relative frequency of specific types of mental health issues such as anxiety and depression.

> 'All prospective students disclosing a MH condition are sent an online questionnaire, which seeks further information regarding their MH condition, how this affects their learning, and whether they have any particular needs the University should be aware of. Students who disclose a mental health difficulty at any point during their time at university, will be asked to provide this same information., All such data is recorded/stored on the university's database system for future reference, where appropriate.' *(small HEI).*

- **Recording engagement with services via administrative data.** A common method used by HE institutions to collect data on the extent and nature of mental health issues in their student population was through administrative data/management information collected by their mental health support services, wellbeing services, disability services and the departments overseeing them (e.g. student support). This is often collected on a rolling basis and is analysed at various intervals (generally termly or yearly). Institutions collect and record:

- Overall numbers registering with these services.

- More detailed data on the use of specific services: those registering for, taking-up or waiting for services such as counselling, CBT (with waiting times indicating unmet needs); the number of sessions attended; and the specific support needs. Digital apps and web-based support often provide institutions with built-in monitoring and analytics which can be accessed relatively easily.

- Demographic data on users such as their: mental health needs, their course of study, and equality/diversity data.

> 'We also collect data on: - The number of enquiries to the service to talk about mental or emotional health (annually) - The number of students using the in-person access to our service (monthly) - The number of unique students accessing the service (annually) - The number of students allocated a caseworker (weekly review) - The number of students receiving counselling (quarterly) - The number of sessions of counselling received (quarterly) - The number of students accessing the 24 hour wellbeing line (quarterly).' *(medium-sized HEI).*

A response from one HE provider indicates the very wide range of mental health concerns that could be monitored:

> 'Presenting concerns for all students accessing mental health support from following list: Academic stress. Bereavement. Bullying. Harassment. Change in character, mood, and behaviour. Domestic violence. Emotional dysregulation. Find out more about MHWB.

Forced marriage or honour-based violence. Gender Identity (gender questioning, trans, non-binary etc). Homelessness. Isolation or loneliness. Lack of energy and motivation. Life stress. Low mood. Relationship difficulty (incl. partner, friend, family). Self-harm. Sleep. Substance and alcohol misuse. Suicide action. Suicide thoughts. Unhappiness. Victim of crime including assault or violent crime. Victim of sexual assault within last 12 months. Physical Health. Victim of sexual assault or violence (historical). Worry, anxiety, panic. Mental Health condition.' *(medium-sized HEI).*

There was a sense from the responses that providers felt admin data could be used more effectively to gain greater insight and intelligence.

'The Wellbeing Service maintains the individual records of students who pass through the service, including their College/Programme of Study and any other relevant information, as well as data regarding their condition. Upon entering Wellbeing Service's pathways, students are also assessed against three standard psychological measures - GAD7, PHQ9, and WASAS, which includes a measure of risk assessment. However, this is not done in such a way as to be able to extrapolate detailed patterns in relation to the wider student body beyond being able to show the proportion of students that engage Wellbeing Services in terms of academic colleges or level of study.' *(medium-sized HEI).*

- **Recording university mental health support service outcomes.** Several HE institutions noted how they also record data on the outcomes of the mental health support they provide to help to understand the needs of their student population. A much larger group however use outcomes data to help them to evaluate and review their services (see below). Outcomes tend to be based on clinical/standardised measures, namely CORE-10, PHQ-9 and GAD-7 (see Appendix A).

- **Recording the number of students receiving DSA.** A few HE institutions also specifically mentioned recording the number of students receiving Disabled Students' Allowance to help them determine their student population's needs, however all institutions will have access to this information.

- **Wider referrals and working with external agencies**. A few HE institutions reported that they record students' use of external mental health services. In one case (small HEI) this consisted of recording the number of students receiving external counselling. In another case (large HEI) the institution worked with local partners to assess the demand for mental health services in their city.

> ### Other providers approach to assessing mental health needs
>
> The other providers who responded to the survey described similar methods and mechanisms to collect information about their students' mental health: student self-disclosure generally at enrolment or earlier during the application process (with follow-ups to gather more detailed data) although this was often to set-up specific support and adjustments; numbers of students seeking help from their services; numbers of students in receipt of DSA; monitoring mental health support service outcomes; and recording the use of external mental health services.
>
> *'Referral data around age, gender, course is collated at referral stage. Following assessment, data regarding mental health issue is collated and ROM's (Routine Outcome Measures) are completed to assess impact of therapeutic support. Data regarding referral to other internal as well as external services is also collated on discharge.'* *(FE college)*
>
> A couple also mentioned using surveys to gather relevant data – one private provider currently undertakes a mental health survey of its students, and another private provider was planning to set one up.
>
> 'The College will use a Health needs/support survey with the students and use this to inform changes to processes and procedures.*' (private provider).*

4.3 Assessing the student population's wellbeing

Collecting data on their student populations' wellbeing was less common among HE institutions (41% did so) than collecting data on their mental health. Those that did monitor wellbeing were asked to describe the data they collect, the frequency and timing of data collection, level at which data is collected, and the measures and sources used in data collection. Their responses are summarised in the top right-hand block (cell B) in Table 16.

Data collected and analysed

■ **Engagement with wellbeing services**. Most commonly HE institutions reported collecting information on the use of, or engagement with, wellbeing services. This included students' using university wellbeing services, and the take up of more specific interventions such as meeting with wellbeing advisors, use of wellbeing apps, and attending wellbeing events. This could be collected at an individual student level (alongside demographic data) or at an aggregate level.

> 'Service usage data for Wellbeing service, disaggregated by demographic, course and equalities factors. Service usage for preventative programmes e.g. Mindfulness training, MHFA[53] and Prescription for Exercise.' *(medium-sized HEI).*

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[53] Mental health first aid

■ **Bespoke student surveys**: Several HE institutions reported that they collect data on student wellbeing using bespoke wellbeing surveys, often aimed at all students rather than those engaging with wellbeing services. This appears to differ to the data collection mechanisms found for student mental health monitoring which tended to rely on disclosure with follow-up requests for more detailed information. Responses indicated how most surveys are focused on recording students' wellbeing levels, for example asking students to evaluate their wellbeing needs, and/or asking them how happy, confident, supported, and optimistic they feel. Some HE institutions reported capturing wider feedback through these surveys such as the perceived stigma around mental health or feedback on service provision. Some also collect demographic information about students for analysis. The surveys can be specific and clearly focused on wellbeing or can be general internal student experience or engagement surveys which include some questions about wellbeing (e.g. a 'lifestyle questionnaire' or 'welcome survey'). The timing and frequency of surveying varied with some HE institutions conducting very regular wellbeing surveys.

> 'At the beginning of their studies at [HEI name], students are asked the 'Settling into [name] Questions at enrolment, which ask: 1) I made the right decision in choosing to study at [name] 2) I feel optimistic about the year ahead 3) I feel confident that I can cope with my studies. In the following years, they are asked an additional 3 questions for a total 6 questions, the additional questions are: 4) I fit in at [name] 5) I feel supported by [name] 6) I participate in student life beyond my academic commitments [name].' *(large HEI).*

> 'The [name] survey is a bespoke institutional survey which collects data on students' mental wellbeing and the perception of stigma within the institution. All students from all campuses and faculties are invited to complete the survey. It runs annually in approximately February. The survey has now run twice.' *(medium-sized HEI).*

These wellbeing surveys may use **standardised measures of wellbeing** including ONS4 questions, CIAO CORE and other psychological/clinical instruments (as noted above).

Case Study: One large HEI has introduced a mental health and wellbeing survey and analyses the results at a local level within academic schools and residences to identify where they can make changes e.g. in assessment methods, monitoring of attendance, accessibility of services. The survey tool was initially used within one faculty but is now sent out to the entire student body, and has received over 5,000 responses. The survey includes a set of questions to measure student wellbeing and will help to provide an important foundation about mental health support seeking behaviour. The survey also touches on a range of lifestyle issues such as drug and alcohol use and its impact on mental health.

■ Embedded surveys or **monitoring within wellbeing apps**, which allows HE institutions to regularly assess wellbeing levels.

> 'The University offers access to Silvercloud to students and receives data from this system regarding usage of services. …, the University is currently piloting a new App - Enlitened - designed to capture feedback from students throughout the year on the whole spectrum of their student experience, including wellbeing. Students are asked a small number of questions per week from a bank of around 200 possible questions, which include questions from the WHO5. This allows insight into students' perception of their experience, including levels of wellbeing, in such a way that can be drilled into at the level of a programme or demographic group. However, at this stage this project is only in pilot with relatively little take up, so data from this is not mature enough to be of use.' *(large HEI).*

> 'Our new student app will track reported levels of wellbeing from students and will be a data set that can be segmented on a number of levels (gender, age, course, ethnicity etc).' *(medium-sized HEI).*

■ A few HE institutions reported **using standard surveys such as the National Student Survey** optional question bank[54] to assess student wellbeing (questions related to welfare resources and student safety).

> 'While not collected by or purely for Wellbeing Purposes, the University collects and scrutinises in great detail student feedback received through sources such as the National Student Survey, Postgraduate Taught Experience Survey, and internal student feedback mechanisms. In 2019, we chose to include optional NSS question sets related to Welfare Resources and Student Safety, which provide an additional level of insight into students' satisfaction with the provision of wellbeing services (though not directly regarding their own Wellbeing).' *(large HEI).*

■ **Wider student feedback**. A small number of HE institutions reported using student feedback on wellbeing services, events and campaigns to understand wellbeing and student mental health needs. However, generally institutions report gathering this kind of data to evaluate their services (see below).

Looking to the future

Some HE institutions were planning to collect data on their student population's wellbeing and described their plans which largely involved collecting primary data using student

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[54] See https://www.officeforstudents.org.uk/media/d462a46b-0eba-42fd-84a1-c8b6dc883c99/nss-2020-core-questionnaire-and-optional-banks.pdf

surveys. Surveys allow institutions to track changes over time and the potential to benchmark results against other institutions. These included plans to:

■ measure student wellbeing using a new bespoke survey,

■ measure student wellbeing by adding questions to an existing student survey,

■ measure student wellbeing using existing standardised measures,

■ collect student feedback on wellbeing events,

■ study their students' wellbeing in partnership with other HEIs.

> 'We are introducing, with the Guild of Students, the 4 "happiness" (life satisfaction) questions used by the ONS and others, into the annual student survey collection.   This will provide a picture over time, trend of "happiness" by this standard measure. Utilising the standard measure will give us the opportunity to compare this with the wider population (UK) and with UK students as measured by the HEPI annual survey.' *(large HEI).*

> 'This is part of our strategy. We are looking at piloting a wellbeing score, perhaps using the happiness pulse, or ONS in the coming academic year.' *(small HEI).*

> 'The university is involved in a partnership of other HE instructions that will conduct a longitudinal study to collect wellbeing data on our students.' *(large HEI).*

Other providers approach to assessing wellbeing needs

Very few other providers described the data they collect or plan to collect on their students' wellbeing. Where this does happen, it involves encouraging disclosure of wellbeing issues, administrative data gathered at enrolment, monitoring self-referrals and use of support services such as attendance at wellbeing events, or through student surveys.

4.4 Evaluation of mental health services

Almost all HE institutions (95%) report collecting data to review their mental health services. These providers were asked to briefly describe the information that they collect, and this included monitoring the take-up of mental health services. Their responses are summarised in the bottom left-hand block (cell C) in Table 16, and they overlap somewhat with the data collection described for monitoring mental health of their student population.

■ **Take- up of mental health services**: Many HE institutions record the take-up of specific mental health services and therapies such as counselling, CBT, online services such as Big White Wall (now Togetherall), and one-off events. This is used to help

HE institutions to evaluate and review their offer. They monitor the volume of service users, and this can involve monitoring patterns and trends in demand over time.

> 'Yes, we monitor data in relation to service engagement and the client base - study type, level and subject area of student. We also monitor the reasons for seeking support via the Student Wellbeing Service. We monitor weekly and monthly service demand patterns in terms of volume. We also monitor the types of support that clients seek i.e. counselling, general wellbeing appointments, mental health, group based, one to one, self-help etc. We monitor whether students who have engaged with the service feel it has enabled them to stay on course.' *(large HEI).*

> '[We] also subscribe to online mental health support service Big White Wall - receive data relating to registered user numbers, frequency of use, types of pages engaged with, length of time engaged with site etc.' (*small HEI*).

Feedback from the **sector experts** (early interviews) noted how when judging the efficacy of digital services, such as Silver Cloud and Big White Wall (now Togetherall), there is a difference between registering for a digital service and using it, and a difference between using it and actually staying engaged with it.

Some HE institutions collect more detailed information such as **waiting times** and waiting lists to monitor capacity and review supply and demand for support. They also collect details on numbers of sessions provided by counsellors and the content of the sessions; and several also collect student background data so they can track which groups of students engage with which services.

> 'We have a significant set of MI which is monitored monthly including a capacity model that gives an early indication where demand may outstrip ability to meet target wait times to allow us to take steps to introduce more resource.' (*medium-sized HEI*).

> 'Administrative data collected weekly: student presenting issues including students at risk and safeguarding, appointment waiting times, appointment attendance. Administrative data collected monthly: service usage by school, room usage audits.' (*large HEI*).

- **Clinical measures**: Many HE institutions monitor the impact/effectiveness of mental health interventions to help them to evaluate and review their services. Impact is typically assessed through students filling out questionnaires commonly using clinical measures such as CORE-10 and CORE-34 (see Appendix A), both before and after an intervention. These differ from the work to measure mental health and wellbeing in the wider student population as they are aimed at users of specific services, and regularly repeated to enable individual level tracking over time.

> 'Evaluating the impact of interventions is difficult (and very time consuming). Counsellors use standard measures such as CORE, and Mental Health advisers may use specific measures such as

GAD-7 or PHQ-9 on individuals as required.   However, we are planning to develop in-house measures this coming year. We also survey all students who use our services, seeking feedback on their satisfaction with our services.' *(medium-sized HEI)*.

■ **Assessing relative HE outcomes**: Some institutions monitor other outcome measures such as class attendance, academic progress and academic programme completion and retention. Institutions described undertaking analysis to compare the outcomes of students who take up support with those who don't.

> At the end of their sessions, they are invited to complete a survey and assess whether the interventions have (i) helped them stay at uni and (ii) improved their employability. Counselling service also analyses take up. We cross-reference students with progression and completion. We are now able to cross-reference outcomes of those students who take up support with those who do not to try to assess impact.' (*small HEI*).

■ **Student feedback:** Collecting qualitative feedback from students on their experiences of mental health services is also common among HE institutions. Responses indicate that this may be collected informally and in ad-hoc ways such as discussions with the mental health team, or more formally via surveys with students sampled from service users or surveys of users after interventions.

> 'We collect evaluation of every Healthy [HEI name] session delivered. We have an electronic touch pad which allows students to evaluate any specialist sessions they access, there and then…We also intend to periodically dip sample students' views of our services.' (*large HEI).*

> 'Anonymous surveys - both counselling and disability do these. Students attending counselling are encouraged to assess how they perceive their mental health weekly.' *(small HEI).*

■ **External (independent) research**: A small number HE institutions described how they had commissioned external evaluations of their services to provide an independent perspective. This appeared to be relatively rare at the time of the survey.

> 'We are also undergoing a review and evaluation of services with an external consultant to take an independent view on how we grow our services.' (*medium-sized HEI*).

Looking to the future

Only a small number of HE institutions reported that they didn't currently collect data to evaluate and/or review their mental health services, but these were planning to do so in the future. Their plans involved:

■ measuring the outcomes of interventions using clinical measures,

- undertaking an internal evaluation and overhaul of their entire mental health services,
- working with internal stakeholders to discuss future plans.

> 'For users of Wellbeing Support Services, from the 2019-20 academic year, we will begin to use a range of clinical measures reporting on levels of low mood, anxiety and impact across domains (specifically PHQ9, GAD7, and WSAS). These measures will be taken for users of Support, at entry to service, mid-point and end. (These measures will not be used at population level.) Wellbeing Support Services will also monitor and report on engagement rates and non-attendance rates.' *(small HEI)*.

Other providers approach to evaluating mental health services

Many of the other providers surveyed not only collect data on their students' mental health needs but also collect data to evaluate or review the services and support they provide. These providers were interested in using evidence to improve their support. One FE college noted the importance of gathering impact data which they found challenging:

'This has been highlighted as data we need to collect as we need to understand the impact of support. For example, we would encourage students to apply for DSA to support diagnosed mental health needs. We do not at present have a deep understanding of the impact of support that students are awarded. We have qualitative information via the personal tutors, but are unable to report on this as students could be identified.' *(FE college)*

Providers describe collecting data on the number of users and the types of service used; and also the satisfaction levels, views and perceptions of students who make use of mental health services. This was undertaken using bespoke student surveys or existing surveys such as the National Student Survey, Other providers also collected data on wider outcome measures such attendance and retention.

'We collect data on the efficiency of support, ease of access and satisfaction from the following sources; institutional mental health surveys, end of module surveys, National Student Survey.' *(private provider)*

'We analyse volume and type of intervention and also review attendance and retention of those with whom we engage around their mental health.' *(FE college).*

Just one FE provider was planning to use clinical measures (CORE10) to measure the impact of support.

A couple of FE colleges noted that they evaluate their services against key performance indicators (KPIs) to quality assure their services:

'Business Planning and performance review is the vehicle for quality assurance. Performance review, completed by all departments, captures data from across the departments and this is used to inform quality improvement plans. We seek feedback from service users to assess the impact of support.' *(FE college).*

'Data is recorded in the form of key performance indicators and self-assessment reviews. Information from which is used to review services.' *(FE college)*

4.5 Evaluation of services and support for wellbeing

Feedback from the **sector experts** (early interviews) suggested evaluation is critical. They explained that a lot of wellbeing approaches and those that purport to be preventative approaches are being offered across the sector without any evaluation or measurement of their effectiveness. One expert noted that many attempts to evaluate services are more about collecting satisfaction feedback from students and so give no indication of whether the intervention was effective or not. They would like to see evaluation in terms of whether an intervention reduced withdrawals and suspensions, has an impact on students being able to cope with their academic work, or has an impact on their personal development and educational development. They suggested that clinical measures can be used – such as feeling less at risk and more positive about their futures.

A substantial group of the HE institutions surveyed (70%) report collecting data to review their wellbeing services, and many of these gave further information about the data they collect. Their responses are summarised in the bottom right-hand block (cell D) in Table 16. In some cases, their responses were the same as those given for reviewing and evaluating their mental health services.

■ **Student feedback**: Reflecting the concerns of expert stakeholders, most commonly HE institutions report collecting student feedback on wellbeing services, events and campaigns, generally directly following these interventions, to help them review and evaluate their wellbeing services. A range of tools were noted included comment cards, online tools (developed by other institutions), periodic wellbeing service user surveys, the optional question bank in the National Student Survey (NSS), and monitoring student complaints. Several HE institutions also use focus groups and interviews to gather more detailed feedback (and these techniques may be more appropriate for reviewing wellbeing rather than mental health services).

> 'We collect qualitative data and feedback on awareness raising events such as activities around world mental health day, mental health awareness week etc.' *(medium-sized HEI).*
> 'We currently monitor complaints and general service feedback through a range of tools (comments cards, formal complaints submitted, annual survey of support service satisfaction, as well as NSS).' *(small HEI).*

■ **Other approaches**: Many HE institutions monitor the take-up/engagement with wellbeing services and events e.g. contacts with the service, attending events, engagement with related services such as sport and chaplaincy, and use of wellbeing apps. They record the services accessed, information about the users, and motivations for seeking support.

A smaller group of HE institutions collect data on the impact of wellbeing interventions - much smaller than the group monitoring engagement and also much smaller than the group reporting measuring the impact of mental health interventions. Methods reported here include: using student self-reporting of wellbeing or impact, which could be supported with standard wellbeing measures or using apps such as CIAO[55], or by measuring wider, academic outcomes and attendance.

Looking to the future

A small group of HE institutions had plans to collect data to evaluate their wellbeing services in the future or to strengthen their existing evaluation to be evidence-led.

> 'We currently do some limited evaluation on an ad-hoc, activity by activity basis. Flowing from our new strategic statement (Aim 2 Evidence-led and effective): "To ensure that our approach, our services and support are underpinned by strong research and data. Our approach will be informed by our academic expertise and by the needs and views of our students." We will monitor successful methods of support and adapt our services continuously to deliver the most effective provision for our students. Action planning is still a work in progress but is in the pipeline.' *(large HEI).*

Future evaluation plans included:

- collecting student feedback on wellbeing services and events,

- using student self-assessment and/or standardised measures to assess and record the impact of wellbeing interventions (e.g. PHQ-9, GAD-7, WEMWBS),

- developing a student wellbeing survey.

> 'We will be introducing a peer support programme this year. Users of the services will complete PHQ-9, GAD-7, and shortened Warwick-Edinburgh.' *(large HEI).*

> 'Standardised and recognised self-assessment measures will be used within the new wellbeing team to review student wellbeing and service impact.' *(large HEI).*

Other providers approach to evaluating wellbeing services

The other providers surveyed tended to describe using the same approaches to evaluate and review their wellbeing services and support as they use to review their mental health services.

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[55] CIAO is a mobile health app to promote healthy behaviours and address lifestyle related illnesses including stress, and enables individuals to track their progress. It covers health, fitness, nutrition and mental wellbeing. https://ciao-wellness.com/

They gathered this data through surveys, student feedback and business (performance) reviews; and monitoring wider outcome data such as retention rates of students accessing services.

4.6 Perceived evidence gaps and issues to address

HE institutions felt there were several areas where the evidence on student mental health and wellbeing could be improved - in their own institutions and across the sector as a whole. These included robust evidence of the impact of services (strengthening and extending what some are already doing); understanding the influence of HE on students' mental health and wellbeing (over and above that experienced by the general population) and particularly the transition to HE; feedback from students on their expectations for support and their experiences of support and any mismatch; understanding the students most at risk and barriers to seeking support and disclosing a condition or need; and understanding the prevalence of mental health disorders and poor mental wellbeing in the student population and the nature of these.

■ **Evidence on the effectiveness of services**: A common theme in the comments was a desire to learn more about the impact, outcomes, effectiveness and value-added of the support, services and interventions offered to students. Institutions were keen to adjust their services through evidence-based research, so they can provide the best mental health services to their student population. Institutions were interested in:

● The short-term impact of support provided, whilst at the institution, on mental health and wellbeing but also on student academic success; and also the longer-term impact after leaving HE and once in employment.

● The impact of in-house support and initiatives compared to those provided externally such as online apps.

● The impact of individual services but also combined programmes of support and wider approaches such as inclusive learning and teaching, and conversely the potential to identify which specific interventions have had the greatest impact (and which do not have an impact).

● Evidence of effectiveness of what works across the spectrum of support including preventative and proactive work, particularly in their own institutional context, but HEIs acknowledged this could be challenging to collect and interpret.

● Potential for using standard measures of outcomes *'shared measurement systems – inside HE and outside with NHS'*.

● Better guidance around good practice, for example on what good support looks like/what is offered elsewhere (small HEI), and on resourcing and the staff to student ratio in relation to providing mental health support (medium-sized HEI).

'There are gaps in the evidence base and understanding of "what works" in the Sector, for students. This goes back to the core issue of

understanding of what "mental health" is. The Sector is alive with initiatives - some of them duplicating effort and some without a clear evidence base for success. Universities are almost compelled to respond given the reputational implications of not being seen to do so. This is not to dismiss our efforts or to deny that some of these can make a difference to our students. To improve this there needs to be an understanding of what it is we are trying to address.' (*medium-sized HEI*).

'There are a number of clear gaps in evidence across the sector, but the most pressing need is to develop appropriate ways of evaluating interventions, that can be adapted to the context of each institution and intervention. While RCTs have a role to play, they have a shaky record in the field of mental health, generally and we can clearly see from research that just because something works in a trial it does not mean that it will work in other contexts. We need to develop a more nuanced understanding of triangulated methods of intervention that are valid and do not require so much work and funding that they make the intervention unfeasible.' (*medium-sized HEI*).

- **Understanding the impact of higher education on mental health and wellbeing**: HE institutions wanted more data about the causes of, or influences on, poor wellbeing and mental health. They were particularly interested in those associated with or intensified by student life and the higher education environment, whilst also highlighting how students could arrive at university with significant challenges. Respondents recognised that moving away from home, adjusting to a new environment (academically and socially including living in halls), pressures to achieve and stresses of academic work, and financial difficulties/pressures to take paid work alongside studies can all have a detrimental effect on students' mental health. HE institutions also reflected in their responses that wellbeing and mental health can be affected by wider external factors such as family and relationships that are not related to studies and largely beyond the control of institutions. They wanted to understand the relationship between these potential influences and students' mental health and wellbeing both negative but also positive. They also wanted to know what students are (most) concerned about so they can work to better manage and support these aspects of the HE experience.

    'We would also suggest that better information on the relationship between a student's academic experience (such as contact time, mode of study, types of assessment) and their mental health and wellbeing, would be invaluable…. understood in more detail, this would potentially aid an institutional approach to embedding wellbeing within the curriculum, for example' *(large HEI)*.

    'Aspects of university life that cause most concern; how can universities manage these processes better or in a more conducive manner; greater granularity on the nature of mental ill-health but also

the impact on ability to study; have students considered withdrawing or dropping out due to mental ill-health and/or lack of support.' *(large HEI).*

- **The impact of transitions:** Respondents were concerned about the specific impact of transitions to higher education (and also from HE) – as opposed to the overall HE experience - and wanted to know how best to support these transitions. They felt they needed better information about incoming students: any pre-existing issues, and their needs and expectations for support; support they have previously accessed; and the role of other organisations in preparing students for HE and supporting their transitions (particularly the feeder institutions that students were leaving) and/or providing continued support into HE. There were concerns about the discontinuities in support when students move between home and HE, which can be exacerbated by a lack of communication between education providers (previous place of study and new place of study) and between education providers and health services.

  'The extent to which starting to attend University disrupted student's mental health and any support they may have had in place.' (*large HEI).*

  'What other organisations can do to contribute to the health and wellbeing of students - schools, colleges, etc. in preparation for university and in providing appropriate services whilst at university.' (*small HEI*).

- **Understanding students' experiences and expectations:** Institutions were keen to get students' feedback on the services they offer, to gain the student perspective, and also to think about how they might be able to manage students' expectations (where appropriate). They wanted to understand:

  - students' expectations on arrival,

  - whether expectations at entry and during their studies are met and students feel supported, particularly in terms of the speed of institutions responses and the amount of support individuals can access,

  - what students feel will best support them, and what support they find most useful,

  - whether there are services they feel are lacking (gaps in provision), and if so where (else) they go to find the support they need,

  - students' expectations of their institutions when they encounter difficulties accessing external services. A few, particularly small, HE institutions wanted to understand what could be done to better join up and maximise internal and external support services, and develop strategic links and different ways of working with external organisations,

  - students' views on data sharing and how this could be tackled, for example whether they would give their institution permission to contact parents/carers, health services and other bodies when there is significant welfare concern,

- the lived experiences of mental health issues and the challenges students face.

> 'we are very aware of the disjuncture between the support they may have received from children's services and adult mental health services but need to understand more about how we can bridge that gap. However, an understanding that universities are education institutions first and foremost would be helpful, i.e. some questions around their expectations and how realistic these are….We work with some very vulnerable students and desperately want to help them to remain in their studies (it's often the thing that keeps them going and their point of stability) but don't feel the resources in the health sector are there to support us in trying to do that.. We are an education establishment and a small one at that - we need more external resources for mental ill health. Despite putting more and more into counselling services (and well-being services) we still seem to be standing still and waiting lists continue to grow.' (*small HEI*).

> 'Most universities provide good services to students but, in my experience, there is just not enough of it. I would be really keen to see whether the student population feel that they were attended to quickly enough and that the support they received from any counselling, mental health and well-being service was provided to them for long enough.' (*large HEI*).

> 'We have seen in recent years, parents getting very much involved as advocates for their sons and daughters. Although the current practice is to consider all students, over 18s as adults, one wonders how many of them would like their parents to be notified if there were at risk to themselves and others.' (*small HEI*).

■ Some institutions also wanted to understand students' **awareness of the services** available to them.

> '…availability of support - do students know where to access help, advice and support; are students aware that the NHS supports them clinically wherever they study - not the HE sector necessarily as HE supports the academic process.' (*large HEI*).

■ **Understanding which students are most 'at risk':** The survey responses show that institutions are conscious of the wide-ranging characteristics of their student body, and that this may impact on the willingness or conversely the reluctance to seek support. It also creates challenges in responding to need. Institutions talked about specific barriers and mental health and wellbeing issues of certain groups of students, and they recognised that support needs to be tailored rather than providing a 'one size fits all solution'. Institutions described how they respond to a multitude of needs, and therefore adapt their services in line with particular requirements. In order

to take effective action, HE institutions feel it is important to know which groups of students are more susceptible to poor mental health and how they can support students with specific (and intersecting) socio-demographic backgrounds through specialist services.

- **Barriers to seeking help:** There was a desire among HE institutions to understand the barriers to seeking help, accessing support and engaging with their services. These could be barriers that might affect the whole student population but also barriers specific to groups of students. Groups that were mentioned to be a particular concern in terms of reluctance to seek help were male students, students from ethnic minority groups (e.g. Chinese students), and international students. Institutions talked about wanting to know how to ensure students make their needs known and engage with the relevant services. Institutions want to understand students' concerns about the impact of stigma around mental health and their reluctance to disclose issues and needs, and how to address this and the best language to use to reduce potential stigma.

  > 'A lot of students do not want to declare issues due to stigma before they arrive and then are slow to engage with the services that are available due to fear and perceived social stigma. It is usually when they are at crisis point that they do declare or engage but sometimes that is too late in the process. A greater understanding of this gap in information and the why, from the student perspective, would be most helpful.' (*medium-sized HEI*).

  > 'To what extent are mental health and wellbeing needs largely the same across the student body or are distinct between different groups (and which groups? E.g. by gender, age, ethnicity, programme, nationality, income etc.). What inhibits certain groups from accessing support, and is there anything Universities can do to make our support services more accessible to them?' *(large HEI)*.

  > 'Disclosure at UCAS / admissions point could be improved. Students report feeling that universities will not make offers to students with MH conditions. We are keen to support the sector in being proactive in removing this myth to support earlier engagement and understanding of student needs. Revising the wording of the UCAS disclosure would be helpful.' (*medium-sized HEI*).

- **Understanding prevalence:** Institutions said they lacked data on the prevalence of mental health disorders and mental wellbeing in the student population and the nature of these (e.g. mild to moderate or more severe); and how this differs by course and how it changes over time. Institutions wanted to understand the 'scale of the problem' and to understand 'the real story' and for some this was about whether there is a real rise in mental illness among the student population or just a greater willingness to disclose. Respondents reflected that data on prevalence is required across the spectrum of mental health and wellbeing. Some called for clearer and

standardised measures, measures that would allow them to compare the mental health and wellbeing of students with similar aged individuals not in HE.

> 'the disclosed numbers of MH conditions is the tip of the iceberg, but what is the real story.' (*medium-sized HEI*).

Clarifying terminology

In thinking about evidence gaps, providers raised concerns about blurred distinctions between 'mental health' and 'wellbeing', and also 'mental health difficulties' and 'mental illness', and how there is a lack of consensus in definitions in the sector and in the existing body of research. They noted several issues relating to the contentious and problematic nature of the language and terminology around mental health and wellbeing which, unless addressed through some form of accord, will create challenges for the sector:

- The concepts are regularly conflated, and this impedes comparison and benchmarking between and even within institutions. In moving forward with monitoring and evaluation and improving evidence, it will be important to have a clear distinction and definition of the concepts of mental health and mental wellbeing.

- Mental health and wellbeing can be positive (good) as well as negative (poor) and this needs to be clearly acknowledged.

- There are vastly differing levels of poor mental health or poor wellbeing.

- There is a difference in understanding and use of terms between students on the one hand and the professionals arranging and providing the support on the other, and this can cause confusion.

Feedback from the **sector experts** (early interviews) also highlighted the importance of terminology and language, and how some terms can be sensitive and politicised. For example, 'resilience' can be seen as an example of 'blaming the student'. They also noted that students don't always know what support they have received and can be confused by certain labels or terms or may not use the same terminology as those delivering services. This means, in collecting evidence, that descriptions or labels used around mental health and wellbeing support need to be reviewed and agreed.

Evidence gaps identified by other providers

Some of the other providers surveyed provided their thoughts on the gaps in evidence These included:

- Prevalence of mental health issues amongst their student population, and 'scale of the problem,'

'The number of students with mental health issues who do not disclose.' *(FE college)*

- Barriers to seeking help, why students do not seek help or make use of the services available to them (whether this is related to culture and gender issues), and the impact of perceived stigma associated with 'mental health'.

- Student feedback on provision and what students perceive to be 'good' support.

'What pro-active measures would students feel are most beneficial to support and promote positive mental health and wellbeing.' *(FE college)*

In their survey responses other providers did not tend to mention the impact of transitions on mental health and wellbeing when thinking about gaps in evidence from their perspective. The feedback from one case study suggests that transitions into HE study may be less problematic/concerning for FE providers:

Case study: One FE college described how the majority (95%) of their HE students have progressed from within the college and so they can ensure there is continuity of disclosed information, especially for those receiving specialist support. *'This will ensure that problems aren't missed when they transition'*. Students also take part in a series of events throughout their transitioning summer to help them acclimatise to a new learning environment.

5 Conclusions

HE providers offer a wide range of services and are looking to further develop their services to support their students with their mental health and wellbeing needs and to promote positive mental health and wellbeing. These cover the spectrum from wellbeing initiatives through early intervention activities to targeted support for those with very specific support needs. Services differ in terms of who delivers them, how they are delivered, when and for how long they are delivered, who they are aimed at, and the resources involved; and providers tend to offer a combination of approaches to respond to their contexts. Our survey categorised support activities into three groups but it is clear that many providers view their services in a holistic or fluid manner, with considerable overlap between services to support wellbeing and those to support mental health needs.

For many, their work is backed by a clear strategy or policies which have evolved and will continue to evolve over time to address changing environments and emerging challenges. These strategies tend to set out providers' ambitions, how they plan to achieve their goals, roles and responsibilities (and boundaries), and how to assess progress. However more providers could develop strategies to guide and consolidate their work, following the lead of their peers. The new Mental Health Charter will help providers with this.

Providers collect data to try to understand the extent of the demand for support with mental health across their student population drawing on admin data, self-disclosure and in some cases clinical measures. Providers appear to struggle with assessing their students' wellbeing needs but some use or are planning to introduce student surveys (either bespoke or utilising standardised measures of wellbeing). Much of this work however measures supply of support rather than true demand or need for mental health or wellbeing support. Most providers also collect data to learn about the impact, effectiveness and the added-value of their services to help them to improve their provision and make resourcing decisions. However, independent external evaluation is rare, and there is a lack of understanding about the real effectiveness of wellbeing support. All providers recognise the importance of monitoring and evaluation, and many feel they could do better. Evidence gaps persist and there is a desire to do more to improve evidence and understanding around the influence of HE on students' mental health and wellbeing, potential mismatches in expectations for and experiences of support, those most at risk and least likely to seek support, and the prevalence and nature of mental health disorders and poor mental wellbeing in the student population.

Finally, the research highlights how definitions, language and terminology are still evolving and are sensitive and value-laden which can create challenges for understanding and describing what is happening in the sector and in developing any monitoring. The sector will need to work together – gathering perspectives of mental health experts, providers, and students - to agree a set of terms that will ensure a common understanding.

Appendix A: surveys and measures of student mental health and wellbeing

A key measure used in and across the sector is the number of students recorded by the Higher Education Statistics Agency (HESA) who have declared (via self-report) a mental health condition. Between 2010/11 and 2014/15 the number of undergraduate students declaring a mental health condition trebled from 0.4 per cent to 1.3 per cent[56], and in 2018/19 82,000 students declared a mental health condition accounting for 4.3 per cent of all home students, which is two and a half times higher than in 2014/15[57]. There is presumed to be a high level of non-disclosure, and thus much higher levels of self-reported mental distress among the student population than captured in these statistics. For example, the Unite survey (see below) concluded that less than half of students who report experiencing a mental health condition have disclosed it to their institution. This measure (disclosure captured in the HESA statistic) is therefore considered to undercount the true level of mental health issues in the student population.

There have been a number of surveys of institutions and students that have sought to identify the prevalence of mental health issues and/or low wellbeing; and these generally find high levels of mental distress among the student population, particularly stress and anxiety[58]: At the time of the preparation of this report (pre-COVID), these included:

- The Higher Education Policy Institute (HEPI) working with Advance HE has been building a time series (since 2014) on wellbeing among full-time undergraduate students through its annual Student Academic Experience Survey. This draws on the Office for National Statistics (ONS) four questions to measure wellbeing covering: life satisfaction, worthwhile, happiness, and anxiety. These do allow for comparison of student wellbeing with the general population and young people in particular. This finds students have lower levels of wellbeing and wellbeing levels have been declining. HEPI and Advance HE also conducted a study of the wellbeing of applicants to HE (published as Reality Check in 2017), using the ONS-4 to track the wellbeing of applicants to HE and again found lower levels of wellbeing than in the general population.

- The HESA Longitudinal Destinations of Leavers from Higher Education survey and its replacement, the new Graduate Outcomes survey, also includes the ONS measures of subjective wellbeing. The Longitudinal survey of 2012/13 graduates found graduates have lower levels of wellbeing on three of the measures than found in the general population. The first Graduate Outcomes survey (for those graduating

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[56] Equality in Higher Education Statistical Report 2015, ECU www.ecu.ac.uk/publications/equality-highereducation-statistical-report-2015/

[57] See Hubble, S. and Bolton, P., (2020) Support for students with mental health issues in higher education in England, Briefing Paper 8593, House of Commons Library, file:///C:/Users/ep/Downloads/CBP-8593%20(1).pdf, accessed August 2020

[58] See Hewitt R (2019) Measuring well-being in higher education, HEPI policy note 13, HEPI; and Thorley C (2017) Not by degrees: improving student mental health in the UK's universities, IPPR

in 2017/18) does not publish or disseminate subject wellbeing measures at provider level but presents findings on each of the four measures by graduate activities, education characteristics and background characteristics. The results analysed by WonkHE finds graduates in general are more anxious than the general population (aged 20 to 24) and less likely to report high levels of happiness and high levels of life satisfaction[59].

- The Institute for Public Policy Research (IPPR) looked at students' mental health[60] and concluded that Levels of mental illness, mental distress and low wellbeing among students in HE in the UK are increasing, and are high relative to other sections of the population. The study involved an extensive literature review, analysis of secondary datasets (from HESA, Unite and Student Minds), a survey of 58 HE providers in Great Britain, and six case studies of HE providers. The institutional survey asked providers to estimate the prevalence of mental health conditions within their student population, the proportion of students with an accepted diagnosis, the proportion of students using support services, the number of acute episodes of mental health emergencies requiring urgent institutional response, and students with declared pre-existing conditions prior to entry; and to describe services provided by the institution (including broader wellbeing interventions), the level of demand for these services and how this has changed over the past five years, training offered to staff, and partnership working with external bodies

- Wonkhe working with Trendence has undertaken research on student loneliness[61], building on the ONS report on children and young people's experience of loneliness which was felt to influence poor mental health. This study was promoted as student lifestyle research, drew a sample from the Trendence student database and gathered 1,615 responses across 103 universities. The survey explored how often students felt lonely at university, whether they felt there were people they could call on for help or company, friendship circles and involvement in different types of activities, what students were worried about (on a day-to-day basis). It found 15 per cent of students felt lonely on a daily basis.

- Dig-in (providing student welcome boxes to new students) and the Insight Network (psychologists and psychiatrists providing treatment and therapy for mental health problems) have undertaken surveys of university students' mental health to explore the prevalence of mental illness[62]. Over 37,500 students and applicants from 140 universities were surveyed in 2018. This found more than one fifth of respondents had a mental health diagnosis, most commonly depression and anxiety disorders, and many have complex diagnoses. Also rates of psychological distress are high,

[59] See Kernohan D (2020) Graduate Outcomes: wellbeing, WonkHE https://wonkhe.com/blogs/graduate-outcomes-wellbeing/, accessed August 2020
[60] Thorley C (2017) Not by degrees: improving student mental health in the UK's universities, IPPR
[61] https://wonkhe.com/wp-content/wonkhe-uploads/2019/03/Only-the-lonely-8-Page_v2-003.pdf
[62]   Pereira S, Reay K, Bottell J, Walker L, Dzikiti C, Platt C and Goodrham C (2019) University Student Mental Health Survey 2018, Digin/The Insight Network; https://uploads-ssl.webflow.com/561110743bc7e45e78292140/5c7d4b5d314d163fecdc3706_Mental%20Health%20Report%202018.pdf accessed August 2020

thoughts of self-harm are relatively common (and higher than found in the 2017 survey), and high levels of substance misuse. The research explores when difficulties commenced (before or during HE), and identifies at risk groups within the student population. Their survey covers: prevalence, causal factors, suicide risk with questions on: prior mental illness, mental distress or low wellbeing, current mental difficulties, depressed or anxious feelings, substance misuse, sleep disturbance, self-harm, stigma and disclosure, family history of mental illness, and knowledge and use of support services. These questions appear to be similar to those used in the NUS survey in 2015.

■ The National Union of Students conducted their Mental Distress Survey in 2013 with approximately 1,200 students. It asked about previous diagnoses of mental health problems and further questions about symptoms and frequency of mental distress experienced including stress, lack of energy or motivation, feelings of unhappiness, anxiety, trouble with sleeping, feeling depressed, thoughts of self-harm and suicidal thoughts. It also asked students about potential contributors (or triggers) to mental distress, who (if anyone) they confide in about their feelings of mental distress, use of formal support services, and which services they would recommend for mental distress. A further survey in 2015, the Mental Health Poll, gathered results from 1,093 students. This used again drew on the same bespoke questions to identify whether students believed they had experienced problems with their mental health in the past year (regardless of being formally diagnosed), whether they had sought support for a problem with their mental health in the past 12 months, and whether they experienced any symptoms of mental distress. The poll also explored whether students felt they knew where to go to get support at their institution, how they felt about the support offered at their institution and their satisfaction with the support received from their institution (if applicable).

■ Unite (a provider of student accommodation to over 50,000 students) working with panel companies YouGov and YouthSight conducted a survey in 2016 with 6,504 students and 2,169 applicants[63]. The survey covered accommodation, social life, finance and employability as well as wellbeing. This found 12 per cent of students considered themselves to have a specific named mental health condition, such as depression, schizophrenia or an anxiety disorder. Close to one-third of students (32 per cent) reported that in the previous four weeks they had 'always' or 'often' felt 'down or depressed' and 30 per cent reported 'always' or 'often' feeling 'isolated or lonely. This survey used the main ONS wellbeing question focused on life satisfaction; as well as questions capturing behaviours such as trouble sleeping, problems concentrating, not eating healthily, drinking too much, and using drugs; and frequency of experiencing a set of feelings (in the previous four weeks) such as capable of making decisions, cheerful, stressed or worried, coping well with problems. This was updated in 2017 (published as two reports, Reality Check and Everyone In), and in 2019 (published as The New Realists). The 2019 research[64] saw Unite partner with HEPI and

[63] Unite Students (2016) Student Resilience: Unite Students Insight Report, http://www.unite-group.co.uk/sites/default/files/2017-03/student-insight-report-2016.pdf, accessed August 2020
[64] The new realists, Unite Students Insight Report 2019, http://www.unite-group.co.uk/sites/default/files/2019-09/new-realists-insight-report-2019.pdf, accessed August 2020

involved a survey of 2,535 applicants and 2,573 first year students (drawing on YouthSight's student panel). Again, the survey included questions on wellbeing and mental health. The 2019 survey found 17 per cent of students consider themselves to have a mental health condition and anxiety and depression are the most commonly reported conditions. The 2019 survey also explored students' feelings about their mental health condition as well as their use of university wellbeing or mental health support or services and assessment of these services.

■ YouGov conducted a survey in 2016 with 1,061 students and found that one in four students (27 per cent) suffer from mental health problems[65]. The survey asked if the respondent suffered from a mental health problem, and then followed up with questions about the type of mental health ailment, and the extent of its impact on their lives (e.g. making day-to-day tasks difficult). The survey also asked about feelings of loneliness, main sources of stress and how they cope with stress, whether they would be comfortable talking to friends or family about their mental health, awareness and use of university mental health services and ratings of their helpfulness, other avenues of help for mental health utilised, and whether students know anyone who suffers from a mental illness.

The national What Works Centre for Wellbeing aims to develop and share robust and accessible evidence on what works to improve wellbeing. The centre notes that there are also off-the-shelf surveys or measures that HE providers or the sector could use including the Happy City pulse developed by the Centre for Thriving Places[66] (with measurements across three domains of *be*, *do* and *connect* focusing on how people think and feel about their lives, what they do that supports better lives and how they connect with others). There are also other products used in wider settings such as Edukit (offering a free wellbeing survey for schools) and Pyst or Happiness Lab (in workplaces). The

Centre has also put together a list of recommended questions to measure wellbeing. This includes: the ONS-4 (or subjective wellbeing measures) which are well used and widely recognised and allow for benchmarking as they have been included in over 40 datasets in the UK; the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) which measures feeling and psychological functioning aspects of wellbeing using a long or short version and is used in the national Understanding Society survey and reflected in the National Wellbeing Dashboard; Social Capital Questions measuring how people feel about their place in society, take part in society and their relationships, and these are used in national surveys such as the Community Life Survey; and Loneliness and Social Connection questions developed by ONS, aspects which can cause harm and affect wellbeing. Question banks for all these areas are available from the What Works Centre. Further details of some of the most commonly used standard measures are provided below.

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[65] See https://d25d2506sfb94s.cloudfront.net/cumulus_uploads/document/obtomdatp4/Survey_Results.pdf for the survey questions and results, accessed August 2020
[66] https://www.centreforthrivingplaces.org/about-measurement-policy/happiness-pulse/, accessed August 2020

Standardised measures

Standardised measures including clinical measures were used by some providers in the survey to collect data or evaluate and/or review their mental health and wellbeing services. These include:

- **GAD2 and GAD7** (measuring anxiety). The Generalized Anxiety Disorder GAD scale was developed by Spitzer, Kroenke and Williams and published in 2006, with copyright held by Pfizer Inc. It is free to use and available in two formats: GAD2 (2 items) and GAD7 (7 items). Both are used in self-administered surveys for the identification of, or initial screening tool for, anxiety disorders, particularly generalised anxiety disorder. They ask individuals to think back over the past two weeks to answer how often they have been bothered by particular problems (e.g. feeling nervous, anxious or on edge, or not being able to stop or control worrying).

- **PHQ-9** (measuring depression). The Patent Health Questionnaire (PHQ-9) is a self-administered survey using questions from the wider diagnostic instrument (Patient Health Questionnaire constructed of 59 questions that assesses common mental disorders, itself developed from PRIME-MD). PHQ-9 was also developed by Spitzer, Williams and Kroenke and published in 1999. It is used to monitor the severity of depression and response to treatment but can be used to make tentative diagnosis of depression in at-risk populations[67]. It is used in the Millennium Cohort Study. A shorter version PHQ-2 is also available which can act as a screen for depression. As with the GAD questions, it asks individuals to rate the frequency of particular problems over the past two weeks (e.g. feeling tired or having little energy, poor appetite or overeating).

- **CORE** (or CORE-OM). Clinical Outcomes in Routine Evaluation (CORE) is a client self-report questionnaire designed to be administered before and after therapy. It was launched in 1998 and is free to use. The original format has 34 questions (therefore sometimes referred to as CORE-34) about how individuals have been feeling over the last week covering: subjective wellbeing, problems/symptoms, life functioning and risk/harm. A mean score is produced to indicate the level of current psychological global distress from healthy to severe. Comparison of pre and post therapy scores offer a measure of outcome and meaningful improvement over a course of therapy. CORE is available in shorter forms for screening and research: CORE-18 A & B, CORE-GP for use in the general population with 14 items, CORE-10 and CORE-5 (the latter is used for tracking recovery and improvement)[68] [69]. There are also accompanying CORE therapy assessment form and end of therapy form that practitioners complete. Generally, providers mentioned using CORE-34, CORE-10 or CORE-GP

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[67] https://patient.info/doctor/patient-health-questionnaire-phq-9; https://www.corc.uk.net/outcome-experience-measures/patient-health-questionnaire/
[68] http://www.coreims.co.uk/About_Core_System_Outcome_Measure.html
[69] http://www.coreims.co.uk/site_downloads/core_systems_faqs.pdf

- Warwick-Edinburgh Mental Wellbeing Scale (**WEMWBS**). This has a short form (7 statements) and a longer form (14 statements) and was developed to enable monitoring of mental wellbeing in the general population but has been used with young people, and is used to evaluate programmes aimed at improving mental wellbeing[70]. It was developed in 2007 by a panel of experts from the universities of Warwick, Edinburgh, Anglia Ruskin, Queen Mary (London), and Bristol, and NHS Health Scotland. Its statements cover feeling and functioning aspects of mental wellbeing. Again, individuals are asked about frequency of issues over the past two weeks. As noted by Child Outcomes Research Consortium (CORC): *'the idea of wellbeing is fairly new, therefore it is difficult to fully interpret what the scores mean for each individual. However, you can see how individual's scores compare with national survey data (from adults)'*[71].

- **ONS-4**. A set of four personal (or subjective) wellbeing questions developed by the Office for National Statistics[72]. These questions are regularly included in a wide variety of surveys including the ONS Annual Population Survey, Cabinet Office Youth and Social Action Survey and DWP English Longitudinal Study of Ageing. These have also been added to the new Graduate Outcomes survey as an optional question bank and to the Higher Education Policy Institute's (HEPI) Student Academic Experience Survey.

Other less frequently mentioned measures included:

- **CIAO** survey (Counselling Impact on Academic Outcomes) developed by Wallace for the Association of University and College Counselling (AUCC) in 2012 to gather feedback on the helpfulness of counselling on academic issues. It has four scale questions capturing perceptions of the extent to which counselling helped with retention, achievement, overall experience of university or college, and developing employability skills, and two qualitative questions about how counselling helped or had been unhelpful[73].

- Work and Social Adjustment Scale (**WSAS**) is another self-report scale. It has five items and it measures functional impairment attributable to an identified problem, and is used to study the treatment of depression and anxiety[74]. Another related scale is the Social Adjustment Scale Self Report (**SAS_SR**) developed in 1999 and includes 54 items in the full-length version. It is measure of social functioning and focuses on performance at work (or study in the case of students), in social and leisure activities,

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[70] https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/
[71] https://www.corc.uk.net/outcome-experience-measures/short-warwick-edinburgh-mental-wellbeing-scale/
[72] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/surveysusingthe4officefornationalstatisticspersonalwellbeingquestions
[73] https://www.bacp.co.uk/bacp-journals/university-and-college-counselling/november-2012/the-impact-of-counselling-on-academic-outcomes/
[74] https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/work-and-social-adjustment-scale-a-simple-measure-of-impairment-in-functioning/A23DD5A7256D13707859AC164B0A073C/core-reader#

and with the family (in relationships with partners and children) over the past two weeks There is a short version with 24 items and a screener version with 14 items.[75]

- World Health Organisation (**WHO-5**) Well-being Index[76]. This is a short self-reported scale to measure mental wellbeing. It was developed in Denmark and is the short form of a larger 28 item and then 10 item questionnaire, and first used in 1998 as part of a wider project (DEPCARE) on wellbeing measures in primary health care. It can be used to screen for depression and for measuring outcomes in clinical trials and works well with both younger people (children aged 9 and above) and elderly people. It has five statements and asks about feelings in the previous two weeks. It is free to use.

Other potential clinical measures include: the General Health Questionnaire (GHQ-12, but also available as GHQ-60, GHQ-30, GHQ-28)[77] used to identify minor psychiatric disorders; and the Hospital Anxiety and Depression Scale (HADS, with 14 questions) and the Beck depression inventory, 2nd edition (BDI-II), used to identify anxiety and depression, but these were not mentioned in the survey response (potentially as these may incur a fee to use).

A key resource setting out the measures that can be used is The Improving Access to Psychological Therapies Manual – appendices and helpful resources, The National Centre for Mental Health, updated in December 2019[78].

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[75] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3433762/

[76] https://www.psykiatri-regionh.dk/who-5/Documents/WHO-5%20questionaire%20-%20English.pdf

[77] General Health Questionnaire www.gl-assessment.co.uk/products/general-health-questionnaire-ghq/

[78] Accessed August 2020 https://www.england.nhs.uk/wp-content/uploads/2019/12/iapt-manual-helpful-resources-v2.pdf

Appendix B: key findings from the case studies and expert interviews

Feedback from the case studies and interviews with sector experts provided some insights into wider issues.

- Barriers faced by institutions in providing support related to: (lack of) resource; understanding of (and the limits to) HE provider's responsibilities and lack of clarity around the role HE has in supporting students with their mental health; stigma remaining around certain conditions such as autism, psychosis and eating disorders; cultural barriers (including the lack of cultural diversity in staffing of support provision); and reduced NHS capacity influencing its ability to respond.

- Barriers faced by students in accessing support included: heavy timetabling/workload and prioritising academic deadlines (and thus difficulties finding time to attend appointments), underfunding of NHS services, lack of resources in HE providers, peaks and troughs in demand, lack of support from academics, confusion driven by lack of consistent language and narratives, lack of students' understanding of mental health services and degree of engagement/commitment required, gender and culture affecting perceptions of stigma, lack of joined up support between secondary school and HE, and lack of joined-up support within HE.

  One **case study** (large HEI) reported they were noticing a trend of students not wanting to seek support simply because they feel they do not deserve it or do not want to take limited resource away from somebody else. They also report a perceived discrimination and stigma around disclosing a mental health condition, and typically this is caused by a student's past experience of negative treatment (perhaps at another institution). This can result in disclosure later in the student's academic career once they have built up an open and trusting relationship with their academic tutor.

- Aspects causing HE providers the greatest concern were felt to include: increasing prevalence of anxiety, depression, self-harm, and experience of trauma (some of which can be identified through clinical measures); students with very complex issues that providers may not have adequate resources to support; increasing volumes of students feeling overwhelmed and feeling unable to cope and the resultant pathologising of normal student development and experience of failure (identifying themselves as having a mental health problem); deciding where to target resources (and potentially leaving some areas under-resourced); and critically the danger of at risk students being undetected (e.g. isolated students who are disengaging from HE life/studies).

- Institutional impacts of student mental health problems were noted as: damage to reputation, decreases in student retention, loss of revenue, disruption in class due to absences, and negative impacts on academic and support staff (and on staff mental health).

- Influences on mental health could include: impulsive and risky behaviours, perfectionism (unrealistic expectations of self and others), academic stress, finance issues,

relationships and family, sexual violence, sexuality, loneliness, social media and cyber bullying. In addition, the transition from school to university was seen as providing 'contextual background' and creating a challenging environment where some students may struggle. Further contextual aspects with the potential to influence mental health included a narrative of a 'mental health crisis'; changing motivations for going into higher education and increasing emphasis on outcomes rather than the experience of HE; concerns about availability of jobs, housing etc after graduating; the wider political situation and the uncertainty around UK leaving the EU.

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