THE ROLE AND IMPACT OF SPECIALIST MENTAL HEALTH MENTORING ON STUDENTS IN UK HIGHER EDUCATION INSTITUTES

A UMO WHITE PAPER

umo

CONTENTS

ACKNOWLEDGMENTS

ACKNOWLEDGMENTS

UMO - WHO WE ARE

Established in 2011, UMO (University Mentoring Organization), is a non-profit social enterprise, providing a specialised mental health mentoring service to students at UK Higher Education Institutes (HEIs). It has mentored 3,000 undergraduate and postgraduate students with diverse mental health conditions, and runs an extensive programme of training and supervision for university staff and mental health practitioners. UMO's mission is to ensure that those students are fully supported throughout their time at university and that barriers to successful academic outcomes are minimised so each student fulfils their potential. Many of the students referred to UMO are in receipt of the Disability Students' Allowance (DSA) but non-DSA funded referrals are increasing, reflecting the growing mental health challenges amongst the student population. UMO works in close partnership with 72 HEIs in delivering this crucial intervention and is a thought-leader in this area of student mental health.

UMO - WHO WE ARE

OUR APPROACH:

Highly Qualified Specialist Mentors

UMO's approach is to ensure that this student group is given the best possible structured and safe mentoring to meet their individual needs. To achieve this only highly experienced and qualified mental health professionals are recruited to work as mentors. All mentors have extensive records of working in mental health with vulnerable and complex people, as well as in HEIs. They typically hold postgraduate qualifications and have a great deal of post-training experience, most having supervisory qualifications. All are DBS checked.

Maintaining Quality: Supporting Mentors in their Work

To maintain high standards of mentoring, UMO operates structured support for all its mentors which is essential when working closely with potentially very vulnerable individuals. Regular supervision and CPD is compulsory for UMO mentors and all work to the highest levels of practice.

Supporting a Skilled Service

UMO provides a personal, thorough, safe and professional service to universities, ensuring each student gets high quality, skilled and effective mentoring. Based on our student-centred approach we have established strong links with Student Services and Disability Departments and are frequently asked to provide bespoke training and consultancy services for their staff.

Monitoring Our Impact

A rolling programme of research and service data collection, allows for ongoing evaluation of the impact and efficacy of our approach and for improvements and enhancements to be made. There is minimal student drop-out from the mentoring and students report very high satisfaction with the service and support they receive.

FOREWORD

FOREWORD

Dr Anna Matthews,
UMO Founder and CEO

As the CEO and Founder of UMO, I have great pleasure in publishing this White Paper on the role and impact of Specialist Mental Health Mentoring on Students in UK Higher Education Institutes.

It is a culmination of 10 years of research into the effect of specialist mental health mentoring on university students who access this intervention. It objectively explores and provides an understanding of the importance, value and benefit of Specialist Mentoring from the student perspective.

The research results presented here are not something new; we are all aware, anecdotally at least, that specialist mental health mentoring is an intervention that is particularly effective in supporting students, with or without mental health conditions, studying at university. However, we now have the evidence base to show its impact and importantly the difference it can make to a student's university career.

This paper clearly highlights the positive effect of this type of intervention upon university students, whether home, EU or international students, regardless of whether funding is derived from their HEI, the Disabled Students Allowance (DSA) or another source. It does, nevertheless, show that the longer the intervention lasts the better the outcome for the university student. Ultimately, it highlights that Specialist Mentoring can be the make or break factor in a student succeeding at university, continuing and completing their degree whilst attaining better grades and, importantly, having a more fulfilling university experience. It is arguably the case, therefore, that Specialist Mentoring gives students the foundation and springboard to successfully transition into the working world and thus contribute positively to society.

I sincerely hope that this research raises the profile of Specialist Mentoring and the important work of specialist mentors, providing a cornerstone for further development of specialist interventions within all universities in the UK and beyond. Indeed, it complements and links to the work of The University Mental Health Charter, the Step Change Framework and Not By Degrees, alongside the pivotal work undertaken thus far by the SMaRteN network, on what works and/or needs to be bolstered in the HE setting alongside other existing interventions such as counselling.

I hope that the significant and unequivocal evidence will be the basis of validating Specialist Mentoring, enabling more students to be able to access such helpful support in the future if they so need.

Finally, I would like to thank those people and organisations, UMHAN, King's College, London, AMOSSHE and Student Minds who have contributed to the foreword, and all those mentors and students who have shared their knowledge and experiences to illuminate the positive impact of specialist mentoring on wellbeing and educational outcomes.

FOREWORD

Dr Juliet Foster,

Dean of Education, Institute of Psychiatry, Psychology and Neuroscience,King's College London

The end of 2019 and beginning of 2020 felt like a time of huge momentum for student mental health and wellbeing in higher education. The UKRI-funded Student Mental Health Research Network (SMaRteN) held its first conference at which the growing wealth of research into undergraduate and postgraduate student mental health and wellbeing was discussed by academics, professional services staff, students and relevant third sector organisations alike. Student Minds published its University Mental Health Charter, and the sector anticipated the updated UUK Step Change report. Understanding of the importance of a whole university approach to mental health, a commitment to making this a reality and real progress towards this in many institutions was tangible.

It would have been easy for the coronavirus pandemic to have drawn attention away from this. Lockdown in the UK led to what is probably unprecedented change in higher education as many students left campuses, buildings were shut and teaching and assessments were moved online with remarkable speed. The pressures of this, combined with inevitable questions over the effect of the pandemic on university resources, are without doubt significant issues. However, the need to respond to this new environment has, in many ways, only served to heighten the importance of building consideration of wellbeing and support for students into the structure of how we organise our universities. The challenge to adapt our structures and our teaching gives us the opportunity to ensure that this is a genuine consideration for all staff within every institution.

Inevitably, there are many facets to this, and there will always be a role for different levels of specialist support for students. This UMO report provides a fascinating insight into the relevance, importance, and success of specialist mentoring. As it makes clear, providing scaffolding for students in this way not only leads to reported increases in wellbeing but also to better continuation rates and outcomes. This kind of support will inevitably be of benefit to students whether they are able to study on campus or not: the higher education sector should consider this report, and the insights it provides, very carefully.

FOREWORD

Nic Streatfield,

Head of Student Support & Wellbeing, University of East London, AMOSSHE Vice Chair (Professional Development)

The issue of student mental health has quite rightly risen in prominence in recent years and the University Mental Health Charter and UUK's Mentally Health Universities framework will ensure the focus on mental health and well-being continues. AMOSSHE, as the national Student Services Organisation, has always supported the provision of mental health support in Higher Education Providers (HEPs). AMOSSHE members have not only provided support for students at their own institutions but advocated for increased resources and a broadening of support interventions within their HEP. AMOSSHE has also put on successful conferences and CPD focused on student mental health in recent years. AMOSSHE members recognise that student support interventions need to have an evidence base that demonstrates impact and therefore this is a timely and welcome piece of research.

Specialist Mentors have been an important piece in university support services for many years through the DSA funding. Now we have Specialist Mental Health Mentors the link between study support and mental health support is more explicit. This paper provides a clear explanation of the role these highly trained staff deliver to students and encourages the reader to reflect on how Specialist Mental Health Mentors fit into what, one hopes, is a joined up, holistic mental health strategy within their HEP. The recommendation of HEP's funding Specialist Mental Health Mentors from their own budget when DSA isn't available is an interesting one and may be prescient given the disappearance of DSA-QAG.

That this paper articulates the many benefits students experience from the support of Specialist Mental Health Mentoring makes this a must read. The research shows that this intervention helps universities with some of their key targets of transition support, progression, attainment and the development of key workplace skills. As AMOSSHE members are at the forefront of their institution's development of an effective whole university approach, this paper provides some clarity on a support intervention that rarely hits the headlines, but as this paper shows can demonstrate a positive impact for our students.

I would encourage colleagues to read and reflect upon the report and utilise it's findings to continue to strengthen the current range of mental health and well-being support in their own institution.

FOREWORD

Rosie Tressler OBE,
Student Minds

It brings me great pleasure to introduce this white paper exploring the value of Specialist Mental Health Mentoring (SMHM) for higher education students. As the Chief Executive of Student Minds, the UK's student mental health charity, I have had the privilege of seeing how the efforts of thousands of students, university and mental health professionals, and various organisations, have shifted student mental health from a subject little discussed, and even less understood, to a point of national, public interest. As a sector and community we've made significant steps forward in recognition of this fact together, including the publication of the University Mental Health Charter and the recent refresh of Universities UK's Stepchange: Mentally Healthy Universities framework. Across this work and wider, the case has been made that the factors which shape student mental health are multifarious, unique, and complex, demanding targeted intervention.

This paper provides a valuable and timely addition to our landscape of understanding by articulating the tangible benefits that Specialist Mental Health Mentoring can have as part of a whole university approach to student mental health. Its exploration of how SMHM can positively influence key performance indicators for higher education institutions, such as attainment, retention, and skills, will surely pique the attention of a range of sector staff. The improvements to one's readiness for life after university, reported by student participants, will also be of interest to any person within or beyond our sector invested in the long-term mental wellbeing of the millions of university students in the United Kingdom, both now and in the future.

The findings and recommendations from this paper provide a useful read for all institutions from those previously unfamiliar with specialist mental health mentoring, to those who have well integrated such interventions into their support landscape. The more we can all do to evaluate and learn what works and why and for whom, the better we will meet the varying needs of all. There are also more opportunities for more support services to embrace co-design and co-delivery, and the student stories throughout this give an indication of the value of truly listening to feedback. We must enshrine student experience at the heart of all university mental health support. I am looking forward to seeing how the findings within this paper influence ongoing practice, as we progress on our journey towards a fully-realised whole university approach.

FOREWORD

Dan Doran,
UMHAN Trustee

As Trustee and member of the University Mental Health Advisers Network (UMHAN), I have witnessed the tireless efforts of mental health practitioners over a period of 20 years supporting people who endure distress while undertaking study in post-16 education. UMHAN recognises that there is a need to demonstrate, as well as improve, the effectiveness of mental health provision for students.

UMHAN welcomes insights and evaluations from practitioners and users of services to continue to inform "what works" in student mental health. Reflective of work undertaken to establish quality specialist support, this evaluation from the University Mentoring Organisation represents an important snapshot about such provision - for those both familiar and new to this type of learner support available.

Readers may find some aspects reassuring as users, validating of the provision as providers, and inspiring in terms of demonstrating the efficacy of specialist mentoring. There are undoubtedly other organisations and services that may wish to contribute to this evaluative effort and seek to collaborate over providing mental health support to learners.

With a greater emphasis on mental health in education, sustaining quality services, having robust systems of operation, and improving capacity to accommodate increasing demand present challenges to services and specialist mentoring. UMHAN hopes decisions will be made to integrate general mental health provision, access to education and specialist mental health mentoring as part of effective learner support plans.

In doing so, we can help with the short- and long-term mental health outcomes for people enduring distress while studying, and beyond.

SPECIALIST MENTAL HEALTH MENTORING, UK HEIS AND COVID-19

SPECIALIST MENTAL HEALTH MENTORING, UK HEIS AND COVID-19

The 2020 COVID-19 global pandemic has brought with it myriad challenges and far-reaching changes to all spheres of society and its impact on the UK Higher Education sector has been immediate and extensive. Overnight, HEIs and students have switched to an online delivery mode for lectures, teaching and learning, assessments and support services, bringing with it the challenge of maintaining standards and best practice across all deliverables, wherever possible.

The Association of Non-Medical Help Providers (NMHP) conducted rapid research amongst current recipients of the Disability Student Allowance (DSA) and service providers to assess the immediate impact of COVID-19 and lockdown on the take-up, quality and efficacy of support services (of which **56%** were receiving mentoring support). They found that over **80%** of respondents agreed that DSA learning support, in all forms, was important to continue at this time, with **50%** agreeing that they needed additional support on top of what they were already receiving. **70%** reported that the current situation was negatively impacting their general wellbeing and **80%** reported that their studies were suffering. Half of recipients felt remote online support was working for them with some respondents claiming they would have been unable to continue their studies or cope with the current circumstances without their ongoing mentoring sessions. Typical challenges being reported included access to stable internet, lack of appropriate equipment, discomfort and anxiety around participating in online support services including video calls, lack of privacy in home environment to have conversations around mental health and well-being, not enough support hours, delays in access to mentors and scheduling issues, in addition to the many challenges and perceived shortcomings specific to online teaching and learning.

38% of service providers reported they had maintained or increased student engagement with NMH support, whilst **15%** reported a decrease. Almost **50%** of providers reported positive experience of remote service provision. **11%** stated that delivering online support was more tiring, draining or challenging than delivering face-to-face support and others highlighted the increased intensity of specialist mentoring as a result of managing greater risk due to decline in mental health of some students and corresponding paperwork and liaison with the institution.

SPECIALIST MENTAL HEALTH MENTORING, UK HEIS AND COVID-19

As the pandemic remains a live situation that demands constant response and adaptation, resilience and resourcefulness of student services and support providers are the cornerstones that will help navigate this momentous period for the most vulnerable students. Service providers will have to continue to review and evaluate their provision in the context of online delivery, ensure a robust framework for safeguarding of clients and staff in an online setting, provide ongoing training and supervision for mentors so that quality and professionalism of service remains high, maintain ongoing dialogue and cooperation with student services and other bodies to benefit from collaboration, knowledge and insight sharing, and continue to drive best practice.

The mental health burden to society of the COVID-19 pandemic remains to be seen in its entirety, but consensus is that it is likely to be wide-reaching and prolonged. The financial burden and decline in income for universities and the resultant stretching of budgets is a reality that will have to be faced with ingenuity and creativity. Mental health support provision for students and all those working in the HE sector should however continue to be made a priority and in doing so will contribute significantly to a return to normal service for all stakeholders, albeit somewhat adapted until the threat of COVID-19 no longer remains.

[1]Your DSA support and COVID-19 - Student and Provider Survey, Final Report - 12th May 2020

1 MINUTE SUMMARY

1 MINUTE SUMMARY

The mental health of students is a pressing concern for UK Higher Education establishments, as well as for government and third sector organizations, because evidence suggests increasing numbers of students are reporting poor mental health and support services are becoming stretched as demand rises. Considerable work is ongoing across the sector to improve provision and outcomes for those with mental health conditions, and for universities to be healthy, thriving environments for all students and staff.

Student Services are the gateway to much of the support and interventions available to vulnerable students and must advise on the best course of action for each individual. It is often at this point that specialist services and particular expertise are required. One such service is Specialist Mental Health Mentoring (SMHM), a personalized, practical and outcomes focussed intervention for students with mental health conditions who are struggling with the demands of academic and student life, and are at increased risk of dropping out or under-achieving as a result.

As demands for funding increase, HEIs need to understand and evaluate how and where most benefit can be achieved. UMO has spent a decade providing SMHM to students and has collected data and feedback on an ongoing basis. The results of their research, presented here, shows that students highly value their mentoring and attribute successful outcomes in large part to the individual support received from their mentors. SMHM is shown to positively impact on three key areas for individuals: **functioning, performance,** and **experience** - all of which are measured and reported on through mechanisms such as institutional KPIs and the National Student Survey. Students consistently report improved course engagement and attainment, better participation in student life, increased ability to take responsibility for their own mental health, improved relationships with peers, academic staff and family, and better preparedness for work after graduation. These outcomes are not only beneficial to the individual student, but benefit the institution and wider society by ensuring successful completion of studies and entry into the workforce.

Ensuring ongoing access to specialist services for students with mental health conditions should continue to be prioritized even as funding pathways may alter and responsibility shifts to individual institutions. SMHM is a key intervention which delivers consistently positive outcomes; practitioners and providers should continue to be involved in shaping future service provision through ongoing dialogue with Student Services and Disability Departments, the Student Body, 3rd sector organizations, and relevant Government departments and groups. The evidence-base for SMHM should continue to be developed and interrogated to drive improvements for the growing number of students arriving at university with poor mental health and to help minimize or prevent the onset of mental illness whilst studying.

INTRODUCTION

INTRODUCTION

The national conversation around mental health and its impact on individuals and wider society continues apace. Across the public, private and third sector there has been a proliferation of reports, initiatives, directives, recommendations, campaigns and consultations that aim to destigmatize mental health and promote best practice in an effort to properly and holistically address this most pressing public health and societal issue.**(1-6)**

Addressing the mental health of the student population in UK Higher Education is a necessary and significant part of that conversation for good reason. Despite the complexity of the evidence surrounding student mental health, significant recent research shows that the mental health issues and wellbeing of UK students is worsening. Over the past 10 years there has been a fivefold increase in the number of students who disclose a mental health condition to their institution, and whilst this may reflect the gradual destigmatization surrounding poor mental health, it is thought that there is still underreporting of conditions and the real levels are higher still. Clusters of student suicides have received coverage in the national media and been a cause for public concern, and whilst rates are lower per 100,000 of the general population of the same age, universities are not complacent and are working on prevention and response tools and strategies.**(7-10)**

Full-time students who declare a mental health condition have lower continuation, attainment and progression rates than full-time students overall. In 2016-17, **86.8%** of full-time students with mental health conditions continued their studies after their first year, compared to **90.2%** of all full-time undergraduates.**(11)** A longitudinal study at one UK university found evidence that the psychological distress of students rose on entering university and did not return to pre-university registration levels for the duration of their course.**(12)**

Overall **94%** of HEIs report an increase in demand for counselling services and **86%** of HEIs report an increase in demand for disability services. Currently demand outstrips supply and waiting lists for services are growing, leaving many students without the support they urgently need.**(7)**

Student Service teams are required to assess the needs of the students that present themselves and decide upon an appropriate course of action, choosing from a range of options that universities can employ when faced with student mental health and wellbeing challenges.

One important and significant option is **Specialist Mental Health Mentoring (SMHM)**, a highly effective practical and immediate intervention, that supports students with disability - primarily mental health conditions - to progress and succeed at university whilst coping with their ongoing condition.

INTRODUCTION

Mental Health: A Priority for Universities

Vast amounts of time, effort and resources are being utilized to address the mental health and wellbeing ecosystem across Higher Education to ensure that it is fit for purpose and reflects the reality of the student and, as importantly, staff populations who live and work in this space. In the recently published University Mental Health Charter attention was drawn to the correlation between mental health and overall outcomes in Higher Education **(13)**. Data from the Office for Students shows that students with mental health conditions are more likely to withdraw from university, underperform academically and are less likely to secure higher level employment or proceed to postgraduate study **(14)**. These are clearly undesirable outcomes for the individuals and institutions concerned, but can be prevented with the appropriate framework and infrastructure in place.

The Charter sets out a number of '*Principles of Good Practice*' in relation to the use, access and mechanisms of support services, with the following directly or indirectly pertinent to students with pre-diagnosed mental health conditions or those seeking support with emerging mental health issues during their studies:

- **Universities provide additional or specific interventions for students who face additional barriers**
- **Universities ensure that support services are equally accessible to all students**
- **Universities take proactive steps to build relationships with local NHS, Social Care and third sector agencies, creating a shared understanding of each other's roles and responsibilities and demonstrating a commitment to principles of effective collaboration**
- **Universities work collaboratively with DSA funded private providers, ensuring they are aware of providers who provide support to their students and that those providers understand the mechanisms for reporting concerns.(13)**

By working in partnership with specialist, reputable services, the increasing demand for targeted support can be appropriately and safely met.

KEY STATISTICS: Student Drop Out

The Times notes that overall, **6.3%** of young full-time students dropped out during the first year in 2016-17, up from **5.7%** in 2011-12 **(15)**

Figures released by the Higher Education Statistics Agency (HESA) show that **26,000** students in England who began studying for their first degree in 2015 did not make it beyond the first year.

With almost one in five undergraduates quitting by the end of their first year at the worst affected institutions **(16,17)**.

The figures, which are the most recent available, reveal that in 2015-16 **6.4%** of home students starting a full-time first degree course in England quit before starting their second year, continuing an upward year-on-year trend from **5.7%** in 2011-12. Some universities see an even higher drop rate of up to **17-19% (16,17)**

INTRODUCTION

Why students are a unique and potentially vulnerable societal group

There are just over **2.3 million** students in Higher Education in the UK – studying across undergraduate, postgraduate, part-time, and full-time courses with **66,700 (3.5%)** of home students reporting a mental health condition**(18)**.

University life and the associated academic, social and cultural components make for a unique environment in which change and challenges coexist within a defined time frame of terms, academic years and course duration. Each phase can draw out vulnerabilities.

Transition to university	Whilst at university	Transitioning From University
Leaving home for first time - for non-commuter students	Workload and academic challenges	University support systems not replicated in next life phase (e.g. workplace, travel)
Loss of formal and informal support structure - e.g. school (teachers and friends)	Social groups and friendships	Further study
Difficulty transferring between home and university located NHS services	Developing new relationships with tutors, lecturers, dissertation supervisors, etc.	Employment
Limited life experience – not yet resilient	Managing finances	Debt
Managing finances	Independent living - including cooking, cleaning and self care	Loss of structure
Working and learning independently	Transition between years, placements, institution	Independent living
Competitive nature		
Isolating		
Loss of supportive relationships from school		

In addition to the rigours of university life itself, individuals may have other considerations that present further challenges or barriers to successful learning and outcomes. In a new report from the Office of Students, UK they state that other factors, such as ethnicity and sexuality, are emerging as important in determining support and outcomes for those students.**(19)**

INTRODUCTION

Groups that may be at a disadvantage include:
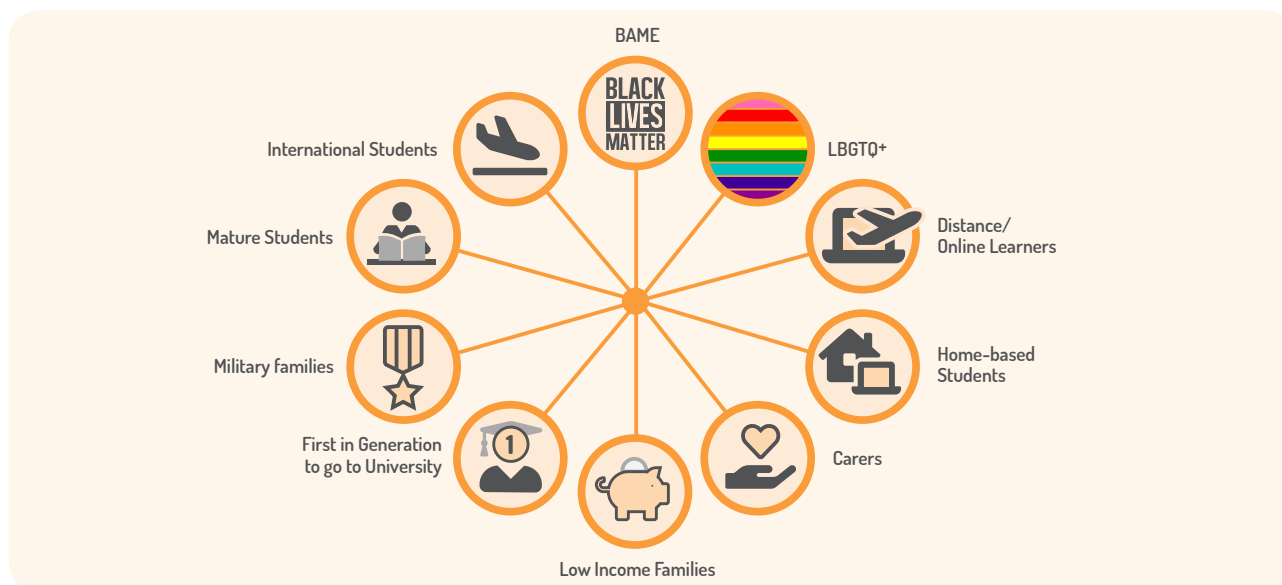
Interventions

HEIs dedicate varying amounts of resources to overall student wellbeing. Student support services are the gateway to mental health provision and offer a variety of interventions in relation to student mental health and wellbeing. Typically these services include: counselling, disability teams, wellbeing teams, chaplaincy, and advice services including financial, housing, visa and immigration.

What Works

Whilst it is acknowledged that counselling and therapy can be effective interventions for students with mental health issues, there is concern that for other types of service *"there are sizeable gaps in the evidence base outlining what interventions or responses may be most effective and in which contexts they do and do not work."* Sector-wide calls for robust quality assurance across all services are to ensure they are safe, effective, fully accessible, appropriate for student cohort, properly resourced and with sound governance structure in place.**(13)**

Ongoing research and impact data collected by UMO, as presented and discussed later, strongly supports Specialist Mental Health Mentoring as an effective intervention for students where mental health conditions hinder effective learning and diminish the quality of students' university experience. UMO assesses and reviews its practice on a regular basis to provide a robust, evidence-based intervention.

Funding

Under the Equality Act (2010) Higher Education Institutions (HEIs) are legally responsible to support disabled students when applying to and then studying at university. Students with a diagnosis of a mental health condition are eligible to access the Disabled Student Allowance (DSA).

INTRODUCTION

The DSA is a "non-means tested, non-repayable grant provided through Student Finance England via the Business, Innovations and Skills Department [now the Department for Education] to help eligible higher education students pay the extra costs incurred as a direct result of a disability, long-term health condition, mental-health condition, or specific learning difficulty such as dyslexia or dyspraxia" (20). It is available to eligible English students studying at UK HEIs. Support for international students or students who do not have a formal diagnosis may be funded directly by their HEI or privately.

The National Audit Office (NAO, 2007) reports that students who claim DSA have better 'overall degree attainment' than those students who do not take up the support. The Department for Education Evaluation of DSA (2019), emphasises the positive impact of DSAs on students, enabling students "to participate more fully in their course than they would be able to otherwise (21).

The late 2019 closure of the Disability Students' Allowance - Quality Assurance Group (DSA-QAG), the charity with responsibility for ensuring the quality of needs assessments, alongside other government reforms, has created a lack of clarity regarding future funding pathways. It is critical therefore that under the Equalities Act, HEIs make adequate provisions for specialist mental health mentoring and ring-fence appropriate funding.

Impact of having a Mental Health Disability at University

Mental health difficulties at university can have multiple consequences for individuals and are well documented.

Potential for reduced academic attainment and dissatisfaction with University experience

Psychological symptoms	Practical consequences	Cumulative effects may contribute to feelings of low self-worth, indecision and "feeling out of control"[21]	Physical health problems comorbid with a mental health diagnosis and may result in:	Potential for limited engagement with wider university experience (societies, sports, volunteering etc.)
Disordered thinking Difficulty processing and organizing thoughts Impaired or reduced memory Reduced concentration Poor communication skills Reduced/lack of motivation	Difficulty meeting coursework and assignment deadlines Difficulty preparing for and sitting examinations or vivas		Reduced or absenteeism from lecturers and tutorials with student falling behind in course Reduced punctuality and attendance Impaired coping skills Physical symptoms, often side effects of medications, such as loss of appetite and disturbed sleep patterns, fluctuation energy levels, fatigue and debilitation(22) Alcohol and drug use	

INTRODUCTION

Mental health difficulties commonly have social and behavioural impacts

For instance, lack of personal care, unusual body language or poor communication skills may affect interactions with others. This may result in loneliness and isolation and reduced enjoyment of university life. Furthermore, people may turn to self medication such as using drugs and alcohol to try to manage their mental health.**(23)**

Mental health difficulties can sabotage a person successfully completing their degree or progressing post-university

In a National Union of Students' survey, **55%** of disabled students reported having seriously considered leaving their courses compared to **35%** of non-disabled respondents.
Students may be inclined, unwittingly, to self-sabotage their studies as a result of feeling they are not capable enough.**(24)** Students that do complete their degree can find that mental health difficulties may impact their ability to secure and sustain employment after university.**(25)**

SPECIALIST MENTAL HEALTH MENTORING (SMHM): SUPPORT FOR STUDENTS

SPECIALIST MENTAL HEALTH MENTORING (SMHM): SUPPORT FOR STUDENTS

Specialist Mental Health Mentoring (SMHM) is a personalized, tailored and adaptive form of support which relies on a combined understanding of an individual student's ability to learn and develop, and psychological insight into the emotional experience of university life.

It is unique in that it is an intervention that is positioned at the interface of mental health, in all its varied presentations, and learning and study skills. It is broad-reaching in its scope and impact in relation to performance and functioning.

Figure 1: Scope of the intervention provided by SMHM.
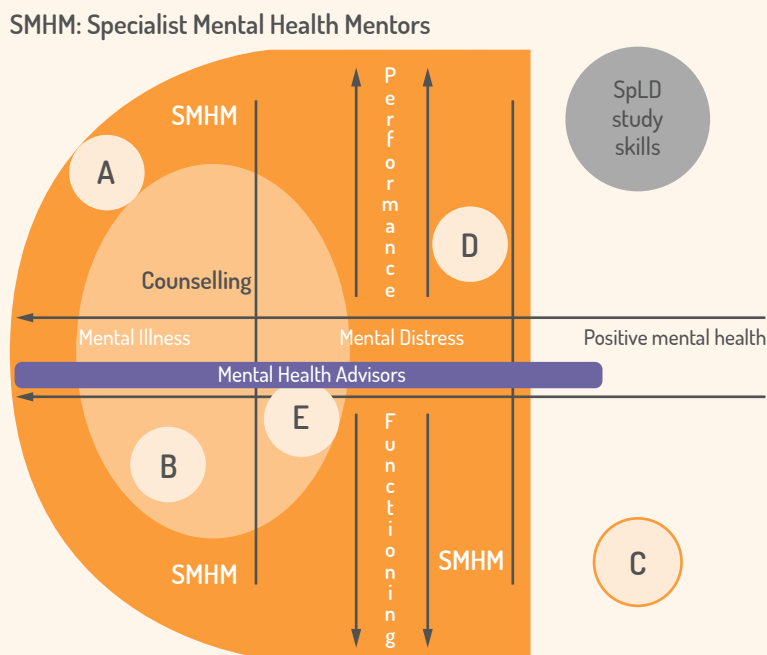
Source: UMO model, adapted from IPPC and Student Minds **(7)**
Note: For example, Person A experiences a severe and enduring mental illness, but also experiences high levels of wellbeing.

SPECIALIST MENTAL HEALTH MENTORING (SMHM): SUPPORT FOR STUDENTS

Figure 2: The targets for mentoring
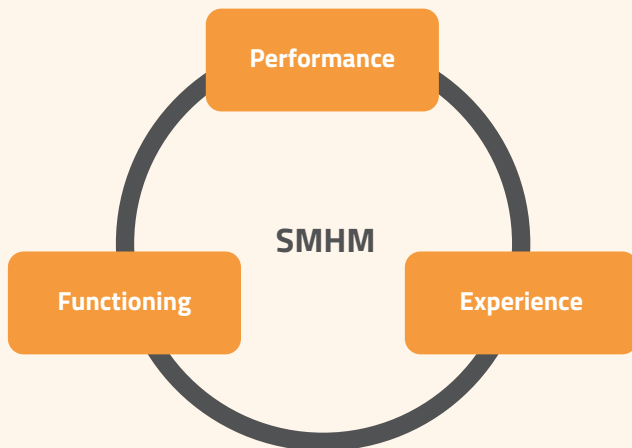
Source: UMO, London

There are three broad targets for mentoring: students' academic performance, their satisfaction with their university experience, and the wider ranging benefits likely to impact on their future functioning.

Figure 3: SMHM in relation to KPIs
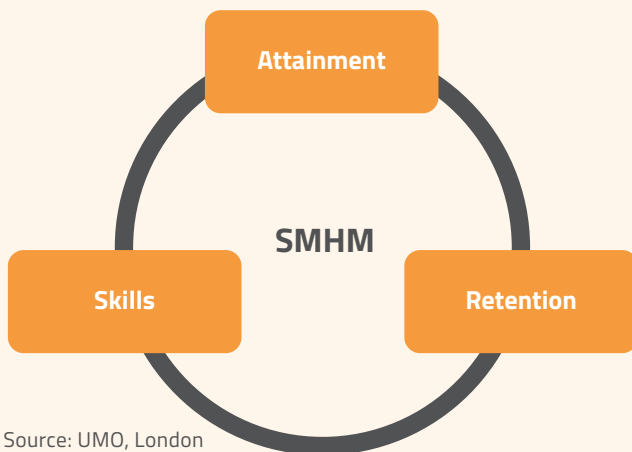
Source: UMO, London

By its very nature SMHM can directly and positively influence key performance indicators for HEIs, namely: attainment, student retention and transferable skills (HESA Key Performance Indicators).

Specialist Mental Health Mentoring Sessions

Those undertaking SMHM sessions, are typically referred by Student Welfare/Disability/ Wellbeing Services, in some cases a student may self-refer. Once assigned an appropriate mentor, one that has knowledge and accredited training in the mental health condition of the student, sessions take place weekly, ideally for the duration of the student's course, with 30[3] sessions per academic year. The benefits of mentoring are embedded and internalized over a sustained period of intervention. To try to short-cut this or superficially accelerate the process can jeopardize the work to the detriment of the student. This approach is required for students identified as having high-level of need. For other students who need temporary support to navigate a particular sets of circumstances (e.g. bereavement), shorter-term interventions may well be more appropriate.

[3] 30 hours reflects the approximate number of weeks in the academic year.

SPECIALIST MENTAL HEALTH MENTORING (SMHM): SUPPORT FOR STUDENTS

Figure 4: Referrals pathway to receive SMHM for eligible DSA students

Referrals pathway to receive SMHM for eligible DSA Students

Students are eligible for a DSA if they meet all the following criteria:
- You are taking a full-time or part-time undergraduate or postgraduate course in the UK (including Open University and distance learning courses) that lasts at least one year
- You normally live in the UK
- You can prove you have a disability, medical condition, sensory impairment, mental health condition, or specific learning difficulty which affects your ability to study.

1 Student informed of DSA - at school, or HEI and makes application for DSA
Student makes an application for DSA to their funding body i.e. SLC - eligibility depends on being a home student with a disability

2 Eligibility letter
Eligibility for mental health disability is recognised as chronic (longer than one year) and diagnosed. Eligibility approved by funding body and student sent to Needs Assessment.

3 Assessment with Needs Assessor
Student attends assessment usually with Needs Assessor to evaluate students access their course and offer recommendations

4 Assessment processed and confirmed. Letter sent to student
Letter sent to student confirming non medical help support, such as SMHM. Student.

5 Student contacts Mentoring provider, such as UMO
Confirmation letter (named DSA2) states the organisation that has been recognised to provide the support to the student. The student contacts the provider of the support to take the next steps.

Figure 5: Funding pathways for accessing Special Mental Health Mentoring for non-DSA students

Funding pathways for accessing Specialist Mental Health Mentoring

- Student
  - Home Student
    - Diagnosed chronic MH condition
      - Private funding
      - Research Council funding: postgraduates
      - DSA funding
    - Not chronic or not diagnosis MH Condition
      - HEI funding
  - International Student
    - Not chronic or not diagnosis MH Condition
      - HEI funding
    - Not chronic or not diagnosis MH Condition
      - Private Funding
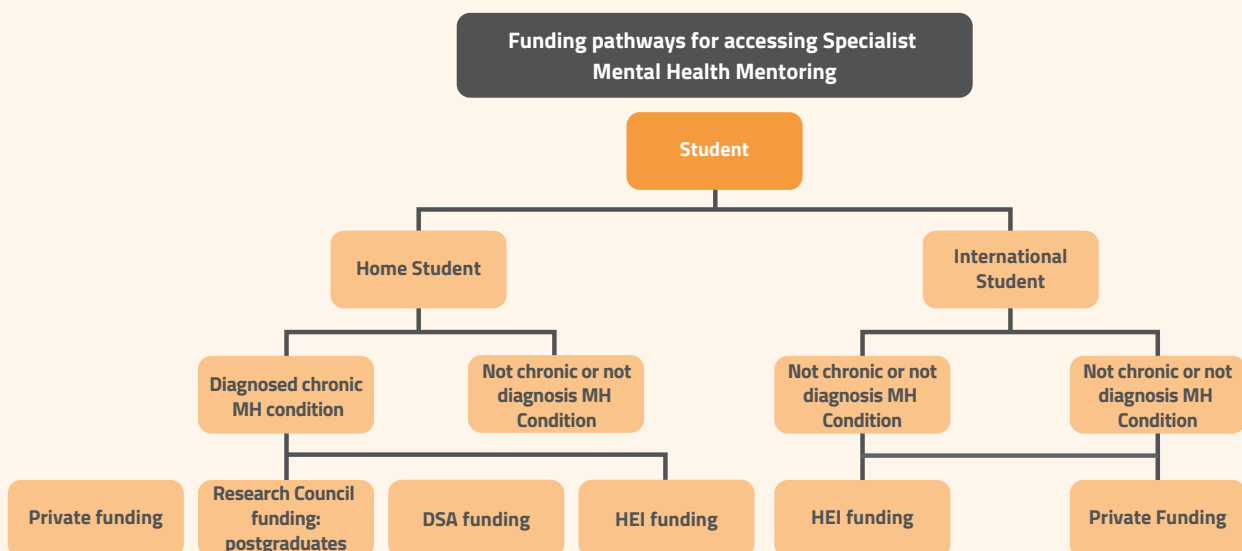
SPECIALIST MENTAL HEALTH MENTORING (SMHM): SUPPORT FOR STUDENTS

Student Case Study

"I applied for mentoring through the Disability Advisory Service at my University. The DAS believed that I was eligible for DSA funding but was unsure what kind of support it would be. After my Needs Assessment, the DSA confirmed that I was eligible for one-to-one mentoring and provided me with the contact details for University Mentoring. I was to contact them directly to arrange my support. University Mentoring then requested the relevant evidence from DSA to confirm my eligibility and to fill in a short registration form. My details were passed onto my Mentor, who contacted me directly to arrange an introductory meeting prior to my first mentoring session.

The intervention itself is a one-to-one discussion over the course of an hour at the same time and place every week. The intervention fits around my busy academic schedule and provides me with much needed consistency and routine. The intervention is led by me and my needs and offers me support in the short-term and long-term. I have found it particularly helpful to set weekly goals with my mentor, but we also discuss broader challenges I face with the aim of providing me with the necessary tools for a healthy and balanced life after University. The overall aim is to help me reach the finish line of my degree in one piece, but also to enable me to not just survive but thrive in terms of personal life and academia.

I have experienced many different forms of interventions over the past decade, including one-to-one counselling, CBT and group talking therapy. The primary element that differentiates this intervention from previous ones is that it is rooted in practical support. I feel as though the goal is to help me practically and emotionally manage my academic workload without sacrificing my mental and physical health. My Mentor understands my needs, triggers, preferences and respects my boundaries. She adapts her support to whatever it is that I need in that meeting, be that practical or emotional. The crucial element of the intervention is that she creates a space where I can safely explore my emotions and thoughts. I feel as though I have someone fighting in my corner [....] and help me when I am unable to help myself. I wish I had had this support throughout my entire education."[4]

[4]With permission from student mentee, King's College London, UK, 2020

Student Perspectives

"Nothing has seemed difficult so far, except for the restriction to 30 hrs of funding in my first year, which the DSA have subsequently very kindly increased to 45 hrs/year, enabling me to meet with my mentor more consistently throughout the year and even to see him for a 2-hour session sometimes, e.g. leading up to exams. This has been a great relief."

SPECIALIST MENTAL HEALTH MENTORING (SMHM): SUPPORT FOR STUDENTS

Mental health mentoring should not be confused with counselling or other psychological therapies which are available via student counselling services, the NHS and private providers. These are treatments for a diagnosed condition or problem and may be delivered as a sole treatment or, more commonly in cases of severe mental illness, as an adjunct to medical intervention. Counselling and psychological therapies do not address study skills, learning outcomes, student experience or future functioning.

Specialist Mental Health Mentoring and Counselling

	SMHM	Counselling
Objective	Improvement of personal efficiency, resilience and development in studies of the student	Seeks to explore the underlying dynamics of individuals and their relationships
Focus	Addressing and overcoming barriers to learning and access to wider university environment whilst managing impact of mental health condition	Focus on the Mental health issue itself

The Role of the Specialist Mental Health Mentors (SMHMs)

SMHMs provide support that:
- **is highly specialist**
- **is tailored to an individual's needs and diagnoses**
- **enables students to address the barriers to learning created by a particular impairment**
- **is primarily provided for students with mental-health conditions or those with an autism spectrum diagnosis**

SMHMs support students across a range of issues including:
- **Managing the impact of mental health conditions**
  - anxiety
  - depression
  - personality disorders
  - suicidal thoughts
  - self-harm
    - » cutting
    - » burning
    - » putting self at risk
    - » using drugs and alcohol potentially leading to addiction and overdose

SPECIALIST MENTAL HEALTH MENTORING (SMHM): SUPPORT FOR STUDENTS

- **Dealing with stressful situations**
  - leaving home and living independently
  - transition to/from Higher Education
  - arranging clinical support, transferring GPs/providers
  - transition between years
  - reconnecting after period of absence
  - examinations and assessments
  - coursework deadlines
  - placements, fieldwork or year abroad
  - relationships with peers, university administrators, lecturers and tutors
  - managing finances
  - self care
- **Concentration difficulties and focus**
- **Time management**
- **Workload prioritization**
- **Ability to create appropriate work-life balance**

The mentor's role is to help a student recognize the barriers to learning created by their environment and circumstances, and support them in developing strategies to address these barriers, particularly at times of transition, such as starting at university, changing courses, moving between years, or when planning to move on after graduation.

For many students their support package will be tailored to their specific needs. Perhaps for some support will be on-going, while for others it might be gradually phased out or only required at certain points of their course; for example, in the run-up to examinations.

SMHM is unique from counselling or therapy by being task-orientated and more directional in its understanding of the specific needs and time limits of a student population.

The Skills and Expertise of the Specialist Mental Health Mentor

Typically and where best practice is implemented, SMHMs will have specialist skills, clinical training and qualifications, membership of an accredited body, and in-depth knowledge and experience of working with a particular disability (e.g. mental-health conditions, autism spectrum disorder). In addition they will have specific understanding of the particular demands of study in Higher Education and the barriers to learning experienced by the individual as a result of their condition. They work with the student to develop effective strategies to aid learning and better cope emotionally, monitor the effectiveness of these strategies, and work to enhance student's autonomy within their learning context.

SPECIALIST MENTAL HEALTH MENTORING (SMHM): SUPPORT FOR STUDENTS

They also need to have close working relationships with other support services both inside and outside the HEI. Importantly they will have the ability to assess the student and recognize when there is risk of deteriorating mental health or risk of harm, and refer the student to other services (e.g. student welfare, NHS Services), in a process that is joined-up and transparent.

Upon initial referral they will provide an intervention that is independent, non-judgemental, supportive, reflective and insightful and at times practical and motivating. Their aim will be to support the student to:

- **Understand the impact of the student's mental health condition, disability, chronic illness, and/or side effects of their medication on ability to learn and on their life at university**
- **Create space and context to relieve stresses so as to enable the student to work to the best of their abilities and enjoy their time at university**
- **Monitor the student's mental health condition, disability, illness, and medication and follow up any concerns**
- **Prevent or alleviate relapse and potential drop out from university**
- **Encourage the development of personal responsibility and resources within the student to aid their development both in learning and in their emotional life at university and beyond**
- **Reduce the stresses of the university experience and the emotional experience of learning**
- **Offer strategies and techniques and at times study skills or assistive technologies to support the student**

Department for Education Categorisation of SMHM

Risk assessment and safeguarding: safeguarding. Ability to follow-up on signs of disengagement or growing vulnerability (e.g. lack of attendance, late or non-submission of work, disciplinary issues).

Aid the student to manage their mental health problems to succeed in their studies – monitor progress of current studies.

Study Strategies.

Study and the Academic Year - An understanding of the stresses and effect of academic study and placements (at different points in the university or college year particularly at the beginning and end of courses) on different mental health conditions and developing strategies to manage varying demands.

Awareness and understanding of support available for mental health conditions – within the university and externally. Ability to liaise with student disability advisory service or specialist Mental Health Advisory service (where one exists) in line with Non Medical Helpers Quality Assurance Framework, to ensure parties are kept up to date with student's support needs and to make student aware of support available.

Awareness of crucial limitations of the role.

Understanding of medication (psychiatric medication) and the impact of students ability to study

Active listening techniques and observation skills with an ability to communicate effectively.

Record Keeping and Confidentiality.

Mentor Support and Professional Development.

STRATEGIES USED BY SMHMs TO SUPPORT STUDENTS

STRATEGIES USED BY SMHMs TO SUPPORT STUDENTS

Psychological and Emotional Strategies

- **Acceptance of mental health diagnoses**
- **Exploring underlying causes that translate into difficulties with time and workload:**
  - Anxiety
  - Lack of motivation
  - Isolations
  - Overwhelmed by volume of work
  - Fear of failure
  - Attention difficulties
  - Taking on too much
  - Deteriorating mental health
  - Perfectionism
  - Family expectations to succeed
  - Friendships and relationships
  - Effects of medication for mental health condition

- **Reflecting and refining**
  - Reviewing previous strategies: what worked, what didn't
  - Improving self-management competences

- **Using visualizations of what doing or completing a task might look and feel like**

- **Envisioning obstacles that may arise and thinking about how to address them**

- **Encouraging students to gradually start reviewing weekly plan on their own between sessions**
  - helping them to develop self-reflection and take ownership of their own work

- **Providing techniques for relaxing and coping at challenging points**

- **Being vigilant of risk and safety issues in relation to student's mental health (e.g. suicidal ideation, self-harm). Encouraging students to speak with their counsellor/psychiatrist but also knowing when to contact Student Advisor/Disability Worker if mental deterioration is evident.(26)**

Mentor Perspective:

"'' chaotic internal world can manifest itself as a chaotic external world, and although the scope of specialist mental health mentoring is not to provide therapy or counselling, the robust structures that underpin mentoring e.g. meeting with same mentor, same time, same place on a weekly basis, can go some way to providing the stability and security that students require to organise and manage themselves more effectively. In providing a non-chaotic mentoring setting, where something known and predictable takes place, this can be internalised by the student, and help sustain them in the intervening period."[5]

STRATEGIES USED BY SMHMs
TO SUPPORT STUDENTS

"Mentoring covers a wide spectrum with task-oriented skills at one end and psychological support at the other. Studying can cause stress, anxiety and other symptomatology but it can also bring many rewards in terms of challenging and moving away from old patterns, opening up new possibilities and emerging with more confidence and new insights. Strategies are endless, and often emerge from the student's own successful strategies and adapting them to university life."[6]

"Students with mental health conditions who enter a fast-paced university environment can struggle when there is less contact with tutors, a higher expectation of working independently, managing multiple long-term assignments and performance pressure when interacting with unfamiliar peers. Building on supportive dialog, a good rapport with the students and a relationship of trust, mentoring offers a safe space, where students feel heard and where they have an opportunity to confidentially discuss and reflect on any barriers to learning that arise."[7]

[5]Robin Smith, UMO Mentor at King's College, London and Imperial College, London
[6]Sue Sunkel, UMO Mentor
[7]Dr Andrea Meundelein

Practical Strategies

- **Identifying difficulties with time-management and organization**
- **Workload prioritization**
  - Seeing work as a series of small, individual tasks rather than as an unmanageable mass
  - Listing tasks and assignments, deciding what is most pressing or most doable
- **Setting short-term and long-term targets**
  - Keeping a schedule or diary to formalize goals
  - Long term targets a mixture of official deadlines and personal deadlines
  - Short term targets: weekly tasks that aim to be done by next session, with the mentoring acting as an "auxiliary authority"
- **Study Schedules**
  - Time available each day and how to spend it e.g. writing an introduction or dedicating time to revision or research
- **Identifying and optimizing learning environments**
  - At home, in library, alone, or with others
  - Making use of technology to manage time, create alerts for breaks, etc.
  - Minimizing/removal of distractors e.g. Social Media

STRATEGIES USED BY SMHMs
TO SUPPORT STUDENTS

Mentor Perspective:

"Practical steps are intended to alleviate the student's sense of being overwhelmed, instead making their workload knowable and manageable by putting in place incremental steps that build a bigger whole. It is important for students to be realistic about what can be achieved during any time in the context of their mental health condition. Hence, the mentor encourages the student to think about their targets and set their sights lower/higher. All this is set within the context of a healthy work-life balance, so mentors will encourage students to create times for breaks, socializing, exercise, and other interests."

"Initial assessment aims to support students to identify barriers to learning and to discuss supportive strategies and reasonable adjustments. For example, a student who suffers from anxiety may have difficulty giving a presentation to the full class but is able to present in front of a small group of peers. Students who struggle with concentration may benefit from using assistive technologies such as recording devices. Following the Social Model of Disability, we don't classify students according to their medical diagnosis, but discuss accessibility related to the study environment, as perceived and expressed by the individual learner."

"As mentoring progresses, work demands are prioritised, e.g. course deadlines, together with an exploration of specific difficulties in study, such as procrastination, problems interacting with peers, cognitive problems (to see whether learning support is needed), and how the mental health diagnosis impacts on these."

[8]Robin Smith, UMO Mentor at King's College, London and Imperial College, London
[9]Dr Andrea Meundelein
[10]Brian Turton, Clinical psychologist, UMO mentor

STRATEGIES USED BY SMHMs TO SUPPORT STUDENTS

Benefits of Specialist Mental Health Mentoring (SMHM)

Students embark on a program of SMHM with the intention of improving their ability to cope with the rigours of university life whilst also managing the impact of living with a mental health condition, through a learned combination of practical and psychological strategies. As one student describes it they needed SMHM to help with:

"Anxiety and stress management in order to be able to reach my full potential. Time management skills, prioritising and concentration skills, academic and professional behaviour, working within a group without letting my condition affect my presence, balance between studies/work and personal life." [11]

When delivered well, specialist mental health mentoring is both a preventative measure as well as a proactive intervention. It is preventative in that further deterioration of mental health may be averted because the student receives regular support and guidance by their specialist mentor, and it is a proactive intervention in that it addresses the issues that hinder or stop the student progressing in their studies. As such it should be considered a worthwhile investment in terms of alleviating demand on other support services. (21).

Effective specialist mental health mentoring programmes can be a valuable mechanism for helping universities improve retention of vulnerable student populations and improve the overall engagement with and satisfaction of their university experience.

[11]With permission from UMO pre-mentoring questionnaire

THE UMO EVIDENCE-BASE FOR SPECIALIST MENTAL HEALTH MENTORING

THE UMO EVIDENCE-BASE FOR SPECIALIST MENTAL HEALTH MENTORING

Specific objectives were to understand the perceived impact of SMHM on:

- **academic performance and attainment**
- **satisfaction with university experience**
- **wider ranging benefits likely to impact on students' future functioning**

Findings are discussed in relation to what can be learned from students' experiences and the possible impact/implications on HEIs, student populations and post-university function.

Design and Procedure

This cross-sectional research was conducted triannually by UMO between 2011 and 2019, using an online survey of current students receiving mentoring. Every mentored student was invited via email to respond anonymously. Information was provided to each participant about the purpose and use of the data as well as confidentiality issues and other relevant information about the survey itself.

Sample

The characteristics of the entire sample of mentored students during the seven-year evaluation period are described in the Results under Demographics. Students received mentoring (usually weekly) for between 3 months and 3 plus years. The characteristics of those responding to the survey appeared to UMO staff to be representative of the whole cohort of mentored students.

A total of 280 responses (17.5%) were received from a total of 1600+ students receiving mentoring during that period.

The UMO Survey

The UMO team adapted the Darling Mentoring Scale because no existing questionnaire appeared to be sufficiently comprehensive**(27)**. Surveys used within Community Mental Health Teams (CMHTS) or other mental health services were judged to be too focused on mental health and not relevant to university life**(28)**. The Darling Mentoring scale covered major themes that mentoring sessions frequently involve. Questions pertaining to demographic information were also included. This allowed for a full response from the participant by including a mixture of open qualitative questions and more closed focused questions with Likert-type response options (scale measuring attitudes and opinions). The questionnaire included:

- **Demographic information**
- **Commitment to learning**
- **Perceived support**
- **Boundaries and expectations**
- **Constructive use of time**
- **Social competencies**
- **Positive identity, confidence, motivation and values**
- **Drug and alcohol use**
- **The open ended questions included were:**
  - What benefits have you received from mentoring?
  - What was particularly helpful and worked well in mentoring?
  - What difficulties did you experience with mentoring or what did not work well?
  - What can be improved about the UMO service?

Information was provided to each participant about the purpose and use of the data as well as confidentiality issues and other relevant information about the survey itself. There was 0.5% error value where respondents completed the survey, but for technical reasons (or otherwise) were not able to return the document.

THE UMO EVIDENCE-BASE FOR SPECIALIST MENTAL HEALTH MENTORING

Analysis

Qualitative and quantitative data relating to students' academic performance, their satisfaction with their university experience, wider ranging benefits for their current and future functioning and satisfaction with mentoring are described. Free-text responses relevant to these issues are reported verbatim. For quantitative data, the number of applicable responses to each question is shown (n) and where students have responded 'not applicable' to a question these have been removed from the results. Likely reasons for a student responding 'no' or 'not applicable' to a question include the student not having undergone mentoring long enough to feel able to respond to the question (e.g. perceived improvement in results), or the question was not applicable to the student as the issue was not relevant (e.g. seeking additional student welfare services or holding down a job).

Three broad categories have been adopted to represent the key areas that SMHM impacts: *Performance, Experience* and *Future Functioning*, framed within the context of the student's overall mental health and well being. These categories encompasse the unique combination of the aspects that SMHM affects.

Each set of responses is attributed to the appropriate target for mentoring: *Performance, Experience, Future Functioning* in order to illustrate the most significant area of impact, and within those targets, responses are clustered according to relatedness.

A further level of analysis is described through the use of themes; these have been developed from more specific categorizations that share similar attributes and allow inferences to be drawn. Assigning themes to the data illustrates where there are similarities and/or differences between individual questions and corresponding responses. The themes help to convey the more specific or nuanced impacts of SMHM. For example, a tangible improvement in attainment is viewed as an 'objective' and 'external' development, whereas a 'subjective' improvement in relating to tutors may be observed and experienced by others and therefore considered 'external', yet also represents an 'internal' shift in the way the student sees themself.

Supporting and illustrative commentary from free-text fields within the survey are included where appropriate.

THE UMO EVIDENCE-BASE FOR SPECIALIST MENTAL HEALTH MENTORING

Table 1: Themes relating to SMHM outcomes

Theme	Characteristics	Objective/ Subjective	Internal/ External
Academic Performance (AP)	Improved grades - viva, coursework, exams, improved attendance, improved participation - tutorials, seminars, labs	Objective	External
Improved Learning (IL)	Commitment to learning, motivation to learn, ability to learn and take things in, confidence in achieving outcomes	Objective	External
Techniques and strategies - academic (TS-A)	New skills, time management, constructive use of time, study skills, academic life-cycle, prioritisation	Objective	External
Techniques and strategies - psychological (TS-P)	New strategies and techniques: stress management, self monitoring and responding, care plan approach	Objective	Internal
Containment (C)	Self awareness, supportive relationship, trust	Subjective	Internal
Relationships (R)	Boundaries, assertiveness, self-esteem, social competencies and skills	Subjective	Internal/ External
Managing own Mental Health and Psychological Issues (whilst at university and beyond) (MMH)	Psychological development pertaining to personal development e.g. resilience, self-confidence, personal development, self monitoring	Objective/ Subjective	External/ Internal
Future Prospects (FP)	Sustainable good practices for mental health and wellbeing in the workplace and beyond.	Objective	External
Appropriate Intervention (AI)	Expectations of SMHM	Objective	External/ Internal

RESULTS

RESULTS

Demographics

Full Time vs Part Time	73%	Full Time	27%	Part Time
Degree Type	63.1% 13.8% 16.4%	Bachelor's degree Master's degree PhD	5.8% 0.9%	PG Certificate or Diploma Access or Foundation course
Department/School of Study	6.7% 24.8% 4.2% 2.1% 3.8% 11.3%	Art and Architecture Humanities Business Education Law Life Sciences & Medicine	7.6% 2.5% 15.5% 18.1% 3.4%	Natural & Mathematical Sciences Nursing, Midwifery & Palliative Care Psychiatry, Psychology & Neuroscience Social Science & Public Policy Veterinary Medicine

Year of Study	**Undergraduate**		**Postgraduate**	
	1.5% 24.8% 27.2% 19.8% 7.9% 2.5%	Foundation Year 1 Year 2 Year 3 Year 4 Year 5	6.6% 3.3% 5% 1.2%	P/G Year 1 P/G Year 2 P/G Other Completed

Accommodation Type	26% 15%	Shared House/Flat Campus accommodation	20% 38%	Parents/Guardians Other
Secondary Education	3.5% 15.4%	Fee paying scholarship Private fee paying	72.1% 8.1%	State comprehensive/ grammar Both - state and private
New to Living in the City	31.5%	New	68.5%	Not new
Region from the UK/Country before moving to university	76.1% 7.1%	UK domicile EU	16.1%	Non-EU
Ethnicity	62% 12% 9% 3%	White/North European Black Afro-Caribbean Mixed parentage Mediterranean (eg Greek, Italian, Turkish)	8% 5% 1%	SE Asian/Chinese Indian subcontinent Not Known
Gender	25%	Male	75%	Female
Age	4.5% 55.8% 22.3%	Age between 18-20 Age between 21-30 Aged between 31-40	10.9% 5.8% 0.7%	Aged between 41-50 Aged between 51-60 Aged between 60 plus
Funding	67%	DSA	33%	Other

[12]Current survey has been updated to include: transgender, gender neutral, non-binary, not listed, prefer not to say

RESULTS

Students mental health diagnosis

Mental Health Issue	Percentage Response
Anxiety Disorder	15.4%
Anxiety and Depression	18.3%
Attention Deficit Hyperactivity Disorder (ADHD)	2.9%
Autism Spectrum Disorder (ASD)	7.1%
Bipolar Disorder	8.3%
Borderline Personality Disorder & other Personality Disorders	7.1%
Depression	10.4%
Eating Disorders	1.7%
Obsessive Compulsive Disorder (OCD)	2.9%
Post Traumatic Stress Disorder	5.8%
Schizophrenia	2.9%
Schizoaffective Disorder	2.5%
Comorbidity - more than one significant diagnosis i.e.	5.0%
Physical health and mental health condition i.e. Epilepsy and Depression	1.2%
Learning Difference i.e. Dyslexia	1.2%
Undisclosed	7.5%

n= 241

Length of time matched with SMHMs

Time matched with SMHMs (months/year)	Response (percentage)
Less than 3 months	31.3%
3 to 6 months	26.3%
From 6 months to 1 year	17.3%
From 1 to 2 years	18.3%
From 2 to 3 years	4.7%
More than 3 years	2.2%

n=278

Responses are indicative of the range of time frames for which SMHM can be carried out and represent a realistic picture of the UMO cohort at any given time.
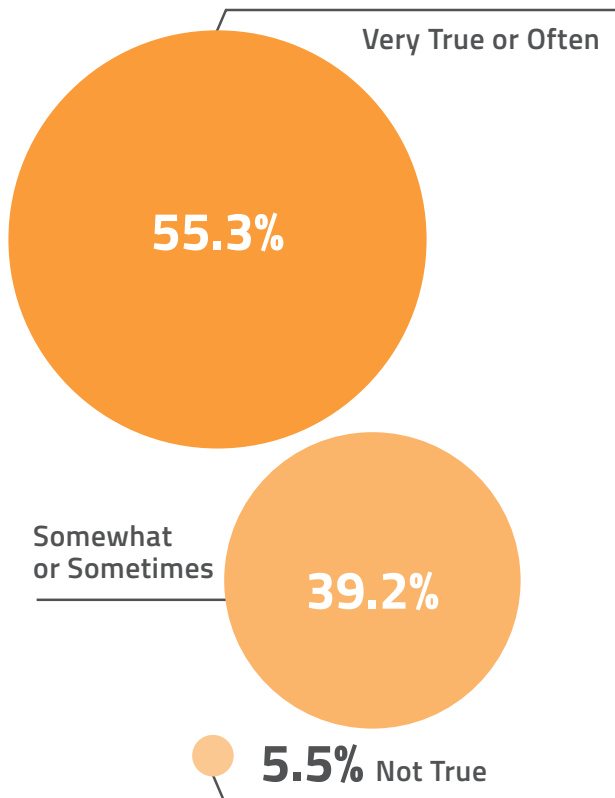
RESULTS

Across all key targets for mentoring: performance, experience and future functioning, the results illustrate very clearly that the vast majority of respondents found mentoring significantly beneficial in a range of ways with perceived attainment, ability to cope, willingness to participate, balancing of demands, interpersonal relationships, and preparedness for post-university life all being positively impacted by the intervention.

In none of the areas covered by the survey was it reported that SHMH had had a negative impact, and 'no change' 'not true' was observed minimally.

RESULTS

PERFORMANCE - ENGAGEMENT:
Improved Ability to Concentrate on Studies

Very True or Often

55.3%

Somewhat or Sometimes

39.2%

5.5% Not True

n= 273
Themes: IP, IL, MMH, C, FP

The overwhelming majority of students felt better able to concentrate on their work as a result of mentoring. Students procrastinated less, stopped wasting time and were able to get on with their work. In anecdotal feedback from mentors and student comments in surveys, students report improved productivity and ability to stay on task, reducing the need to ask for extensions. As a consequence their mental health and wellbeing improves because they are exerting more control over their own health rather than being controlled by it.

Student Perspectives

'I have become more aware of my personal needs and have gained a better sense of university/life balance. I am more organised but also more flexible when I need to be.'

'I've learnt different techniques in helping to deal with my anxiety. I've learnt more about myself and how to approach subjects in a way that is suitable for me.'

'Accepting myself and being less of a perfectionist in my work and personal life, to essentially achieve more.'

'Confidence and the ability to work more efficiently.'

'I've learned to identify the processes and patterns I employ to complete coursework. I've also learned how to manage course related stress and anxiety.'

RESULTS

PERFORMANCE - ENGAGEMENT:
Improved Preparation for Lectures, Tutorials, Practicals and/or Fieldwork

48.7% Very True or Often

39.8% Somewhat or Sometimes

11.5% Not True
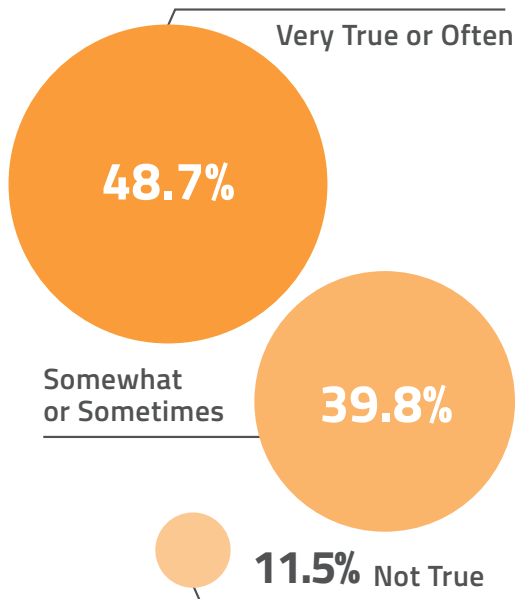
n= 226
Themes: IP, IL, MMH, C, FP

89% of students found they were more organised and prepared for the timetabled components of their course. This suggests that the student is more able to manage and the mental health difficulties they may be experiencing are not interfering with their course commitments and requirements. They are supported and contained by the mentoring and are therefore more able to get on with the everyday.

PERFORMANCE - ENGAGEMENT:
### Improvement in attendance at lectures and tutorials

78% of students reported that specialist mentoring positively impacted their attendance on their course. Non-attendance or low attendance is a key indicator of disengagement and possible deterioration of mental health in students (29). Conversely, increased attendance as a result of SMHM reflects a healthy development in the students mental health with the student able to keep up with course and learning requirements.

42.7% Very True or Often

34.5% Somewhat or Sometimes

22.8% Not True
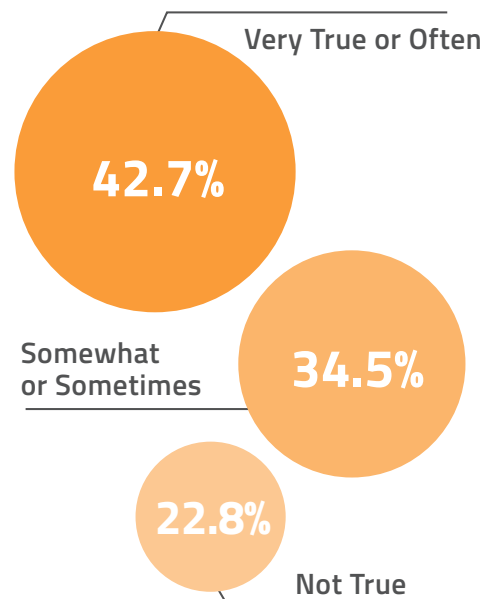
n= 171
Themes: AP, TS-A, TS-P, MMH

RESULTS

PERFORMANCE - ENGAGEMENT:
Improved engagement with course

Very True or Often

64.1%

Somewhat or Sometimes

29.5%

6.4% Not True
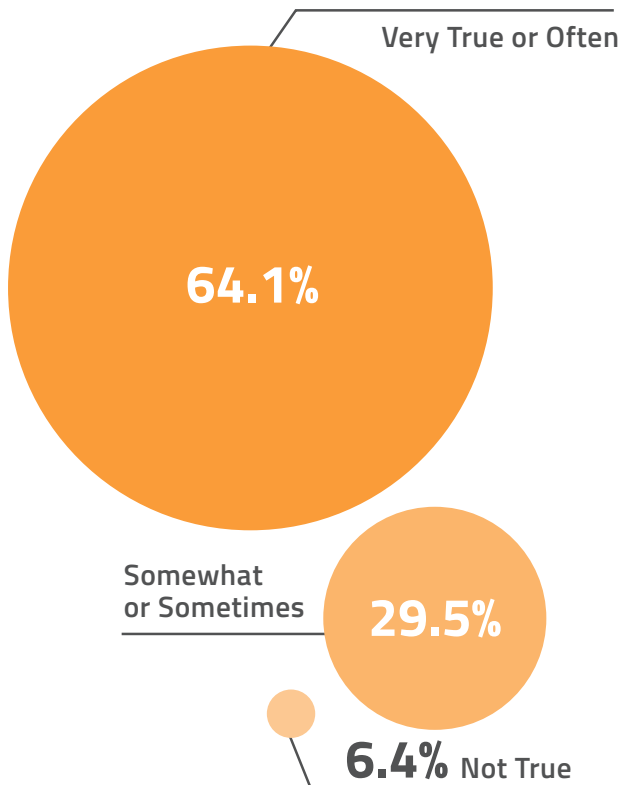
n= 251
Themes: MMH, ST-A, IL, AP, R

94% of students reported improved engagement with their course. The work of the mentor is to help the student understand their course and its requirements. In facilitating this understanding the student is likely to have a more balanced view of the teaching and learning expectations of the course and with reduced anxiety about the course, the student is better able to learn. As a corollary of improved engagement, students have a better, more satisfying university experience.

Student Perspectives

*'My mentor has clarified some misconceptions about my course'*

"Having someone who understands both the university side and the mental health side has helped so much. This support doesn't exist anywhere else in the university structure for me. Without my mentor's advice and encouragement, I would have dropped out. It has been so helpful to know I have someone on my side while navigating lecturers who don't understand and the overcrowded disability services.'

'I have gained the ability to really take a step back and see the bigger picture and ensure that I am prioritising my life in the right way. Mentoring has also helped me get back into the habit of studying and writing essays after a year of interruption caused by ill health.'

RESULTS

PERFORMANCE - ENGAGEMENT:
Improved participation, more actively taking part in learning

Very True or Often

48.2%

Somewhat
or Sometimes

39.8%

11.9% Not True
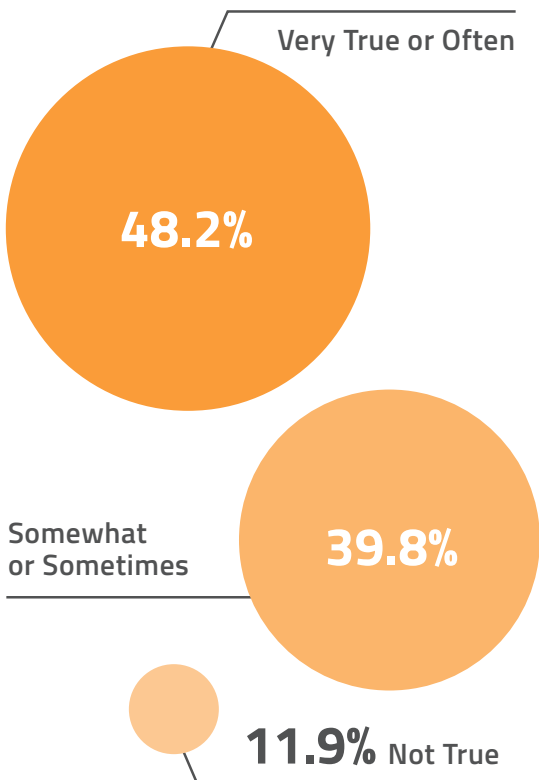
n=226
(Themes: AP, MMH, C, ST-P, ST-A, R, IL)

88% of students reported more active participation in their course and learning. As students engage with SMHM self-esteem and confidence grow and with this an ability and willingness to contribute develops and so the individual comes to offer opinions knowing their thoughts will be heard, appreciated and valued.

Student Perspectives

'Incredible mentor, emotional and academic support, communicating with other professionals, having a consistent relationship with someone highly skilled and encouraging. Getting to know someone and them me is the most helpful because I can be honest and is tailored to my needs. Really supportive relationship... strategies are realistic and appropriate and adaptable. I would not be studying without this help. Plus communicating with other professionals and getting me the help I need and supporting me to speak up for myself.'

'Better participation, managing perfectionism'

RESULTS

PERFORMANCE - ENGAGEMENT:
Improved, motivated and/or productive with university work

Very True or Often

56.9%

Somewhat
or Sometimes

34.8%

8.2% Not True
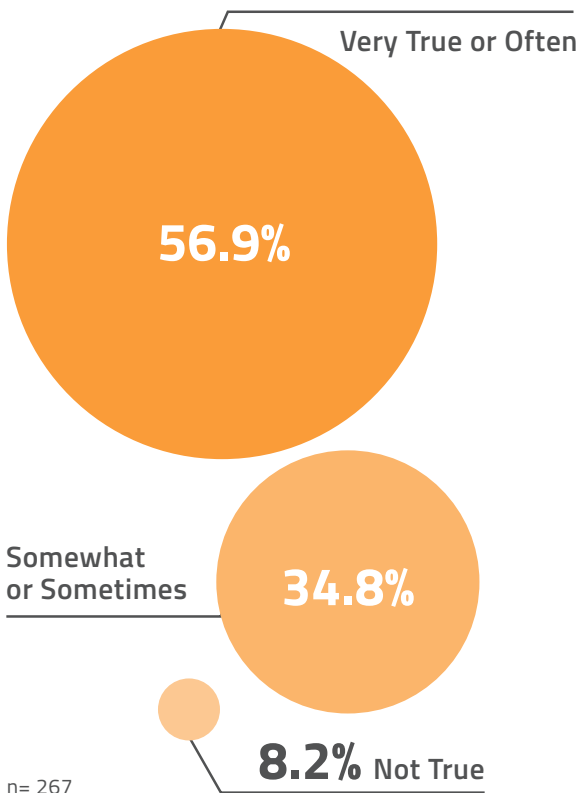
n= 267
Themes: IL, AP, ST-A, ST-P, MMH

91.7% of students agreed with the statement that SMHM improved their motivation for their studies and/or were more productive. SMHM provides a space for individuals to be listened to and understood, and equipped with practical strategies, aids focus and concentration leading to increased motivation. It may be that engagement with the mentoring relationship in which someone, other than themselves or family and friends, is invested in them individually, is instrumental in encouraging progress in their studies.

Student Perspectives

'[I have gained:] better techniques for note taking. Managing anxiety. Better approach to expectations. Self-esteem help.'

'Having someone who not only cares and wants you to do well, but has the experience and wisdom to guide you and make sure you have a healthy attitude to trying to do well at university and live a healthy life. I believe everyone needs this sort of input, since there is so much pressure on young people these days to be high achievers at all costs.'

'My academic writing skills have improved and I have confidence to have meetings with my supervisors.'

'I have learned to be more aware of myself and what I can achieve. I am so much more confident now as a direct result of my mentoring. I will graduate with a good degree now which would not have happened without the extra support. I am better able to look after myself and manage myself whether I am struggling with my health or going through better times.'

RESULTS

PERFORMANCE - ENGAGEMENT:
Improved ability to keep up with work

Very True or Often

52.3%

Somewhat or Sometimes

40.4%

7.3% Not True
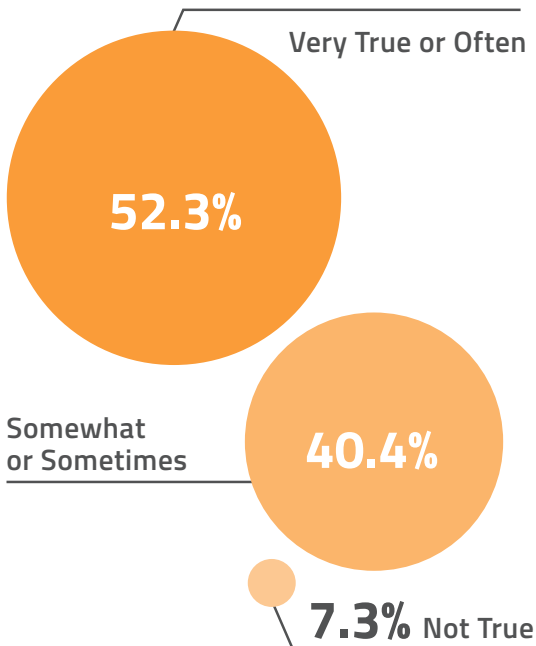
n=260
Themes: AP, IL, R, MMH

93% of students felt that specialist mental health mentoring improved their ability to keep up with their work, which is a significant indicator that they were able to apply both the academic and psychological skills and strategies they acquired through mentoring, to the benefit of their work output. Students were able to separate their mental health and not be sabotaged by it, with the consequence they were able to focus and reach the goals set for themselves (e.g. deadlines).

Student Perspectives

'Regular contact with impartial and supportive person meant my tendency to isolate myself was resisted somewhat and provided an opportunity to look at everyday situations from an alternative point of view that I had not considered.'

'A wide and invaluable range of new/improved strategies, techniques and approaches, including (among other things) better confidence, motivation, organisation, persistence in the face of challenges, positive outlook, emotional stability and resilience, realism rather than perfectionism, perspective vs tunnel-vision, hope vs despair.'
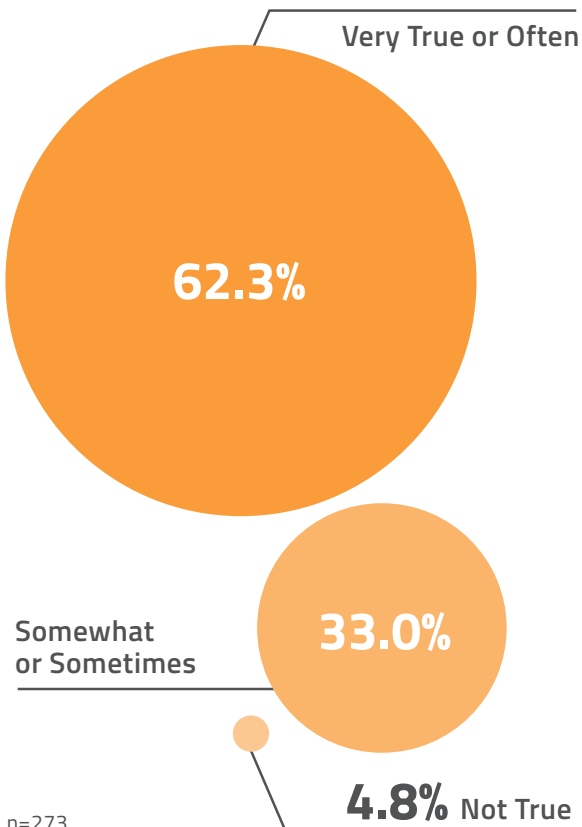
'I have gained moral support and practical guidance—including practical tools to help me navigate through the PhD journey. My mentor has helped me to identify and address obstacles and challenges that have hindered my progress for years. She has helped me learn how to advocate for myself in order to make my experience fruitful and as smooth as possible. Mentoring is tailored to each individual's needs and preferences, employing whatever mechanisms that are most effective. My mentor has been incredibly intentional about dissecting my patterns, and devising strategies that are tailored to my needs. This may change from session to session, but is flexible for my benefit—and is ultimately highly effective.'

'Tactics for dealing with anxiety and negative self-belief; strategies for planning my career.'

'Mentality towards workload is better'

RESULTS

PERFORMANCE - ENGAGEMENT:
Learnt and employed new strategies

Very True or Often

62.3%

Somewhat
or Sometimes

33.0%

4.8% Not True

n=273
Themes: IL, IA, ST-A, ST-P, C, MMH

95% of students reported having learnt and applied practical strategies to their academic work which positively impacted on their ability to manage their own mental health.

Student Perspectives

'[I have learnt] strategies for managing stress as well as meeting deadlines'

'How to better manage supervisory relationships, self-management techniques, positive thinking.'

'It has helped me to think about a different mindset I need to adopt in order to help me do my work. My mentor is so understanding and having her to talk through things has really helped me. I feel really comfortable with her and I'm able to express how I feel to her. She offers me really good advice.

'The art of prioritization and how to stop'

'Can talk about both practical studying problems and personal problems - it's really helpful that these aren't treated as separate problems.'

'Time management and organisation as well as motivation and increased self confidence'

RESULTS

PERFORMANCE - ATTAINMENT:
Improvement in coursework and/or assessment grades

Very True or Often

42.7%
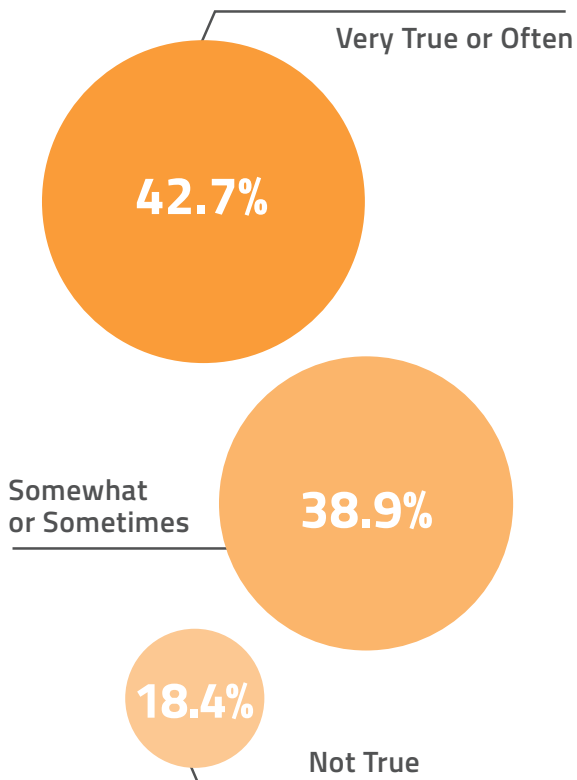
82% of students felt that their grades and assessments had improved as a result of mentoring. This impact on attainment represents the effect of SMHM working on the academic and psychological elements of a student's life and thus helps set up the student for the future.

Somewhat
or Sometimes

38.9%

18.4%

Not True

n=185
Themes: ST-A, AP, IL

Student Perspectives

'*It helped me to better cope with the personal issues I was challenged with. It also helped me to manage my worries and anxiety. In general, I am sure I was not able to be successful in my programme without the support of my mentor. She brought big changes to my academic and personal life. Mentoring means a lot to me.*'
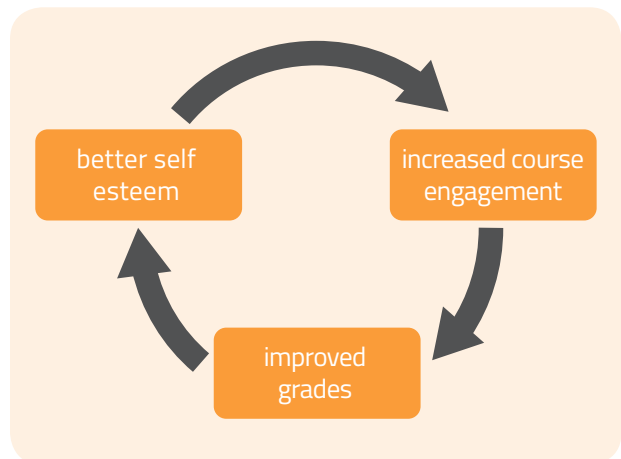
RESULTS

PERFORMANCE - ATTAINMENT:
My grades would have deteriorated without mentoring

Yes

85.8%

14.2% No
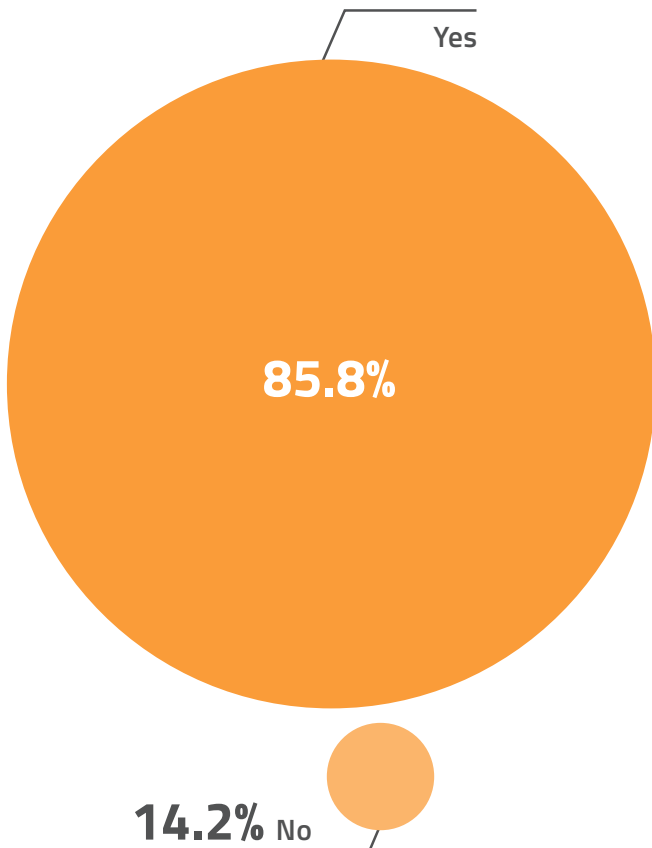
n=196
Themes: IL, AP, TS-A, ST-P, MMH, R, C

86% of students for whom it was applicable considered that their grades would have deteriorated without mentoring, suggesting that mentoring is a crucial intervention in helping them achieve their academic potential. This highlights the impact and importance of SMHM working holistically for the student across academic performance and mental health, and by extension their future functioning by improving outcomes and prospects. SMHM facilitates a positive feedback loop:

better self esteem → increased course engagement → improved grades → better self esteem

Student Perspectives

'...building my confidence in my skills and accomplishments'

'...being more focused and realising I can do some good work'

RESULTS

PERFORMANCE - ATTAINMENT:
Mentoring has made it more likely I will successfully complete my course

More Likely

93.2%

No Effect **6.4%**

0.4% Less Likely

n=266
Themes: AP, IL, TS-A, TS-P, MMH, C
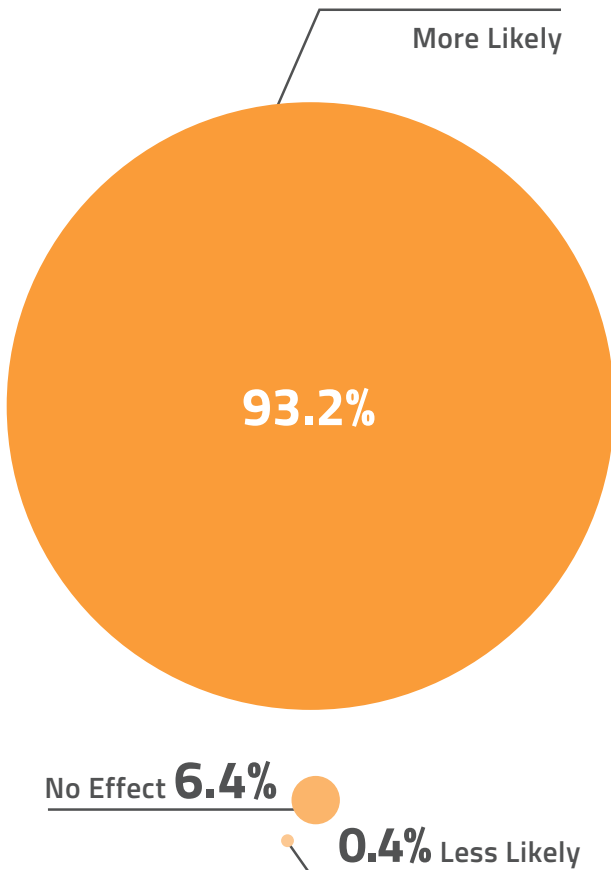
93% of students felt mentoring had increased the likelihood they would successfully complete their course and the result has significant implications for driving improved retention for students with mental health conditions. It indicates that the strong relationship formed during mentoring has enabled the student to develop the skills and techniques to manage whilst at university and reach the end of their course, successfully coping with the varying intensities of the university calendar such as coursework deadlines, examinations, and assessments.

Student Perspectives

"Meeting very friendly mentors who have guided me through university. I could not have done it without them.'

'A better sense of my own capacity especially with reference to finishing my thesis'

'The positive impact that SMHM has had on my university experience has been incalculable - I really don't know if I would have got through it without my mentor and her support.'

RESULTS

PERFORMANCE - ATTAINMENT:
Mentoring helped to improve the final grade of my course or my current degree achievement

Yes

87.8%

12.2% No
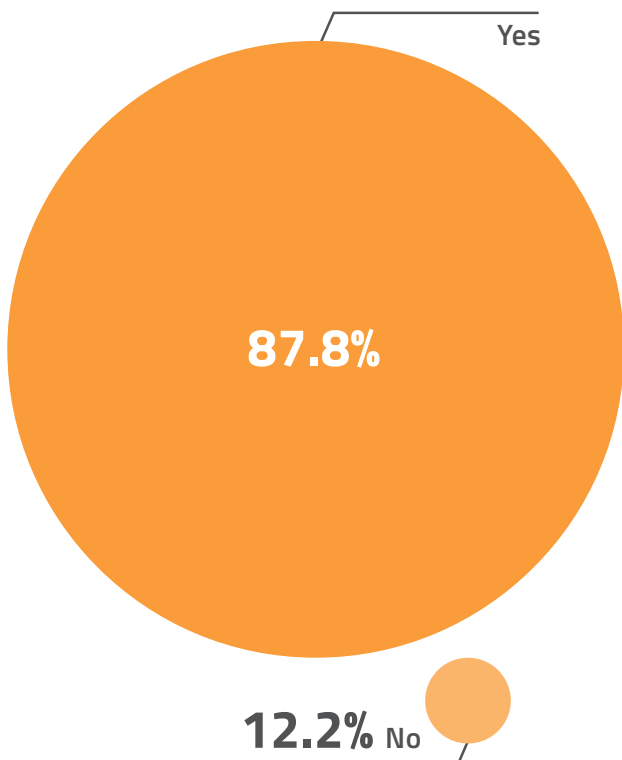
n=188
Themes: MMH, IL, AB, ST-A, ST-P

Where applicable, **88%** of students stated that SMHM helped to improve their final grade for their course, highlighting the significant positive impact that mentoring has on student attainment. As a consequence of mentoring it is likely the student's ability to learn has improved, focus and concentration are better, interference in studies from poor mental health is lessened, and with increased availability and space to learn, the prospect of self-sabotage diminishes. Students who were yet to receive their final grade were asked about their current degree standing and attainment with 91% (n=208) stating mentoring had impacted it positively.

Student Perspectives

'The best thing of all for me has been having an ongoing, stable connection from week to week, month to month, year to year, with a wise and knowledgeable person whom I genuinely like and respect, who seems to care genuinely about my welfare and progress too, and who listens to me patiently, gently and open-mindedly and is unconditionally encouraging and positively affirming -- he is there for me. It makes me feel that I have an authentically good, decent and understanding human friend alongside me in this journey, and am no longer struggling through life's various challenges alone. I cannot overstate what a fundamental difference this makes -- to everything. I am extremely grateful.'

'The patience and understanding of my mentor was particularly helpful. Really nice to have someone who understands the strains on a university student and is creative to come up with solutions to make things work out for the benefit of my academic life.'

RESULTS

PERFORMANCE - ATTAINMENT:
Mentoring helped to improve the final grade of my course or my current degree achievement

Student Perspectives

'Receiving praise for things which no one else notices, e.g. that I remembered to take my medication that week or that I took time out to exercise/eat healthily. Also the opportunity to try and explain my lecture notes to my mentor to check my own understanding. Also during the exam period my mentor was invaluable as she was the only one I could ask to test me on material and improve my recall. I also don't feel I would have had the confidence to try work shadowing had I not had support from my mentor.'

'Mentor was fantastic. I felt it was best for me to push forward on my own and my mentor facilitated that, whilst providing support if I should need it. Really impressed.'

'It helped me to better cope with the personal issues I was challeng[ed] with. It also helped me to manage my worries and anxiety. In general, I am sure I was not able to be successful in my programme without the support of my mentor. She brought big changes to both my academic and personal life. Mentoring means a lot to me.'

'Perhaps one of the most effective aspects of mentoring is that the solutions are not one-size-fits-all, but rather tailored to my circumstances and needs. In addition, each session differs from the previous one—in accordance with my circumstances and needs at that particular time. It is the best support I have received as a PhD student, and has helped me put my journey into perspective. In other words, it has provided me with the invaluable insight that all PhD students struggle, that it is a lonely and difficult journey, and that it is absolutely necessary to receive support/guidance to get through the process. Ultimately, everything about mentoring has been incredibly rewarding and constructive.'

'Know how to deal with stress and anxiety. Can manage workload and do them to the best of my ability. Happier and know myself more.'

''A trustworthy intelligent guide.'

'My current mentor actually understands the issues - which is why having mentors with psychological training and experience is so important, in my view.'

'Can talk about both practical studying problems and personal problems - it's really helpful that these aren't treated as separate problems.'

'...I know my mentor will be there to help me mentally and practically. I have ASD and am a wheelchair user and felt overwhelmed.'

RESULTS

EXPERIENCE - ATTITUDES:
Improved/more positive attitude towards time at university and what can be learned

Very True or Often

64.4%

Somewhat
or Sometimes

30.3%

5.2% Not True
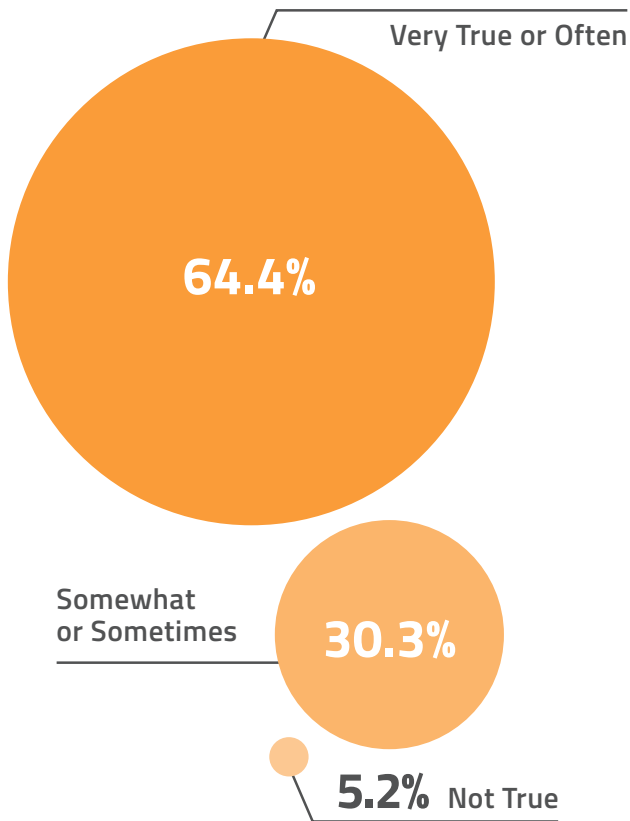
n=267
Themes: MHM, ST- P, C, R

94% of students reported a more positive attitude toward their time at university. As a result of mentoring, students are able to reduce negative thinking and world-view. There is a change in perception to the positive and development of a greater sense of self and optimism which in turn can lead to an emergence of an idea of their place in the world.
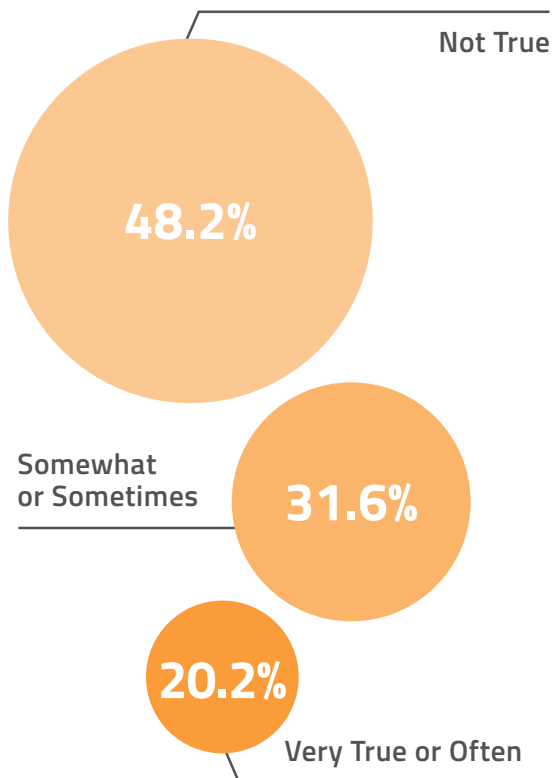
Student Perspectives

'I love being able to discuss with my mentor all my weekly tasks ... and about all the issues and worries that have been weighing me down from [since] the previous session. This allows me a chance to reflect positively and come out feeling energised and with an increased can-do attitude.'

'[I have a] more positive attitude about university'

RESULTS

EXPERIENCE - ATTITUDES:
Greater involvement in societies or activities such as sports and music

Not True

48.2%

Somewhat
or Sometimes

31.6%

20.2%

Very True or Often

n=193
Themes: MHM, R, C, FP, TS-P

Just over half of mentored students **(52%)** of students stated that they were more involved in recreational and social activities, improving their overall university experience. Engagement in non-academic pursuits would promote further social skills (e.g. team building and group work), whilst at the same time extending their support network and peer group. A better study/life balance would be gained along with the positive sense of being part of a group and being accepted.

Student Perspectives

'Negative thoughts about myself decrease when I see my mentor, which makes it easier for me to enter situations (e.g. work shadowing) which I would have not believed I was capable of normally'

'My mentor has also helped me in devising how to make more friends and better communicate with people as this was something I was struggling with.'

'Before mentoring I was having a lot of difficulty concentrating on my work and in lectures, my mentor has discussed methods with me of tackling these difficulties and by being able to see her weekly I am able to refine these methods and find what works best for me. Also as I have a diagnosis of social anxiety I was feeling very lonely and hopeless about making friends, but my mentor has been very supportive, talked me through ways to communicate with people, and highlighted the communication skills I have and the ones I lack. I now feel a lot better about my current social life and very optimistic for the future.'

RESULTS

EXPERIENCE - ATTITUDES:
Mentoring has helped with managing the commitment of a part time job whilst at university

Very True or Often

40.6%

40.6%

Somewhat
or Sometimes

18.8%

Not True
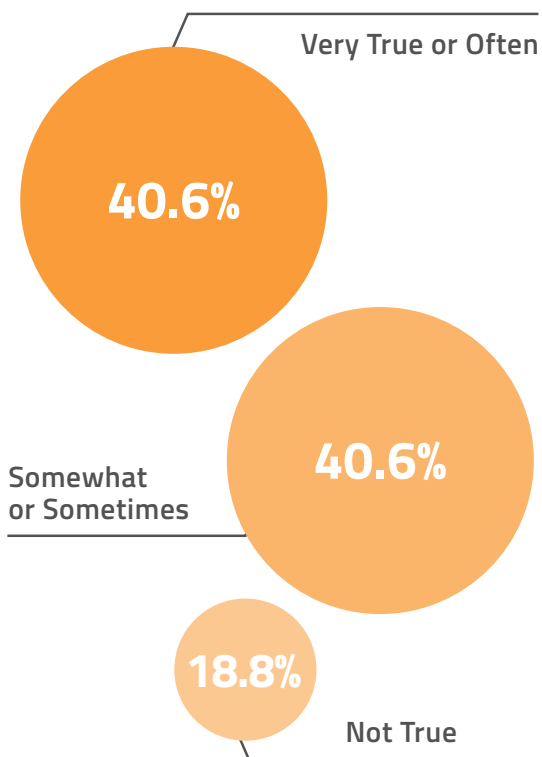
Themes: TS-A, TS-P, MMH

81% of students who were also working whilst studying found that SMHM had helped them manage the commitment and responsibility required of their job. The skills acquired as part of mentoring help students prioritize, organize and focus on the different demands on their time, allowing them to more successfully balance study/work/life commitments against the backdrop of their mental health condition.

Student Perspectives

"Without my mentor's contribution to building my self-esteem and working with me to better evaluate how I plan my time, I would not currently be maintaining my current schedule of working in an architect's practice, whilst finishing a Master's in Architecture.'

RESULTS

EXPERIENCE - ATTITUDES:
Mentoring has improved my relationships with academic staff, peers, family, friends[13]

Relationship	Confirmed improved relationship
Tutors/Lecturers	**75%**
Peers, Friends, Family	**25%**

n=276
Themes: MMH, C, R

75% of students reported improved relationships with academic staff, whilst **25%** reported improvement with family and friends. Course satisfaction and retention are positively influenced by good dynamics between students and teaching staff. Moreover, students are able to keep issues contained within their mentoring session because they know their mentor listens, understands and can offer insight. This reduces dependence on inexperienced staff to manage such psychological issues, who are then forced out of their professional role and potentially overstep boundaries trying to support the student.

Student Perspectives

"'I have learned to be a bit more patient with others and myself in my learning, classes and in general life, whilst also learning to set aside specific times in order to do my work'.

'I feel more self-confident and I'm more understanding of other people's issues'

'Better communication with peers'

'It has helped me become more assertive'.

[13]Results for this question were amalgamated into two groups: Family/Friends and Academic Staff

RESULTS

EXPERIENCE - USE OF MENTAL HEALTH AND SUPPORT SERVICES:
Mentoring has improved my relationships with academic staff, peers, family, friends[13]

Responsibility taken to access other mental health services e.g community mental health teams, psychiatrists, crisis team, home treatment team	Percentage response
Yes	**49.6%**
No	**24.6%**
Not Applicable	**25.7%**

n=208
Themes: R, MMH, TS-P, C

Nearly half of students who found they required additional support were in a better position to take responsibility for themselves and seek out help before reaching crisis point. Consequently, students are likely to receive appropriate treatment and avoid disengagement or withdrawal from studies and university. In addition, untrained university staff are less likely to find themselves in the front line of dealing with the student's mental health.

Student Perspectives

"I have learned first to improve my mental situation, by addressing the personal issues and receiving more support from the specialists.'

'I have learnt about how to study well and keep healthy. I have learnt how to seek help before things get out of control. I have learnt the role of therapists and understand people who can help and who are available such as mentors, therapists and GPs. More better understand myself as well.'

'I have learnt ways to plan out my week and my work that avoid setting off obsessions and perfectionism. I have gained more confidence in making my adjustments and needs known to the university so I can be supported in the way I deserve.'

'Having someone to check in with who was separate from the university, but connected, who understands Mental health issues and who was academically aware.'

RESULTS

EXPERIENCE - USE OF MENTAL HEALTH AND SUPPORT SERVICES:
Mentoring has improved my relationships with academic staff, peers, family, friends[13]

If you have a psychiatrist or access a CMHT or Crisis Team, has your access changed?

- **20.7% Increased**
- **17.1% Decreased**
- **62.1% Stayed the same**
  n=140

The student responses here represent an appropriate use of services. Part of the role and responsibility of the mentor is to monitor the mental health risk of the student and should they detect relapse/deterioration they take steps to ensure the student does not reach a crisis point, liaising with other trained staff within support services as necessary. Effective management of deteriorating mental health can prevent pauses or drop out from studies.

Has SMHM impacted by decreasing the use of other mental health services?

- **65.6% No**
- **34.4% Yes**
  n=189

34% of students stated that they experienced a decrease in use of mental health services as a consequence of SMHM. This could be attributed to the supportiveness, consistency and continuity of the relationship developed during mentoring, in which students gained personal insight and were better able to monitor themselves and adhere to care plans. By managing their own mental health using the strategies and techniques acquired through mentoring, they did not need access to other services.

RESULTS

EXPERIENCE - ALCOHOL AND DRUG USAGE:
Better able to resist using alcohol and other drugs

Somewhat
or Sometimes

38.9%

Very Often or Often   **32.2%**

28.9%

Not True
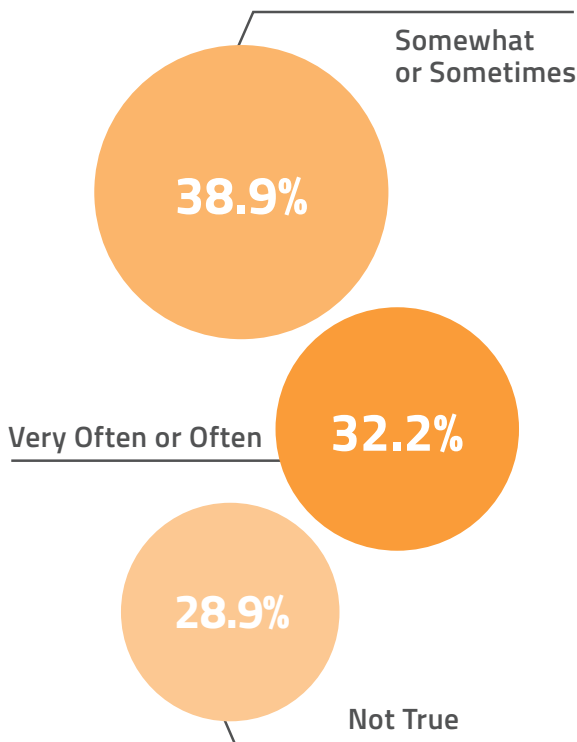
n=90
Themes: R, TS-P, C, MMH

71% reported that they were better able to resist using drugs and alcohol as a consequence of engaging in SMHM.

35% and **41%** of students reported reduction in usage of alcohol and drugs, respectively.

It is likely that as a result of mentoring students had developed a greater sense of self, were more aware of their capabilities and limitations, more aware of risk taking behaviours, and in general had a greater liking for themselves leading to avoidance or curtailment of damaging behaviour.

On another level, students could be less likely to use alcohol and drugs to manage emotional pain because they have the containment of mentoring that provides a non-judgemental space for reflection and encouragement**(27)**.

|		
Reduction in alcohol consumption	**n=114**	**35.1%**
Reduction in drug use	**n= 34**	**41.2%**

Student Perspectives

'Understands my drug problem, genuinely seems to care about me as a person'

'Being able to speak to someone that understood how my circumstances were

affecting my ability to focus on assignments.'

RESULTS

EXPERIENCE - SELF CONFIDENCE:
I am more sure of myself, my self confidence has improved

Somewhat
or Sometimes

50.8%

49.2%

Very True or Often

n=242
Themes: MMH, TS-P, R, C
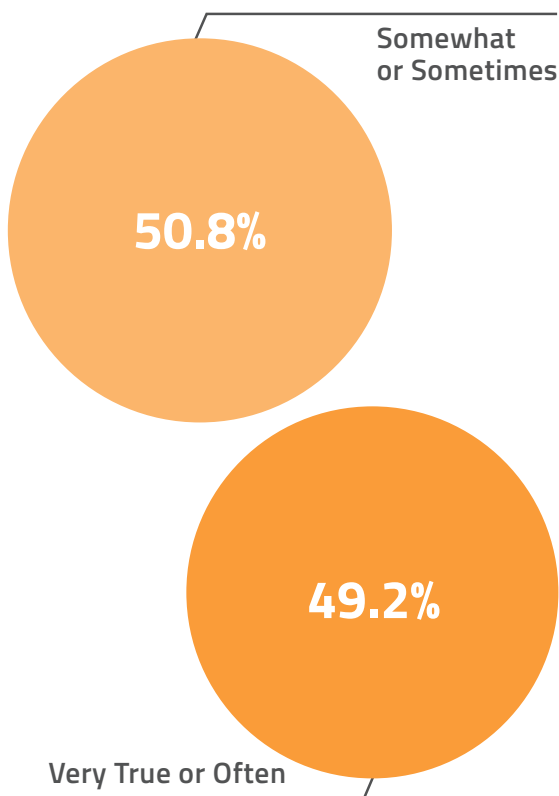
100% of students stated that as a consequence of having SMHM their confidence improved. This is a result of having a regular space, time and person with which to be listened to and understood, and where the focus is solely on the student and the issues they bring to the sessions within the realms of academic and student life.

A function of the mentoring relationship is to be supportive and encouraging, allowing the student to find ways to manage their university life through discussion, understanding and insight. By facilitating this process, students come to have greater sense of themselves, their unique skills and capacities that they have as a human being.

Student Perspectives

"Mentoring has helped me with my confidence. It has also allowed me greater oversight into what I might do with my work in the long run.'

'...helping me having more confidence in my work and being able to set boundaries when needed'

'Given me more confidence'

'I am now more confident in my abilities'

RESULTS

EXPERIENCE - EMOTIONAL DEVELOPMENT:
I am better able to express my feelings

n=250
Themes: MMH, TS-P, C

90% of students stated that mentoring enabled them to express their feelings more clearly. In other words they had developed a lexicon to name their emotions and in doing so enabled the student to proactively manage their mental health and gain a degree of control.

Student Perspectives

"It helps me sort through my thoughts and feelings. I feel more relaxed and less anxious after I talk with my mentor. I feel like I can accomplish my goals.'
'Expressing how I feel, I got to release built up emotions that I didn't realise were there. Letting these feelings go a bit at a time has helped me to move on.'

'How to express and explore negative feelings in a healthy way; how to process difficult emotions; how to accept change of mind.'

EXPERIENCE - EMOTIONAL DEVELOPMENT:
I am more honest with myself or others

n=251
Themes: MMH, TS-P

93% of students felt that mentoring helped them to be more honest. Honesty with self and others reduces stress and anxiety as the student is no longer striving for unattainable goals and becomes more realistic. WIth reduced anxiety, performance and attainments improve, as the student is more able to learn.

Student Perspectives

"Helped me admit when I need help..."
'It's helped me realise which of my self expectations are unrealistic...'
'...communicating needs and being honest with myself.'

EXPERIENCE - EMOTIONAL DEVELOPMENT:
**Others see me as more responsible**

n=208
Themes: R, C, M

84% of students reported that they were seen as more responsible. This represents an emotional development - a secondary gain of specialist mentoring - in which the student, as a result of being able to take better care of themselves and access appropriate services, manages their own mental health rather than relying on others.

RESULTS

EXPERIENCE - EMOTIONAL DEVELOPMENT:
There are more people who care or help me

Very True

46.1%
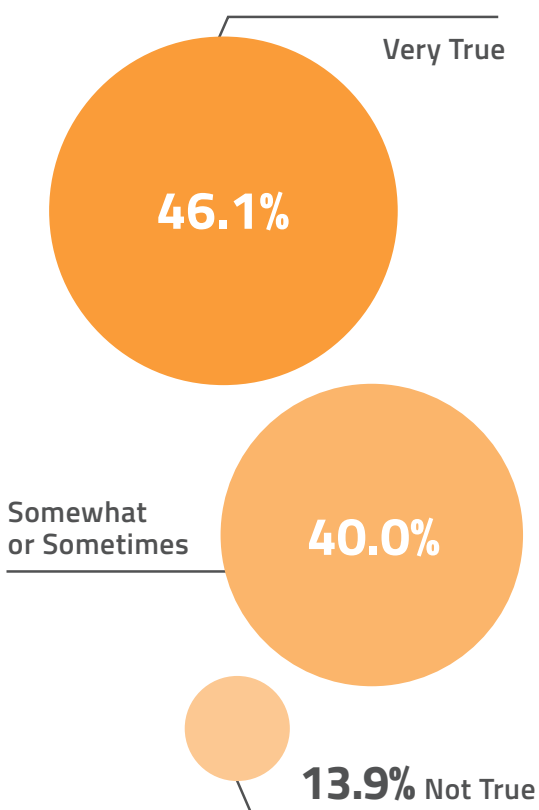
86% of students felt that they were more cared for as a consequence of accessing SMHM. Students felt there was an individual looking out for them and as a result had greater pastoral support.

Somewhat or Sometimes

40.0%

13.9% Not True

n=245
Themes: C, R, MMH, TS-P

Student Perspectives

'"setting short term goals and deadlines and having someone to be accountable to, but who also I didn't feel judged by. Helped that he was a (retired) academic and so understood the research process. An older, kindly person - felt supported and cared for.'

'...feeling I have someone who actually cares about me holistically to talk to. My mentor really took the time to get to know me and has been incredibly supportive.'

RESULTS

EXPERIENCE - EMOTIONAL DEVELOPMENT:
I have higher expectations for myself

Very True

42.0%

Somewhat
or Sometimes

39.2%

18.8% Not True

n=250
Themes: TS-A, TS-A, MMH
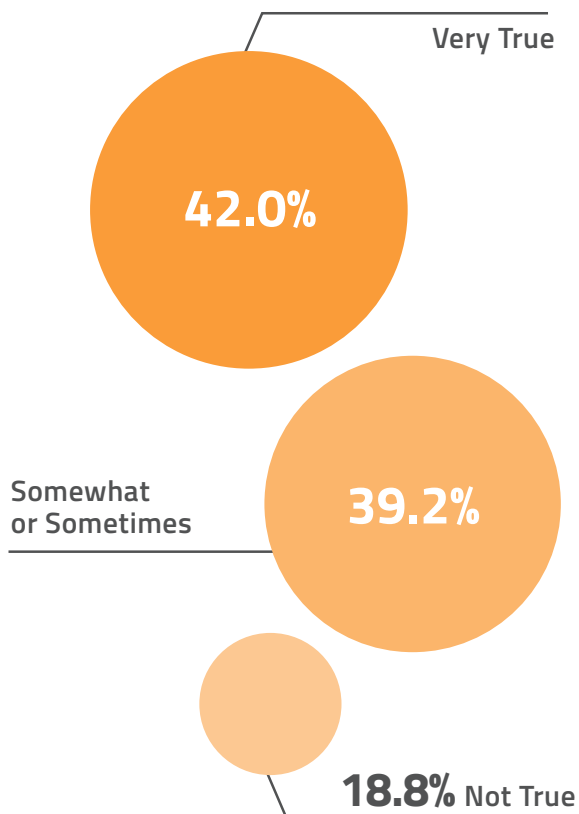
81% of students stated that because of SMHM they had higher expectations of themselves. These students developed greater confidence and self-esteem, recognised their abilities and potential and were able to form more realistic expectations for themselves. These students recognised that their mental health did not need to dominate their life, were able to manage the condition, be more in control, and subsequently more fulfilled.

RESULTS

FUTURE FUNCTIONING - BEYOND UNIVERSITY:
Strategies developed in mentoring will help after university

YES

94.2%

5.8% NO
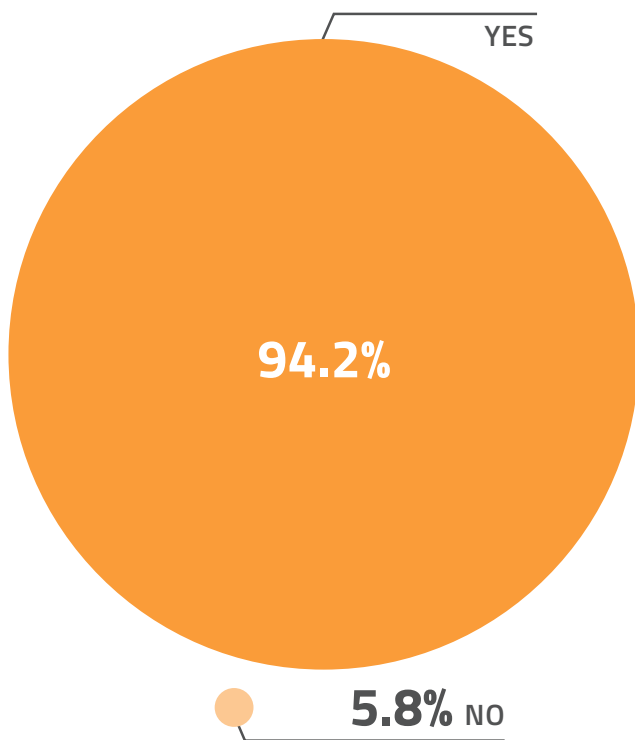
n=257
Themes: MMH, TS-A, TS-P, R, C

94% of students stated that the strategies they developed and honed from their mentoring experience were sustainable and would assist them into the working world. The long-term nature of SMHM enables the skills and techniques of mentoring to become internalized and habituated within the individual and available to call upon once the setting has changed from university to post-university.

Student Perspectives

'I have a definite higher class of degree and better chances of being employable and staying in employment or furthering my study in the future...'

'Mentoring has helped me with my confidence. It has also allowed me greater oversight into what I might do with my work in the long run.'

RESULTS

FUTURE FUNCTIONING: BEYOND UNIVERSITY
I have a more positive view of my future

Very True

47.8%

Somewhat
or Sometimes

44.5%

7.7% Not True
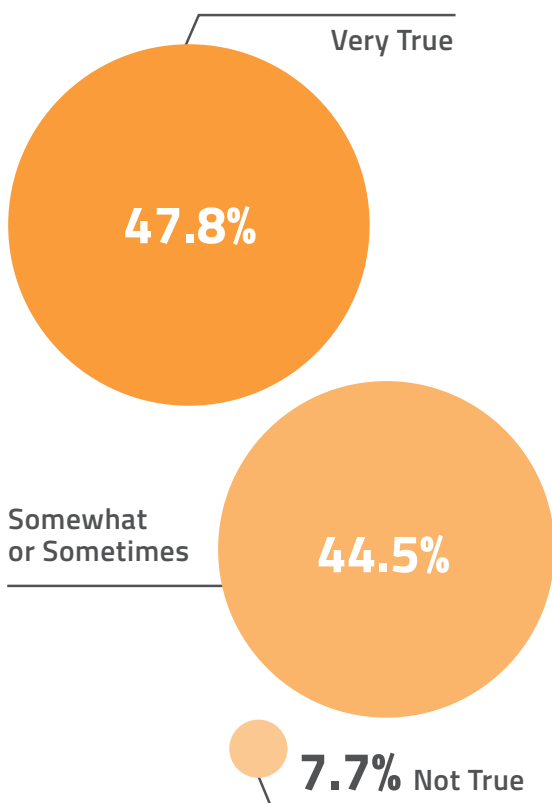
n=274
Themes: MMH, IL, AP, TS-A, TS-P

92% of students reported that as a consequence of SMHM they had a more positive view of their future.

It is likely that mentoring has increased the student's confidence, understanding of their own capabilities and provided them with strategies and techniques to manage their mental health so they feel they will succeed in their course. The student may continue to have a mental health problem, which may be lifelong, but they have acquired strategies to live with it rather than be defined by it, and are able to manage and live a productive and fulfilling life.

Student Perspectives

'Mentoring has built my self-esteem and given me the impetus to apply myself fully in the pursuit of my professional goals.'

'I have more faith that I can achieve a good graduate job, so push myself to apply.'

RESULTS

FUTURE FUNCTIONING - WORK:
Mentoring has made me think more about internships and/or paid work

Not True

36.3%

Somewhat or Sometimes

36.3%

27.5%

Very Often True
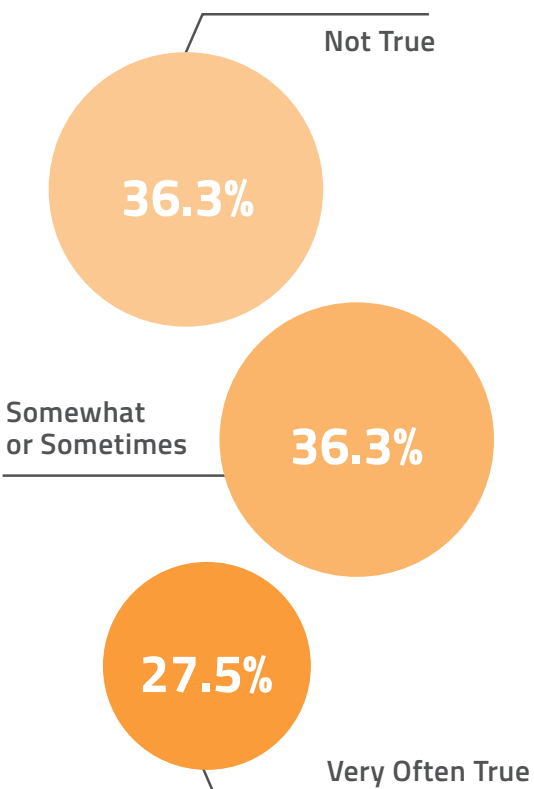
n=182
Themes: MMH, R, TS-P

64% of students claimed that SMHM had enabled them to think about internships and paid work whilst at university in preparation for the working world. Improved self-esteem and ability to think positively about the future leads to a more proactive approach to preparing for life post-university.

Student Perspectives

'I...don't feel I would have had the confidence to try work-shadowing had I not had support from my mentor.'

'During our mentoring sessions, me and my mentor sit together to discuss what my strongest and weakest skills are and why it is important for me to obtain certain skills- especially if I was to go and apply for jobs or internships. Then, we set action plans to help me work towards improving the weaker skills.'

RESULTS

FUTURE FUNCTIONING - WORK:
Mentoring has made me better prepared for the workplace

Somewhat or Sometimes

42.2%

**Very True**

40.0%

17.8% Not True
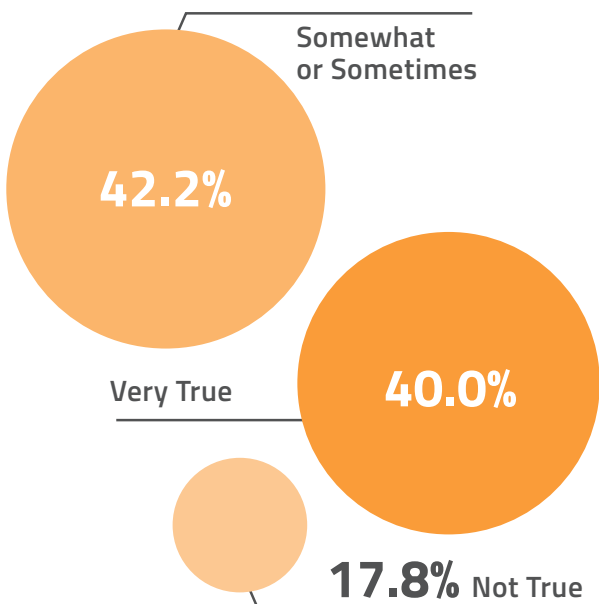
n=185
Themes: TS-A, TS-P, MMH, R, C

82% of students felt SMHM made them better prepared for the workplace. Mentoring had not only provided the student with a space to think about and plan for the working world, but had also provided the opportunity to learn new techniques and strategies to be carried forward and applied beyond university.

Student Perspectives

'Now able to think about working again in the future'

'I work full-time and study part-time, I feel more confident to disclose my disability and ask for help.'

'I am more confident in myself to apply for work since motivated not to be afraid to state my difficulty'

'Mentoring has helped with my transition into teaching...'

'While we have agreed to discuss my career goals in the future, we have briefly worked on envisioning my success. My mentor has helped me to feel that this vision is tangible and within reach. She consistently tells me that I am very bright and capable. This positive reinforcement has been immensely helpful in rebuilding my confidence—and is something that has been largely absent from my academic experience (namely with my PhD supervisors)'.
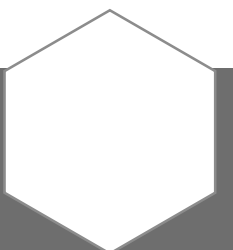
Mentor Perspective:

"Universities offer careers workshops, career fairs, CV workshops etc. [but] with mentoring being a more personal approach students can think independently where they want to be in future. Applying for jobs or internships is highly time consuming and requires a fine balance especially when other academic work is still in full swing. It is also worth adding that disappointments will be almost inevitable during that process and the mentor's ability to see beyond any rejections and remind the student of their strengths so that resilience becomes another tool for life.'

DISCUSSION

The results of the survey carried out by UMO suggest clearly that students with a mental health condition associate improved academic outcomes and university experience with specialist mental health mentoring.

DISCUSSION

Balancing the demand of university life and studies with a mental health condition brings with it a particular set of challenges that requires a specific, outcomes-orientated intervention. The survey results go some way to building a strong case for SMHM as a highly effective and targeted intervention with tangible benefits for the student (and by extension, the HEI) and shows that SMHM is crucial in helping this cohort of students navigate their way successfully through their studies and time at university. In addition, students perceive benefits from preparedness for post-university life, with transferrable, life-long and life-enhancing skills acquired through their mentoring.

SMHM acknowledges and embraces the mental health conditions of students; it respects, understands and faces head-on the impact that these can have on a student's ability to perform and function, but significantly creates a safe space in which it can be held and contained, at the same time equipping the student with an array of tools with which to pursue their academic endeavours. The responses to the survey suggest that students see this as a valuable and necessary process even if it is challenging at times.

Specialist Mental Health Mentoring is a long-term intervention that has more impact and likelihood of internalization of the support and skills when carried out over a longer time frame, ideally following the students through their time at university as required. Shorter-term SMHM interventions of 6-8 sessions may be used as a specific response when someone in a short-term crisis, triggered by a specific event (e.g. bereavement, assault, illness), needs support to get back on track quickly.

Students should ideally have the same mentor throughout their course, acting as a figure of stability and guidance, yet who is not intended to encourage dependence but rather independence. The ability to transition from university with an embedded set of skills, strategies, and coping mechanisms that allows the student to stand on their own two feet is key. 30 weeks of mentoring (vs 52), builds in cyclical breaks in mentoring that match the academic year, (4 term or post graduate courses may require different frequency). These breaks are useful and necessary in conditioning students for the time when mentoring (and funding) ceases at the end of their final examinations. Mentors will prime students in advance of holidays and work with them to put in place support networks and strategies to manage.

SMHM can be an effective individual intervention sitting alongside other support services and should be considered a component of the 'whole university' approach to mental health. Specialist Mental Health Mentoring, whilst predominantly offered to students, is also an appropriate intervention for staff operating within the university ecosystem.

As UK HEIs undergo wide-reaching review and development of their mental health strategies, funding and provisions, and adopt a 'whole university' approach, this presents an ideal opportunity to embed into the system, the significant contributions and improved outcomes that targeted interventions like SHMH make for those with mental health conditions. Student attainment, retention and satisfaction with university, all indicators that HEIs routinely monitor and report on, are positively impacted by SMHM.

DISCUSSION

Since university education has become a considerable personal investment for students and their families, the expectation that institutions will have in place the necessary support networks to ensure achieving a good degree, leading to employment, is high. In addition, by their very nature, universities are large and varied communities, in which a duty of care to its students and staff is to be expected. SMHM has a role to play in delivering on those expectations, working with students to achieve their potential, and facilitating and aiding integration into the university for students who might withdraw and isolate themselves due to their condition.

Survey results showed some students reported a decline in use of mental health services and others reported an increase as a result of their mentoring. Both responses are useful indicators for universities: a decline is indicative of reduced need for additional provision (the student is coping with the support of their SMHM). Conversely, those seeking additional support are likely to be doing so at the encouragement of their mentor. It is beneficial for HEIs to have this level of expertise monitoring vulnerable student groups acting as an additional safety net ensuring no student is left behind.

In terms of feedback from students in relation to improvements that could be made to SMHM, they focussed largely on practical aspects of the intervention such as funding, timings and frequency of sessions, appropriate locations and conducive, private spaces in which to talk. These are relatively surmountable requirements and should be given fair consideration as universities strive to improve their support around mental health. In addition, students indicated the importance of the consistency of relationship with their mentor, and any changes in personnel were not deemed helpful. To that end HEIs should consider ways that this potential disruption can be minimized and consider working with established providers with robust governance, training, and track records of good service delivery.

This study (review of service) goes some way to illustrating the outcomes that can be expected from an affective student-mentor relationship. It provides good insight in our understanding of what works for these young adults, many potential high-achievers, who struggle psychologically. Specialist mentoring can enhance their experience at university, aid retention, improve career prospects and reduce health and social needs. It provides a contribution to the evidence base that will allow universities to justify funding such interventions themselves, develop their strategies or common mental health projects in line with the Mental Health Charter and even prioritise students identified as most vulnerable to dropping out or underachieving. Not least, these research findings will be helpful in justifying the continuation of financial government support.

CONCLUSION AND RECOMMENDATIONS

CONCLUSION AND RECOMMENDATIONS

- **SMHM positively impacts students, undergraduate and postgraduate, with mental health conditions and plays a part in improved attainment and retention.**

  Recommendation: It should be considered an effective and routine intervention that continues to be supported through DSA funding, where there is a clear disability-related need. Where DSA funding is not yet taken up, eligible students should be effectively sign-posted to this funding provision.

- **SMHM is of most benefit when sustained over the duration of a student's course.**

  Recommendation: Ensure that appropriate investment and funding is in place for long term provision of service, particularly where DSA funding may not be available (e.g. international students, students without formal mental health diagnosis).

- **Transition to university is a vulnerable time for students with mental health conditions and effective management is crucial to a successful start and avoidance of drop-out or under achievement. Non-disclosure of conditions is detrimental to students, resulting in delays to accessing funding for a wide range of interventions, that if put in place sooner, can be preventative.**

  Recommendation: Establish transition protocols for schools, 6th form colleges, UCAS, and HEIs so that SMHM needs are identified early on and are systematically put in place in time for course commencement.

- **SMHM is a skilled intervention, to be undertaken by appropriately trained and accredited staff who undertake regular supervision and CPD.**

  Recommendation: In line with the aims of the Mental Health Charter, best practice should be acknowledged, shared and commended. Consider the introduction of suitable mechanisms for highlighting where this is happening.

- **Measuring and assessing quality and impact of SMHM service provision should be an iterative process**

  Recommendation: The development of a standardized SMHM evaluation scale for routinely collecting comparative data.

- **SMHM is an important part of the Mental Health ecosystem of universities and has a role to play in shaping future provision.**

  Recommendation: Specialist Mental Health Mentors ensure they have an active, collective voice in driving change and work collaboratively with sector-wide colleagues by joining professional networks such as UMHAN, engaging with the student body through the NUS, Student Minds and other advocacy groups, and maintaining open dialogue with HEIs and policy makers.

- **Expanding the evidence-base for effective interventions is crucial for continuing best practice, enhancing services, and delivering improved outcomes.**

  Recommendation: SMHM service providers should seek-out and invite opportunities for research partnerships and collaboration, and ensure systematic collection and evaluation of client feedback. Share findings and recommendations with relevant bodies.

REFERENCES

REFERENCES

1. https://www.headstogether.org.uk/ (accessed 04/20)
2. https://www.seemescotland.org/resources/campaign-resources/power-of-okay/ (accessed 04/20)
3. Instagram: #HereForYou (accessed 04/20)
4. Time to Change, In Your Corner campaign: https://www.time-to-change.org.uk/media-centre/our-latest-campaign (accessed 04/20)
5. Mental Health Foundation, Mental Health Awareness Week, 2020 https://www.mentalhealth.org.uk/campaigns/mental-health-awareness-week (accessed 04/20)
6. Mind, UK, The Big Mental Health Survey, https://www.mind.org.uk/about-us/our-policy-work/reports-and-guides/our-research/ (accessed 03/20)
7. Thorley C (2017) Not By Degrees: Improving student mental health in the UK's Universities, IPPR https://www.ippr.org/publications/not-by-degrees (accessed 04/20)
8. Universities UK, [UKK] Step Change Framework #stepchange https://www.universitiesuk.ac.uk/stepchange (accessed 04/20)
9. https://www.universitiesuk.ac.uk/news/Pages/New-data-published-on-student-suicide-rates.aspx (accessed 04/20)
10. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/estimatingsuicideamonghighereducationstudentsenglandandwalesexperimentalstatistics/2018-06-25 (accessed 04/20)
11. OfS, 'Access and participation data analysis', pp7, 9-10 https://www.officeforstudents.org.uk/media/d5a5c2b5-d961-49e3-89ef-94ed4847b01a/access-and-participation-data-analysis.pdf (accessed 04/20)
12. Bridgette Bewick, Gina Koutsopoulou, Jeremy Miles, Esther Slaa & Michael Barkham (2010) Changes in undergraduate students' psychological well being as they progress through university, Studies in Higher Education, 35:6, 633-645, DOI: 10.1080/03075070903216643 (accessed 04/20)
13. Hughes, G. and Spanner, L. (2019). The University Mental Health Charter. Leeds: Student Minds (accessed 04/20)
14. Office for Students, UK, Nov 2019 Mental health: Are all students being properly supported? (accessed 04/20)
15. Bennett, R., Unconditional offers blamed for increase in students dropping out of university https://www.thetimes.co.uk/article/unconditional-offers-blamed-for-increase-in-students-dropping-out-of-university-7zdmst86w, The Times, Friday January 03 2020 (accessed 04/20)
16. Weale, S. (2018) The Guardian, University drop-out rates in UK rise for third successive year: https://www.theguardian.com/education/2018/mar/08/university-drop-out-rates-uk-rise-third-year (accessed 04/20)
17. Higher Education Statistics Agency (HESA), Non-continuation: UK Performance Indicators 2017/18 https://www.hesa.ac.uk/news/07-03-2019/non-continuation-tables (accessed 01/20)
18. Hubble, S. & Bolton, P. (2019) Support for students with mental health issues in higher education in England, Briefing Paper, House of Commons Library (accessed 04/20)
19. Office for Students, UK, Jan 2020 Transforming opportunity in higher education (accessed 04/20)
20. Changes to the Disabled Students' Allowance (DSA) Standard Note: SN/SP/6913 Last updated: 14 October 2014 Author: Sue Hubble, Social Policy Section https://dera.ioe.ac.uk/22743/1/SN06913.pdf (accessed 04/20)
21. East, C. (2013) Managing mental health difficulties in higher education: the lived experience. PhD thesis, University of Nottingham. http://eprints.nottingham.ac.uk/id/eprint/13932 (accessed 04/20)
22. Baldessarini R. Drugs and the treatment of psychiatric disorders. In: Gilman A., editor; Goodman L., editor; Rall T., Murad F., editors. The Pharmacological Basis of Therapeutics. New York: Macmillan; 1985. pp. 387–445. (accessed 04/20)
23. Bussing-Birks, M., Mental ill health and substance abuse https://www.nber.org/digest/apr02/w8699.html (accessed 04/2020)
24. Kearns, H; Gardiner, M and Marshall, K., Innovation in PhD completion: the hardy shall succeed (and be happy!) in Journal of HIgher Education Research and Development, volume 27, 2008 - Issue 1, pp77-89, https://doi.org/10.1080/07294360701658781 (accessed 04/20)
25. Reino, V. & Byrom, N. (2017) Student Minds, Graduate Mental Wellbeing in the Workplace (accessed 04/20)
26. Lucas, R. and James, A. I. (2018) An evaluation of specialist mentoring for university students with autism spectrum disorders and mental health conditions. Journal of Autism and Developmental Disorders, 48 (3). pp. 694-707 (accessed 04/20)
27. Darling, N., Hamilton, S., Toyokawa, T. Naturally Occurring Mentoring in Japan and the United States: Social Roles and Correlates. Am J Community Psychol 30, 245–270 (2002). (accessed 04/20)
28. Atkinson, C.C., and Greenfield, T.K., 1994, Client satisfaction questionnaire-8 and service satisfaction scale-30, in ME Maurish(ed.) The psychology testing for treatment planning and outcome assessment. Hillside, NJ, Lawrence Erlbaum (accessed 04/20)
29. Chipchase, L; Davidson, M; Blackstock, F; Bye, R; Clothier, P; Klupp, N; Nickson, W; Turner, D; Williams, M, (2017), Conceptualising and Measuring Student Disengagement in Higher Education: A Synthesis of the Literature, International Journal of Higher Education, v6 n2 p31-42, 2017 (accessed 04/20)
30. Johnson, C.; Rossiter, H; Cartmell, B; Domingos, M and Svanaes, S (2019), Evaluation of Disabled Students' Allowances Research Report, Department for Education, IFF, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/915042/Evaluation_of_disabled_students_allowances.pdf (accessed on 06/20)

UMO SERVICES

For over a decade, UMO has been a leading Mental Health services provider to students and staff in the UK Higher Education sector.

End-to-end services for a 'Whole University Approach' to mental health include:

- **Access to an extensive network of highly qualified and experienced psychology practitioners specialized in mental health mentoring for the university sector**
- **A range of support and interventions tailored to an individual's needs**
- **On-site or secure remote/video-link consultations**
- **Mental health mentoring**
- **Wellbeing mentoring**
- **BAME and other minority group mentoring**
- **Early intervention drop-in clinics**
- **Short and long-term interventions**
- **Bespoke mentoring as part of an independent Employee Assistance Programme for staff**
- **Workshops in mental first aid, mental health, equality, diversity and inclusion**
- **Institution-wide consultations to identify mentoring needs**
- **CPD courses for those in allied services**
- **Evidence-based research for impact of specialist mentoring**
- **Thought leadership in the field of mental health provision in UK HEIs**
- **Cloud-based solutions for client session management with easy integration to university systems**

We are always happy to talk to Student Services Directors to discuss your institution's needs and how we can partner with you on this critically important area of student and staff welfare.

UMO

https://umo.london/

info@universitymentoring.org

Twitter: @umo_uk

Tel: 020 358 29730

Post:UMO Ltd, PO Box 70266, London N4 9BZ

Registered in England and Wales No. 8608830. Registered office address 35 Ballards Lane, London, England, N3 1XW

Editorial Services: Nasreen Arain / Design and Layout: Thomas Goirand and Matt Wood