Member Survey Report Summer 2021

approachable
reflective opportunities · quality
connection
amazing friendly helpful
sharing CPD students committed
transparent
community
open
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passion delightful kind informative Camaraderie innovation Inclusive
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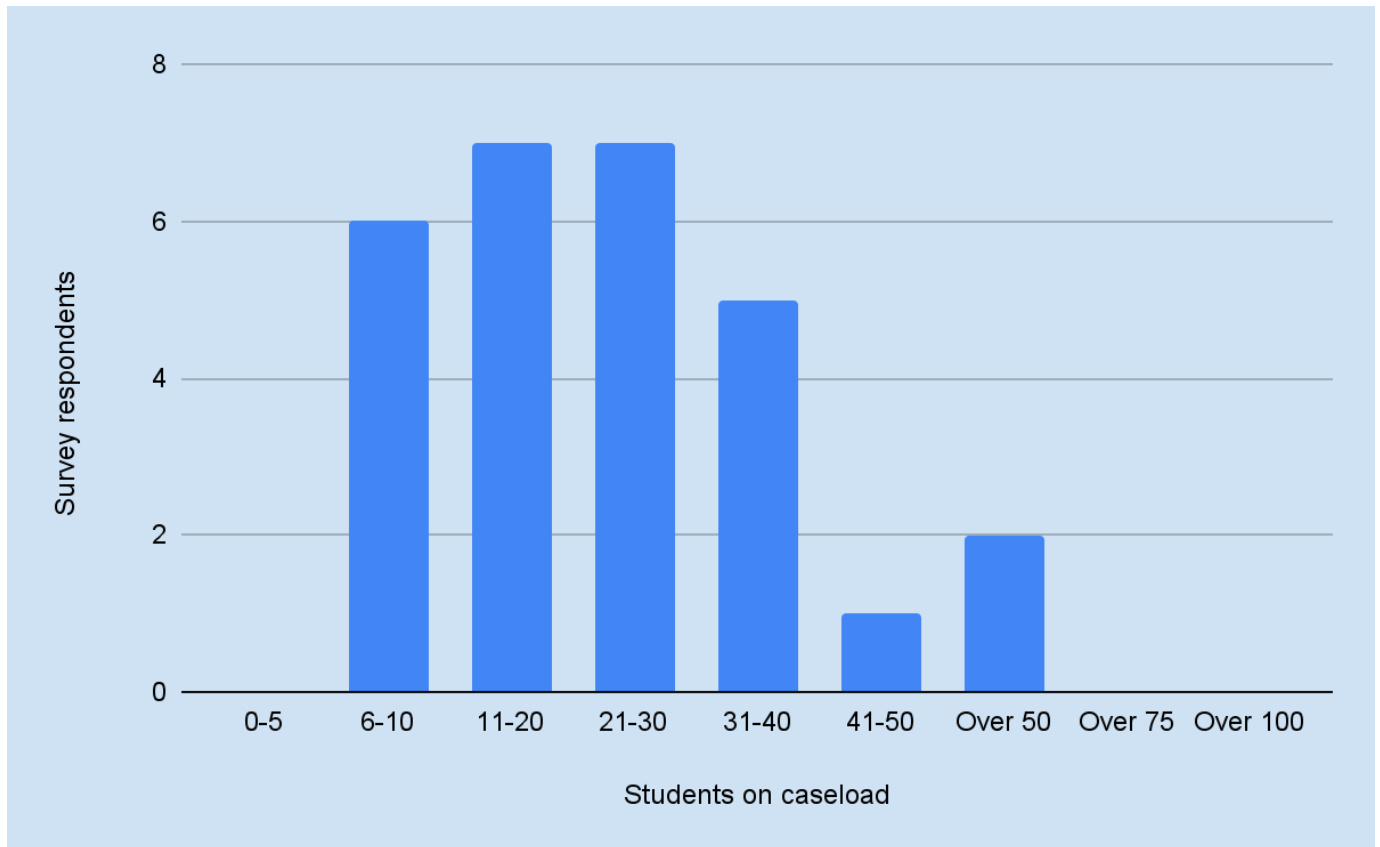constant accessibility
professional

Introduction

This survey was sent to all 416 UMHAN members in June 2021 with several reminders sent over the summer period.

We had 75 respondents, which is 15% of our membership. The respondents' roles are roughly proportionate to the total number of members of that role type.
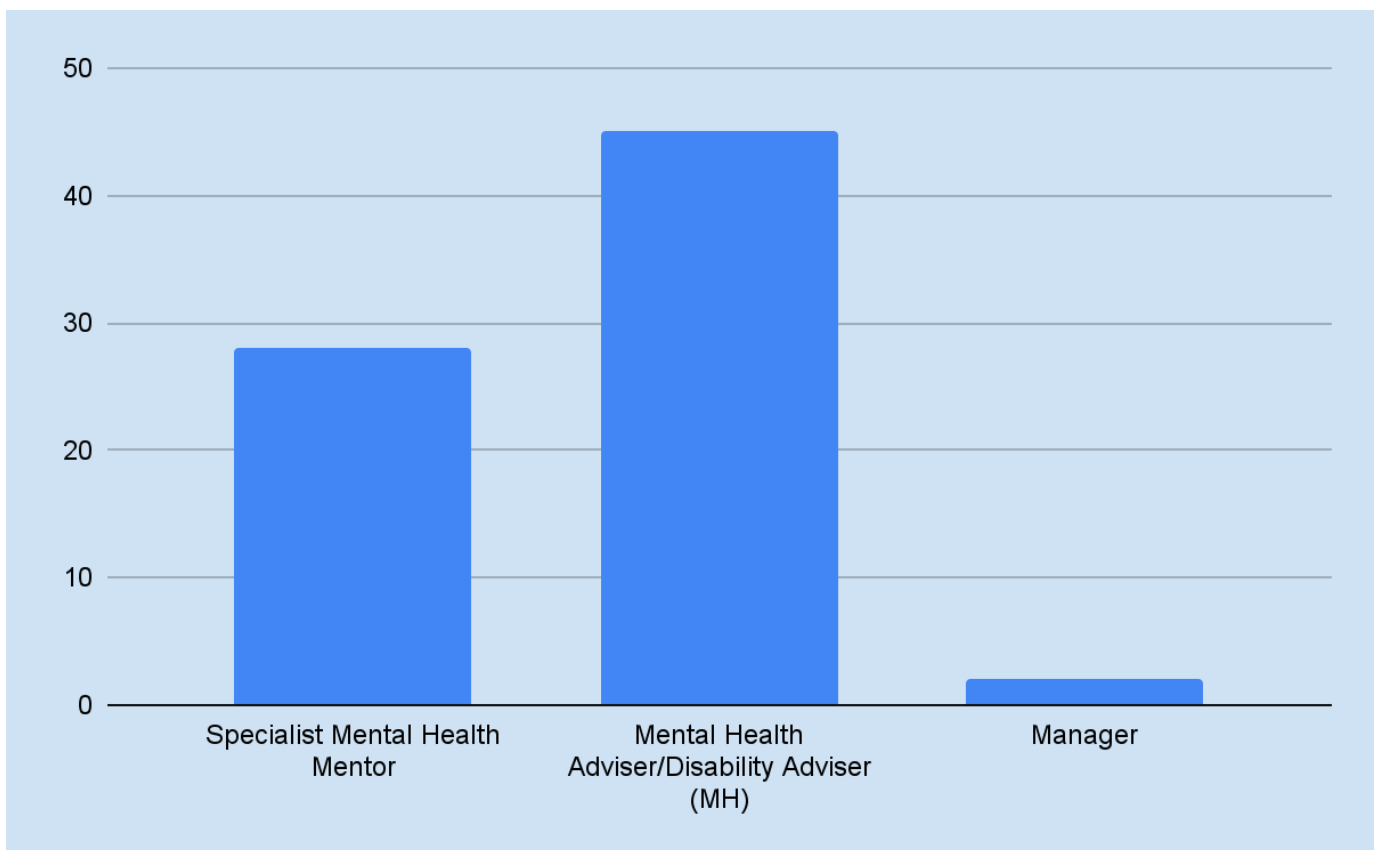
Caseloads

Mentors

The majority of mentors work with Disabled Students Allowances (DSA) funded students only, however, some are directly employed by universities to work with other students. Many are part time or work on Zero hours contracts or similar.

We are aware that some "in-house" mentoring services do not provide students with the full number of hours they have been recommended on their DSA Needs Assessment report

> " we are encouraged to offer much less meeting frequency to apparently 'not disable' the student"

61% of respondents said that their caseload had increased over the past 12 months.

Supporting "high risk" students (Mentors)

We define "high risk" 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.
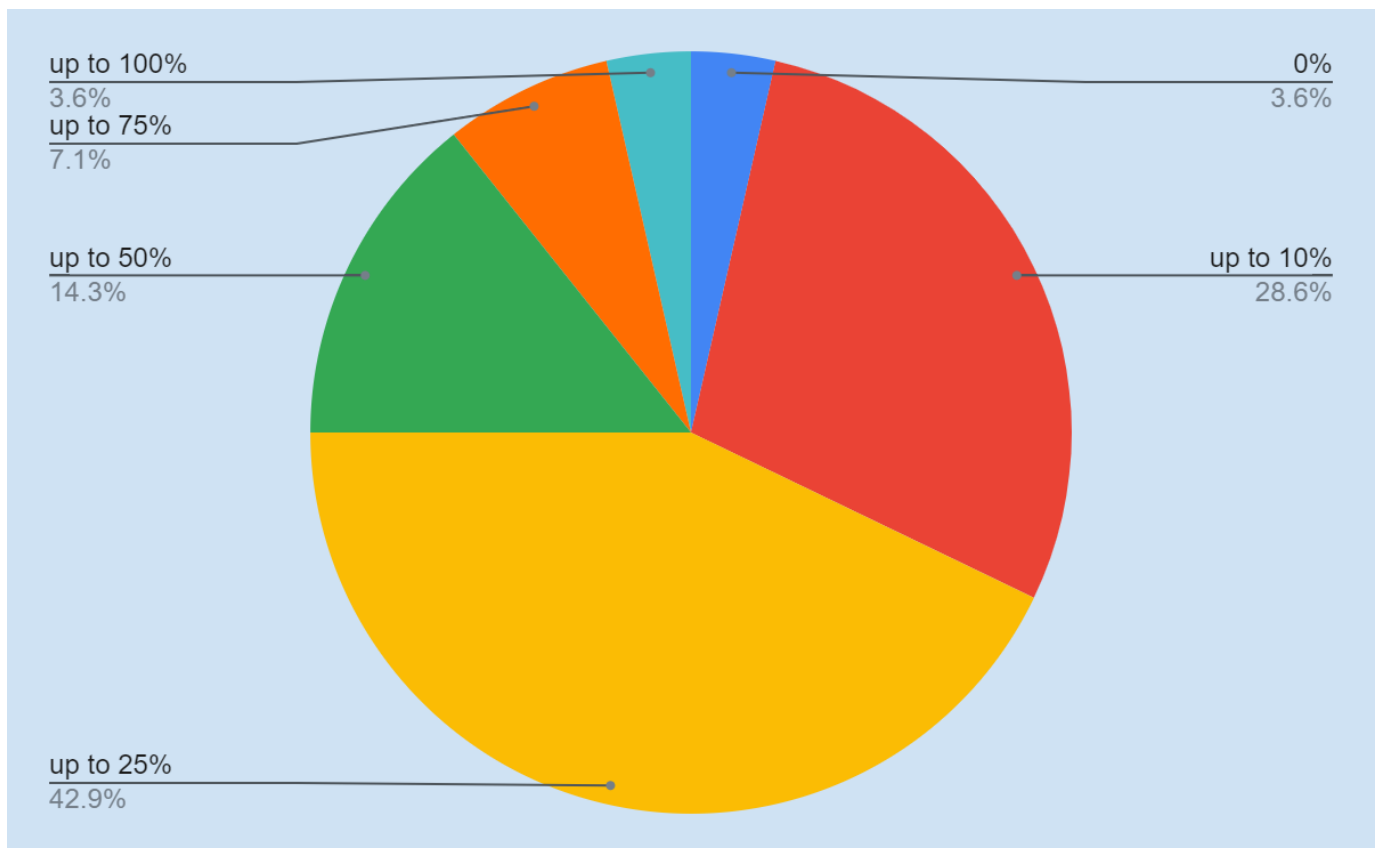
N.B. No respondents said that 100% of their caseload was "high risk".

Although Specialist Mental Health Mentors are not specifically expected to manage risk/safety, the nature of their role means that they come into contact with a large number of students with variable or deteriorating Mental Health Conditions.

71% of respondents said that this number had increased over the past 12 months.

> *"The work with my students has become more intense, Some students I have had for two years or more. The same students have experienced more anxiety, greater and more frequent depression and issues during CV and restrictions"*

"There's quite a range of conditions in that "high risk" cluster. I said twenty five percent but actually if social isolation (COVID) alone was a category then at least seventy five percent. I've guided more students this year to suspension of study than ever before and with all of them I believe it was the right thing to do, they were overloaded, bewildered, humiliated, down-trodden and some cases on the cusp of hospitalisation."

"Students usually take summer off and I get a break to rest, catch up with reading etc. During covid they haven't gone, some haven't had Christmas, Easter etc as they've been frantically working. Their studies take them longer, without contact with tutors. They're more isolated, lonely, anxious...I spend time reconnecting people to support networks, helping to adapt to online work etc. If they get covid and don't have family support it's me that alerts the university and makes sure stress and fear are dealt with. My caseload hasn't just got bigger, it's much more intense."

Mental Health Advisers
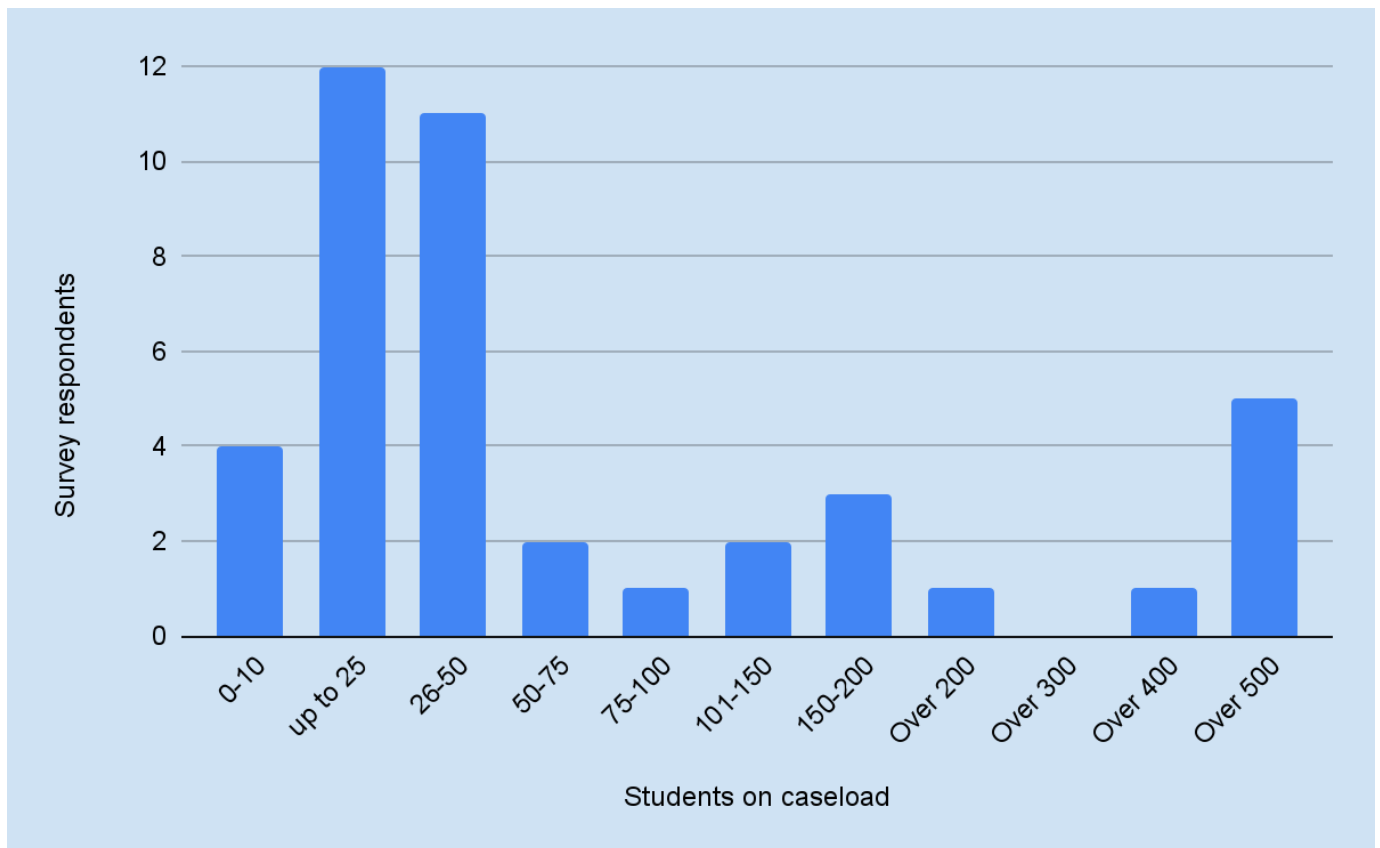
Mental Health Advisers, and those in similar roles, have varied role responsibilities. Some have strictly managed and protected caseloads, enabling them to do very specific pieces of work with students whereas some are expected to have contact with any student referred into the service (which can then mean contact and support is limited). Some are the sole person responsible for students with Mental Health Conditions at the University, whereas others are part of large multidisciplinary teams. An additional factor in caseload management is the capacity of local NHS services.

> *"It is very large, which makes effective prioritisation and anything other than dealing with presenting issues or "fire fighting" effectively impossible. This in turn creates a vicious circle as issues that may have otherwise been foreseen/anticipated dealt with more proactively and often more simply, are missed. This further increases the risk of likelihood of psychological/academic breakdown. It also means that other non-casework /personal/service development responsibilities are inevitably neglected."*

> *"Our institution has an issue with caseloads & 'closing' cases (i.e. anyone who we have created a support plan for technically stays on our caseload until they graduate) - we are looking at ways to manage this. In general our workload does feel unsustainable - exacerbated by the pandemic"*

> *"We don't have caseloads. Students book in to see us when they need us. If they need a higher level of support they would be under statutory services locally."*

65% of respondents said that their caseload had increased over the past 12 months.

Supporting "high risk" students

We define "high risk" 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.
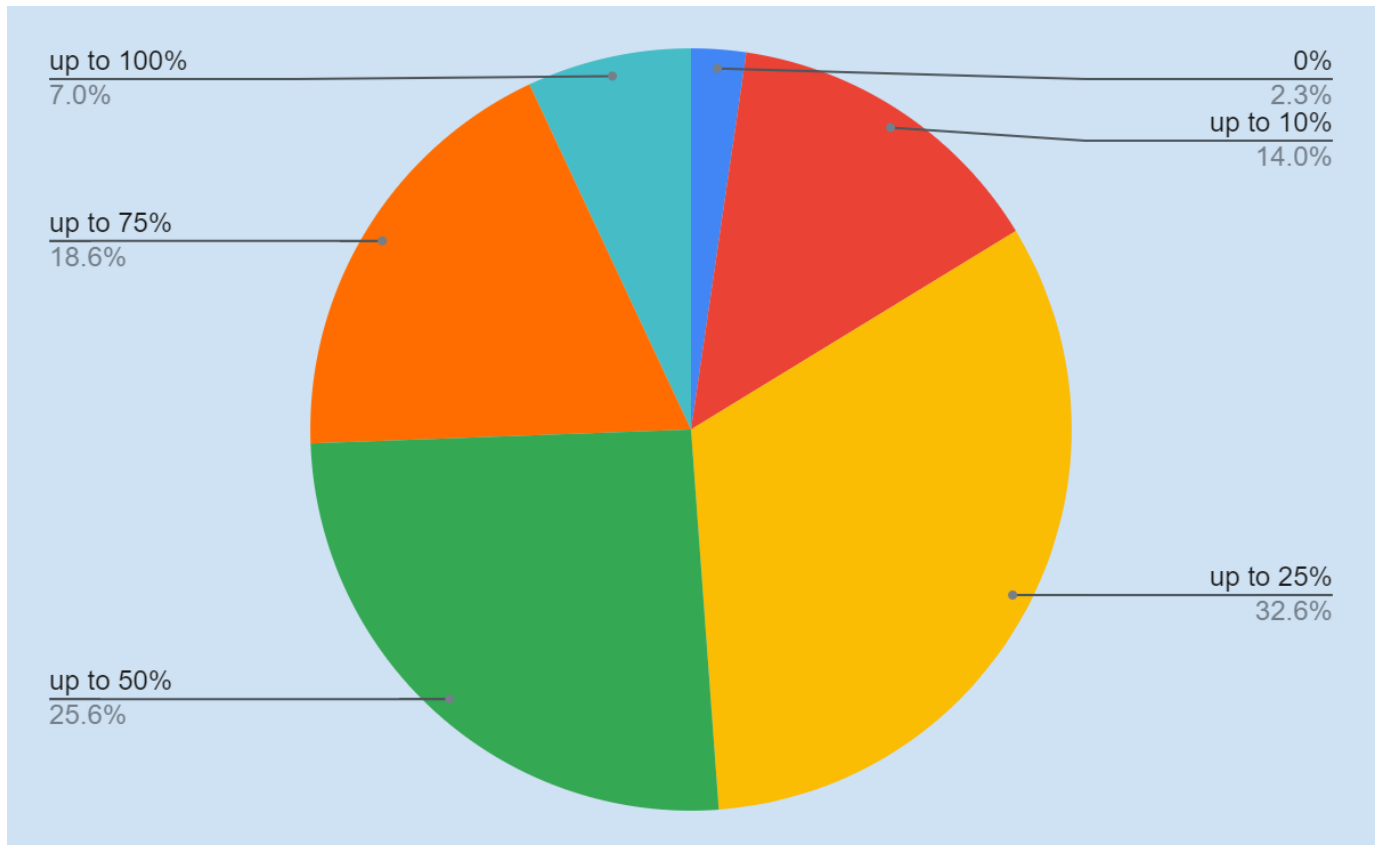
N.B. No respondents said that 100% of their caseload was "high risk".

The majority of Mental Health Advisers have crisis response and risk/safety planning in their job descriptions.

58% of respondents said that this number had increased over the past 12 months.

> "*lots of high risk- suicidal ideation, self harm and lack of statutory NHS support.*"

> "*have a huge number of overseas students with little scope to make relevant referrals to external agencies in their country. Increased risk / difficulty in reducing risk*"

> "*Our threshold for referral involves presence of risk*"

"Risk severity and complexity of mental health has increased."

"significant increase in prodromal or first episode psychosis"

Recommendations

Where caseloads are high, models of casework and modes of delivery should be reviewed to guarantee workload allocation ensures safe practice. Consideration should be given to the University Mental Health Charter "Support Services" principles:

1. Universities ensure that support services are appropriately resourced.
2. Universities ensure that support services are safe.
3. Universities ensure that support services are effective.
4. Universities ensure that support services are responsive to current and future need and to local context.
5. Universities ensure that support services are equally accessible to all students.
6. Universities ensure that support services are well governed.

Specialist staff should be provided with appropriate supervision and CPD opportunities to enable them to properly support increasing and more complex presentations of mental ill health and risk.

Working Conditions

We asked members about their working conditions during the next academic year.
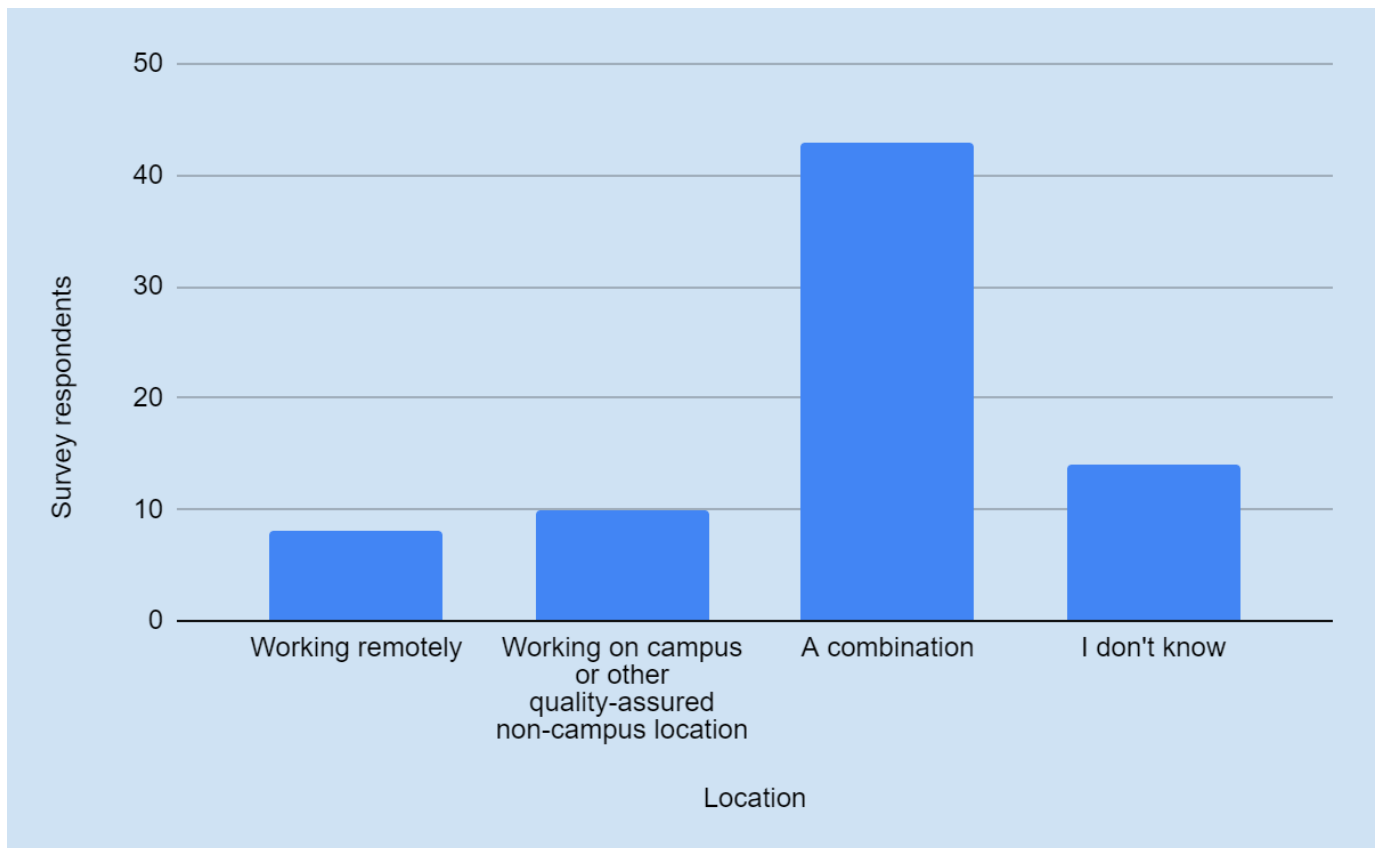
"Having a mixture of home/on site working is a good thing but finding the balance between my own wellbeing and safety and delivering an on-site service for those students who prefer it will be a stressful median to work out."

"This seems a bit contradictory but I would like to have the "option" of occasionally working on campus to help students tackle social anxiety, which often results from lockdown, or engage in walk & talk. My employer has a strict online only approach for the moment."

It's clear from additional comments that the majority of mentors who responded are anticipating that returning to work on campus will be problematic due to a lack of suitable rooms in which to provide 1:1 support. This includes instances where previously used rooms are now unsuitable due to Covid related issues, such as lack of space, ventilation or cleaning.

This may be at odds with advice from the Department of Education that DSA-funded students should be able to opt for in-person support if preferred.

"there is an issue with ventilation as keeping windows open means conversations seep into adjoining rooms and compromises client privacy and confidentiality"

"the uncertainty of what will be available to external NMH (mentors) means it is hard to take on students who want face to face mentoring as it is impossible to know if we can deliver face to face sessions yet. If we don't take on new students then there is the potential that earnings will drop to a point where it is unsustainable"

Recommendations

Employers should undertake risk assessments for all in-person work in this area, as per recommendations by the Health & Safety Executive. If safe delivery of in-person support is not possible, this should be sensitively communicated to students, with reassurances about the efficacy of remote support delivery. For mentoring support, if a student is insistent on in-person support, they should be referred back to their needs assessor.

UMHAN advises its members to join a trade union for legal help and advice.

Concerns

We asked members about their concerns about the new term. By far the biggest concern was increasing mental health problems as a result of lockdown, with 73% of respondents citing this issue, and 37% concerned this would make their caseload unmanageable.

Other student related concerns were:
- It will be difficult to build a rapport with new students (26%)
- Usual signposting/referral routes are unclear (30%)
- Managing different phases/demands of the student lifecycle remotely (32%)
- Support from other support services will be negatively affected (22%)

Other potential issues with providing support for students were focused more on physical working conditions. A number of respondents thought that they might not be able to work on campus when they wanted to do so or when students were available (33%) and that students who wanted in-person support would not be able to access this (26%). However, a slightly larger number were concerned that they might be made to work on campus when they did not feel it was safe to do so (40%).

Some Specialist Mental Health Mentors are facing pay cuts for remote work, with a potential impact on their income. This is despite the fact that members tell us that working remotely with students requires the same skills and can be far more draining.

> *"I find remote working adds to the workload, the metacognition required to read a student's state, especially ones I never met, is body language dependent and I'm not getting that. It's all voice, some 2D facial gesture."*

Previous member surveys and our regular meetings have told us that student appointments held remotely have been well-attended, often better than normal with this providing better access for a number of students who struggle to attend in-person appointments. For the majority initial fears at accessing support remotely have been overcome with time and specific interventions to work on this. However, some comments in this current survey show that this has not necessarily been factored into planning for the new academic year.

> *"I feel that role can be delivered with both face to face and remote meetings. This suits some students better who would not usually access services. Management at the university have declined all hybrid applications for mental health advisers. The role has become increasingly stressful and this mix allows us to focus on well-being."*

> *"we have used a "hybrid" / "blended" approach since summer last year and it has worked really well. Students who previously struggled to attend appointments in person, were now able to access a service on line (Teams or Zoom) or by telephone. I am really pleased with how much we have achieved and many of the concerns outlined above never came to fruition for us."*

Feedback on UMHAN

We asked a number of questions about our resources and meetings, and asked members questions about their membership.

All Accredited Practitioner members (Mental Health Advisers and Specialist Mental Health Mentors) are subject to UMHAN's supervision and CPD requirements.

Resources, meetings and CPD

89% of respondents said that they felt UMHAN resources, meetings and training are useful to them, with only 1 person responding that they did not find them useful.

The most used resources were for members' own CPD and our Membership Framework.

> *"It is great to have profession specific resources/meetings, as members may well represent the only specific profession within their team - professional isolation/lack of CPD opportunities are definitely a concern I have."*

> *"there are amazing online resources and I'm signed up so I get the notifications to my emails which is great. I don't go on often enough at certain times of the year as I am so busy but whenever I need something I know there is a great pool of resources available to us and am very grateful for this"*

> *"I read the newsletter and I'm very interested in the positive changes and things UMHAN are doing."*

Since last March we have moved all of our member meetings online. This has allowed us to increase the variety and frequency on offer.

69% of respondents had attended online meetings
29% had watched recordings of meetings

> *"I've found those meetings I attended a powerful experience with a range of people and voices that all contribute well."*

> *"They have been super helpful. I've struggled to stay for the whole of the session occasionally (due to student appointments) but being able to view the recording has helped with this. The recordings have also allowed time to reflect. I hope sessions will continue to be recorded for this reason. Speaking to others and sharing our good practice has also been helpful in meetings."*

> *"The lunch and learn are brilliant when I can attend. Knowing they are there has actually made me more likely to book a "proper" lunch break."*

Issues with accessing CPD

What is particularly striking is that a large number of members do not feel that they are able to undertake adequate CPD. 66% said they struggle to fit in CPD, but manage to do some, and another 7% feel they are not able to do enough. 48% sometimes worry that they do not spend enough time reflecting on their practice. 26% stated that they did not feel supported by their employer to access resources, meetings, training and CPD.

Recommendation

For all universities, but especially those universities signed up to the University Mental Health Charter, we recommend that this is an area of focus. Domain 3 of the Charter states:

"universities have a responsibility to ensure that staff in mental health roles, such as counsellors and mental health teams, are suitably qualified and are able to access appropriate CPD to ensure their knowledge, understanding and skills remain up to date. Clinical practice in mental health is continually evolving and responding to new insights and international evidence shows that ongoing CPD is vital for improved outcomes and safety"

Value of membership

We also asked members for feedback on what they valued about UMHAN.

"I always feel UMHAN are there for me and ultimately this helps me as a professional, committed to continuous learning, staying up to date and informed as well as being included. I always feel my opinion is listened to and respected."

"Dissemination of information; peer support, reflective lunch get togethers. Shared experience that can inform our practice and ultimately support our student population."

"Open, transparent and supportive ethos."

"Inclusive vibe"

"The passion they have supporting students."

"The community it offers and chance to work with and speak to colleagues in other institutions"

"Camaraderie, attitude of staff, people, CPD, positive attitude, support, innovation, always evolving, open to member input. Delightful."

"This may seem daft, but I have always found the organisation kind, and kindness, like compassion, is rarer than it should be"

We also asked members about potential areas of development and we will be working with members on the areas they felt had room for improvement.