

Mental Health Policies and Practices in UK Higher Education

**A report on the results and implications of a survey
undertaken by the Universities UK/SCOP Working Group for
the Promotion of Mental Well-being in Higher Education**

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Executive Summary

Introduction

- This document presents an analysis of the results of a survey of UK Higher Education mental health policies and practices that was undertaken in autumn 2003. The purpose was to investigate the scale and scope of provision to support students and staff who experience mental health difficulties. The survey was undertaken by the *Working Group for the Promotion of Mental Well-being in Higher Education, a working group of Universities UK/SCOP*.
- Responses were received from 79 Universities UK and SCOP member institutions, an overall response rate of 50 percent. Further input was provided by delegates who attended a conference on *Mental Well-being in Higher Education: Policy and Practice* held in London in February 2004.

Policy development and implementation

- The introduction of mental health policies is a relatively new development in the sector; just over a quarter of the respondents had a policy in place, although a further 60 percent were in the process of developing policies.
- HEIs have also developed policies addressing a wide range of related issues, including student death, students at risk and alcohol and drugs.

Mental health resources

- Despite many areas of common ground, there is significant variation across the sector in the provision of support and resources for those experiencing mental health difficulties.
- Just over half the responding institutions have staff in post with the specific remit of supporting students with mental health difficulties, but many others with a broader remit and other responsibilities also make a significant contribution, particularly counsellors, disability staff and health professionals.
- The crucial role of personal tutors and other academic staff in student support is highlighted. Overall, three quarters of responding institutions have a compulsory personal tutor system. The majority of institutions have produced guidance documents for personal tutors, and a wide range of paper and web-based resources is available across the sector.
- Approximately 80 percent of institutions have specific provision for staff. This is usually separately organised by human resources departments, but a number of institutions have a joint provision through a counselling service or mental health adviser.
- Peer support programmes have been developed in several institutions; other resources include guidance documents both for those experiencing difficulties, and those who support them.

Mental health promotion and training

- Mental health promotion events are common feature of UK HEIs, but there is significant variation in their scale and frequency. They range from annual 'mental health awareness' days to regular workshops and themed events. Such activities are most common in institutions that have developed a mental health policy. Mental health promotion is frequently undertaken collaboratively; Students' Unions play a significant role in many institutions.
- The majority of institutions offer training for academic staff on mental health matters; some institutions also target other categories of staff including support staff, cleaners, security and clerical staff.

Sector guidance and policy

- National legislation, and policy and guidance documents - particularly those produced by Universities UK (Universities UK), the Association of Managers of Student Services in Higher Education (AMOSSHE) and the Heads of University Counselling Services (HUCCS) - have had a significant impact on the development of mental health provision. For many institutions they have provided a framework for cross-institutional activities ranging from policy initiatives to training and awareness raising.
- Special initiatives funded by HEFCE, SHEFC and DENI are also demonstrated to have had a significant impact across the sector, providing both the incentive and the means to undertake developmental work.
- The government's widening participation policies do not appear to have been particularly influential in respect of the development of resources targeted at students' mental well-being. Separate funding streams may have tended to isolate activities designed to increase participation by those from socially and economically disadvantaged backgrounds from activities that seek to widen access to, and provide appropriate resources for, those with disabilities or specific learning or health difficulties.

Developing sector guidance and effective practice

- Respondents to the questionnaire highlighted a range of matters that they would like to see addressed through sector-wide guidance. These include exemplary policies and strategies, guidance on developing provision for international students experiencing mental health difficulties, and protocols for effective collaboration with external providers.
- Many institutions provided information about, or examples of, a range of policies and procedures that they had developed internally, demonstrating a rich repository of valuable resources and approaches for future dissemination; strong support was expressed for the development of a website and for dissemination events.
- Very few institutions have developed effective procedures for monitoring and evaluating their policies and procedures; these are flagged as important areas for further development.

Conclusions

- The cross-sector survey has provided a benchmark of current provision for students and staff experiencing mental health difficulties, and has also highlighted a range of areas where further development and guidance would be welcomed. While there is a wealth of expertise and good practice, there can be little doubt that there is still much to be achieved. Development across the sector is patchy, and there are many areas where sector-wide guidance and the dissemination of the good practice that exists in many individual HEIs would be welcomed.
- Most of the information provided related to students; it might be necessary to target human resources departments in the future in order to further investigate the full extent of provision for UK HEI staff.
- A list of major topics for further consideration by the *Working Group for the Promotion of Mental Well-being in Higher Education* was generated, and this will provide guidance for its future work.

Mental Health Policies and Practices in UK Higher Education

1. Introduction

1.1 A questionnaire on current mental health policies and practice (see appendix) was sent to heads of all Universities UK and SCOP members (respectively 122 and 37) in early November 2003, asking for a response by 1 December. The aim of the survey was twofold: to provide baseline knowledge about the development and implementation of mental health policies in UK higher education institutions for the newly established Universities UK/SCOP *Working Group for the Promotion of Mental Well-being in Higher Education*; and to identify examples of effective practice in responding to students and staff experiencing mental health difficulties and in promoting mental well-being. This paper analyses the results of the survey and also incorporates comments and feedback made following a presentation at a conference organised by the Working Group, on *Mental Well-being in Higher Education: Policy and Practice* on February 2004 at Universities UK in London.

2. Response rates

2.1 Eighty-three completed questionnaires were returned but in four cases two different respondents from the same institution made returns; the total number of institutional responses was thus 79. The overall response rate was 50 percent¹, but a rather higher response rate (57%) was achieved for Universities UK than for SCOP (30%) members. A breakdown of responses by sector is shown in Table 1 and by campus-based student numbers in Table 2. All UK regions are represented in the responding institutions: 64 are in England, 8 in Scotland, 5 in Wales and 2 in Northern Ireland.

2.2

Institution type	N	%
Pre-1992	43	54
Post-1992	25	32
College of Higher Education	7	9
Specialist College	4	5
Total	79	

Table 1: breakdown of responses by institution type

2.3

Student numbers	N	%
Fewer than 1000	4	5
1000 - 4999	4	5
5000 - 9999	18	23
10,000 – 14,999	15	19
15,000 – 19,999	13	17
Over 20,000	23	29
Not specified or n/a	2	2

¹ Late responses were received for four additional institutions and a second form from an institution already included ; these have not been included in the analysis unless otherwise stated.

Total	79
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Table 2: responses by institution size - number of full- and part-time campus-based students

- 2.4 Although the questionnaire was sent directly to the heads of institutions, it came with a request to pass it on for completion to the person(s) with the best overview of mental health policy and practice within the institution, and also to any other bodies (for example, GP practices, Students' Unions) that play a significant role in providing support to those with mental health difficulties. The questionnaire was circulated separately to members of relevant HE organisations, including the Association of Managers of Student Services in Higher Education (AMOSSHE).
- 2.5 An indication of where in institutions the main responsibility for the development of mental health policies and provision lies is given by an analysis of respondents by job title. Nearly half (48%) the questionnaires were completed by heads of student services, demonstrating their central role in this area in many institutions. Other respondents included heads of counselling services (17%), disability/mental health advisers (7 %), other student service personnel (10%), and institutional administrative staff including academic registrars (10 %). However, five questionnaires (6%) were completed by senior managers at Pro- or Deputy Vice-Chancellor level. This perhaps indicates the importance attached to mental well-being at the institutions concerned: 1 college of HE, 3 post-1992 institutions and 1 pre-1992 institution. Students' association officers completed four questionnaires, but for only one institution was this the only return: for the other 3 institutions a member of university staff had also completed a questionnaire.

3. Policy development and implementation

Mental health policies

3.1 The questionnaire asked whether or not the institution had a mental health policy, and if so, when it was introduced. Only 25 percent of the respondents indicated that their institution had a mental health policy, but 60 percent had one 'in development' (Table 3).

3.2

Is there a mental health policy?	N	%
Yes	21	27
No	11	14
In development	47	59
Total	79	

Table 3: proportions of institutions with a mental health policy in place or in development

3.3 Seventy-five percent of the specialist institutions that responded had neither a policy in place, nor in development; in contrast this was the position for only 14 percent of the Colleges of Higher Education, and for 11 and 13 percent of the pre- and post-1992 institutions respectively.

3.4 While the response rate for this survey is relatively high for a postal survey, particularly for Universities UK members (see Table 1), it is possible that those institutions with relatively well developed procedures may have been more likely to reply than those where policy and practice had not been developed. This may at least in part explain the lower response rate for SCOP institutions, as small institutions may lack the resources to develop or implement new policy initiatives at the same speed as larger institutions. This was recognised in the allocation model for Strand One of HEFCE's 2003-5 disability initiative, which prioritised small and/or specialist institutions that at the time had little provision for, or experience of, students with disabilities (HEFCE 2002).

3.5 The introduction of mental health policies is a relatively new development in the sector. Although three institutions had their policies in place by 1999, the majority had been introduced since 2000 (table 4); given the large number of institutions with policies 'in development' we might expect there to be significant change in the next year or so. In nearly half the institutions (48%) the development of the policy had been, or was currently, the responsibility of a mental health working party, or, in a smaller number (10%) an existing institutional committee. In very many institutions the head of student services plays a key role in policy development in this area, either as the chair or a member of a mental health working group or institutional committee, or as the main driver, often in collaboration with other student service staff (in particular counsellors and mental health co-ordinators). Other institutional staff much less frequently mentioned as having responsibility for policy development or as members of committee/working parties include senior administrative staff, a university solicitor, trade union representatives, medical centre staff, occupational health staff, students' association representatives, pro-vice-chancellors, vice-chancellors, equal opportunities officers, learning support managers and HR personnel.

3.6

Date of introduction	N	%
1999	3	15
2000	2	10
2001	5	25
2002	8	40
2003	2	10
Total	20 ²	

Table 4: date of introduction of mental health policies

3.7 Institutions were asked how the implementation of the policy was monitored, but very few respondents answered this question in any detail. Most indicated *who* was responsible, rather than *how* that responsibility was discharged. In those institutions with a policy in place, the monitoring of its implementation seems most commonly to be the responsibility of institutional committees or working parties (responsible for student affairs, equal opportunities, mental health etc.). One respondent mentioned formal and informal feedback, and others the monitoring of student exclusions, or regular review by members of a crisis team who report their findings to a committee. Some institutions also mentioned the ongoing development of appropriate quality standards for this area. Those institutions whose policies were 'in development' provided very similar responses; one mentioned an intention to disseminate the policy early in 2004 and then evaluate it by questionnaire in the summer, and another was intending to analyse 'incidents'.

Other policies and guidelines

3.8 Respondents were next asked to indicate if they had developed any institutional policies on student death, students at risk, assessment procedures for students with mental health difficulties, return to study guidelines, personal tutor guidelines and any other related matter; the responses are summarised in Table 5.

3.9

Institutions with mental health:	policy in place	policy in development	no policy	All respondents
Other policy area				
Student death	86	68	58	71
Students at risk	38	47	42	44
Assessment procedures	57	45	25	47
Return to study guidelines	29	32	17	29
Personal tutor guidelines	67	66	67	67
Other	33	32	18	30

Table 5: percentages of institutions with other mental health-related policies in place

3.10 Policies addressing student death and personal tutoring are in place just over two thirds of institutions; those addressing the other matters indicated are much less common, particularly policies addressing return to study for students who have withdrawn temporarily.

² Figures presented in tables exclude non-responses unless otherwise indicated

- 3.11 Institutions with an overall mental health policy either in place or in development are, on average, more likely to have developed policies in some other areas; this was particularly evident with policies addressing student death and assessment procedures for students with mental health difficulties. However personal tutor guidelines and policies addressing students at risk are as commonly found in institutions without a mental health policy as in those with one (Table 5).
- 3.12 Other policies or guidelines developed by institutions address a wide range of related areas including the following:
- alcohol and drugs
 - confidentiality
 - socially isolated students
 - suicides
 - supporting students with mental health difficulties
 - psychological emergencies
 - disability
 - joint working (with cross institution and outside agencies)
 - return to study after hospitalisation
 - student misconduct
 - critical incident/crisis management
 - students under 18
 - meningitis
 - missing students
 - helping:
 - bereaved students
 - students with eating disorders
 - students reporting a rape or sexual assault.

Examples of some of these documents were returned by institutions with the completed questionnaire (see section 6).

4. Mental Health Resources

Student support

4.1 The next section of the questionnaire asked about the resources devoted to the support of those experiencing mental health difficulties. The first question in this section asked institutions if they had staff whose *main* remit was to support such students; a summary of the responses is given in Table 6.

4.2

Institutions with mental health:	policy in place	policy in development	no policy	All
Mental health post (N)	71 21	54 46	18 11	54 78

Table 6: percentages of institutions with staff with a main remit to support students with mental health difficulties

4.3 Overall, just over half of the responding institutions have key staff in this area, but such posts were significantly more common (chi-square tests, $p < 0.01$) in institutions with mental health policies in place than in those without. This may be because work on the development of policies helped to define the need for such posts, or because the postholder drove the development of policy statements in their institutions. Responses to an earlier question about responsibility for policy development indicated that the latter was the case in some institutions (see section 3.1). The proportion of pre-1992 and post-1992 institutions with mental health posts is effectively identical (56% and 58% respectively) but it is lower in colleges of higher education and in particular in specialist institutions (43% and 25% respectively).

4.4 Many of the members of staff concerned had *mental health* in their job title (for example, *Mental Health Co-ordinator*, *Mental Health Advisor*, *Student Mental Health Co-ordinator*), but in some institutions counsellors or disability staff are undertaking the primary role. Health service staff were mentioned by a few institutions, and others noted include consultant psychiatrists, consultant psychologists, psychiatric social workers, directors of student services, and, in one case, personal tutors. In several responses, more than one job role was listed.

4.5 All but one institution also provided the job titles for other institutional staff whose responsibilities *include* support for students experiencing mental health difficulties. Not surprisingly the pivotal role of counsellors was highlighted here. Other staff mentioned relatively frequently include disability staff, health service and medical staff (doctors, nurses, psychiatrists), wardens and other residence staff, and a range of advisory and/or student service staff. Chaplains were mentioned in responses from 9 institutions and the student *Nightline* organisation by 2. A few respondents included academic staff in their lists, citing specifically *personal tutors*, *all teaching staff*, *academics*, *deans*, *postgraduate tutors*; whether this was as a deliberate policy with such staff appropriately trained or a default position was not clarified.

4.6 The final part of this area of questioning asked for the job roles of non-institutional staff with a significant input. Most of the external support appears to be being provided by GPs, but over a third are accessing support from community mental health teams. Other resources mentioned

include health visitors, accident services, acute wards, crisis teams, and voluntary organisations, particularly *MIND* and *Nightline*; two further institutions mentioned chaplains.

- 4.7 Although only rarely mentioned in responses to the questions posed above, personal tutors can play a vital role in student support, particularly if they are alert to the symptoms of mental distress and are able to refer students to specialised services sensitively and effectively. Three quarters of the responding institutions have a compulsory personal tutor system in place, but there is significant variation by sector: most pre-1992 HEIs, Colleges of HE and specialist institutions have compulsory systems compared to under half of the post-1992 institutions (Table 7).

4.8

	Pre-1992 institutions	Post-1992 institutions	Colleges/ specialist institutions	All
Personal tutor system	86	43	91	74
(N	44	23	11	78)

Table 7: percentages of institutions with a compulsory personal tutor system

- 4.9 Overall, despite some areas of commonality, there is significant variation in the ways that institutions are providing support for students with mental health difficulties. Further work examining effective methods of delivering support and co-ordinating resources and responses both internally and with external providers might be beneficial to the sector.

Resources for staff

- 4.10 Mental health is not only a student matter and approximately 80 percent of the responding institutions provide specific support for members of staff experiencing mental health difficulties (Table 8). There is significant difference (chi-square tests, $p < 0.05$) between institutions: almost all post-1992 institutions that responded provide this support but only around three-quarters of pre-1992 institutions, colleges of higher education and specialist institutions. There is no correlation between the provision of support for staff and the existence, or development, of mental health policies within institutions. This suggests that growth of provision to promote the mental well-being of staff and students has had a different history and drivers, perhaps reflecting the very clear, but not necessarily always helpful, demarcation between human resource and student service functions in many institutions.

4.11

	Pre-1992 institutions	Post-1992 institutions	Colleges/ specialist institutions	All
Support in place	72	95	73	79
(N	43	22	11	76)

Table 8: percentages of institutions providing specific support for staff with mental health difficulties

- 4.12 In a small proportion of institutions there is a joint (staff and students) provision through a counselling service or a mental health adviser. More commonly, however, the staff support is provided by a separate counselling service, or through human resources, *Employee Assistance* or occupational health provision. Other provision noted includes staff telephone help lines, *Care First* schemes, harassment advisers, and external counselling services.

Several respondents mentioned that such services were provided free of charge, but a few that there was a limit on the number of sessions offered, particularly when there was a contracted out service.

Supporting the supporters

- 4.13 Over three quarters of responding institutions provide advice and guidance for students who may be concerned about the mental health of their peers and two-thirds provide ongoing support for staff or students who are supporting others. There are no significant differences by HE sector, but those institutions with mental health policies in place are slightly more likely to provide this support (chi-squared tests, $p < 0.1$ and $p < 0.11$ respectively) than those without policies or with policies in development. Some of the responses suggested that advice and support is available if those concerned sought it out, but in some institutions a more proactive approach is taken. In many HEIs it is the counselling service or, where they exist, mental health advisors, that provide the relevant resources; a few institutions mentioned HR staff.

- 4.14 One institution was introducing

... a pilot student mentoring scheme, which will include support for students with mental health difficulties.

Another institution's counselling staff

train and provide ongoing supervision for [a] student peer to peer support programme

and a counselling service in another institution

run[s] a peer support training programme to train students in interpersonal skills ... to enable them to help other students with personal problems.

One respondent raised a cautionary note in respect of student peer support:

by and large we discourage fellow students from undertaking formal support roles as we have seen that such responsibilities can lead to severe role strain and personal distress.

- 4.15 Other approaches include information on websites and/or in leaflets, some of which specifically address peer support (titles mentioned include *If you're worried about a friend* and a MIND publication on *How to help someone who is suicidal*) or include sections on supporting friends within leaflets on topics such as homesickness, depression, anxiety and bereavement.
- 4.16 Guidance for institutional staff members whose role includes some element of student support is also provided through written resources: overall, 86 percent of responding institutions provide some such documentation. Written guidance for personal tutors or other academic staff on responding to students with mental health difficulties was specifically mentioned by 26 respondents (33 %) and web resources were mentioned by 10 (13 %) respondents. Other resources noted include referral guides and guidance for exam invigilators on responding to panic attacks or students experiencing other difficulties during examinations. One institution mentioned a series of *Understanding...* leaflets for staff on mental health concerns including

depression, anxiety, self-harm and bereavement. Awareness raising and staff training activities are discussed in the next section.

5. Mental health promotion and training

5.1 Over 80 percent of respondents organise mental health promotion activities. Such activities are most common in institutions with a mental health policy in place or in development although a small proportion of institutions with mental health policies do not organise such activities, and half the small number of institutions without policies do so (Table 9).

5.2

Mental health policy status	Policy in place	Policy in development	No policy	All
Mental health promotion (N)	76 21	90 46	50 11	82 71

Table 9: percentages of institutions organising mental health promotion activities

5.3 In many institutions the organisation of mental health promotion activities is a collaborative responsibility involving several different groups of staff; these commonly include staff responsible for student services, counsellors, disability advisers, nurses and medical staff, and, rather less frequently, staff development officers and administrative staff. This is also an area where students' unions or student associations clearly play a very important role: nearly 50 percent of responding institutions that are currently undertaking mental health promotion activities mentioned their participation and for six institutions the students' association was listed as solely responsible.

5.4 Respondents mentioned a very wide range (in respect of scope, scale and frequency) of activities designed to promote mental well-being including:

- inputs to raise awareness at staff induction sessions or management training events
- mind, health and body fairs/weeks
- articles in student newspapers
- relaxation/alternative therapy opportunities
- notice boards or poster displays
- themed events/ days addressing specific issues (lifestyle, stress)
- awareness-raising leaflets and self-help materials, including book collections in institutional libraries.

5.5 One institution is developing a CD called *Big boys don't cry* in order to encourage young men with problems to seek help. Specific workshop topics mentioned include some addressing particular difficulties (for example, alcohol and drugs, depression, bereavement, eating disorders, homesickness), some promoting general well being (for example, positive thinking, managing stress, cultural adjustment) and some addressing institutional responsibilities in relation to, for example, disability legislation and duty of care.

5.6 In some institutions activities are relatively infrequent – annual events timed to coincide with World Mental Health Day were mentioned by several respondents – but other institutions organise events at 'stress points' throughout the year and/or weekly workshops.

5.7 Seventy-eight percent of the responding institutions provide training for staff on mental health matters. Nearly 70 percent of these latter (50 % of all respondents) make the training

available to all groups of staff (Table 10), but some institutions only offer training to specific groups, frequently academic or accommodation staff, including wardens. However, the increasing awareness of the importance of ensuring that all staff members who have either formal or informal contact with students and colleagues experiencing mental health difficulties is reflected in many of the responses, and a small proportion specifically mentioned categories of staff, including porters, cleaners, security and clerical staff, frequently excluded from other than routine job specific training (see Table 10).

5.8

Training offered to:	all staff	managers/ admin. staff	clerical	wardens/ residence staff	porters/ cleaners/ security
	52	15	5	20	6
(N	41	12	4	16	5)

Table 10: percentages of institutions offering training on mental health to all or selected groups of staff; categories are not mutually exclusive

5.9 In some institutions the training appears to be generic and participation is by self-selection. However, in others targeted training is provided in response to departmental requests, or to meet the particular circumstance of different staff groups: one institution mentioned workshops on:

'avoiding confrontation' and 'critical incidents' for security staff; 'cross-cultural communication' for hall cleaners; and 'a shoulder to cry on' for departmental secretaries.

5.10 Responsibility for the delivery of training is often collaborative. Those most frequently mentioned as being involved are student services staff including counsellors and disability/mental health advisers; 8 institutions (10%) mentioned staff development units and 5 (6%) occupational health staff.

6. Sector guidance and policy

6.1 The penultimate section of the questionnaire was designed to evaluate the impact of some of the recent national guidance documents, initiatives, policies and legislation on the development of provision for students with mental health difficulties. Respondents were asked to rate impact on a three point scale: significant impact, some impact; no impact. Table 11 summarises the responses in the format presented in the questionnaire.

6.2

Guidance document/legislation/policy	significant	some	none	N
Degrees of Disturbance – the New Agenda (HUCS (Rana <i>et al.</i> 1999))	32	49	19	72
Guidelines on Mental Health Policies and Procedures for HE (CVCP 2000)	50	43	7	76
'Duty of Care' Responsibilities for Student Services in HE (AMOSSHE 2001)	42	53	5	74
Reducing the Risk of Student Suicide (Universities UK/SCOP 2002)	26	61	13	72
Disability discrimination legislation (SENDA)	85	13	3	78
Government policy on widening access	48	43	9	77
Funding Council special initiatives (for example, disability initiatives)	32	55	13	71

Table 11: impact of national legislation, policy and guidance on the development of provision; figures in italics are percentages.

6.3 In discussing these results it is useful to make a distinction between guidance documents, legislation, funding opportunities and government policy. The four guidance documents referred to in the questionnaire were produced by two professional associations (the Heads of University Counselling Service (HUCS) and the Association of Managers of Student Services in Higher Education (AMOSSHE)), and two national bodies that represent the higher educational sector as a whole (Universities UK (formally the Committee for Vice-Chancellors and Principals (CVCP)) and SCOP – the Standing Conference of Principals). All four documents listed have clearly had an important impact on the sector, with the CVCP (2000) and AMOSSHE (2001) documents having the greatest impact - only two institutions indicated neither document as having an impact, and 24 (32%) rated both as having a significant impact on the development of mental health provision. Although the 1999 HUCS document had a slightly lower rating than the later guidance documents, it had an important influence on the development of the later publications and one of the authors of *Degrees of Disturbance* was a member of the working party that produced the 2000 CVCP mental health policies guidelines.

6.4 A flavour of the comments made by respondents about these documents is provided below:

[The HUCS document was] highly informative

Huge value[of the] CVCP document in drawing up policy and guidelines

Our mental health working group specifically addressed the issues set out in CVCP 2000 guidelines

The guidelines on mental health policies and procedures for HE (CVCP) influenced the establishment of a working party to look at student mental health which recommended the appointment of a dedicated mental health adviser

The trigger for our current initiatives to support students with mental health difficulties was the AMOSSHE guidelines plus the DDA legislation.

[The AMOSSHE and Universities UK documents] highlighted the need for clear mental health policies to be introduced, which resulted in a working group on mental health [being] established

[The Universities UK 2002 document] stimulated the task group to look specifically at suicide.

6.5 Both the *Guidelines on Mental Health Policies and Procedures for HE* and *Reducing the Risk of Student Suicide* include recommendations for HEIs, but, in line with Universities UK policy and its role, these were only recommendations and it was left to institutions to decide whether on not to implement them and how to resource them. Heads of student and/or counselling services frequently complain about being at the bottom of the pile in institutional resource allocations and of the difficulty of taking on a pro-active role in the face of the ongoing demand from ever increasing numbers of students. The various special initiatives funded by HEFCE, SHEFC and DENI have provided both the incentive to improve provision and provided ring-fenced resources, even if those resources were limited to institutions that had been successful in competitive bidding rounds. Several of the comments made about the HEFCE disability initiatives note the opportunities that targeted resources have provided for developmental work:

HEFCE funding has underpinned development of staff guides

The HEFCE funding in particular has had a huge impact as it gave us pump-priming resources for the development activities that now underpin all our work both directly with students and with the institution as a whole, including training programmes and materials

HEFCE special initiative directly funded initial exploratory and development works around student mental health

[We] took the opportunity offered by the HEFCE disability initiative to fund a mental health development post ... This development was dependent upon the "pump priming" HEFCE project funding.

6.6 A number of comments also indicated that this funding had had sector-wide impact and was not limited to those institutions in direct receipt of funding; two respondents specifically mentioned the Lancaster and Leicester HEFCE-funded disability initiatives, both of which focussed on mental health provision³. Only nine of the responding institutions indicated that these initiatives had had no impact on provision; these included 5 English, 1 Scottish and 3 (out of a total of 5) Welsh institutions - the Higher Education Funding Council for Wales has not provided resources to improve provision for disabled students in the same way as the other funding councils.

6.7 The 2001 disability discrimination legislation was also seen by the vast majority of respondents (97%) to have had some or a significant impact, particularly because it clearly outlined institutional responsibilities, and the implicit threat of legal action in the case of non-compliance provides a stick that is felt by institutions' senior managers and not just those at the coalface. Several of the comments made in respect of the impact of this legislation highlight specifically the institution-wide impact:

SENDA has had a significant impact and has helped to galvanise an institutional approach

SENDA helped to put mental illness higher on the agenda for the institution as a whole

Procedures are being developed to ensure that students with mental health problems which fall within the remit of SENDA receive the support they need, whether study-related or otherwise.

6.8 However, despite the comments above, one delegate at the 2004 Universities UK/SCOP conference (see Section 1) commented that while SENDA had had a very positive impact in respect of provision for students with physical disabilities, it had a much less of an impact on provision for those with mental health difficulties, a view that was echoed by a number of other delegates.

6.9 Government widening access policies were rated as having at least some impact by all but 9 percent of the respondents but under half rated the impact as significant (Table 11). There were few comments about the impact of this policy, and most of these did not specifically mention mental health but made more general points:

[w]ider access has created greater demands on student support services and required a wider range of support to be put in place.

6.10 Eleven institutions indicated that other reports, policies or initiatives had had significant (7) or some (4) impact on the development of provision. Those specifically mentioned include: *The mental health of students in HE* (RCP 2003) (6 institutions); *Treatment choice in psychological therapies and counselling* (NHS 2001) (2 institutions); *Health of the nation* (DoH 1992); *Our healthier nation* (DoH 1998); the QAA code of practice for students with disabilities (QAA 1999); specific (but unspecified by the respondent) research papers on student mental health; and the website that was one of the outcomes of the Lancaster University HEFCE-funded mental health project (see footnote 3). One institution drew attention to a Learning and

³ See <http://www.studentmentalhealth.org.uk/> and <http://www.le.ac.uk/edsc/sphp/> for further details of the Lancaster and Leicester projects respectively.

Teaching Support Network (LTSN) project that led to curriculum changes in art and design resulting in the production of a series of postcards on mental health.

- 6.11 In summary, the importance and value of sector-wide guidance documents and initiatives has been clearly demonstrated by the results of the survey. They provided a framework whereby many working directly with students were able to have a broader institutional impact through cross-institutional working parties and institution-wide training and awareness raising programmes - almost three quarters of those who provided details of the impact in their institutions specifically mentioned training. Funding opportunities have provided the means to engage in essential developmental work and this has had an impact not limited to the institutions in receipt of the funding. The introduction of disability legislation has had a strong impact because it establishes legal rights for students and a responsibility for institutions to provide appropriate facilities and make reasonable adjustments. However, the Government's widening access policies do not appear to have been particularly influential in respect of the development of provision for students' mental well-being: it appears that in many institutions initiatives to provide access to young people from socially and economically disadvantaged backgrounds have not been co-ordinated with those that seek to widen access to those with disabilities or specific learning or health difficulties.

7. Developing sector guidance

7.1 The questionnaire asked respondents to suggest other areas or issues that they would like to see addressed through sector-wide guidance. There were 37 responses several of which included more than one suggestion. The areas mentioned include:

- exemplary generic strategies and policies
- guidance/policies on responding to specific difficulties/ groups including:
- personality disorders
- drug and alcohol abuse
- international students with mental health problems
- violent students
- working with external agencies/providers including the NHS and emergency services
- professional development for mental health workers
- guidance on assessing the risk of suicide for academic and support staff
- quality assurance in respect of counselling and student advice and guidance
- disability discrimination legislation and mental health
- confidentiality, including communication with parents and external agencies
- crisis management
- leave of absence and return to study
- fitness to practise
- guidance on the limits of accountability
- proactive development including effective mental health promotion and training
- research into the impact of the changing HE environment
- resourcing mental health provision.

7.2 A number of additional points were raised during discussions at the Universities UK conference, some of which provide further pointers to areas to be addressed in future work. One area of particular concern raised relates to the mental well-being of international students. Delegates noted the challenge both of ensuring that provision was sensitive to different cultural norms and of facilitating a return home on course completion or withdrawal, particularly when there was inadequate knowledge of provision, or very under-developed provision, in the home country.

7.3 Another matter raised was the lack of a common framework for collaboration between medical service providers and HEIs; the former were felt by some to have an unrealistic expectation of the support that could be provided by institutions. Some of these expectations were articulated by a medical service provider in the audience who felt that institutions should offer 24 hour support for students. There was general agreement in the meeting that there was a need for better links to ensure that there was mutual understanding of the scope and limitations of services provided by both sectors, and the development of a holistic approach.

8. Effective Practice

8.1 The final section of the questionnaire asked respondents to provide brief examples of their institution's policies and practices in support of students or staff experiencing mental health difficulties, including any evaluation of effectiveness. Sixty-four institutions responded, some also including copies of relevant documentation. The documents returned with completed questionnaires can be divided into the following broad categories:

- institutional mental health policies
- disability:
 - disability statements
 - SENDA implementation
- guidance for staff on helping students in difficulties including personal tutor guidelines
- guidance for students with mental health difficulties
- guidance for students concerned about their friends (see also sections 6 and 4)
- web resources
- general information leaflets, including guides to services
- training materials
- other specific policies:
 - disability declaration (guidance for staff)
 - support assessment
 - disability support assessment
 - mental health and academic needs assessment
 - regulation concerning health assessment for students giving rise to concern
 - procedures for assessment of fitness to study on the grounds of health and safety
 - admissions:
 - procedures for students with disabilities
 - general information
 - exams:
 - examination arrangements for students with mental health difficulties
 - managing panic attacks (for invigilators)
 - confidentiality in health and welfare
 - risk assessment and minimisation
 - self-harm policy
 - cause for concern proforma
 - missing students
 - incidents:
 - incident management (daytime)
 - mental health crises
 - student tragedies/death
 - meningitis
 - occupational stress management
 - equal opportunities policy
- other:
 - report on improving relationship between psychiatrists, health centres and counselling services

- 8.2 Some institutions had already provided relevant information in response to earlier questions (see sections 3.2, 4 and 5). Other respondents provided a brief outline of activities undertaken and resources produced within their institution on the survey form. Many of these were summaries of the development of provision undertaken by institutional mental health workers or counselling services, or a listing of the range of resources or provision available, often covering those areas listed above. Some specific projects and initiatives noted include a black issues project, extended study programmes, and guidance provided to academic staff on the possible impact on study of specific mental illnesses. Other respondents gave details of particular cases to illustrate their approach to student support.
- 8.3 A number of respondents highlighted the importance of a team approach involving a range of institutional providers working together to provide holistic support and guidance. One highlighted the distinction between those who are mentally ill and those at risk of ill-health as a result of social and economic factors. They affirmed the crucial role of specialist input for those who are mentally ill and the importance of a network of support for both groups. Others commented on the different responses appropriate to those with pre-existing conditions (for whom a learning support assessment is undertaken at the outset) and those who become ill during their course of study (who may need to intermit, or transfer to part-time study).
- 8.4 Effective liaison with community healthcare providers was a common theme: one institution reported a very effective relationship with local psychiatrists through which students are able to consult a psychiatrist without it being entered on their NHS record. This had encouraged students who had initially been reluctant to seek help. Another was piloting the secondment of an occupational therapist (mental health) to the institution with a remit to develop policy and provision, and build links with the NHS.
- 8.5 Almost all the responses to this question focussed on support provided for students. However, one institution gave details of their response to staff experiencing mental health difficulties; this includes off site visits by an occupational health nurse, with rehabilitation in the workplace offered to staff wishing to remain in, or return to, work. Another institution noted that they had an occupational stress management policy in place.
- 8.6 There were few responses that specifically mentioned evaluation, and the majority of these reported the use of client satisfaction questionnaires, although some made more personal contact with students who had used the relevant services. 'Success' was defined by some as a satisfactory outcome from the student perspective, whether that was return to study, the completion of coursework, or the achievement of non-academic goals. One respondent briefly outlined a longitudinal research project tracking the mental health of a cohort of students; another institution had undertaken surveys to inform provision, and one had recently appointed a mental health worker with a research role. Several respondents commented on a need for more robust evaluation tools.

- 8.7 Responses to this section of the questionnaire demonstrated that many of the areas of deficit for some institutions (see section 7) have already been addressed by other institutions, and it is clear that many staff/institutions are working in relative isolation, unaware of developments elsewhere in the sector. This highlights the need for both better dissemination, and the development of further sector-wide guidance. The need for effective dissemination was also highlighted by delegates at the Universities UK conference and there was general support for the establishment of a Universities UK/AMOSSHE/HUCS website, and strong support for the new working group taking on a dissemination role.

9. Conclusions

- 9.1 The survey discussed in this paper was undertaken primarily in order to inform the work of a newly established Universities UK/SCOP *Committee for the Promotion of Mental Well-being in Higher Education*. The principal aims of the survey were thus: to provide a benchmark of current provision; to evaluate the impact and effectiveness of recent guidance documents, funding initiatives, legislation and government policies; and to inform the work of the committee by identifying areas for future development. Although the questionnaire explored both student and staff issues, the majority of detailed responses related to students. Many institutions offer guidance for staff who come in contact with students with mental health difficulties, but much of the direct support work and general guidance seems to have focussed on students rather than staff mental well-being. We may, however, not have the full picture – the majority of questionnaires were completed by staff whose primary role was working with students, so it is possible that a questionnaire sent to personnel or HR departments might elicit further information.
- 9.2 Despite the progress that has been made in many of the institutions that responded to the questionnaire, there can be no doubt that there is a great deal still to be achieved. The position across the sector is patchy, and there are clearly many areas that might benefit from sector wide guidance, either through further policy or guidance initiatives or the dissemination of existing practice. Although many institutions with dedicated staff in place also have policy documents and undertake mental health promotion activities, these staff are often working in relative isolation and many are developing, or wishing for, resources that are already available elsewhere in the sector.
- 9.3 The questionnaire responses may have painted an over-positive picture of mental health provision across the UK. Although the overall response rate of 50 percent is fairly healthy for a postal survey, it is possible, if not likely, that those institutions with relatively well-developed provision were disproportionately represented amongst the respondents: for example the response rate was much lower for small specialist institutions with limited resources than for larger institutions.
- 9.4 A number of major topics were clearly highlighted for consideration by the committee and/or the sector as areas for future work. These include:
- the co-ordination and dissemination of existing resources;
 - the development of guidance on effective internal liaison and relationships with external providers;
 - exemplary policy and guidance documents, covering, in particular, institutional mental health policies, return to study, course assessment procedures, and assessment of risk;
 - guidance on base-line provision for students and staff;
 - professional development for HE mental health workers;
 - the co-ordination of developments and provision for students and staff;
 - integrating work on the development of provision of students with mental health difficulties with widening participation activities;
 - a clear framework, or effective practice guidelines, for monitoring the implementation and effectiveness of mental health policies.

- 9.5 A further possible committee role worthy of serious consideration is the co-ordination of research activities, and perhaps even the commissioning of specific research projects.

Abbreviations

AMOSSHE	The Association of Managers of Student Services in Higher Education
CVCP	Committee of Vice-Chancellors and Principals
HUCS	Head of University Counselling Services
HEFCE	Higher Education Funding Council for England
NHS	National Health Service
QAA	The Quality Assurance Agency for Higher Education
SCOP	Standing Conference of Principals
UUK	Universities UK (formerly CVCP)

References

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NHS 2001: *Treatment choice in psychological therapies and counselling*. London: National Health Service.

QAA 1999: *Code of Practice for the Assurance of Academic Quality and Standards in Higher Education. Section 3: Students with Disabilities – October 1999*. Gloucester: The Quality Assurance Agency for Higher Education.

Rana, R., Smith, E. and Walkling, J. 1999: *Degrees of Disturbance – the New Agenda. A Report from the Heads of University Counselling Services*. Rugby: British Association for Counselling.

RCP (Royal College of Psychiatrists) 2003: *The mental health of students in HE*. Royal College of Psychiatrists Council Report CR112.

Universities UK/SCOP (Universities UK/Standing Conference of Principals) 2002: *Reducing the Risk of Student Suicide*. London: Universities UK/Standing Conference of Principals.

Appendix: The questionnaire

Mental Health Policies and Practices in UK Higher Education

UUK/SCOP

Please ensure that this questionnaire is completed by the person(s) with the best overview of mental health policy and practice in your institution. No information about your institution will be disseminated without express permission; data will be handled in accordance with the Data Protection Act.

Institutional Details

1. Name of institution

2. Type of Institution

Pre-1992 HEI Post-1992 HEI College of Higher Education Specialist College/School

3. Size of institution. Please indicate the number of campus-based students including both full and part-time

> 1000 1000-4999 5000-9999 10,000-14,999 15,000-19,999 over 20,000

4. Questionnaire completed by (please include email address)

5. Post held

Mental Health Policies

6. Does your institution have a mental health policy?

Yes No In development

7. If yes, when was your policy introduced?

8. Who is responsible for developing the policy (Senior Manager/Committee/Working Party/Individual - please specify)?

9. How is the implementation of the Policy monitored?

Please tick if your institution has developed any other institutional policies addressing relevant issues, including:

- | | |
|--|-----------------------|
| 10. Student death | 1 |
| 11. Students at risk | <input type="radio"/> |
| 12. Assessment procedures for students with mental health difficulties | <input type="radio"/> |
| 13. Return to study guidelines (for students who have withdrawn temporarily) | <input type="radio"/> |
| 14. Personal tutor guidelines | <input type="radio"/> |
| 15. Other (please specify below) | <input type="radio"/> |

Yes (1).

Resources

16. Do you have staff whose main remit is to support students experiencing mental health difficulties?
 Yes No
-
17. If yes, please give the name(s) of the key postholder(s) (for example, Mental Health Co-ordinator)
-
18. Please list the job roles of any other institutional staff whose responsibilities include support for students experiencing mental health difficulties (e.g. counsellors, nursing staff)
-
19. Please list the job roles of other non-institutional staff who provide significant input (eg. community mental health workers, GPs)
-
20. Does your institution provide specific support for staff experiencing mental health difficulties?
 Yes No
-
21. If yes, please give brief details:
-

22. Do you have a compulsory Personal Tutor System in place in your institution?
 Yes No

Mental Health Promotion and Staff Development

23. Does your institution organise any mental health promotion activities?
 Yes No
-
24. If yes, who is responsible?
-
25. Please give brief details of the activities and their frequency
-
26. Does your institution offer training for institutional staff on mental health matters?
 Yes No
-

27. If yes, which groups of staff are covered?

28. Who is responsible for the training?

29. Does your institution provide any documentation to guide institutional staff who support students?

Yes No

30. If yes, please give brief details (what, and for whom)

31. Does your institution provide any guidance for students who may be concerned about the mental health of their friends/peers?

Yes No

32. If yes, please provide brief details

33. Do you provide any specific ongoing support for staff or students who are supporting others with mental health difficulties?

Yes No

34. If yes, please give brief details

Sector Guidance

To what extent has each of the following documents/legislation had an impact on the development of provision for students with mental health difficulties (rate on a scale of 1: significant impact; 2: some impact; 3: no impact):

	1	2	3
35. Degrees of Disturbance - the New Agenda (HUCS 1999)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Guidelines on Mental Health Policies and Procedures for HE (UUK 2000)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. 'Duty of Care' Responsibilities for Student Services in HE (AMOSSHE 2001)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Reducing the Risk of Student Suicide (UUK 2002)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Disability discrimination legislation (SENDA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Government policy on widening access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Funding Council Special Initiatives (for example, disability initiatives)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Significant (1), some (2), none (3).

43. If relevant, please provide examples of their impact on developments in your institution

44. Please indicate any other areas or issues about which you would like the sector to offer guidance

Effective Practice

45. Please give below brief examples of your institution's policies or practices in support of students or staff experiencing mental health difficulties, including any evaluation of effectiveness.

46. Thank you for completing this questionnaire. Please return it, together with examples of relevant policy or guidance documents to: Clare Taylor, UUK, Woburn House, 20 Tavistock Square, London WC1H 9HQ by 1 December 2003
