



Department
for Education

Higher Education providers' policies and practices to support student mental health.

Technical report

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1. Overview

The Department for Education (DfE) commissioned IFF Research to undertake a survey and qualitative follow-up of HE providers to understand the range of institutional policies and practices they use to support student mental health and wellbeing. Questions in this study centred around the extent to which providers have adopted mental health and wellbeing at a strategic level, the practices adopted by HE providers in supporting students' mental health, well-being, and suicide prevention and how these are designed and evaluated. This study builds upon DfE research in 2019/20 which provided an in-depth study of HE institutions' approaches to supporting students, including the range of services provided.

All eligible HE providers in England were invited to take part in a 20-minute survey about their strategies, policies, and practices to support student mental health, wellbeing, and suicide prevention. All OfS registered HE providers in Spring 2022 were in scope for the research.

The DfE emailed an introductory letter to eligible HE providers at the start of May 2022, in advance of the survey invitation from IFF Research, in order to alert them about the research and emphasise the importance of taking part.

Fieldwork took place between 11th May and 27th July 2022. The in-scope population consisted of 133 HEIs, 157 FECs and 109 Private Providers. Most surveys were completed online (161) with a small number (18) completed over the phone using Computer Assisted Telephone Interviewing (CATI), following a short chasing exercise.

The survey questionnaire covered a range of areas related to the research objectives, from roles and responsibilities to strategic development, existing practices and services and overall service reflections. It was developed in collaboration with DfE and key stakeholders including the Office for Students (OfS), Universities UK (UUK), Student Minds, and a small number of university contacts sourced through the Association of Managers of Student Services in Higher Education (AMOSSHE). The questionnaire development was also informed by a cognitive testing phase across HEIs, FECs and Private Providers. This involved six cognitive interviews, during April 2022.

Contact information was sourced through a combination of desk research and available DfE databases under the appropriate data protection and GDPR permissions.

2. Survey Responses

A breakdown of the survey responses are shown in Table 1.

Table 1: Survey responses by type of HE provider

Provider type	In-scope	N	Response rate
Higher Education Institutions (HEIs)	133	77	58%
Further Education Colleges (FECs) offering HE courses	157	59	38%
Private Providers (PP)	109	43	39%
Total	399	179	45%

Each HE provider was asked to submit one collated response for their institution. They were encouraged to gather input from other colleagues, where needed. The survey was generally completed and submitted by a senior member of staff, including Vice Chancellors, Principals and Deans of Students as well as Heads or Directors of departments responsible for student services, student experience, student support, mental health or wellbeing, and people in similar roles. In a few cases the survey was submitted by a safeguarding lead, or by a person with responsibility for equality, diversity and/or inclusivity.

A full breakdown of the profile of survey responses for each provider type, by region and number of students, is outlined in the tables below. Among HEIs, the response by Office

for Students (OfS) tariff level was evenly distributed between HEIs with low, medium, and high scores and those which do not have a tariff score.

Table 2: Profile of HE Providers who took part in the survey per region

Region	HEI	HEI %	FEC	FEC %	PP	PP %
East of England	6	8%	5	8%	2	5%
East Midlands	5	6%	1	2%	1	2%
West Midlands	7	9%	7	12%	3	7%
Northeast/Northwest	12	16%	14	24%	1	2%
Southeast	13	17%	7	12%	5	12%
Greater London	17	22%	6	10%	28	65%
Southwest	7	9%	8	14%	2	5%
Yorkshire & Humber	10	13%	11	19%	1	2%

Table 3: Profile of HE Providers who took part in the survey per OFS tariff group

OFS Tariff Group (HEI only)	Number	%
High	19	25%
Medium	19	25%
Low	21	27%
Specialist HEI	18	23%

Table 4: Profile of HE Providers who took part in the survey per number of students

Number of students	HEI	HEI %	FEC	FEC %	PP	PP %
<1,000	6	8%	36	61%	19	44%
1,000-9,999	23	30%	23	39%	9	21%
10,000-19,999	37	48%	0	-	0	-
20,000+	9	12%	0	-	0	-

Number of students	HEI	HEI %	FEC	FEC %	PP	PP %
Unknown	2	3%	0	-	15	35%

Table 5: Profile of HE Providers who took part in the survey per number of students (condensed)

Number of students (condensed)	HEI	HEI %	FEC	FEC %	PP	PP %
<1,000	29	38%	59	100%	28	65%
10,000+	46	60%	0	-	0	-
Unknown	2	3%	0	-	15	35%

Table 6: Population of HE Providers invited to take part in the survey per region

Region	HEI	HEI %	FEC	FEC %	PP	PP %
Total number/ percentage	133	100%	157	100%	109	100%
East of England	10	8%	14	9%	8	7%
East Midlands	9	7%	12	8%	3	3%
West Midlands	12	9%	17	11%	4	4%
Northeast	5	4%	8	5%	1	1%
Northwest	15	11%	31	20%	5	5%
Southeast	18	14%	27	17%	13	12%
Greater London	38	29%	12	8%	64	59%
Southwest	14	11%	19	12%	7	6%
Yorkshire & Humber	12	9%	17	11%	4	4%

Table 7: Population of HE Providers invited to take part in the survey per number of students

Number of students	HEI	HEI %	FEC	FEC %	PP	PP %
<1,000	13	10%	106	68%	60	55%
1,000-5,499	21	16%	50	32%	15	14%
5,500-9,999	19	14%	1	1%	1	1%
10,000-19,999	56	42%	0	-	0	-
20,000+	17	13%	0	-	15	-
Unknown	7	5%	0	-	33	30%

Table 8: Population of HE Providers invited to take part in the survey per number of students

Number of students	HEI	HEI %	FEC	FEC %	PP	PP %
<10,000	53	40%	157	100%	76	70%
10,000+	73	55%	0	-	-	-
Unknown	7	5%	0	-	33	30%

Table 9: Population of HEI Providers invited to take part in the survey per OFS tariff (HEIs only)

OFS Tariff (HEIs only)	Number	%
High	31	23%
Medium	31	23%
Low	31	23%
Specialist HEI	38	29%

3. Qualitative Interviews

A number of providers indicated they were happy to be contacted for follow-up interviews. A total of 75 qualitative interviews were conducted across 33 HE providers, from 27th June to 1st September 2022. More than one interview was conducted at each provider to gain greater breadth and depth, in recognition that the survey respondent may have an overview of student mental health, wellbeing and suicide prevention at their institution but would not necessarily have the depth of knowledge to answer more detailed questions across the full range of topics covered by the interview. For example, respondents could be from a strategic or an operational role, and conducting more than one interview per provider enabled a fuller perspective on that institution, across topics such as strategy development, partnership working and service delivery. The researchers designed one topic guide and adapted the interview coverage according to the interviewee's role, while ensuring that all aspects of the topic guide were covered for each provider.

These were a mixture of individual interviews, paired interviews, and – in a handful of cases – triads involving three participants. Where interviews were conducted in a pair or triad within the same provider, this was generally because, at the point of recruitment, the initial interview contact suggested that IFF also invite more specialist colleagues to contribute on specific topic areas. It was logistically easier for them to make a joint appointment this way. Participants in the qualitative research included the survey lead and other nominated colleagues at their institution, either in strategic roles or working directly with students 'on the ground'.

The interviews explored the research objectives in more depth, guided by the responses given at the survey stage. Interviews lasted 45 to 60 minutes and were recorded with permission from participants.

Provider characteristics were monitored to ensure a broad spread by provider type, region, tariff (among HEIs), size (in terms of number of students), and the presence of a mental health / wellbeing strategy, as indicated in the survey. The profile of the 33 HE providers who took part in the qualitative phase of the research is shown from Table 10 to Table 13, by provider type.

Table 10: Profile of the HE Providers taking part in the qualitative phase by region

Region	HEI	FEC	PP
Total	20	6	7
East of England	1	0	0
East Midlands	4	0	0

Region	HEI	FEC	PP
West Midlands	1	3	1
Northeast	0	0	0
Northwest	0	1	0
Southeast	4	0	1
Greater London	2	0	5
Southwest	2	0	0
Yorkshire & Humber	6	2	0

Table 11: Profile of the HE Providers which took part in the qualitative phase by size (number of students)

Size (Number of students)	HEI	FEC	PP
<1,000	0	4	4
1,000-9,999	8	2	1
10,000-19,999`	8	0	0
20,000+	4	0	0
Unknown	0	0	2

Table 12: Profile of the HE Providers which took part in the qualitative phase by OFS tariff (HEIs only).

OFS Tariff	HEI
Total	20
HEIs with high scores	5
HEIs with low scores	8
HEIs with medium scores	4
No tariff	0
Specialist HEI	3

Table 13: Profile of the HE providers which took part in the qualitative phase by whether they had a strategy in place

Strategy in place?	HEI	FEC	PP
Combined	10	2	5
Separate MH strategy	1	0	0
Separate wellbeing	1	0	0
Covered in wider strategy	0	2	1
No, in progress	6	2	1
No, not planned yet	1	0	0
Other	1	0	0

4. Approach to Analysis

Due to the relatively small sample size and the census approach, the data are unweighted. The data were analysed using crosstabulations in Excel and SPSS. Where a relatively high proportion of responses fell into the 'other: specify' category (more than 10%) these were reviewed and backcoded to existing pre-codes if possible. If this was not possible, and there were sufficient responses to warrant it, new codes were added. The report uses the following conventions when reporting survey findings:

- Throughout, base figures are shown on tables and charts to give an indication of the statistical reliability of the figures.
- As a general convention throughout the report, figures with a base size of fewer than 30 are not reported, although on charts and tables these figures have been retained for indicative purposes.

Appendix A. Survey of Providers Questionnaire

A Roles and responsibilities

SHOW TO ALL: We would like to start by exploring strategic responsibilities at [HEP]. [FOR CATI ROUTE: We understand that definitions of wellbeing and mental health can vary. Unless stated otherwise, please simply answer each question according to [HEP]'s definitions.]

ASK ALL

A1 Who – in terms of job title/role – has overall strategic responsibility at [HEP] for....

Please indicate more than one job role if appropriate. Likewise, if – for example – there is just one person or one group responsible for both areas, please feel free to copy and paste your response.

the mental health and wellbeing of students at your institution	Write in _____
suicide prevention (this might span – prevention, intervention and/or postvention)	Write in _____

ASK ALL FECS AND PRIVATE PROVIDERS [PROVGP = 2 OR 3]

A1a, do you have different leads with strategic responsibility for Higher Education vs. Further Education students, or is the same person/people responsible for both?

The same person/people are responsible for both HE and FE students	1	
We have different leads to cover HE vs. FE students	2	
IF PRIVATE PROVIDER PROVGP=3: N/a, we do not have any FE students	3	

ASK ALL

A2 Who at [HEP] – in terms of job title/role –holds operational/day-to-day responsibility for the following...? This might involve overseeing information resources, facilitating and delivering specific services etc.

ADD IF NECESSARY: Please indicate more than one job role if appropriate. Likewise, if – for example – there is just one person or one group responsible for both areas, please feel free to copy and paste your response.

the mental health and wellbeing students at your institution	Write in _____
suicide prevention (this might span (prevention, intervention, postvention)	Write in _____

ASK ALL FECS AND PRIVATE PROVIDERS [PROVGP = 2 OR 3]

A2a Do different people have operational/day-to-day responsibility for student mental health and wellbeing for Higher Education vs. Further Education students, or is the same person/people responsible for both?

The same person/people are responsible for both HE and FE students	1	
We have different leads to cover HE vs. FE students	2	
IF PRIVATE PROVIDER PROVGP=3: N/a, we do not have any FE students	3	

Existing strategy/policy

This section covers a broad overview of [HEP]'s approach to mental health and wellbeing. Please note, we understand that this is likely to be different at each provider. Some may have clearly defined strategies in place, others may not. We would like to remind you that your answers will be treated in the strictest of

confidence and will not be attributed to you or to [HEP]. This survey is designed to understand if/how we could better support providers in this space and is not a “check-up”/audit exercise. You will have the opportunity at the end of the survey to provide any final comments and/or add context to your answers if you wish.

B Existing strategy/policy

This section covers a broad overview of [HEP]’s approach to mental health and wellbeing. Please note, we understand that this is likely to be different at each provider. Some may have clearly defined strategies in place, others may not. We would like to remind you that your answers will be treated in the strictest of confidence and will not be attributed to you or to [HEP]. This survey is designed to understand if/how we could better support providers in this space and is not a “check-up”/audit exercise. You will have the opportunity at the end of the survey to provide any final comments and/or add context to your answers if you wish.

ASK ALL

B1 Does your institution have a specific mental health and/or wellbeing strategy...?

MULTICODE.

Yes, combined mental health and wellbeing strategy	1	
Yes, separate mental health strategy	2	
Yes, separate wellbeing strategy	3	
No, covered in a wider strategy (please specify)	4	EXCLUSIVE CODE
No, in progress (not in place yet)	5	EXCLUSIVE CODE
No, not planned as yet	6	EXCLUSIVE CODE
Other (please specify)	7	EXCLUSIVE CODE

ASK FOR EACH B1 CODES 1-5 SELECTED (B1=1-5)

B2 [IF B1=1: Does this combined mental health and wellbeing strategy; IF B1=2: Does this separate mental health strategy; IF B1=3: Does this separate wellbeing strategy; IF B1=4: Does this wider strategy; IF B1=5: will this] cover...

SINGLE CODE.

Students only	1
Staff only	2
Both students and staff	3

ASK IF FECS / PRIVATE PROVIDERS. FOR EACH B1 CODES 1-5 SELECTED AT B1 AND CORRESPONDING B2=1/3

B2x And does [IF B1=1: this combined mental health and wellbeing strategy; IF B1=2: this separate mental health strategy; IF B1=3: this separate wellbeing strategy; IF B1=4: this wider strategy]] cover HE students only, FE students only, or both?

IF B1=5: Will it cover **HE students only, FE students only, or both?**

SINGLE CODE.

HE students only	1	
FE students only	2	
Both HE and FE students	3	

ASK, IF HAVE A STRATEGY/ONE IS PLANNED (B1=1-5,7)

B2a What form does/will your institution's mental health / wellbeing strategy(ies) take?

MULTI CODE.

It is/will be part of the institution's overall strategic plan	1	
It is/will be a separate strategic document(s)/paper(s).	2	
It is/will be a set of individual policies and procedures that are concerned with mental health and well-being.	3	
It is not explicitly documented or planned to be explicitly documented.	4	
Other (please describe).	5	

ASK IF B1 = CODES 1-5,7

B3 Is/will your mental health and/or wellbeing strategy]be published anywhere e.g., on your website?

By 'published' we mean that it is available to all students and staff, whether this is via a publicly available source, or internal sources e.g., via a staff/student portal etc.

SINGLE CODE. PROMPT AS NECESSARY.

Yes	1	
No, but we're working on it	2	
No, no current plans for this	3	

ASK IF HAVE A STRATEGY (B1=1-4,7)

B4 Did [HEP] access/use any of the following in the design and/or development of your mental health and/or wellbeing strategy?

READ OUT. CODE ONE PER ROW.

	Yes - used	No, don't believe it was published at the time	No, but think it was published at the time	Unsure
UUK's "Step Change: Mentally Healthy Universities" framework	1	2	3	4
Student Mind's "Mental Health Charter"	1	2	3	4
Universities UK and Papyrus' "suicide Safer Universities" framework	1	2	3	4
provgp=2 FEC: Associate of Colleges (AOC) Mental health and Wellbeing Charter	1	2	3	4
Other (please specify)	1	2	3	4

ASK IF NO WELLBEING/MENTAL HEALTH STRATEGY B1 DOES NOT EQUAL 1-4

B4a Does [HEP] have any policies in place regarding the following...By "policies" we mean a set of guiding principles and/or toolkits that inform your practices in these areas.

READ OUT. CODE ONE PER ROW.

	Yes	No, but we're working on it	No, no current plans for this	Unsure
B1 DOES NOT EQUAL 1/2 OR 4: Mental health	1	2	3	4
B1 DOES NOT EQUAL 1/3 OR 4: Wellbeing	1	2	3	4

ASK ALL

B5 Does [HEP] have a suicide prevention strategy? This might span prevention, intervention and/or postvention.

ADD IF NECESSARY If you cover suicide prevention under your wider mental health, wellbeing, safeguarding strategies or policies, please respond with "yes" here.

PROMPT AS NECESSARY. MULTI CODE.

Yes	1	
No, but we're working on it	2	
No, no current plans for this	3	

ASK IF HAVE A SUICIDE PREVENTION STRATEGY OR PLANNING ONE (B5=1-2)

B6a Is/will the focus and coverage be for students only, for staff only or for students and staff?

SINGLE CODE.

Students only	1	
Staff only	2	
Both students and staff	3	

ASK IF FEC OR PRIVATE PROVIDER AND HAS SUICIDE STRATEGY THAT IS STUDENT FOCUSSED [B6A=1 OR 3]

B6b And does/will it cover HE students only, FE students only, or both?

SINGLE CODE.

HE students only	1	
FE students only	2	
Both HE and FE students	3	

ASK IF HAVE A SUICIDE PREVENTION STRATEGY OR PLANNING ONE (B5=1-2)

B6c What form does/will your institution's suicide prevention strategy take?

MULTI CODE.

It is/will be part of the institution's overall strategic plan	1	
It is/will be part of our mental health/wellbeing strategy	2	
It is/will be part of a different strategy (e.g., student death, safeguarding, fitness to study etc.) (please specify)	3	
It is/will be a separate strategic document(s)/paper(s)	4	
It is/will be a set of individual policies and procedures that are concerned with suicide prevention	5	
It is not explicitly documented or planned to be explicitly documented	6	
Other (please describe).	7	

ASK IF HAVE A STRATEGY THAT SITS OUTSIDE OF THE MENTAL HEALTH/WELLBEING STRATEGY/POLICIES (B5=1 AND B6c=3-5)

B6d Is the detail on your approach to suicide prevention published anywhere e.g., on your website?

By 'published' we mean that it is available to all students and staff, whether this is via a publicly available source, or internal sources e.g., via a staff/student portal etc.

SINGLE CODE. PROMPT AS NECESSARY.

Yes	1	
No, but we're working on it	2	
No, no current plans for this	3	

ASK IF HAVE A STRATEGY THAT SITS OUTSIDE OF THE MENTAL HEALTH/WELLBEING STRATEGY/POLICIES (B5=1 AND B6c=3-5)

B7 Did [HEP] refer to any of the following in the design and/or development of this suicide prevention strategy?

READ OUT. CODE ONE PER ROW.

	Yes, used	No, don't believe it was published at the time	No, but think it was published at the time	Unsure
UUK's "Step Change: Mentally Healthy Universities" framework	1	2	3	4
Student Mind's "Mental Health Charter"	1	2	3	4
Universities UK and Papyrus' "Suicide Safer Universities" framework	1	2	3	4

	Yes, used	No, don't believe it was published at the time	No, but think it was published at the time	Unsure
provgrp=2 FEC: Associate of Colleges (AOC) Mental health and Wellbeing Charter	1	2	3	4
Other (please specify)	1	2	3	4

ASK IF HAVE SUICIDE PREVENTION STRATEGY (B5=1/2)

B9a Which of the following does/will your suicide prevention strategy cover?

PROMPT AS NECESSARY. MULTICODE.

Prevention	1	
Intervention	2	
Postvention i.e., actions taken after a death has occurred, including communications, support for the bereaved and post-incident review	3	
Unsure	4	EXCLUSIVE CODE

ASK IF NO SUICIDE PREVENTION STRATEGY (B5=2/3)

B10 Finally in this section...Does [HEP] have any suicide prevention policies in place? By “policies” we mean a set of guiding principles and/or toolkits that inform your practices in these areas.

READ OUT. CODE ONE PER ROW.

Yes	1	
No, but we're working on it	2	
No, no current plans for this	3	
Unsure	4	

C Strategic consultation

READ OUT TO ALL:: the next section covers any strategic consultation with internal and external colleagues.

Strategic consultation might involve collaborating on the design of policies or procedures, seeking feedback on proposed/existing services and procedures etc.

ASK ALL

C1 Have any of the following internal colleagues/affiliates been consulted at the strategic level on student wellbeing, mental health and/or suicide? Please note...

READ OUT. MULTICODE.

•This might involve collaborating on the design of policies or procedures, seeking feedback on proposed/existing services and procedures etc.

[HEP] Governors/Board of trustees	1	
[HEP] Senior leadership team	2	
Teaching/academic staff	3	
EDI colleagues (i.e., equality, diversity, inclusion)	4	
Staff Union representatives	5	
Internal mental health practitioners/advisors e.g., counsellors, therapists etc.	6	
[HEP] disability services	7	
Current students	8	
Families of students	9	
[HEP] Student union representatives [FEC: or equivalent]	10	
Other student union staff	11	
Estates/facilities colleagues	12	
Accommodation staff	13	

Other e.g., security, HR, Learning and Development, SEN(D)/SEN(D)CO staff, cleaning staff etc.(please specify)	14	
None of the above – we have not consulted anyone internal	15	

ASK ALL WHO HAVE CONSULTED (C1=1-14)

C2 Which of these, if any, have you consulted on student suicide prevention specifically?

MULTICODE.

DS: SHOW ANSWERS SELECTED AT C1.		
Other (please specify)		
None of the above – we have not consulted anyone internal		Exclusive

ASK ALL

C3 Which of the following external organisations/individuals, if any, does [HEP] consult with on student wellbeing, mental health and/or suicide prevention. Again, please note...

READ OUT. MULTICODE.

•This might involve collaborating on the design of policies or procedures, seeking feedback on proposed/existing services and procedures etc.

Local NHS services (please specify)	1	
Suicide prevention, intervention or postvention networks/partnerships	2	
Local authority	3	
Other Higher Education provider(s)[FEC: colleges]	4	
Third-sector organisations/charities or local/national stakeholders (please specify)	5	
Other (please specify)	6	
None of the above – we have not consulted any external figures/organisations	7	

ASK ALL WHO CONSULTED (C3=1-6)

C3a Which of these, if any, have you consulted on suicide prevention specifically?

MULTICODE.

DS: SHOW ANSWERS SELECTED AT C3.		
Other (please specify)		
None of the above – we have not consulted any external figures/organisations		Exclusive

D Existing practices and services

READ TO ALL: The next few question are about any practices or services in place at [HEP].

ASK ALL

D1 Does [HEP] use/offer any of the following to support their students?

READ OUT. MULTICODE.

Early warning systems for mental health difficulties e.g. attendance or performance monitoring to identify students at risk	1	
good joined-up care pathways arranged between [HEP] and local NHS services	2	
Peer-to-peer support groups for students	3	
Student Minds / Student Space	4	
In-house psychological support for those experiencing poor mental health: face-to-face or virtual contact with counsellors, mental health practitioners, mental health nurses, CBT specialists etc.	5	
In-house psychological support for those experiencing poor mental health: Self-help resources accessible online or in person e.g., digital apps, reading materials, information pamphlets etc.	6	

Externally available psychological support for those experiencing poor mental health: face-to-face or virtual contact with counsellors, mental health practitioners, mental health nurses, CBT specialists etc.	7	
Externally available psychological support for those experiencing poor mental health: Self-help resources accessible online or in person e.g., digital apps, reading materials, information pamphlets etc.	8	
Open-access sessions/talks on issues such as resilience, mindfulness etc	9	
Awareness raising and education around mental health	10	
Awareness raising and education around wellbeing/health information	11	
Awareness raising and education around suicide prevention, intervention or postvention	12	
Other (please specify)	13	

No, none of these	14	
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IF OFFER INTERNAL OR EXTERNAL SUPPORT (D1=5-8)

D1a Do any of these [D1=5/7: practitioners] [D1=6/8: resources] offer...

READ OUT. CODE ONE PER ROW.

	Yes	No
Online CBT sessions with a qualified therapist/specialist	1	2
Online CBT resources for individuals to complete in their own time e.g., diary entries/logs, workbooks/exercises etc.	1	2
Other types of therapy/resources (please specify)	1	2

ASK IN A LOOP WITH D1A WHERE D1A_X=1

D1b Are these [INSERT D1a] offered via the internal or external sources of support that you mentioned, or both?

SINGLE CODE.

Internal	1	
External	2	
Both	3	

ASK IF HAVE PRACTICES/SERVICES (D1=1-13)

D2 Do you have practices or services targeted specifically to supporting the mental health and wellbeing of any students in the following groups...? If you

support some subgroups within an overarching group, but not all, please still answer with a 'yes' here.

READ OUT. CODE ONE PER ROW.

	Yes	No	Don't know
Mature students i.e., a student at a college or university who is aged 21 or over at the time of starting their course	1	2	3
Male students	1	2	3
Students with a physical disability	1	2	3
Students with neurodiverse conditions	1	2	3
E.g. conditions include ADHD, autism, dyslexia, dyspraxia, dyscalculia, dysgraphia	1	2	3
Postgraduate students	1	2	3
LGBTQ+ students	1	2	3
Commuter students	1	2	3

	Yes	No	Don't know
Students from ethnic minority backgrounds	1	2	3
International Students	1	2	3
Care Leavers /Estranged Students	1	2	3
Asylum seekers and refugees	1	2	3
Other (please specify)	1	2	3

IF D2_12 =1 [Other please specify]

D2B Which other group(s) of students do you specifically target?

[WRITE IN]

ASK ALL

D3 Does [HEP] work with any of following...? This might range from welcoming guest speakers to signposting to external services, facilitating external services on-site etc.

READ OUT. CODE ONE PER ROW.

Local NHS and care services	1	
Suicide prevention, intervention or postvention partnerships	2	
Local authority – other partnerships	3	
Third-sector organisations/charities (please specify)	4	
Local stakeholders (please specify)	5	
National stakeholders (please specify)	6	
Other (please specify)	7	
No – we do not work with any of these	8	

ASK IF MAKES USE OF EXTERNAL SERVICES (D3=1-7)

D4 Do any of the external services you've mentioned involve these organisations facilitating NHS care pathways? This involves HE providers working in partnership with local NHS services.

SINGLE CODE.

Yes	1	
No	2	
Not sure	3	

E Staff training

Thank you for your time so far. We would like to remind you that your answers will be treated in the strictest of confidence and will not be attributed to you or your organisation. This survey is designed to understand if/how we could better support providers in this space and is not a “check-up”/audit exercise.

ASK ALL

E1 Do you offer training to any of the following groups of staff? e.g., around recognising at risk students, escalation procedures etc.

READ OUT. MULTICODE.

[HEP] Governors/Board of trustees	1	
[HEP] Senior leadership team	2	
Estates colleagues	3	
Teaching/academic staff	4	
Technical staff	5	
Student services staff	6	
EDI colleagues (i.e., equality, diversity, inclusion)	7	
Staff Union representatives	8	
[HEP] Student union representatives	9	
Other Student union staff	10	
Administrative/clerical staff	11	
Accommodation staff	12	
Residential Life staff	13	
Ancillary staff (e.g. cleaners, cooks)	14	

Facilities staff (e.g. porters, security)	15	
Security	16	
Chaplaincy	17	
Other	18	
None of the above	19	

ASK IF OFFER TRAINING (E1=1-17)

E2 More specifically, what areas does your staff training cover?

READ OUT. MULTICODE.

Awareness/understanding of issues related to poor mental health and/or wellbeing	1	
Supporting good mental health and wellbeing of others	2	
Information for staff about how to support our own mental health and wellbeing	3	
Recognising and supporting students at risk of harm to self/others	4	
Whole university approaches to mental health and/or wellbeing	5	
How to respond to disclosures when they happen e.g., lines to take, handling confidentiality with duty of care etc.	6	
Escalation procedures for students in crisis	7	
Suicide prevention	8	
Suicide intervention	9	
Suicide postvention	10	
Referral options e.g., to NHS services	11	

Other (please specify)	12	
------------------------	----	--

F Data collection and consent

READ OUT TO ALL: Thank you for everything you have shared so far. We now have a few questions about data collection and use at your organisation.

When considering the data you collect, please keep the following definitions in mind:

•Mental health data for a proportion of students with a mental health need (with or without a formal mental health diagnosis) E.g. students experiencing poor mental health such as depression or anxiety

•Wellbeing data for all students with or without a mental health need e.g. topics relating to stress management / healthy eating / physical exercise / time management

ASK ALL

F1 Do you collect any data to monitor student mental health and/or wellbeing, across the whole student population?

•Please only consider aggregate population-wide data in your response, as opposed to any data collected about individual students.

•If you collect data for all students as well as bespoke data on specific subgroups, then please select both options here.

READ OUT. ALLOW CODE 1 AND 2 TO BE MULTICODE.

	Yes, all students	Yes, specific groups of students	No, but we're working on it	No, no current plans for this	Don't know
Mental health	1	2	3	4	5
Wellbeing	1	2	3	4	5

ASK IF COLLECT DATA (F1_1/2=1/2)

F2 How often do you collect information on student mental health [IF F1_1 AND F1_2=1/2: and] wellbeing]?

PROMPT AS NECESSARY. CODE ONE PER ROW.

	Less frequently than annually	Annually	More regularly e.g. two or 3 times a year	Don't know
F1_1=1/2: Mental health	1	2	3	5
F1_2=1/2: Wellbeing	1	2	3	5

ASK IF COLLECT DATA (F1_1/2=1/2)

F2a When do you collect information on student [F1_1: mental health][IF F1_1 AND F1_2=1/2: and][F1_2=1: wellbeing]?

PROMPT AS NECESSARY. MULTICODE PER ROW

	On registration / enrolment with HEP	On registration with support service	Other (please specify)	Don't know
F1_1=1/2: Mental health	1	2	3	4
F1_2=1/2: Wellbeing	1	2	3	4

ASK IF COLLECT DATA (F1_1/2=1/2)

F2b What information on student [F1_1: mental health][IF F1_1 AND F1_2=1/2: and][F1_2=1: wellbeing] do you collect?

WRITE IN

F1_1=1/2: WRITE IN MENTAL HEALTH INFORMATION COLLECTED: _____	1	
F1_2=1/2: WRITE IN WELLBEING INFORMATION COLLECTED: _____	2	

ASK IF F1_1=1 OR 2

F3 Do you use/share this mental health data....

READ OUT. CODE ONE PER ROW.

	Yes, provided we have permission	No, we don't have permission	No, for other reasons	Don't know
Internally – within specific departments	1	2	3	4
Internally – across different departments	1	2	3	4
Externally – with outside partners/advisors	1	2	3	4

ASK IF F1_1=1 OR 2

F4 What do you use this mental health data for...?

READ OUT. CODE ONE PER ROW.

	Yes	No	Don't know
To inform service/policy design	1	2	3
To evaluate existing services/policies	1	2	3
To target advice/support for students	1	2	3
Other (please specify)	1	2	3

ASK IF F1_2=1 OR 2

F5 Do you use/share this wellbeing data....

READ OUT. CODE ONE PER ROW.

	Yes, provided we have permission	No, we don't have permission	No, for other reasons	Don't know
Internally – within specific departments	1	2	3	4
Internally – across different departments	1	2	3	4
Externally – with outside partners/advisors	1	2	3	4

ASK IF F1_2=1 OR 2

F6 What do you use this wellbeing data for...?

READ OUT. CODE ONE PER ROW.

	Yes	No	Don't know
To inform service/policy design	1	2	3
To evaluate existing services/policies	1	2	3
To target advice/support for students	1	2	3
Other (please specify)	1	2	3

G Service reflections

ASK ALL

G1 Does [HEP] regularly review your use of strategies/policies related to the following? By “regularly review” we mean at least once a year. If you don't have a strategy/policies in one or more of the options listed – and you do not regularly review this fact – please simply answer with a ‘no’ here.

READ OUT. CODE ONE PER ROW.

	Yes	No	Unsure
Student wellbeing	1	2	3
Student mental health	1	2	3

	Yes	No	Unsure
Student suicide prevention	1	2	3
NHS care pathways. This involves HE providers working in partnership with local NHS services	1	2	3

ASK ALL

G2 And specifically, does [HEP] regularly review whether your services/practices are meeting student demand in the following areas. By “regularly review” we mean at least once a year.

READ OUT. CODE ONE PER ROW.

	Yes	No	Unsure
Student wellbeing services	1	2	33
Student mental health services	1	2	3
Use/facilitation of NHS care pathways (as elsewhere, this involves HE providers working in partnership with local NHS services)	1	2	3

H Provider details

READ OUT TO ALL: Thank you for your time today. We just have a few more questions about [HEP] and your role before we move on to ask about recontact and future research.

ASK ALL

H1 How would you describe your current role? Please let us know your job title and broadly outline your responsibilities.

Job title _____
—
Roles/responsibilities _____

ASK ALL

H2 QUESTION DELETED.

ASK ALL

H3 You have reached the end of the survey. Thank you very much for your time. Do you have any final comments or thoughts that you would like to share before we move on to ask about recontact and future research?

WRITE IN
No other comments

I Recontact and thank and close

ASK ALL

I1 We may be in contact again in the next month or so to invite you to participate in a follow up telephone interview with one of our researchers, that will last around 45 minutes. Please indicate below if you do not wish to be contacted for this purpose...

Yes (can re-contact me about the qualitative research)	1
No (cannot re-contact me about the qualitative research)	2

ASK ALL NOT WILLING TO BE RECONTACTED (I1=2)

I1a Would you mind passing on information about these follow-up telephone interviews to relevant colleagues who may wish to take part? We can send you an automated email containing the necessary information, which you would simply need to forward on. You would not need to be involved beyond this point, as the email will contain contact information for the IFF survey team, encouraging individuals to get in touch with us directly.

Yes – [CONFIRM EMAIL ADDRESS]	1
No	2

ASK ALL

I2 And would you be willing for us to contact you for quality control purposes, if we need to clarify any of the information you have given today?

Yes	1
No	2

ASK IF AGREE TO RECONTACT AT I1 or I2

I3 Thank you very much. Could we confirm your name and the best contact information to reach you on? This will only be used to recontact you about this research.

WRITE IN FIRST NAME AND SURNAME	
WRITE IN EMAIL ADDRESS	
Refused	x
WRITE IN TELEPHONE NUMBER (LANDLINE OR MOBILE)	
Refused	x

Thank you for taking part and supporting this research, we really appreciate your time.

Appendix B: Qualitative interview on Mental Health in HE

Interview purpose and principles

This guide is for use with A) HEP staff who completed the MH in HE quantitative survey and agreed to recontact B) individuals they/others have signposted us to, as someone who can offer greater insight and/or a different perspective on key issues.

A note on the guide

We have written most probes out as questions. Nevertheless – in the interest of a user-friendly guide – we have not exhaustively included prompts akin to “why/why not”. This encourages the researcher to be guided by what the respondent is saying and to delve into particularly pertinent areas in more depth as needed.

This will involve weighing up the time left in the interviews against the areas covered/not covered and those the respondent was identified as being particularly important to contribute to.

Similarly, the guide does not always draw out differences by mental health, wellbeing, and student suicide. Interviewers will be guided by survey responses and be sure to draw out differences between these where relevant.

We do not expect one individual to cover all discussion areas listed here. Indeed – as demonstrated in the section headings – there is around 1.5 hours of content in total. Instead, interviewers will be guided by the quantitative survey responses and/or the detailed conversations they are having, to decide which areas of the guide to pay more focus to.

A Introduction (5 mins)

A1 Introduction: Introduce yourself and IFF Research – independent research agency

A2 Introduce research and purpose of interview: Thank you very much for taking the time to take part in this important study for the Department for Education (DfE) about approaches to supporting higher education students’ mental health and wellbeing. Your input will prove invaluable in supporting the Department and sector bodies to better understand and support the sector in this area. It is not a “check-up” exercise/audit. Your answers will remain confidential and will not be attributed to you or to your organisation.

A3 Duration: Up to 45 minutes, depending on how much you have to say.

A4 MRS Code of Conduct and Confidentiality: IFF Research is an independent market research company, operating under the strict guidelines of the Market Research Society’s Code of Conduct. The information you provide will not be linked to you or [HEP] when we report back to DfE.

A5 GDPR: Any personal data you provide to us in this discussion will be kept for 6 months following the completion of the fieldwork stage of the research, and then it will be destroyed. Your data will not be shared with any other organisations.

You have the right to have a copy of your data, change your data, or withdraw from the research. You can find out more information about your rights under the new data protection regulations by going to iffresearch.com/gdpr. We can also email this to you if you'd like.

- For interviewer ref:

- If you would like to change the information you have provided or withdraw your information you will need to contact the research team on researchstudentmentalhealth@iffresearch.com, and before October 2022.

A6 Permission to record: interview recorded so that researchers do not have to make notes during the interview and can listen back when analysing your responses. Recording is encrypted and only the research team will have access to it.

1.Are you happy for the discussion to be recorded? START RECORDING

2.Please can you confirm that you understand the research and that you are happy to take part in this discussion today?

3.Do you have any questions before we begin?

B Roles and responsibilities (5 mins)

B1 Could you start by giving me a brief overview of your role at [HEP].

B2 INTERVIEWER – IF NOT EMERGED/ CLEAR:

- Prompt for how it relates to mental health, wellbeing and/or suicide
- How long have you been involved in mental health, wellbeing and/or suicide prevention at [HEP]

C Provider environment (10 mins)

READ OUT TO ALL: I'd like to look at the general environment relating to student mental health and wellbeing at [HEP] before we look at specific strategy/policies/services. So...

C1 Could you outline if / how [HEP] actively encourage students' disclosure of difficulties and distress?

- How is this communicated to students? (e.g., through awareness raising campaigns, visible materials distributed on campus etc).

- And at what points of the year is this communicated?

- [IF NOT EMERGED] What information, if any, do you communicate to students at enrolment about how and where to seek help for any mental health or wellbeing concerns?

C2 Please could you briefly outline how students can raise concerns about their mental health and wellbeing?

- Who/what department do students raise concerns with?

- Are these set procedures? How do they vary depending on specific circumstances?

- How can students raise concerns? E.g., direct with personal tutor, dedicated Students Union Officer, intranet / student portal, directly with wellbeing / student services / support team

C3 What would happen if/when a student raised a concern about their mental health or wellbeing?

[Interviewer to use channel as an example to help provide more detailed answers e.g., 'after concerns raised with their Tutor']?

Interviewer: use following questions to ensure the process for raising and responding to student concerns has been covered in depth

- Following disclosure...

- Who else is informed at the provider, be that individuals or whole departments? How?

- Does it depend on who the disclosure was to e.g., teaching staff or personal tutors vs. support staff (e.g., careers, learning resources team etc.) vs. facilities (e.g., accommodation) – e.g., if a personal tutor is informed, do they still inform support staff and facilities?

- Would you inform anyone else or encourage the student to e.g., parents, guardians, or other trusted advisors? How would you encourage this?

- Are they signposted to any support? Is that internal, external or does it depend?

INTERVIEWER NOTE – try to keep this brief, by explaining we'll go into detail about the support they offer shortly.

C4 How does [HEP] support students with transitions from a wellbeing / mental health perspective

- Firstly, between educational settings (i.e., when they first start their higher education course?)

- And how about at any other transition points e.g., when graduating / finishing their course, or for example starting a work placement / year in industry?

D No strategy, and none planned (5-10 mins)

In HEP's response to the survey it was confirmed that you do not have a strategy in place, nor do you plan to. Out of interest....

D1 Are there any specific reasons for not having a strategy in place or planned?

E.g.,

- Do you cover it in another way? How / why?
- IF NOT COVERED IN ANOTHER WAY: Are there competing priorities/ resources? IF YES: what are they?
- Are there any other factors that may be relevant here? [Interviewer: i.e., why they don't have a strategy in place]

D2 Is there anything that would encourage you to devise more of a formal strategy?

- IF NOT EMERGED: What support would you need and who from?

E Existing/planned policies and services (25-30 mins)

DESIGN: Before we delve into specific policies/services, we want to look at how they were designed. With this in mind, could you tell me:

E1 How does your organisation go about developing policies and services to support student mental health and wellbeing?

E2 Who is involved - strategically and 'on-the-ground'?

E3 Have you involved students at all? If so, in what ways?

- PROBE for whether involvement is with the Students' Union, NUS, or through other channels (e.g., student consultation/ survey/ specific forums like service user groups)
- PROBE for any elements of co-creation involving students and how this has been done (e.g., testing communications/ support materials, service design, development of training)
- ask for specific examples
- (If haven't involved students and no plans to): Are there any reasons why you haven't involved students?

E4 In the survey it was mentioned that your organisation had used or is using (SOURCES/ FRAMEWORKS MENTIONED IN SURVEY) in developing policies/ services to support student mental health, wellbeing, and suicide prevention.

- Could you say a bit more about how you used this and why?
- How useful is/was it?

DETAILED DESCRIPTIONS (GENERAL): We're keen to understand more about how your policies work in practice and what services are available.

E5 Can you give me an overview?

E6 IF MAKE USE OF EARLY WARNING SYSTEM (from survey): What does this look like?

E7 IF HAVE IN-HOUSE PSYCHOLOGICAL SUPPORT (from survey): Who delivers this, how are students signposted to it, what forms does it take (e.g., type of support, is it on site or virtual, how much is available and to what extent does that meet demand, to what extent does it link up with wider services such as NHS Care Pathways)

E8 IF OFFER SELF HELP RESOURCES (from survey): How are students signposted to these? How do you monitor whether they are being used, and how useful students find them?

E9 IF LINKS WITH EXTERNAL ORGANISATIONS INCLUDING NHS CARE PATHWAYS (from survey): How do you work with and signpost to support available externally, including:

- Local NHS Care Pathways – PROBE for specifics
- Local authority support – PROBE for specifics
- Other stakeholders (e.g., voluntary/community sector organisations) – PROBE for specifics
- How effectively have you integrated/linked up with partners incl. any further detail on how you work together, what is working well and what could be improved?
- Future plans for partnership working in terms of: expanding the range of partners, improving existing partnership links – who's responsible for taking this forward?
- What helps or hinders progress in developing more partnership working on student mental health and wellbeing?

DETAILED DESCRIPTIONS (STUDENT SUICIDE): if have approach/policies etc. in place – from survey.

E10 How would you describe [HEP]'s approach to student suicide? IF NOT EMERGED:

- Could you describe if/how it covers prevention, intervention and postvention
- Could you describe If/how [HEP]...
- Restricts access to locations and materials that can be used for suicide
- How [HEP] raises suicide awareness

- Do you work in partnership with any (other) organisations specifically on student suicide?
- If so – how do you work together, what is working well and what could be improved?
- Do you have a Multi-Agency Action Plan in place? If so, what does this cover, and which organisations are involved? How often is the plan reviewed?
- If not – are there any plans for this in future? If so, what are they?

DETAILED DESCRIPTIONS (STUDENT SUICIDE): If do not have a set approach to student suicide

E11 Are there any specific reasons for not having a set approach to student suicide, at present? Is there anything in development or planned for the future, on this?

- PROBE for what is planned (if relevant)

F Staff Training (5-10 mins)

F1 You mentioned that [SUMMARISE STAFF WHO GET TRAINING, FROM SURVEY],

- How did you decide which staff to train?
- Why did you target this group/ these groups in particular?

F2 Is the training mandatory or optional?

- PROBE for why that is
- If this approach differs across different groups of staff,
- If they have any guidelines e.g., on the proportion of staff who should be trained in this space, need for/ frequency of 'refresher' training, etc

F3 IF OFFER TRAINING: What training have you found to be the most effective/well received?

- Why do you think that is?

F4 Do you have any plans to change your staff training on student mental health, wellbeing, and suicide in future? If so, what are they?

- PROBE for expanding training to cover wider groups/ more staff, introducing new training, etc.
- Why are you planning to make these changes?

G Data collection and consent (10 mins)

Those collecting data/planning to:

G1 Please describe the data you collect/plan to collect on student mental health and wellbeing and how it is/will be used.

- The type of data – quantitative vs. qualitative, whether it involves any standardised measures etc.
- The information source e.g., HESA data collected upon enrolment (on whether the student has an existing physical or mental health condition and what that is), and other data you collect via other sources such as student surveys, health records etc.

G2 Do you need/use any information sharing agreements and student consent, for example for sharing data within or between academic departments, other parts of the university, or with external partners?

- What does this involve?

G3 Do you use any of the data collected to evaluate your approach and inform which services to offer?

- Which data do you use and how?

G4 What (other) ways do you monitor and evaluate services relating to student mental health and wellbeing?

- PROBE for specific examples if they have any

G5 How else, if at all, do you target support?

- Do you have any other information sources or tools outside of the data you have described?

Those NOT (yet) collecting data:

G6 IF NO PLANS TO COLLECT ADDITIONAL DATA (OTHER THAN THE STANDARD DATA COLLECTED FOR HESA AT ENROLMENT) - I'd like to explore reasons for this. Is it that you have other information sources/don't see the need, you see the need but there are barriers in place (resourcing, funding etc.)?

G7 How, if at all, do you target support? What information sources do you use?

H Service reflections (10 mins)

H1 Do you have a feel for the extent to which your services are meeting demand, are oversubscribed etc.?

- IF YES: can you say a little more about that? What evidence do you have for this?
- Any existing gaps in provision or knowledge at the HEP and in HE more generally?

H2 To what extent do you think that supporting of student mental health and wellbeing is embedded throughout the university/college? Why? IF NOT EMERGED, PROBE SPECIFICALLY ON:

- Supporting students transitioning into higher education and [HEP]'s role within this
- The curriculum
- Accommodation services
- Supporting social integration of students across the student body

H3 (ONLY IF RELEVANT) You mentioned earlier that [HEP] have consulted...

- Student Mind's "Mental Health Charter"- to what extent do you feel the principles have been embedded. Why/why not?
- Suicide prevention frameworks - to what extent do you feel this has been embedded. Why/why not?

H4 Is there anything else you'd like to say in terms of "what works", "lessons learnt" etc.

H5 Now thinking about all that we have discussed today, to what extent would you say [HEP] is a "compassionate community"?

- Why is that?
- What does a "compassionate community" look like to you?
- What do you think are the 'key ingredients' that would help to create a more "compassionate community"?

H6 To finish up - is there any further support you feel [HEP] would benefit from in this space? What and who from?

I Thank and Close (5 mins)

I1 Thank you very much for your time today. Is there anything you would like to add about your organisation's approach to student mental health, wellbeing and/or suicide prevention, before we conclude the interview?

I2 It is really important we build up as complete a picture of different provider approaches. Is there anyone else at [HEP] you think would be important and willing for us to engage with? Perhaps someone who can expand up [INSERT AREAS COVERED IN LESS DEPTH WITH CURRENT RESPONDENT].

- Could you provide me with the relevant contact information so we can get in touch?
- IF DON'T WANT TO PROVIDE INFORMATION: Alternatively, I can send you an email outlining the details of the study and the areas the discussion will likely involve, which you can then forward to relevant individuals. This email will include IFF contact information so that they can get in touch with us directly.

- COLLECT NEW RESPONDENT DETAILS – NAME, JOB ROLE, EMAIL, TELEPHONE.

RECONFIRM CURRENT RESPONDENT EMAIL, IF THEY WOULD RATHER FORWARD THE INVITATION.



Department
for Education

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