UMHAN Member Survey 2025: **higher education mental health support from the frontline**

UMHAN
University Mental Health Advisers Network

Acknowledgements

Thanks to all the UMHAN members who completed this year's member survey.

The author has enjoyed collaborating with UMHAN member Tara J Murphy in the design and analysis of the questions relating to AI and student mental health. *Thank you Tara!*

About this report

This report was written by Dr. Rachel Spacey, Head of Research and Engagement, UMHAN, in March 2026.

During the preparation of this report the author used Gemini (Google's AI assistant) to help draft parts of the text and to reword and rephrase text. After using this tool, the author reviewed and edited the content as needed and takes full responsibility for the content of the publication.

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Executive Summary

This report presents the findings of the UMHAN (University Mental Health Advisers Network) Member Survey 2025. The survey was conducted online between September and November 2025. It gathered feedback from 128 UMHAN members (a 16% response rate) on their experiences during the 2024/25 academic year. Respondents included Mental Health Advisers (47%), Specialist Mental Health Mentors (37%), Associates (10%) and Managers (6%).

Key findings include:

Working conditions and staff wellbeing
UMHAN members retain a strong preference for flexible working, with 61% of members opting for flexible arrangements whilst 50% work a hybrid pattern. Concerns over workload and resourcing have increased, with 38% reporting understaffed teams (up from 35% in 2024 and 21% in 2023).

Future plans
The key reasons cited by members for contemplating leaving their roles are lack of progression (47%), feeling undervalued (36%), low pay (28%), and work related stress (27%). This marks a shift from last year where pay was the primary factor.

Staff retention
Although 36% of responding members plan to stay in their roles for the near future (consistent with 34% in 2024), this is a notable drop from the 49% who planned to stay in 2023 and may be indicative of the financial pressures facing the Higher Education (HE) sector more widely during this period.

AI and student mental health
The use of Artificial Intelligence (AI) in student academic work is a growing concern, with 71% of members supporting students who use AI, and 68% noting an increase in this number. However, only 57% of members reported awareness of official AI policy or guidance for students.

The findings of the Member Survey are shared with the UMHAN Board of Trustees and help inform UMHAN's efforts to advance mental health support in Higher Education.

Introduction

About UMHAN

UMHAN, the University Mental Health Advisers Network, is a UK-based charity dedicated to supporting and advancing mental health support in Higher Education (HE). Established in 2001 as an information-sharing network and officially registered as a charity in 2003 (number: 1155038), UMHAN plays a crucial role in maintaining and raising professional standards for mental health professionals working in the HE sector.

At UMHAN, we adhere to the social model of disability, recognising that people are limited by societal attitudes and structures rather than by their mental health conditions. We use the following definitions of mental health, adopted from the Office for Students (2019), the independent regulator of HE in England:

- **Mental health conditions**: These are clinically diagnosable conditions, varying in severity and requiring different treatment approaches.
- **Mental ill health**: This is a broader term encompassing mental distress that may or may not be related to a specific diagnosable condition.
- **Wellbeing**: This is an even broader concept, referring to individuals' thoughts and feelings about their overall quality of life.

As a charity we aim to articulate the practical and strategic benefits of the specialist roles we represent and disseminate this information and guidance for best practice across the sector whilst promoting the rights and interests of students with mental health conditions. Our campaigns and collaborative work help us to achieve these aims.

UMHAN has three groups of members - **Accredited Practitioners**, **Managers** and **Associates**. Accredited Practitioners possess postgraduate and/or professional qualifications and extensive experience in the field. Our membership also includes Managers of these professionals, as well as other education staff with a wellbeing and/or mental health focus (Associates):

- **Accredited Practitioner Membership**: an audited membership type, subject to UMHAN's supervision and CPD requirements - this includes both Mental Health Advisers (Advisers) and Specialist Mental Health Mentors (Mentors)

- **Manager Membership**: open to managers responsible for mental health and wellbeing teams including Advisers, Mentors, and other mental health professionals
- **Associate Membership**: aimed at staff who have direct contact with students, in either a school, college or university, and through this professional role have an interest in student mental health. This includes staff working in wellbeing, disability and mental health services such as Specialist Autism Mentors, for example.

Our membership of approximately 800 individuals from 160 organisations includes professionals with backgrounds in Counselling, Nursing, Occupational Therapy, Psychotherapy and Social Work. Whilst the vast majority of our members work in universities or support HE students, we also have members working in Further Education (FE) and in schools.

This report presents the findings of the UMHAN Member Survey 2025. For more information about UMHAN, including our strategic priorities, how to join, or to sign up for our free, subscriber newsletter, please visit our website: https://www.umhan.com/

Survey design and analysis

We conducted our Member Survey online via Google Forms between September and November 2025. This year's survey, which focused on the academic year September 2024 to August 2025, was expanded to explore member perceptions of some recent developments and issues in HE mental health support including the impact of Artificial Intelligence (AI) on student mental health.

UMHAN members were notified and encouraged to participate through emails, Community Forum posts, and at member meetings. The survey covered key areas such as working conditions, roles, caseloads, current sector issues and membership benefits. Four £50 e-vouchers were offered as a prize draw incentive. All data was anonymised and stored securely. Quantitative data was analysed in Google Sheets and qualitative data was analysed manually.

Survey respondents

A total of 128 UMHAN members responded to the 2025 Member Survey, representing a 16% response rate (based on membership averages, September to November). This is consistent with previous response rates of 13% (2024), 17% (2023), 16% (2022), and 15% (2021).

The survey results reflect a range of perspectives within UMHAN. Sixty of the respondents were MHAs (47%) and 47 were Mentors (37%). Managers made up 6% of responses (n=8), and Associates, 10% (n=13). When considering the survey responses as a proportion of UMHAN's overall membership figures, the survey captured responses from 9% of Managers, and 11% of Associates, 14% of MHAs and 24% of Mentors.

Following the approach of prior surveys, we include separate sections on caseload and evaluation for MHAs, Mentors, and Managers. We also replicated these sections for Associates this year. By providing specific data for these roles, we aim to enhance awareness of their scope and crucial importance in supporting students as well as any role specific concerns or issues (UMHAN, 2022).

This year the report is set out as follows:

- ★ Members' Working Conditions (all members)
- ★ Student Mental Health - current issues (all members).

Followed by sections relating to specific groups of members/job roles:

- ★ Mental Health Advisers
- ★ Specialist Mental Health Mentors
- ★ Associates
- ★ Managers.

Selected findings from the Member Survey 2025 relating to member perceptions of resources, meetings and Continuing Professional Development (CPD) and other membership benefits are included in a separate report which is shared with the Board of Trustees and the charity staff to inform business development.

Members' Working Conditions

Data regarding members' workplaces, work practices, and future career plans were collected from all 128 respondents and are presented in this section.

Work location and flexible working options

Members were asked about their current working arrangements as well as their preferences in relation to work environment which revealed the following:

- 61% prefer a flexible working environment
- 50% work from home for a set number of hours
- 26% feel that they work more productively from home
- 24% can work on campus when students request face-to-face appointments
- 20% can choose when they work from home
- 16% feel that they work more productively on campus
- 13% work from home for health reasons
- 12% have not been offered greater flexibility.

Most of our members prefer a flexible working environment (61%) - this is consistent with last year's figures (also 61%) but still slightly higher than in 2023 (57%). Half of responding members work a hybrid working pattern which includes working from home for a set number of hours. This had dropped slightly from 2024 (56%) and was nearer 2023's figures (48%).

Team resource

When asked about team staffing:

- 38% of staff reported understaffed teams
- 29% felt their teams were well-staffed
- 20% felt teams were under-resourced
- 20% reported feeling their teams were well resourced
- 19% were going through a restructure
- 11% were under threat of redundancy
- 8% felt teams were understaffed with vacancies.

The percentage of members' reporting understaffed teams has increased this year to 38% from 35% in 2024 and from 21% in 2023. Interestingly, the proportion of members'

who feel their teams are well-staffed has remained relatively stable: 29% in 2025; 30% in 2024 and 28% in 2023.

Future plans

We asked members if they were considering leaving their current job/post:

- 36% intend to stay in their roles for the near future
- 19% are undecided
- 12% have opted to reduce their hours
- 11% are contemplating leaving within 1 -2 years
- 9% plan to continue until they retire
- 6% plan to leave in the next 5 years
- 5% plan to leave in less than a year.

This year, 36% of responding members plan to stay in their roles in line with last year's figure of 34%. Both years were in contrast to almost half of members (49%) planning to stay in the immediate future in 2023. Just 11% of members are considering leaving in the next 1 to 2 years - this was 23% in 2024 and 18% in 2023. The proportion of members who are undecided has fallen slightly this year to 19% from 24% in 2024, up from 7% in 2023.

Consideration of responses by the two largest groups of members - MHAs and Mentors revealed that whilst the largest proportions of both MHAs and Mentors selected 'don't plan on leaving in the foreseeable future' (41% : 21%) and 'don't know' (19% : 26%) plans not to leave were selected by a much a smaller proportion of mentors than advisers.

Members who are thinking of leaving their role at some point in the future were asked to consider the reasons for leaving.

The key factors were:

- Lack of progression (47%)
- Feeling undervalued (36%)
- Low pay (28%)
- Work related stress (27%)
- High workload (24%)
- Unhappy with senior management (24%)
- Retirement (20%)
- Ready for a new challenge (20%)
- Poor workplace culture (17%)
- Want better pay and employee benefits (17%)

- Want a better work/life balance (16%).

Lack of progression was a motivating factor for 47% of members contemplating leaving their role in the future. This contrasts with last year's figures where 44% cited pay as the key factor compared to 40% citing lack of progression. A similar proportion of members selected work related stress (27% in 2025 compared to 30% in 2024). Pay (20%) and workload (17%) were the key factors in 2023.

Members were asked a follow up, open question to this - '*What would improve your wellbeing at work?*' 82 members responded. Suggestions were made in relation to workload and staffing, compensation and recognition, flexibility and work/life balance, management and support and the work environment:

Workload and staffing: reduced caseloads, having more staff and resources, and filling manager vacancies are perceived to be key to alleviating workload stress and improving support for staff:

> ***Our wider team has not had a manager in post since January 2024. Having this position filled would significantly improve my wellbeing at work in several ways. It would provide clearer leadership and direction, reduce uncertainty around decision-making, and ensure better support for workload management. It would also improve communication within the team, offer guidance and feedback, and create a greater sense of stability and confidence in our work environment.***

Compensation and recognition: better pay, higher hourly rates, and being suitably paid for skills/qualifications were frequently mentioned, along with a desire for more recognition, appreciation, and being valued for the work they do:

> ***Feeling appreciated and valued in a role that is becoming increasingly demanding and being suitably paid for the level of skill/ qualification/ training/ professional body membership required to do it. There is a massive amount of free work involved when you are on a zero hours contract and this is just expected of you.***
>
> ***Pay that is commensurate with skills, experience and increased living costs.***

Flexibility and work-life balance: for members who did not have much flexibility in their working arrangements, temporary adjustments for caring responsibilities, more

opportunities for remote work, and a potential four-day work week or the opportunity to work fewer hours were suggested:

> ***More work from home days and annual leave.***

> ***My employer/manager has agreed to adjusting my hours (on a temp. basis) to reflect my parenting/caring responsibilities. However this has been made clear that it will end next year and my full time hours will resume which will then start to impact how I feel about my work/life/caring balance.***

Members felt that support from managers and university leaders was important in improving staff wellbeing:

> ***Understanding and appreciation from managers.***

Work environment and resources: suggested improvements include being based on campus, having designated rooms to work from, better IT/administrative systems, access to spaces to meet/work with colleagues, and more training and development opportunities:

> ***Having a designated space to use at the university would help me. I do not mind using different rooms to meet students if they have a preference, but it can be difficult at times.***

Finally, this section gave members the opportunity to comment on their working conditions more generally. The value of flexible and hybrid working opportunities was important for many members who found it was conducive for their mental health and juggling caring responsibilities or illness, for example, although some members found it isolating:

> ***Overall I enjoy my job, it is very rewarding work. Sometimes I feel isolated as I'm independent from the University and have no designated point of contact there or space to work, but joining UMHAN has helped me feel more part of a network.***

> ***Hybrid working really helps with my wellbeing.***

> ***I love working from home for work life balance. A lot of benefits to students to be seen remotely.***

Working from home full time can be isolating, especially when freelancing for agencies.

It was perceived, particularly by mentor members working for agencies, that mentors employed directly by universities had more favourable working conditions including better pay whilst those working for universities judged that agencies employing Mentors better understand the nature of zero-hours roles. Some Mentors were dissatisfied with the pay rates and working conditions for Mentors that agencies offered. Moreover, concerns were expressed about the role's increased responsibility without corresponding pay and recognition, the lack of pay rises over a decade for agency work, and feeling low status due to lack of standard staff privileges (such as having an ID badge or access to staff parking):

I work for an agency and when I first started this job in 2010 I was paid £45 per hour. This dropped in 2016 to £27/28 per hour and in nearly 10 years there's been no pay rise for this role by the government. This is not ok.

I love my job and working with the students, however agencies are skimming a lot of the DSA payment while treating 'workers' poorly. Better rights like those seen by the 'employee' status should be re-implemented. The long standing race to the bottom to undercut other agencies has greatly devalued the profession.

Overly administered but under supported.

The role has changed considerably over recent years and I do feel there is too much responsibility for the pay and recognition.

Some members noted that supportive management who value staff wellbeing and positive working environments helped staff to thrive:

I work in a supportive and flexible team which makes a massive difference to my wellbeing at work.

Flexible working and a manager who is supportive of us looking after our own wellbeing and prioritising this has led to me feeling able to do my job well and feel supported with little stress, and this is alongside having a long term physical health condition.

Having access to office and/or meeting space was also commented on as many agency employed Mentors/freelance Mentors can struggle to find suitable locations on campus to meet with students in line with DSA guidelines:

The positives about my working conditions are that I work in an accessible and modern building. I have my own office, although others use the room on days when I work from home.

Facilities for staff e.g. staff room to eat lunch in rather than only option being at desk or park bench.

Finally, some members did comment on wider institutional and sectoral issues impacting their working arrangements noting the current uncertainties due to the financial pressures on universities particularly for those whose institutions were undergoing restructuring or redundancy:

Recent restructure has been very challenging.

The University is going through a period of change in order to survive financially. This has created a period of uncertainty for both staff and students.

Overall, despite the wider climate of change and cutbacks across the university, my immediate working environment remains very positive. We actively champion events such as Disability History Month, Pride, and Black History Month, reflecting our genuine commitment to embedding EDI at the heart of our culture. This is particularly important to me as a chronically ill staff member, and I feel well supported through the provision of fully accessible ergonomic equipment that enables me to thrive in my role. I feel valued not only by my team but also by senior colleagues, which makes a real difference to my sense of belonging at work.

Student Mental Health - current issues

AI and Student Mental Health

This year we asked members about their experiences of AI in relation to student mental health. We enquired about the students our members support and their experiences of using AI exploring both the positive and negative aspects of AI usage as the following section reveals.

The first three questions gauged whether members are supporting students who have used AI in their academic work in the last year, whether that number has grown and if the university they work at has AI policy/guidance for students. Seventy-one percent of members are supporting students who are using AI in their academic work in contrast with 20% who selected 'don't know' and 'maybe' and 68% have noticed an increase in the number of students they support/work with using AI. Again, 20% of members responding to this question selected 'don't know' and 'maybe'. However, the proportion of members whose university had an AI policy for students was much smaller - 57% whilst the proportion of those who didn't know was 29%, 4% said 'no' and 4% observed this was 'in progress'.

	Number	***Percent***
Yes	90	71
Don't know	18	14
No	10	8
Maybe	7	6
Not applicable	2	2
Total	*127*	

Table 1: Have you supported any students who are using AI in their academic work in the past year (2024/25)?

	Number	*Percent*
Yes	84	68
Don't know	20	16
No	8	7
Maybe	5	4
Not applicable	7	6
Total	*124*	

Table 2: Have you noticed an increase in the number of students you support/work with using AI in the last academic year?

	Number	*Percent*
Yes	69	57
Don't know	33	27
No	5	4
Maybe	3	2
Not applicable	7	6
In progress	5	4
Total	*122*	

Table 3: Does the university you work at have an AI policy or guidance for students?

We followed this up by asking members to leave comments in relation to their experience of university AI policies and guidance for students. Twenty eight members left comments in relation to policies and guidance and it was clear that whilst some universities do have clear policies and guidance, many of the comments were in relation to those members supporting students at institutions without a policy, or that it wasn't particularly clear or there was still some confusion/unease amongst students about what was acceptable, suggesting that even at universities with policies there is still scope for clearer information and practical support in taught sessions, for example, about appropriate usage:

AI is being included as a tool for students to use in their studies and there is clear guidance in place for this.

The University I work for has no clear policy, however, in my agency work I support students at multiple universities and some DO have clear AI policies.

The guidance is generally quite clear, it is a little confusing for students in receipt of DSA software though as that is sometimes classed as generative AI. I have seen some students stop using their software for fear of doing something wrong which then defeats the point of having it in the first place.

Although policy seems to be there when you look for it, students are often uneasy about their use (however minimal) of AI - perhaps courses should be providing much clearer information on this?

Our institution has good guidance but there is still room for uncertainty and I worry about this for our students, especially those who would struggle with abstract language.

I think the university I work at is quite clear on what is acceptable and not.

We then went on to ask members if any of the students they supported during 2024/25 were sanctioned in some way by the university for their AI use - this might be an academic integrity review or referral process, for example. The largest group of respondents said 'yes' - 38%. This contrasts with 30% who were unsure ('don't know/maybe') and 31% who said 'no'.

	Number	*Percent*
Yes	47	38
Don't know	31	25
No	38	31
Maybe	6	5
Not applicable	2	2
Total	*124*	

Table 4: Have any students that you support been sanctioned by the university for AI use?

We then asked two follow up questions to those members who had answered 'yes'. 'What impact this had on the student's mental health and how was this process managed/ supported by the university?' Forty-four members left comments in relation to these questions. The most frequently mentioned response was that being accused or sanctioned for AI use significantly impacted the students' mental health - it exacerbated existing mental health conditions and concerns for some and led to anxiety, distress, worry and even suicidal ideation. Waiting for the outcome of such processes and not knowing what they entailed also caused stress and worry. Significant distress arose amongst students who felt they were being falsely accused of inappropriate AI use with concerns expressed around the accuracy of plagiarism/cheating detection systems, for example. Whilst some students did accept responsibility for their actions, others were unaware that they had committed misconduct or were unsure about the boundaries of acceptable AI use:

> ***The student was very distressed and expressed increased suicidality as a result.***
>
> ***Some students do just write this way so I don't think the programs that are picking up AI use are always accurate. In any of the cases the students were flagged for AI use, it caused a lot of stress and exacerbated their mental health issues. The process is often quite formal and that can be very overwhelming.***
>
> ***After the student attended the academic integrity viva they then stopped attending uni and mentoring sessions and ended up contacting their MH team who increased their medication to avoid a MH crisis. It took them weeks to recover, but this experience continued to impact them for the remainder of their studies.***
>
> ***While some students openly admit to using AI — which creates challenging dynamics around ownership and empowerment — the greater issue often arises when students are accused of using it when they have not. Many AI detection systems flag false positives... Being wrongly accused can be incredibly distressing, especially when outdated systems are the cause, and this is where I see the most significant mental health impacts. The concern is far less when a student has openly admitted to using AI, but far more when an innocent student is placed under suspicion.***

In relation to how these processes were managed and/or supported by universities, members noted that this was frequently through academic misconduct/offences policies

and involved teams such as academic registry and academic boards which were formal, overwhelming and sometimes poorly managed or handled insensitively:

> ***Information received by the student from their university was vague, i.e. it was not specific about whether it was or wasn't their AI use that was being questioned - this was not helpful - the student then had to wait a few weeks before receiving a response saying no further action would be taken.***

> ***Students are often extremely anxious when facing disciplinary action by the University, and while steps have been taken to make the disciplinary process as gentle as possible, there is no easy way of preventing disciplinary sanctions from having a negative impact on the subject's mental health.***

However, some members did also point to instances where the student was supported by an academic or the Students' Union and/or signposted to Wellbeing services and/or the mental health team or similar. Some of our members even described accompanying the student to hearings:

> ***It tends to have a negative impact, they often come to us for support in managing the stress associated with the academic hearings and are sign posted to us by their academics.***

> ***Student not previously known to the team, referred due to sanction.***

Finally, we asked members if they had anything they would like to share about how students are using AI and to consider both the positive and negative impacts such as academic performance, confidence, accessibility, mental health and self-esteem. Forty-three members shared their reflections.

Members identified that for many of the students they support AI offers some benefits for their academic work such as helping them organise their ideas, break down questions, summarise research or academic text, helping them locate journal articles, creating timetables and helping them manage their workload:

On a positive note, I have seen AI used effectively to support tasks such as quickly locating and reviewing journal articles, which can be incredibly useful for students.

It can be helpful for some students who struggle with motivation and organising their thoughts (i.e. as a brainstorming tool) and some of the assistive technology offered through DSA utilises AI features, which can be beneficial.

Using to help structure and organise ideas that originate from the students themselves. Also used for help to plan time and work life balance.

Most students who mention it are using it in a very minimal way, to enhance processes such as searching for sources and organisation

Great to break down questions to aid understanding and help with plans. Can set timetables for work to be done. Easily accessible.

However, this was countered by some of the concerns that members expressed in relation to students becoming reliant on AI and resultant skill degradation. Some members worried that it would impact students' skills and abilities to solve problems or review information critically. Some went so far to say that it defeated the purpose of a university education:

I am a firm believer that the regular use of AI means that individuals then lose their own ability to problem solve and also lose the function of viewing information from an abstract or critical perspective.

For the most part, it defeats the purpose of University. However, a big part of learning is the process of discovery and when students over-rely on AI, they aren't going through that process. It's disheartening to see.

Of particular relevance were members' observations and reflections in relation to how the students they support are using AI as a source of wellbeing and mental health support. It was noted that some students are using AI like a counsellor or therapist in order to manage issues such as anxiety or to get reassurance:

I do work with a large number of postgraduate and research students so this might affect the way in which they engage with AI, but I have seen how they have used it in critical, creative and thoughtful ways for their academic work and also how it has been beneficial in managing their wellbeing, MH and otherwise. For example, AS students or those who have anxiety have used it as a source of guidance on how to manage social situations, how to deal with decision fatigue, managing overwhelm etc. I think it's particularly helpful for some students who might be inhibited from asking certain questions or looking for guidance from mentors or other support workers (what they sometimes think are 'silly questions') and it allows them to get pragmatic advice in an autonomous way without (perceived) judgement.

Some students use AI in very creative ways. I have heard of students using it as a therapist and in one case a student was using it as a form of self harm. I feel we are not really ahead of this in terms of knowing how best to work with this.

I did recently encounter a student who reported using AI for therapeutic purposes, which I found somewhat concerning.

Some students have accessed AI for MH support with varying degrees of success. Occasional concerning story about suicide options have been offered up by AI.

Members noted that students are often confused, worried or unsure about how best to use AI for fear of being sanctioned or punished and so avoid it altogether:

It is mostly viewed negatively by my students as a scary thing that they do not feel qualified to navigate and they fear being punished for using.

Students are confused and unclear as to how and when the use of AI is allowed and appropriate.

Many members took a measured view of AI - that it was a tool that students need to learn how to use safely, ethically and critically and as such as HE institutions need clear, firm, consistent policies and support for its appropriate and acceptable use:

AI is a fantastic tool for reviewing information and summarising amongst other uses. However, students need to be taught how to use AI responsibly to help avoid misuse and to reduce a decline in cognitive skills.

I think it's easy to jump to the negative on the topic of AI but it's just another evolutionary change in how we use systems to adapt our way of learning/ working. I do think school children, college and university students should be taught how to use AI as a tool to enhance their learning (critically) rather than the current working of anyone who uses AI is cheating. For example, calculators enhanced the way we approached working with numbers to problem solve.

Personally - apart from impact on environment - I think we need to see it as positive and find ways to use it to embed accessibility.

I believe this needs to be a balance and not an overreliance on AI. It does feel like natural development from books, internet and now to AI, but it's important that this supports student learning and doesn't replace it.

Students are likely to use whatever tools are available to them to help them achieve their academic goals, as they always have, whether or not these tools are sanctioned by the institution and regardless of any other consequence. Policies about AI use will need to be firm and consistent, otherwise the culture will inevitably shift towards a de facto acceptance of these tools.

National Review of Higher Education Student Suicide Deaths

We asked members about the National Review in our 2025 survey. We had asked some questions about it in 2024 and wanted to follow up on that. We asked members to gauge their awareness of the review - they could select from 1 (not at all aware) to 5 (extremely aware). The largest proportions of members (31% and 24% respectively) scored themselves a 4 - aware and 3 - a neutral position.

We also enquired if their university or employer had made any changes in response to the National Review to which the majority of members selected ‘don’t know’ (54%) whilst 18% said ‘yes’; 18% said ‘no’; 6% said ‘maybe’. For 6% of members this question was not applicable. In terms of what has changed, been implemented or will be rolled out as a result of the Review, 22 members responded to this question. Several institutions are reviewing or changing their risk assessment processes such as moving away from

ranking risk to more person-centred safety plans and implementing adjustments. One member noted that their university is becoming more risk averse:

> ***We used to rate risk by high, medium and low. Now this has been removed.***
>
> ***We now document and implement reasonable adjustments for students after even a verbal disclosure, we do not await a hard copy.***
>
> ***We are changing the way we risk assess, using more person centred safety plans, not ranking risk, adapting to suit the student we are working with.***

Some members noted that new processes, policies and guidance are being rolled out at their university including serious incident review processes, suicide training and a Trusted Contacts protocol whilst one university has formed a risk management group:

> ***Risk management group formed, serious incident forms introduced, suicide policy created.***
>
> ***New serious incident review process, uni-wide suicide training implemented, etc.***

There was increased awareness and support at some members' universities in relation to mental health with training for staff, guides, promotion and raising the visibility of support for students:

> ***Compulsory modules on mental health, consent, keeping safe at university.***
>
> ***Organizational wide mental health charter status is being pursued. All staff to be made aware/training offered to improve mental health awareness and support.***
>
> ***'How to Help' guide for use by staff and students to identify the right services for someone who they engage with at the university who needs mental health support.***

Finally, some forms of targeted support were mentioned by members such as a focus on international students at one institution, postgraduate researchers at another and implementation of the Orange Button scheme (a localised scheme where individuals who have received specialised suicide prevention training wear an orange button):

There is a great focus now on International Students and ways of providing them with support at the point of entry at Uni and throughout their time here.

Postgraduate researchers' wellbeing group.

Additional comments were made, particularly in relation to the recommendations of the Review, by 14 members. Including families in a serious incident review and sharing information with them was considered to be a key protective factor for students:

I think the sharing of information and involving the family are the biggest protectors for students.

It's so important to include family in serious incident review.

Supervision

UMHAN believes that supervision (alongside CPD) is fundamental to ensure safe and accountable practice and high quality clinical and professional services. Accredited Practitioners (currently Mental Health Advisers and Specialist Mental Health Mentors) agree to comply with our supervision requirements. This year we asked members about their supervision arrangements. We found that:

- 80% are happy with current supervision arrangements
- 60% feel that supervision improves their practice
- 57% feel supervision helps them cope with the demands of the job
- 48% members' employer pays for supervision
- 20% members pay for their own supervision
- 4% is funded by self and employer
- 3% members have employers trying to fund less supervision
- 3% have experienced reduced supervision.

Members were asked to leave any comments they would like to make about their experience of supervision. These mainly reaffirmed that it was a form of essential and vital support for mental health practitioners - supporting reflective practice and helping shape and improve it. Positive aspects included having a supervisor with a background in HE and the value of connection for those who work in isolation:

Supervision is instrumental for me. It shapes my practice and enables me to view situations from different perspectives, even where I may have conscious or unconscious barriers. It truly supports me in being the reflective practitioner I strive to be. While I benefit from formal supervision sessions — both monthly 1:1 and group/peer supervision every six weeks — I also value knowing that my team and manager are always available for reflection and support whenever needed.

I believe supervision is a vital support for my mentoring practice.

I found that having a good clinical supervisor with a background in Higher Education is extremely helpful.

Absolutely essential now working alone from home and without a team. My group supervision has become my team.

However, members did also reflect on the challenges of securing and paying for good supervision. The cost of supervision is a significant concern for some members who have found that their employer whilst paying for their supervision has reduced the number of hours they will pay for or they are required to self-fund which is particularly difficult for Mentors and those at the beginning of their careers. Some members suggested that there should be financial help or schemes to help cover this cost whilst some have benefited from being a pro bono client, for example:

My supervisor is excellent and overall is the most help in my role. I wish there were opportunities/schemes available for mentors to receive financial help to pay for supervision.

My supervision is currently changing as my employer is now only willing to fund 6 hours per year therefore I am having to fund the rest outside with an individual supervisor - this will at least give me the benefit of individual supervision albeit at an additional cost to me.

Mine is £720 per year.

The university used to pay for supervision but withdrew funding in January.

Supervision is vital to me. I would normally pay for it myself, but my supervisor does one person for free and she chose me. Otherwise I could not undertake supervision as I earn very little.

Supervision is provided free as part of my role. I receive monthly 1:1 supervision, as well as group/peer supervision every six weeks.

Some members are unhappy with the current format of their supervision citing supervision undertaken by their line manager or being provided by colleagues with a lack of formal clinical supervision:

We are not offered clinical supervision and current monthly line management is not overly helpful. It feels like a tickbox exercise rather than reflective supervision.

Not particularly happy that supervision is undertaken by my line-manager.

We now only have group supervision and I would like a mix of group and individual.

It is group supervision - sometimes I wish it was one to one.

An inconsistent picture of supervision provision emerged from the comments particularly in relation to what is offered and/or provided to Mentors working for agencies and within and across universities as the following comments highlight:

One of the agencies I work for provides supervision, the other does not, showing there is a difference in support available for supervision.

My supervision is conducted by my manager. I feel we have a great working and personal relationship and she really helps me to feel confident and improve as an OT.

I have chosen to have supervision fortnightly and my colleagues who are all nurses have chosen to have supervision monthly. I find connecting with another OT so helpful and less isolating as I am the only OT in the Service.

Supervision is available with agencies, but only when there is a problem.

I have what is termed 'reflective practice' sessions once a term. These alternate between individual sessions with a counsellor from the University Counselling Service and a small group session with colleagues in my team once a term, also facilitated by a counsellor from the University Counselling Service. I find both types of sessions very useful but not sure how closely they follow a supervision model, as I have received very variable supervision previously. My preference would be to have sessions facilitated by an external supervisor not working at the University, as I think it can make my working relationship with counsellors in the University Counselling Service awkward if I am also referring students on my caseload. That's not to suggest the supervisor would break confidentiality but that a supervisor outside of the University culture may have different thoughts and ideas on practice and reflections and how to instigate these. However, I'm also aware that having a supervisor who understands the complex traditional university I work in, is very helpful as it can be difficult for those outside the institution to understand.

Student mental health workforce

We asked members two new open-ended questions this year to explore what they feel is the most important issue that UMHAN should be looking at in relation to the student mental health workforce. Sixty seven members responded to this question. A major concern was that of staff wellbeing and burnout - many members argued that they needed better support:

That the workforce's mental health is looked after too.

Staff wellbeing should be a priority.

Support - importance of supervision for caseload and workforce's mental health.

More specifically, supervision and indeed, free supervision, was viewed as a protective factor against burnout due to the increasing complexity and volume of student cases:

How important it is for the people providing support to get the support and have access to high quality resources also. Often Universities have resources and support systems for those with devoted jobs within the University yet these do not apply to contractors such as mentors working through a University or many of the staff that work there that may come into contact with students on a day to day basis through agencies.

A personalised well-being programme of support for Mentors that work for agencies.

Concerns were also expressed about job security, especially for directly employed university staff, ensuring clear roles and job specifications, appropriate training, and preventing outsourced or digital support from replacing the existing workforce:

Contracts and parity of pay.

How to keep mentors in the role and why so many people leave.

Restructures and redundancies being made leaving less resources for supporting student mental health (this was why I left my last position at another university). The move to digital support and outsourced phone lines- they should compliment existing mental health workforces and not replace them.

Members also mentioned the financial challenges facing HE, budget cuts, restructures, and redundancies leading to fewer resources, under-staffing, long wait times for students, and pressure to manage high numbers of students with complex needs without adequate staff:

My university is facing a real strain in regard to mental health support with students facing lengthy waits. We are also seeing an increase with students with complex needs which is further straining mental health/support services. Recruitment isn't always possible, especially given the difficulties many HEI's are facing. Outsourcing support may be the only option.

Pressure to provide a quality service when presentations are more complex, statutory services are being reduced, budgets are being scrutinized, jobs are under threat and students/student's families expectations are understandably high.

How to manage huge numbers coming through while universities do not have the money to hire more staff.

Members felt that there was a need to better understand and support autistic and international students, target support for high-risk groups, and advocate against the reduction of DSA funding:

Develop more understanding in HEIs re autistic students. Hastwell et al. (2013) suggested training in HEIs about autism should be 'mandatory'. It isn't.

Working increasingly with international students (at my university they make up 50% of the cohort I believe) and staff need to have training around cultural differences and how to educate international students about life in the UK.

How to manage increasing neurodiverse conditions alongside mental health roles and challenges with this.

More generally, members value opportunities for CPD and networking - to expand their knowledge, share information and best practice with other members:

Equipping staff to manage the ever changing needs of students.

Best practice guidance - the pressure re: numbers of appointments etc means that there can be a limited amount of time spent on driving up quality within the service where I work.

Students with mental health conditions

We asked members what they feel is the most important issue that UMHAN should be looking at in relation to students with mental health conditions. Sixty two members answered this question.

Concerns were raised about understaffed/overworked teams, the need for increased funding, better resource allocation, managing high caseloads, and the impact of reduced student services:

> ***We are seeing an increase with students with complex and multiple co-existing conditions. We are also seeing an increase in students with very little independent living experience which can have an impact on their wellbeing.***

Members highlighted the importance of working in collaboration with the NHS, for example, noting the issues around disrupted care when students move between home and university and also felt there should be more clarity around universities and the NHS' legal and ethical duties:

> ***Disrupted care when moving between home and university; long waits for GP appointments; lack of psychiatric care on campus; inequity of on campus support. Universities often lack - shared care plans with NHS, joined up communication.***
>
> ***Linking more with GPs and NHS.***
>
> ***Support available to students, commonly university settings are under resourced, but students don't meet threshold for statutory services, or there are long waiting lists.***
>
> ***How to bridge the gap between student need and statutory mental health services. clearer guidelines for universities about their legal and ethical duties.***
>
> ***The focus needs to be on improving community and primary care - universities are holding too much.***

Members also noted the importance of early prevention and intervention, building student capacity/empowerment, promoting collective responsibility, and using more preventative and positive interventions:

Promoting collective responsibility for this within the HE landscape.

Building student capacity and growth, as well as making accommodations.

The ability to balance their lifestyle, recognising that rest can be productive and is beneficial in the long run.

More preventative and positive interventions to attempt to change the dialogue.

Early prevention and intervention and helping to empower students to look after themselves.

Mental Health Advisers

About

Each university or Higher Education Provider (HEP) provides mental health and wellbeing services in ways that may slightly differ, but these services are usually staffed by mental health professionals that can include Mental Health Advisers (MHAs), Disability Advisers, Specialist Mentors: Mental Health, Wellbeing Advisers, and/or Counsellors. The core role of a MHA is to support students facing emotional or psychological distress or personal challenges arising from a mental health condition. While job titles and specific duties can vary between universities, MHAs generally coordinate support for students with mental health conditions and function as a consistent point of contact throughout their academic journey. MHAs typically possess qualifications in fields such as Nursing, Occupational Health, or Social Work, along with substantial experience supporting individuals with long-term mental health conditions. Further information on the MHA role and its benefits can be found in UMHAN's research (Spacey, 2024).

Caseload

The role of an MHA, and those in similar positions, can vary by institution. Some MHAs manage strictly defined caseloads, allowing for in-depth work with students, while others are expected to support any student referred into the service. Some MHAs work independently as the sole support person for students with mental health conditions at their institution, while others are part of large, multidisciplinary teams (UMHAN, 2021).

Sixty MHAs completed the 2025 Member Survey. The largest proportions of MHAs worked with between 51 and 100 students (33%) and between 26 and 50 students (20%). Comparison with data from previous UMHAN surveys suggests that MHAs are now working with more students, for example, in 2024, the proportion of MHAs working with between 51 and 100 students was 15%.

Over the last 12 months, 38% of MHAs reported that their caseload had increased and 38% stated that it had stayed about the same. It had decreased for 12% of MHAs. The proportion of MHAs finding it had increased was greater in 2025 than in 2024 (38% compared to 22%).

The percentage of MHA caseloads made up of students with mental health conditions which are diagnosed, long term or expected to be long term is also much higher than in

last year's survey: 85% of MHAs responding to the survey had a caseload which consisted of more than half of students with mental health conditions compared to 11% for 2024 and just 5% for 2023.

In terms of the percentage of MHA caseload considered 'high risk' this varied greatly but taken together, for half of MHAs this was between 10% and 50% and for the remaining half it was between 60% and 100% of their caseload. This compares to last year's figures where for two thirds of MHAs this was between 10% and 50% and for one third of MHAs it was between 60% and 100% of their caseload. This was an increase for 47% of MHAs compared with 44% in 2024 and 50% in 2023.

Free text comments from MHAs detail the challenges they experience in relation to caseloads, risk levels, and the increasing complexity of cases handled by staff. Many MHAs report very high caseloads (e.g. over 1000 students for one MHA) or an increase in the complexity of cases, leading to challenges in providing timely support. Even when caseloads have decreased due to organisational changes or the recruitment of staff, the perceived demand for mental health support remains high. Caseloads also fluctuate depending on the time of the academic year or service model employed in a specific institution whilst in one service, for example, a new online system has made it more difficult for students to find the referral forms, potentially slowing the rate of referrals into the service:

> ***Caseload can vary massively, with students who are not high risk initially and that changes very quickly, or we do some short term work and refer out. It always feels like I have too many. That never changes.***

There is consensus that the level of risk and complexity in student cases is increasing year on year. Students are presenting with more serious issues, complex conditions (such as Emotionally Unstable Personality Disorder (EUPD) or Complex Post-Traumatic Stress Disorder (CPTSD)), and co-morbidities. One third of the student population at one institution is cited as having a declared or querying neurodivergence, contributing to high demand for related services like Occupational Therapy (OT):

> ***Increase in students who struggle with emotional regulation and thus lack the resources/ ability to manage intense thoughts around harming themselves.***

> ***While my caseload has decreased slightly due to organisational changes, the level of risk within cases has increased. For example, if a student's concerns cannot be adequately addressed during the follow-up period after an initial assessment, they are referred to us - often presenting with more serious issues by that stage.***

Some MHAs also described the challenges involved in working with other departments to embed inclusive practices, which they believe is the best way to support students and reduce the burden on disability support services.

Data collection, monitoring and evaluation

In relation to monitoring which we defined as '*an ongoing process that involves regular collection and analysis of relevant information as part of a mental health/wellbeing assessment and/or to measure progress that might be done daily, weekly, monthly or quarterly etc*.', over half of MHAs undertook routine monitoring (52%) whilst a fifth undertook it on a more ad-hoc basis (20%). This is consistent with last year's data. However, a smaller proportion selected 'no, but I'd like to' this year (15% compared to 20% in 2024).

Tools used for monitoring were frequently a mixture of those eliciting both quantitative and qualitative data (55%) although quantitative tools seemed to be more popular than qualitative (44% to 18%). Of the quantitative measures used in monitoring, outcome measures and validated scales were cited by over half of MHAs (51%) whilst session feedback forms (38%) and service user surveys (33%) were popular tools.

Of the outcome measures and/or validated scales used by MHAs to monitor progress/change, the most popular was CORE-10 used by 52% of MHAs. Other tools included PHQ-9 (21%), CCAPS-32 (8%), GAD-7 (6%), GAD-2 (6%), CIAO (4%) and WSAS (4%). CORE-10 was also the most commonly used outcome measure reported in the 2024 survey (44%).

MHAs were asked to consider why they used these particular outcome measures and/or validated scales. For many MHAs this was a management or service decision and a particular measure was used across the service or team and to align with other teams, for example, the Counselling team. Other considerations included ease of use - being relatively quick to complete and understandable, clinical effectiveness, relevant or because it allows for the opportunity to ask about risk early in an appointment or is appropriate for single-session models:

Fairly straightforward to use. GP recognises measures. Gives general understanding of issues that impact on students.

These are used across the service.

As instructed by the institution.

***This is predominately for our counselling team, however, for consistency, the mental health team also uses CCAPS* [Counseling Center Assessment of Psychological Symptoms].**

The greatest challenge MHAs faced in relation to monitoring was data collection - it is difficult to get students to complete feedback forms (53%). Lack of time (a resource issue) was also a contributory factor (cited by 35% of MHAs) while multiple systems collecting data (a systems issue) was selected by 27% of MHAs. Interestingly, these were the three key factors identified in 2024 although lack of time was the greatest issue last year (61%) followed by difficulties involved in getting students to provide feedback (50%) and multiple data collection systems in use (48%). The scope of monitoring, in that members are unclear as to what they should be measuring, by whom, when and what for, was less of an issue in 2025 (15% this year compared with 35% in 2024).

MHAs were asked if they evaluate the effectiveness of their activities/ interventions with students. Evaluation was defined as '*an assessment of whether what you have been doing is making the difference you intended it to over a longer period of time. This might be done annually or as part of a service evaluation or evaluation project*'. The majority of MHAs did evaluate their work with students (60%) whilst 18% did not and 15% did not know. Compared with last year's data it appears that more evaluation is taking place by MHAs. Most evaluation was at team or service level (90%, up from 76% last year) with a small proportion undertaken institutionally (16%).

The biggest challenge MHAs face in relation to evaluation is getting students to complete feedback forms (47% compared to 40% in 2024). Lack of time (32%), not in their job remit (30%), multiple data collection systems (20%) and lack of staff (18%) appeared to present the greatest issues.

Other comments from MHAs regarding data collection, monitoring, and evaluation suggest that the biggest challenge MHAs face is engaging students in data collection and considering ways to improve the low completion rate of feedback forms sent to

students, although in some services incentives such as vouchers have been helpful for engagement:

> ***I think sometimes students think it's just another thing they have to do, so even though they might benefit from the team receiving the feedback, it's not a priority for them.***

> ***I think the main barrier here is students' willingness to complete forms and administrative tasks. Without incentives, maintaining engagement can be challenging.***

Other comments reflected on whether data collection can be unintentionally biased towards improving scores whilst the impact of the University Mental Health Charter was also considered in terms of driving data collection (and wondering where the capacity would come from to do that) to using outcome measures that are not the best fit for the service whilst one MHA wondered whether it might be advantageous for all HE providers to use the same outcome measures for consistency and comparability:

> ***I would like our university to use the Mental Health Charter as a benchmark but it seems there is an expectation that this will somehow be done within already existing job roles - I do not think that is realistic.***

> ***It is a current frustration as it is something we need to have in place for the MH*** **[Mental Health]** ***Charter, however the outcome measures available do not reflect or inform what our service offers.***

> ***I do think that it would be great to have all higher education systems using the same outcome measures.***

Most effective intervention

In terms of their most effective intervention(s) when supporting students with mental health conditions, 34 MHAs responded to this open text question. The responses reveal that students benefited from a range of strategies including:

One-to-one appointments and support: some focused on therapeutic conversations, specific interventions, or using the time to co-create goals and strategies:

> ***The dedicated 1:1 time allows us to co-create SMART goals and plan effective strategies.***
>
> ***1:1 appointments with therapeutic conversations.***
>
> ***Our one to one appointments. Specific OT*** **[Occupational Therapy]** ***interventions such as the Kawa model are visually helpful.***

Skills-based training and interventions including anxiety management, Dialectical Behaviour Therapy (DBT) skills groups and workshops and short interventions based in Cognitive Behavioural Therapy (CBT)/DBT:

> ***Providing straightforward skills training for addressing common difficulties such as anxiety or negative thinking.***
>
> ***Facilitating self management skills to improve engagement in work, leisure and self care activities within their university role as a student but also in the wider community.***

Assessment and planning: initial assessment, sensory assessment and intervention, discussing adjustments, and creating safety/suicide safety plans:

> ***A pre-support questionnaire filled in by students before the session.***
>
> ***Risk management - helping them to create safety plans that are person centred and effective to manage any safety concerns whilst they are waiting to receive more formal ongoing support.***
>
> ***Assessments- the chance to support a student for the first time, if you don't get that right every other intervention is meaningless as they just will not return! You can also achieve a lot in an assessment in terms of signposting, psychoeducation etc.***

Liaison and referrals: referrals to internal and external services, and liaison with other university staff and GPs were considered effective:

> ***Sharing information with students on other support services in the University and their college and making a referral to these on their behalf and with student consent.***

Flexible and ongoing support: early intervention, consistent, frequent and sometimes long-term support were also mentioned as beneficial.

Specialist Mental Health Mentors

Forty-seven (n=47) Specialist Mental Health Mentors completed this year's member survey.

About

Mentors empower students with mental health conditions to thrive at university. They hold specialised mental health qualifications and provide crucial support usually funded by Disabled Students' Allowances (DSAs). DSAs are non-means-tested allowances that assist with extra costs arising from disabilities, including long-term mental health conditions. Mentors work with students facing various mental health challenges, focusing on improving self-management skills and fostering acceptance of diagnoses. They also work to identify and address underlying issues like perfectionism, fear of failure, and anxiety that can impede study. Research shows that support from specialist mentors in mental health benefits students' functioning, academic performance, and overall university experience (Matthews, 2020).

Employment arrangements

We asked our Mentor members about their employment arrangements – they could select more than one option. Thirteen were solely employed by a university whilst the majority (n=26) worked in at least two different ways, for example, they worked at a university and were employed by an agency.

Employment arrangement	***Percent***
University	57
Also work as autism mentor	47
Agency	30
Also have another job	23
More than one agency	19
Freelance/self-employed	15
Also work as a Specialist 1:1 Study Skills Support - autism	13
Also work as a Specialist 1:1 Study Skills Support - SpLD (specific learning difference)	6

More than one university	4

Table 5: Employment arrangements of Mentors

Caseload

The largest proportions of Mentors had between 21 and 30 students on their caseload (30%) and between 11 and 20 students (30%). Approximately a quarter were supporting up to 10 students (26%) whilst 15% were working with between 31 and 75+ students. These proportions are almost the same as those reported by Mentors in the 2024 survey; 30%, 30%, 24% and 14% respectively.

Over the last year the number of students on Mentors' caseloads had stayed about the same for the majority of members (55%), decreasing for some members (23%) and increasing for 21%. The majority of Mentors reported that their caseload had stayed about the same in the last 12 months in 2024 (70%), 2023 (59%) and in 2022 (51%).

The proportion of students with mental health conditions amongst their workload taken together was up to half for 13% (24% in 2024) and between 60% and 100% for 87% of mentors (76% in 2024). For approximately one third of Mentors (36%) between 90% and 100% of their students had mental health conditions compared with 49% of Mentors in 2024.

The percentage of their students who are considered 'high risk' varied with the majority (87%) of Mentors supporting a caseload of up to 50% compared to 13% supporting between 60% and 100% of high risk students. These proportions were similar to those reported in 2024. In 2023, 76% of Mentors' caseload was made up of up to half of 'high risk' students which is in line with data from 2022 which saw 80% of Mentors' caseload made up of up to half 'high risk' students. However, caution should be exercised when making comparisons with small cohorts.

For most Mentors, this proportion had stayed about the same over the last year (64%) whilst for 23% it had increased in contrast with 9% who felt it had decreased. In 2024, the proportions were similar - 68%, 16% and 8% respectively. This resonates with 2023 data where the proportion of 'high risk' students within caseloads had stayed roughly the same for 63% but had increased for 29% compared with 8% for whom it had decreased. Similarly, in 2022 the proportion had stayed about the same for 51% of Mentors and increased for 26%. However, this is in contrast to data from 2021 where the majority of Mentors indicated that the proportion of 'high risk' students had actually increased (71%).

Mentors were asked to make comments about their caseload. Of the 18 that responded, these focused on the challenges they experienced and the complexity of the students they support. Some find their caseload 'overwhelming' or have a high number of allocated students who do not engage with mentoring. The difficulty of predicting student usage of support hours makes managing their caseload challenging, leading some to take on more students. However, some Mentors have intentionally kept their caseload low due to their own health conditions. Caseloads are mixed, including students with mental health difficulties, Autism, and ADHD:

> ***Lots that are allocated but don't engage and a good number that are interim but don't progress to DSA funded.***

There was a general observation of increased complexity, co-morbidities, and risk among students. Specifically noted were increases in more complex conditions (e.g. EUPD, CPTSD or trauma history) and the number of students transitioning genders. More students were also presenting with mental health issues who later received a neurodivergence diagnosis, and there is a significant increase in ADHD diagnoses:

> ***I have seen a significant increase in ADHD diagnosis, and previous mental health conditions being changed to this instead.***

> ***Co-morbidities and mixed needs seem to be more commonplace than 10 years ago.***

A significant challenge is students struggling to be accepted into NHS services, resulting in Mentors increasingly managing high-risk students and complex needs while simultaneously supporting their referral process:

> ***It often appears that students are struggling to get accepted into NHS services and we are increasingly holding students at risk and managing this, whilst simultaneously trying to support them getting accepted into NHS support.***

Data collection, monitoring and evaluation

The majority of Mentors are engaged in routinely monitoring the effectiveness of activities/interventions with the students they support (51%) and on an ad-hoc basis (13%). This is not applicable for some (11%) although 23% would like to. Mentors use quantitative tools (43%), qualitative tools (40%) or both (33%).

Most Mentors use an Individual Learning Plan (ILP) (83%), service user survey (38%), institutional survey (28%) and outcomes measures (21%). In terms of outcome measures and the use of validated scales, for the majority of Mentors this question was not applicable (70%). Measures used included GAD-7 (21%), PHQ-9 (18%), CORE-10 (9%) and goal based outcomes (3%). The use of particular outcome measures or scales is often a requirement of the university or agency they work for or because those measures are the most effective and/or appropriate.

The greatest challenge Mentors face is that data monitoring is not in their role remit (38%). However, other challenges include lack of time (30%), the difficulties involved in getting students to provide feedback (23%), as well as other staff/teams being responsible for this (23%).

In relation to evaluation, this was undertaken by 66% of Mentor members - this compares with 85% and 73% of Mentors who evaluated their interventions/ activities with students in 2024 and 2023. The majority of evaluation was undertaken by the team or service (50%) whilst some was undertaken at an institutional level (27%). The biggest challenge to evaluation for 36% of Mentors was that it was not part of their role. Lack of time and difficulties in gathering student feedback were also common challenges (both 21%). Systems related issues were also cited by 19% of Mentors with multiple systems collecting data which makes evaluation a challenge.

Mentors were able to leave comments in relation to data collection, monitoring and evaluation. Of the nine responses it was clear that data collection, monitoring, and evaluation are considered important parts of their role, specifically when used for review and in ensuring students get the necessary support. However, some Mentors would welcome guidance or recommendations as to the best measurement tools to use, as some currently lack the data required to evidence the impact of their support. There were some concerns expressed in relation to monitoring and evaluation, suggesting that it can be off putting for students if they feel constantly monitored or are not meeting set goals while students often do not respond to feedback requests due to other commitments:

When you start introducing scales and outcome measures, it often alienates students. All of a sudden the support is moving away from that holistic model many mentors strive to implement and back to one that is focused on targets and goals. I don't have any issue with asking students for feedback at a team or institution level but I think this needs to be carefully done at a mentor level as it can really impact on confidence and progression if students feel they are being monitored all the time or are not reaching set goals.

Most effective intervention

Mentors were asked to describe what they perceived their most effective intervention to be when supporting students with their mental health to which 37 responded.

This included a combination of listening and building rapport - many Mentors emphasised the importance of empathy, building trust and providing a non-judgmental, consistent, and safe space for students. Moreover, regular and consistent contact was important:

Listening, empathy, respect and providing a safe space.

Just being there, offering consistent and reliable support.

Common effective interventions include time management, planning, goal setting (like SMART goals), developing coping skills, and breaking down and prioritising tasks:

Exploring strategies to manage study and university living.

Time management, developing coping skills, safety planning, breaking down and prioritising tasks.

For some it is simply listening and encouraging; for many it is regularly reviewing coursework/deadlines together and planning work.

Interventions are often tailored to individual needs, involving exploring strategies for managing study and university life, offering practical problem-solving, and using models like the Occupational Therapy (OT), Intentional Relationship Model.

Associates

About

UMHAN's Associate membership is open to individuals who have direct contact with students, in either a school, college or university, and through this professional role have an interest in mental health but are not Accredited Practitioners. This includes numerous staff working in university wellbeing, disability and mental health services and Specialist Autism Mentors, for example.

This is the first time we have delved into what our Associate Members do including whether they have a caseload and whether their role involves monitoring and evaluating data relating to student mental health.

Job Roles

We asked Associate members about their job titles and 13 completed this section. We discovered that they include members working in specialist support roles such as a Specialist Mentor (Autism) and Specialist One to One Study Skills Support. Other Associates were working in student mental health advisory/consulting or supervisory roles, counselling roles and other mental health practitioner roles.

Caseload

We asked Associate members how many students were on their workload/caseload. We found that this varied and for 31% of Associates this was not applicable to their role. The largest proportion of Associates were working with between 0 and 50 students (53% in total).

We also asked what percentage of their caseload (approximately) are students with Mental Health Conditions (i.e. diagnosed, long term or expected to be long term). Twelve of the 13 Associates completed this question. Up to half of them have a caseload of students where up to 50% of them have mental health conditions and 50% have a caseload which consists of between 60 and 100% of students with mental health conditions. Over the past 12 months this had stayed about the same for 67% of Associates and increased for 15%.

Associates are working with a smaller proportion of students considered 'high risk' (e.g. in terms of deteriorating mental health, severity of mental health condition, suicide,

serious self-harm, neglect, abuse, becoming socially isolated, or experiencing significant disruption to their education) with the majority's caseload consisting of up to 50% high risk students (92%) compared with 8% between 60 and 100% high risk students. Over the past 12 months, the percentage of 'high risk' students has stayed about the same (67%) and increased for 15%. Associates were asked to reflect on their workload/caseload and it was noted by one member that:

> ***Many students with ASC*** **[Autistic Spectrum Condition]** ***have comorbid MH*** **[mental health]** ***conditions. Sometimes it is unclear whether ASC or MH support would be more useful. Some MH specialising in ASC would be advisable if I was confident to refer them on to this.***

Data collection, monitoring and evaluation

Associates were asked if their role included data collection and monitoring. This was not applicable for 31% of Associates whilst the remainder did so routinely (31%) or on an ad-hoc basis (15%).

Tools for monitoring were fairly split across mixed - quantitative and qualitative (33%), qualitative (33%) and quantitative (33%). Service user surveys were the most well used method (75%) although session feedback forms, the use of institutional surveys and outcome measures were also mentioned. The outcome measures used for monitoring included CCAPS (50%) and CORE-10 (50%) which had been selected by management or were used because they are seen as the standard:

> ***Selected by senior colleagues as the best available fit for use across MH*** **[mental health]** ***support, counselling and Student Support Coordinator interventions.***

Challenges to monitoring included lack of time (30%), difficulty in getting students to complete feedback (30%) or monitoring was not in their job role/remit (50%).

In relation to evaluation, 42% of Associates evaluated their interventions with students but for 33% of Associates this was not applicable to their role, whilst 17% did not undertake evaluation. Evaluation mainly took place at team/service level (60%). The biggest challenges were getting students to complete feedback forms (36%) and lack of time (18%).

Most effective intervention

Associates were asked what they perceived to be their most effective intervention when supporting students with mental health conditions. Individualised support, for some - face-to-face, and establishing a therapeutic relationship were highly valued by students. Providing a listening space whilst supporting students with organisational skills could be powerful such as helping students with scheduling work and breaking down tasks and providing validation and empathy, particularly for those students who are feeling desperate:

> ***Therapeutic relationship / therapeutic use of self. Students appear to highly value having a listening space. Many seem to feel hopeless - holding hope for them.***

Managers

About

UMHAN's Manager members provide oversight and guidance to a variety of staff who support student mental health. This includes MHAs, Mentors, Disability Advisers, and other wellbeing professionals. Manager members operate within Higher or Further Education settings and have a significant focus on mental health within their roles. Examples of titles held by our Manager members include ‘Mental Health Team Manager’, ‘Student Support Manager’ or ‘Welfare Lead’. In the 2025 survey, 8 UMHAN Managers participated, representing 9% of the Manager membership. This data should be interpreted with caution, given the small number of Managers who responded

Caseload

Managers are asked to specify their workload rather than select from a range, and as such, amongst this group of members this numbered from 200 to 6000 students. For the majority of managers the numbers had increased this year (63%) compared to 2024 when the numbers had stayed about the same.

In relation to the numbers of students within their institution who had received crisis support during the last academic year - when a student feels that they are at breaking point and need urgent help - this ranged from 4 to 500 students although one manager noted that this was not recorded in a way that was easy to measure. The numbers of students receiving crisis support had increased for 50% of the 5 managers - for three this was a minor increase and for one it was a significant increase.

The percentage of students in the total service allocation that were considered ‘high risk’ for the academic year e.g. in terms of deteriorating mental health, severity of mental health condition, suicide, serious self-harm, neglect, abuse, becoming socially isolated or experiencing significant disruption to their education, varied - ranging from between 10% and 70%. This proportion was a significant increase for two managers and was about the same for three managers.

Data collection, monitoring and evaluation

All eight Managers work for services that undertake monitoring; 63% routinely and 38% on an ad-hoc basis. The tools used are mainly quantitative (63%) such as service user surveys (86%) whilst the outcome measures used include WSAS (25%), PHQ-9 (13%),

GAD-7 (13%) and CORE-10 (13%). For 50% of managers this was not applicable to the members of their team.
Those particular outcome measures and/or validated scales were used for a number of reasons including ease of use, good validation, availability in numerous languages, free to use, holistic assessment, quick or that they provide useful feedback to staff:

> ***A cross service agreement because it offered a holistic and brief assessment of student current needs.***

The greatest challenges to effective monitoring is gathering feedback from students (63%), lack of time (50%), lack of staff (50%) and multiple systems collecting data (50%).

Seventy-five percent of Managers responded that their services evaluate the effectiveness of their activities/interventions with students compared to 100% in 2024. This is primarily conducted at team/service level (100%) and at both team and institutional level for one Manager member. The biggest challenges are resource related - lack of time (83%), difficulties in gathering feedback from students (67%) and lack of staff (67%) as well as multiple systems collecting data (50%). In 2024, the biggest challenges were lack of time (100%), multiple systems collecting data (60%), difficulties in gathering feedback from students (60%) and lack of staff (40%) whilst in 2023, the most cited challenge was multiple systems collecting data (90%).

Discussion

As it has since it was first published online in 2021, the UMHAN Member Survey provides valuable insights into the experiences and perspectives of mental health professionals supporting students in HE. While the findings must be treated with a degree of caution as the respondents make up 16% of the total membership population, the data gathered still provides a rich picture of the current state of mental health support and practitioners' experiences in HE.

Working conditions and staff wellbeing

The results concerning members' working conditions reflect a challenging year for Higher Education Providers (HEPs), marked by difficulties in student recruitment and financial performance (OfS, 2025), often leading to restructures and staff redundancies. This may explain the data pertaining to future plans and working conditions, including a higher percentage of members reporting understaffed teams (38% up from 21% in 2023).

Fewer members are considering leaving their roles in the immediate future, potentially due to a shrinking job market or fear of moving to another HEP during this period of uncertainty. However, for those thinking of leaving at some point, the most important factor this year shifted from workload or pay to a lack of progression opportunities (47% up from 40% in 2024). This may stem from the absence of a clear professional hierarchy for MHAs and Mentors outside of management roles.

A major concern raised in the survey was that of staff wellbeing and burnout, with members also expressing anxiety about job security during this phase of instability.

Caseload trends and complexity

Consideration of the work by job role revealed some significant changes. MHAs are working with more students, and their caseloads increasingly comprise students with diagnosed, long-term, or expected long-term mental health conditions, with more students classified as 'high risk'. There was a consensus that the level of risk and complexity in student cases is increasing year on year. Mentors are working with similar student numbers to previous surveys, but the proportion of their caseloads with mental health conditions has increased since last year. While the proportion of 'high risk' students remained similar to 2024, Mentors also observed a general increase in complexity, co-morbidities, and risk among students. In the first year of asking Associates about caseload, the proportion of students with mental health conditions remained about

the same for the majority. Associates work with a smaller proportion of 'high risk' students, with most having up to 50% high-risk cases. This likely reflects the diversity of their roles, often spanning wellbeing, disability, and mental health teams. Managers' workloads ranged from 200 to 6000 students. The majority saw an increase this year, and half reported an increase in students receiving crisis support. Two managers reported a significant increase in the percentage of students considered 'high risk' within their total service allocation.

Monitoring and evaluation

Monitoring, evaluating, and learning from data is a vital component of the support UMHAN members provide to students with mental ill health and mental health conditions. This area has been explored in more detail in recent years to help members and sector organisations evidence the difference their support makes.

Over half of MHAs (52%) undertake routine monitoring, and 60% were evaluating their work in 2024/25, suggesting an increase in evaluation activity. Team or service level evaluation appears to be increasing (90% up from 76% last year). The most popular outcome measure utilised is the CORE-10 (52% of MHAs, up from 44% in 2024). All eight Managers work for services that undertake monitoring, mostly routinely and mainly at the team/service level (100%). Similarly, most managers evaluate the effectiveness of their activities, primarily at the team/service level.

A greater proportion of Mentors are not engaged in monitoring and evaluation, often because it is not within their role remit, especially if employed by agencies. Most Mentors use an Individual Learning Plan (ILP) with their students to monitor change and progress (83%). Evaluation mainly takes place at team/service level (50%) or institutional level (27%). Associates are less likely to undertake monitoring or evaluation than MHAs, though service user surveys are the most used method. Evaluation mainly took place at team/service level (60%).

The increase in monitoring and CORE-10 usage by MHAs may be a result of the University Mental Health Charter, specifically *Theme 18: Research, innovation and dissemination*, which promotes rigorous and systematic evaluation (Student Minds, 2026). However, challenges remain, with the greatest difficulty for MHAs being data collection - getting students to complete feedback forms (53% for monitoring, up from 50% in 2024, and 47% for evaluation, up from 40% in 2024).

The impact of AI

A series of new questions explored issues observed in member meetings, including the use of Generative AI. Concerns were expressed about students using AI as a therapeutic source rather than a mental health professional. Mentors shared details of students whose mental health was severely impacted after their use of AI in assignments led to academic misconduct reviews.

The survey results highlight a disparity in best practice, guidance, and policy across HEPs in the UK regarding generative AI use in academic work. For students with existing mental health difficulties, the lack of clarity was challenging. For those accused of inappropriate AI use, an academic integrity review process was described as devastating, with reports of students dropping out or feeling suicidal. There was evidence to suggest that these processes were sometimes not handled with sensitivity or compassion, leading to student referrals to wellbeing and mental health support staff.

Response to the National Review of Higher Education Student Suicides

The National Review of Higher Education Student Suicides, conducted by NCISH and funded by the Department for Education, was an independent review of suspected suicides and non-fatal self-harm incidents in England during the 2023/24 academic year. About a third of responding members were aware of the Review, published in May 2025, though most did not know if their employer had made changes in response.

Among those who were aware of changes, institutions were reviewing or modifying risk assessment processes; rolling out new policies and guidance (including serious incident review processes, suicide training, and a Trusted Contacts protocol); and increasing awareness and support through staff training and promotion of services. Additional comments suggested that including families in a serious incident review and sharing information with them was considered a significant protective factor for students. The survey data indicates the Review has had an impact at some institutions, but it also revealed a gap in communication, with changes not always reaching mental health and wellbeing support staff.

Supervision

Supervision is a core component of the UMHAN Membership Framework for Accredited Practitioners and is vital for safe and accountable practice. We were pleased to find that most members are happy with their current supervision arrangements, with over half reporting that it improves their practice (60%) and helps them cope with job demands

(57%). Almost half of members have supervision funded by their employer, while 20% pay for their own, primarily Mentor members who often self-fund their membership fees.

However, financial challenges were present for a small percentage: 3% of members reported employers trying to fund less supervision, and 3% experienced reduced supervision. This is concerning given the survey data indicates members are supporting more students with greater levels of risk and complexity. We would argue that professional supervision is essential for our members to help manage their own wellbeing and mental health and in order to improve service delivery.

The need for improved collaboration

Reflecting on the survey data from the last three years (2023, 2024, and 2025), the most pressing issues identified were staff wellbeing and burnout, job security, and the expectation to support increasing numbers of students with complex needs, often with fewer staff. Critically, many members felt that the relationship between HEPs and the NHS needed to improve, noting that in light of decreasing NHS capacity, there was push back on universities to hold risk, such that 'universities are doing too much.'

These member comments align with factors driving the development of NHS student mental health services, as set out in the recent HEMHIT guidance on Improving student mental health through higher education-NHS partnerships (2026). Interestingly, the National Review of Higher Education Student Suicides had identified challenges with collaboration and information sharing between HEPs and the NHS, driving the development of this report which notes that HEPs frequently provide support for which they hold no statutory responsibility. The report's recommendations for improved collaboration between the NHS and HEPs is welcome, reflecting the sentiment of one of our members:

> ***The focus needs to be on improving community and primary care - universities are holding too much.***

Conclusion and Recommendations

Conclusion

The UMHAN Member Survey of 2025 depicts a student mental health environment in HE characterised by increased complexity in student need and significant pressures on the professional workforce. Most UMHAN members report supporting increasing numbers of students with diagnosed, long-term, and high-risk conditions, reflecting a growing level of complexity across the sector. This demand is set against a challenging background of staff wellbeing concerns, including burnout and anxiety over job security, exacerbated by understaffed teams and financial difficulties within HEPs.

Key challenges identified in this year's survey include the lack of clear career progression for MHAs and Mentors, difficulties in collecting student feedback for monitoring and evaluation, and the mental health toll of academic misconduct processes related to Generative AI use. Crucially, the member survey data reinforces a consistent three-year finding: a critical need for improved collaboration between HEPs and the NHS. The consensus is that universities are increasingly providing support for which they hold no statutory responsibility. While the National Review of Higher Education Student Suicides has driven positive changes in some institutions, a communication gap remains, and sustained, structural improvement in the partnership between the NHS and HE is required to ensure a sustainable and appropriate system of mental health care for students.

Recommendations

UMHAN is committed to using the insights gained from this survey to inform our strategic direction, work with our members, the Board of Trustees, and a range of sector partners to create a more supportive and effective system of mental health support for students in HE. Based on the findings of the survey, the following recommendations are suggested for HEPs and for UMHAN:

The mental health workforce - strategy and professional development

- **Prioritise staff wellbeing**: HEPs need to formally acknowledge and actively address issues of staff wellbeing and burnout, including ensuring adequate staffing levels (to mitigate the 38% of members reporting understaffed teams) and protecting supervision arrangements.

- **Supervision funding**: Given the growing complexity of student needs and caseloads, HEPs should commit to fully funding the recommended hours of supervision for all specialist mental health support staff.
- **Consult on progression pathways**: UMHAN should consult members to better understand career progression pathways for MHAs and Mentors, addressing the primary reason members consider leaving their roles.

Monitoring, evaluation, and impact

- **Improve feedback mechanisms:** HEPs should review and innovate methods for data collection to make it easier for students to provide feedback
- **Consistent use of outcome measures:** Promote the consistent use of validated outcome measures, such as the CORE-10, across mental health and wellbeing services where relevant to facilitate rigorous, systematic evaluation and better evidence of the impact of practitioner support, aligning with the Student Minds University Mental Health Charter (Theme 18). UMHAN should continue its engagement with key external stakeholders (such as the SCORE consortium) in relation to UMHAN members' use of outcome measures.

Policy and practice

- **Develop compassionate AI policies and procedures:** HEPs should develop clear, consistent, and well-communicated best practice, guidance, and policy regarding the use of AI in academic work. Misconduct processes must be handled with greater sensitivity and compassion to mitigate the severe mental health impact reported by some students.
- **Enhance communication of the impact of the National Review:** HEPs should ensure that policy changes and new protocols implemented in response to the National Review of Higher Education Student Suicides are effectively communicated and disseminated to all relevant mental health and wellbeing support staff including those employed by external agencies.

Collaboration between the NHS and HEPs

- **Advocate for systemic change:** UMHAN should continue to advocate for improved collaborative working between HEPs and the NHS and clarifying boundaries for service provision ensuring that HEPs are not expected to hold responsibility for which they have no statutory remit.

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