UMHAN
University Mental Health Advisers Network

# UMHAN Response to the DfE/IFF Research Report on Non-Medical Help (NMH) through DSA

WHAT NON-MEDICAL HELP IS

## Non-medical help (NMH) is human support, funded by Disabled Students' Allowance (DSA), that enables students with disabilities to access their studies effectively including students with mental health conditions.

UMHAN, the University Mental Health Advisers Network, welcomes the recently published DfE-commissioned report from IFF Research - Non-medical help through DSA: students' experiences and perceived quality and its findings which reinforce the importance of the role and the work of Specialist Mentors: Mental Health (SM:MH). However, the absence of mentors' perspectives obscures key issues, resulting in an incomplete understanding of students' mentoring experiences.

UMHAN's 800+ membership includes professionals in NMH roles, notably Specialist Mentors: Mental Health (SM:MH) and Specialist Mentors: Autism Spectrum Conditions (SM:ASC). Indeed, the first cohort of SM:MH, became members through our accreditation route in 2017. Other SM:MH members have professional qualifications and experience, as set by the Department for Education's mandatory qualification and professional body membership requirements to deliver Disabled Students' Allowance (DSA) fundable Non-Medical Help (NMH) roles.

**800+**

membership

**2017**

first accredited SM:MH cohort

**SM:MH**
**SM:ASC**

specialist mentor roles

# 1 Key Findings and Positive Impact

**64%**

SM:MH — highest quality rating

**61%**

SM:ASC — highest quality rating

The IFF report shows SM:MH and SM:ASC received the highest quality ratings (64% and 61% respectively). Students value support that is **"consistent, flexible, and tailored"** noting significant improvements in academic engagement, time management, and a reduction in loneliness.

These results align with the 2020 UMO White Paper, which highlighted specialist mental health mentoring's impact on student functioning and performance. We also know (from our annual member survey reports (2022 onwards)) what SM:MH perceive to be the most effective components of their role; listening, building trust and rapport with the mentee; regular, consistent contact; employing support strategies tailored to the individual student, for example, help with time management, planning and goal setting, and signposting, referral to and liaison with other staff, services and agencies, where relevant.

Mentors address study-related causes of distress (e.g. perfectionism) while maintaining strict boundaries against therapeutic or subject-specific support. To elucidate these roles, UMHAN published the Mentoring Handbook in 2025 authored by a specialist mentor to help practitioners manage student expectations and professional boundaries.

**2025**

**Mentoring Handbook**

Authored by a specialist mentor.

**ACCREDITED PRACTITIONER (AP) STATUS**

- **Rigorous supervision**
- **CPD audits**
- **Public Register**

UMHAN ensures quality through Accredited Practitioner (AP) status, requiring rigorous supervision, CPD audits, and inclusion on our Public Register to guarantee high standards of safety and professionalism. Mentors increasingly support students with complex mental health presentations and supervision is vital for managing this demanding workload and enabling practitioners to effectively assess risk within the wider ecosystem of university and NHS support.

# 2 Limitations and Future Considerations

While the student focus of this research is welcome, the exclusion of practitioner reflections leaves an incomplete picture of NMH sustainability. Incorporating mentors' voices would better reflect the systemic and economic realities of the higher education sector.

**72%** online delivery for SM:MH

**20** weeks — allocation delays in some cases

**Firstly,** universities rely heavily on external NMH staff provided by agencies but they are not necessarily treated equitably. Our agency-employed mentor members highlight the difficulties in securing rooms with which to meet students on campus since universities are under no obligation to provide one even though the student receiving support is enrolled at their institution. This inequity is also a factor in the shift to online delivery (72% for SM:MH) frequently driven by systemic constraints rather than just mentor preference.

**Secondly,** the 2024/25 quality ratings must be viewed alongside the new DSA service model, which caused significant allocation delays - up to 20 weeks in some cases - due to the streamlining of assessment centres. Students' dissatisfaction and frustration with such delays may well have contributed to the decline in perceived quality of mentors by the students involved in the study that academic year.

# 3 Concluding Thoughts and Recommendations

UMHAN affirms the report's evidence of NMH's positive impact, confirming that high-quality, specialist support significantly improves student outcomes. However, we stress that future sustainability depends on a systemic commitment to investing in the professional workforce. This requires recognition of the critical importance of robust supervision, ongoing CPD, and equitable working conditions for all practitioners, including those employed by agencies. To ensure long-term stability and quality, stakeholders must address the systemic barriers highlighted in this research, specifically by integrating practitioner expertise into future policy discussions, formalising support infrastructure, and prioritising the professional development that underpins effective mental health support.

We remain committed to advancing standards and look forward to collaborating with stakeholders to ensure equity for all mentors.

## We suggest:

1

Future NMH research should include practitioner perspectives

2

National guidance should strengthen expectations around supervision and CPD for SM:MH

3

Universities should better support agency-employed mentors with practical infrastructure

4

Any DSA reforms must consider sustainability and workforce pressures.

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**Dr. Rachel Spacey**

Head of Research and Engagement, UMHAN

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**Dr. Anna Matthews**

Chair, UMHAN Board of Trustees