



Student Services benchmarking: wellbeing, mental health and counselling in 2022

Survey findings August 2023

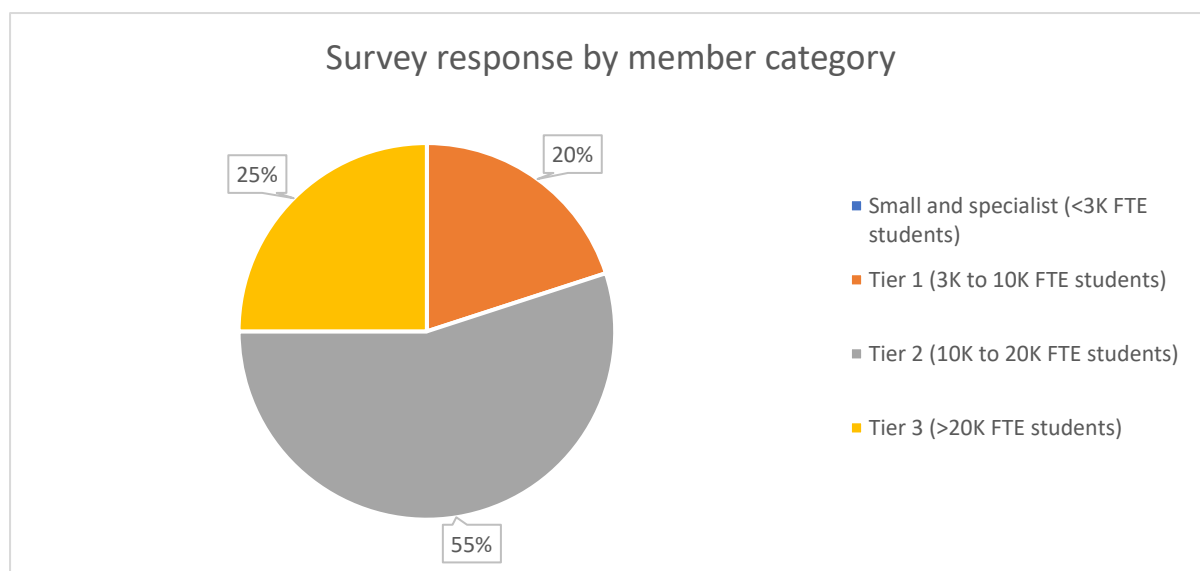
AMOSSHE conducted a member survey from Thursday 30 June to Thursday 28 July 2022 to learn about member organisations' services that support student wellbeing and mental health (including counselling). Here's a summary of the responses.

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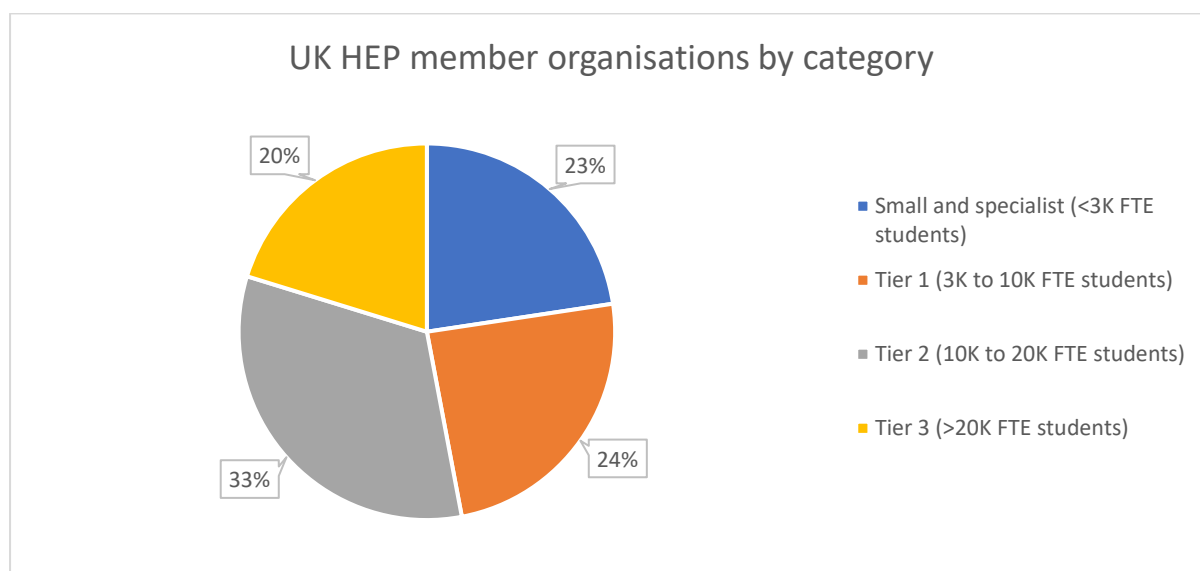
Survey response

20 AMOSSHE members responded to the survey, representing 20 member organisations. Respondent organisations were all higher education providers (HEPs) in the UK. This represents 12% of UK HEP member organisations. Responses came from each regional / national AMOSSHE group except the Midlands of England and Northern Ireland.

Respondents represented most sizes of HEP in terms of numbers of full-time equivalent (FTE) students. However, no Small and Specialist HEPs (with fewer than 3,000 FTE students) responded to the survey. Here's a breakdown of responses from different membership categories:

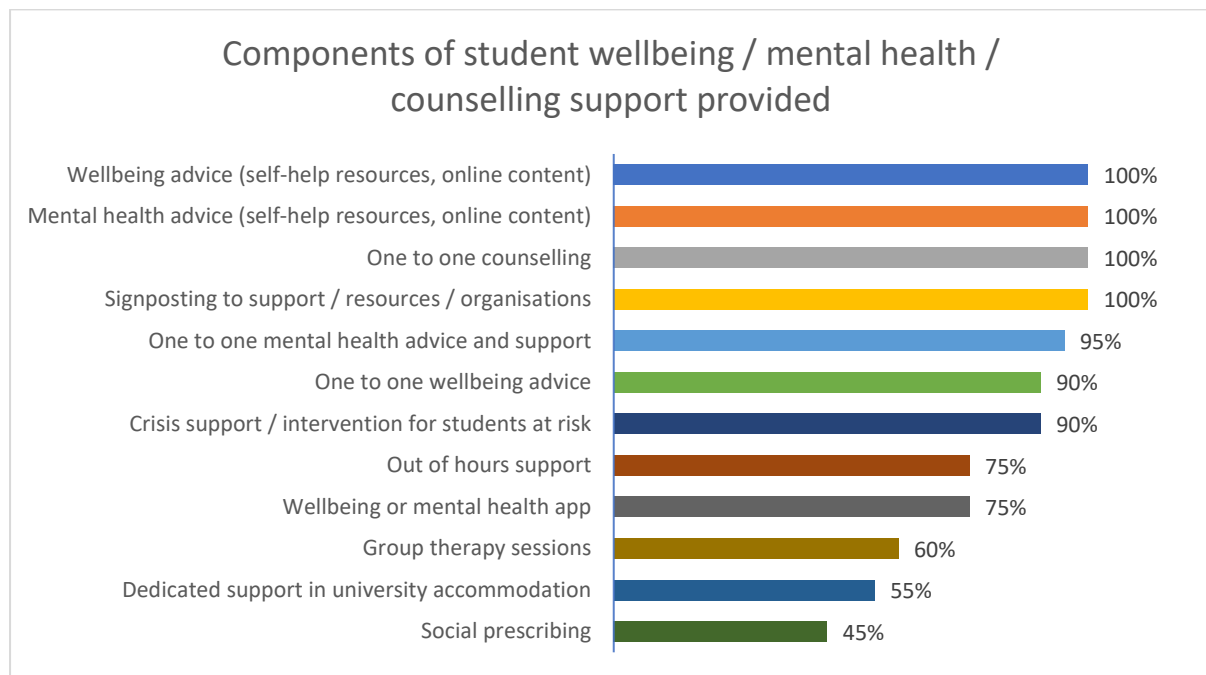


Here's how the responses reflect the membership overall in terms of category:



Components of student wellbeing, mental health and counselling support

We asked respondents what their student wellbeing, mental health and counselling support services consist of. Here are the percentage of HEPs that provide each support component.



In addition, respondents mentioned these further components of support that they provide:

- Workshops, groups and events (mental health / wellbeing / counselling / psychoeducational).
- Liaison service with local NHS trust.
- Disability and neurodiversity support, including reasonable adjustments.
- Appointments with registered care dogs.
- Mental health assessment.
- Complex case coordination.
- Peer support scheme.
- Embedded teams in faculties.
- On site NHS Mental Health Nurse.
- Specialist counselling support from local charities (eating disorders, rape support).

Student engagement

We asked how many FTE students accessed wellbeing, mental health and counselling services in total in the last full academic year (2020/21).

For those able to provide data in this way, there was a wide variation in responses. These ranged from 4% of the total student population to 55% of the total student population.

Taking the mean average, **19% of all students accessed wellbeing, mental health and counselling services.**

Some respondents provided numbers of FTE students who accessed particular service areas or components of wellbeing, mental health and counselling provision:

- 76% of respondents provided data for students accessing **counselling** services (including CBT and other talking therapies). Responses ranged from 1% to 15% of the total student population accessing these services. Taking the mean average, **8% of all students accessed counselling services.**
- 71% of respondents provided data for students accessing **wellbeing** services (including advice, drop-in and workshops, but not including counselling or mental health). Responses ranged from 1% to 31% of the total student population accessing these services. Taking the mean average, **12% of all students accessed wellbeing services.**
- 59% of respondents provided data for students accessing **mental health** services (including advice and training, but not including counselling). Responses ranged from 1% to 13% of the total student population accessing these services. Taking the mean average, **5% of all students accessed mental health services.**
- 24% of respondents provide combined mental health and counselling services.

Service evaluation

We asked respondents how they evaluate and seek feedback about their wellbeing, mental health and counselling services. The most common evaluation measures were:

- **Student questionnaires / surveys** (including non-service users).
- **Student feedback and evaluation** (after engagement with the service, either in-person or through a form).
- **Collaboration with the Students' Union** to gather feedback and input.
- **Therapeutic change measures** (respondents mentioned CORE, Core 10, CIAO, PHQ-9 and GAD-7).

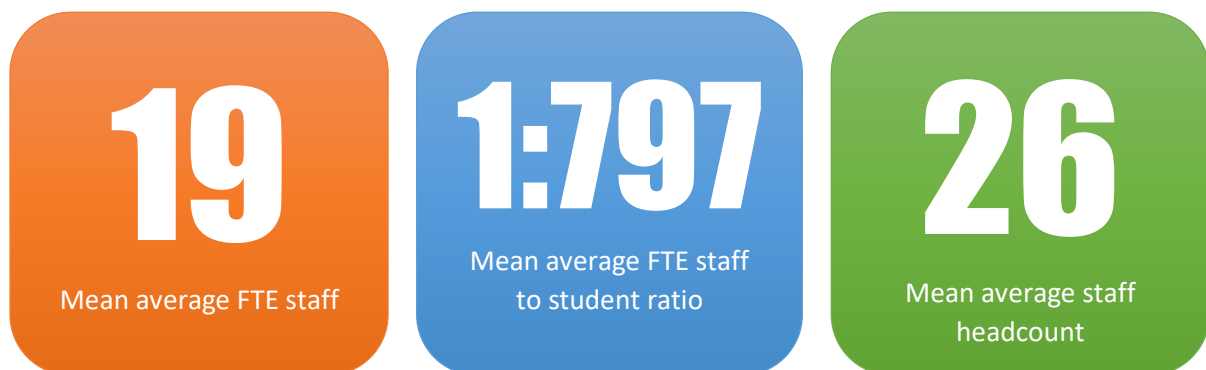
Respondents also mentioned the evaluation measures:

- Staff questionnaires / surveys.
- Focus groups (with students, including non-service users).
- Student advisory groups.
- Tracking compliments and complaints.
- Collaboration with personal tutors / faculty.
- Service user interviews.
- Engagement data (appointment requests, outcomes, referrals, waiting times).

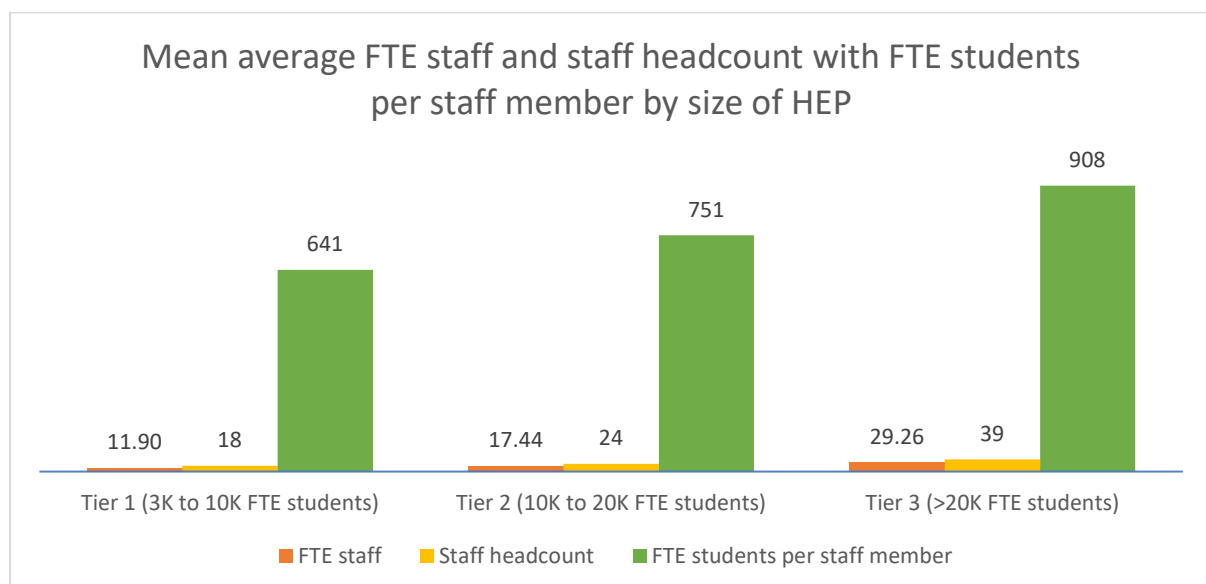
Staff

Total staff

We asked how many staff work in wellbeing, mental health and counselling services.



Looking at staff for HEPs of different sizes, we can see that the larger the HEP, the more staff work in these services. However, the number of students per staff member also increases for larger HEPs.



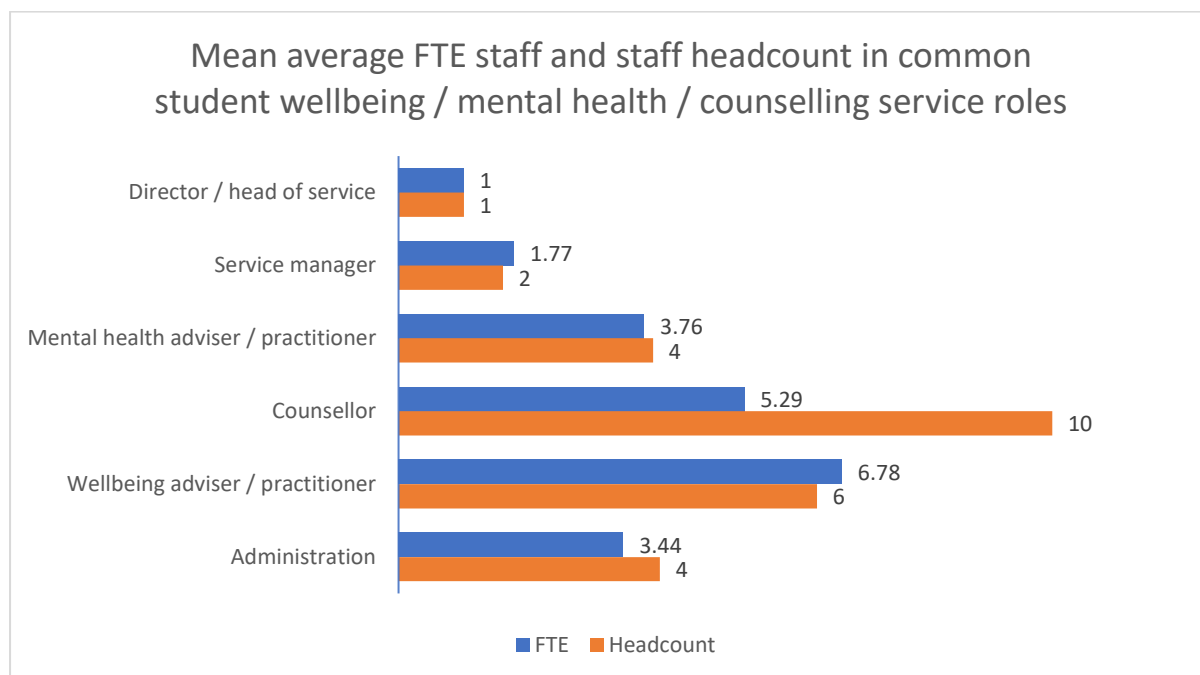
Contracted staff

We asked how many staff in wellbeing, mental health and counselling services are contracted in (that is, not directly employed by the HEP, for example from an agency).

75% of respondents do not contract in staff for these services. Of those that do, staff numbers range from 1 part-time staff member to 25 full-time staff.

Staff in each role

We asked how many staff there are in each role within wellbeing, mental health and counselling services. Here are the mean average FTE and headcount for staff in roles that were roughly equivalent across the responses.



Staff salaries

We asked about salaries for staff roles within wellbeing, mental health and counselling services. Some respondents gave salary ranges for each role, and some gave numbered grades. The equivalent salary ranges for specified grades varied a lot between respondents. Here are the grades and salaries for roles that were roughly equivalent across the responses.

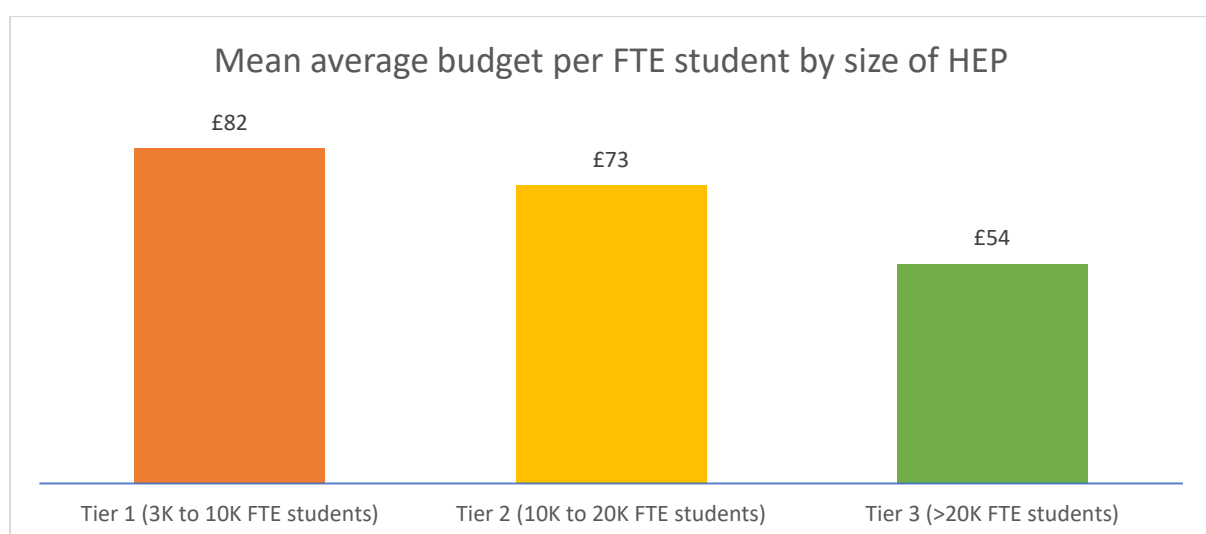
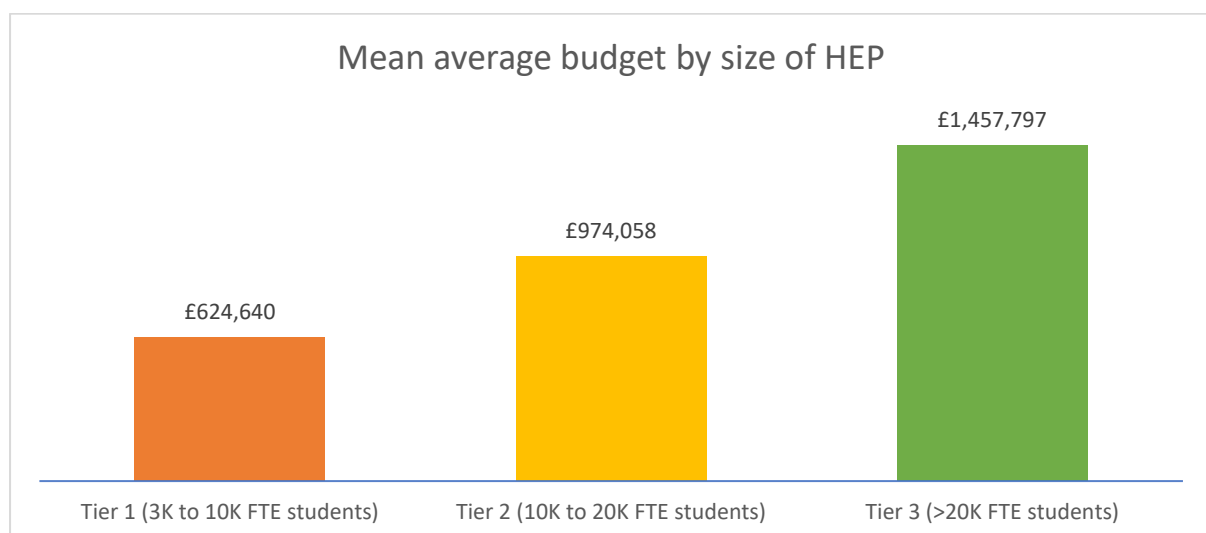
Role	Grade range	Modal grade	Salary range	Average salary
Director / head of service	7 to 9	9	£42,149 - £72,915	£57,532
Service manager	6 to 8	8	£34,304 - £62,053	£48,179
Mental health adviser / practitioner	5 to 8	7	£29,462 - £49,614	£39,538
Counsellor	5 to 7	7	£29,462 - £62,053	£45,758
Wellbeing adviser / practitioner	5 to 6	5	£22,847 - £42,155	£32,501
Administration	2 to 7	5	£20,600 - £40,927	£30,764

Budgets

We asked respondents for their dedicated annual budget for wellbeing, mental health and counselling support. Some respondents were not able to separate their budgets in this way, so the following responses are for those with dedicated wellbeing, mental health and counselling support budgets (75% of respondents).



Looking at budgets for HEPs of different sizes, we can see that the larger the HEP, the greater the budget for these services. However, the budget per FTE student shrinks for the larger HEPs.

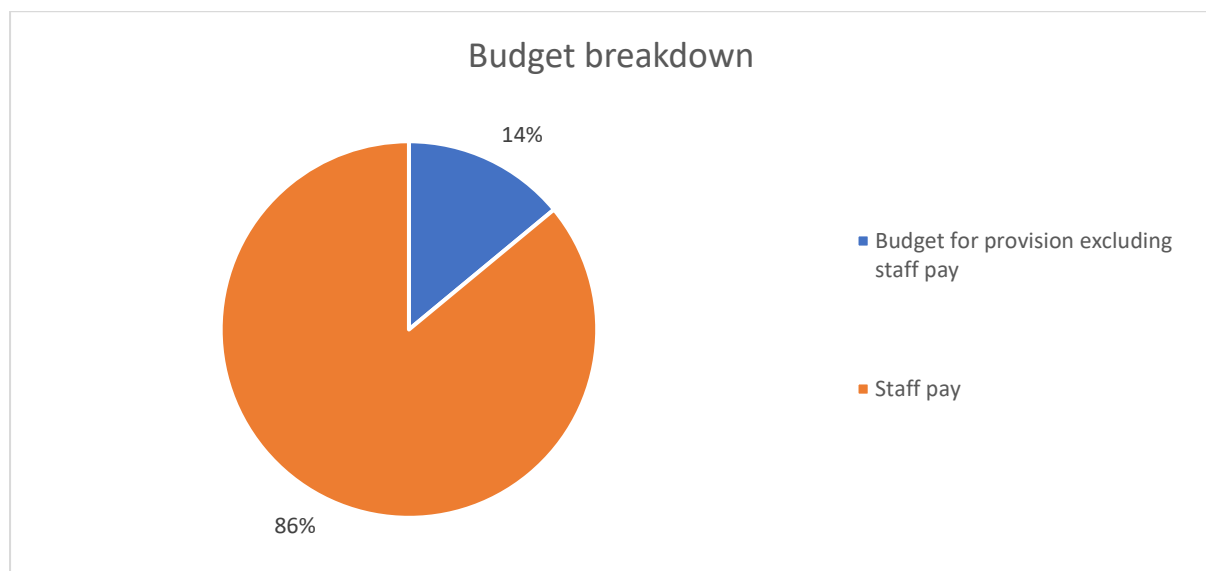


Budgets excluding staff pay

We asked respondents for their dedicated annual budgets for wellbeing, mental health and counselling support, excluding staff pay.



The responses show that total budgets are mostly dedicated to staff pay.



Budgets for staff training

We asked respondents for their dedicated annual budgets for training for staff in wellbeing, mental health and counselling support. For the respondents with dedicated training budgets (60% of respondents), these ranged from £2,000 a year to £24,000 a year. The data set was too small to break down by size of organisation.



Income

We asked respondents for their annual income from wellbeing, mental health and counselling support services. **75% of respondents make no annual income** from these services. Of those that do, the income ranges from £4,500 to £50,000 each year (mean average **£24,575**).

Initiatives and changes

We asked for respondents' plans for changes or new initiatives for wellbeing, mental health and counselling support. The most common responses were as follows (in order of popularity):

1. **Recruiting additional staff** to meet demand (mental health practitioners / advisors, wellbeing advisors, full-time and sessional counsellors).
2. **Service redesign** to be more proactive / flexible / inclusive / accessible / quickly responsive.
3. Expanding / developing **out of hours** service provision, often through outsourcing to third party providers.
4. Improving / developing **connections with the NHS** to ensure swift referral and liaison, including more NHS staff funded by the HEP.
5. Developing **partnerships with third party providers** of additional mental health / wellbeing support.
6. Focusing on **minority student groups**, including BAME, LGBTQi+, care leavers.
7. **Collaboration with academic schools / faculty**, including embedding wellbeing sessions in the curriculum, and faculty-based welfare and wellbeing staff.
8. Investing in **training for staff** around the university, to support both staff and student wellbeing.
9. **Developing wellbeing resources**, including online tools, self-assessment tools, mental health apps.
10. Developing work around **community, belonging and loneliness**, including compassionate communications.
11. Applying for **University Mental Health Charter** accreditation.
12. More **group work and workshops** (including for staff wellbeing).
13. Developing **peer support programmes**, including peer support groups, and online peer to peer facilitated support.
14. Implementing **one at a time counselling** models / single session therapy.

In addition, respondents mentioned these initiatives:

- Developing a suicide safer strategy / policy.
- Implementing / developing outcome measures for therapies.
- Evaluating service delivery.
- Developing social prescribing.
- Strengthening trauma-informed practice.
- Developing a coaching model.
- Developing a student-led mental health and wellbeing strategy.
- Improvements to student welcome and transition.
- Updating emergency contact procedures.
- Developing a student wellbeing ambassador scheme.

Concerns and challenges

Finally, we asked respondents to tell us about their concerns or challenges related to wellbeing, mental health and counselling. The most common responses were as follows (in order of popularity):

1. Increasing **student demand** / need for support.
2. Challenges **working with the NHS**, including long waiting times for specialist NHS services, difficult access to NHS secondary and tertiary services, insufficient capabilities of local NHS services to support the needs of the student population, and HEP services supporting students at risk who ought to be supported by the NHS.
3. Increasing levels of **complexity and risk**.
4. **Limited / insufficient resourcing** of HEP mental health services (especially in the context of poor NHS provision).
5. **Challenges for staff**, including pressure on staff teams, resilience in coping with and supporting complex student mental health needs, managing staff expectations, balancing hybrid and in-person working, difficulties recruiting specialist staff.
6. The ongoing **impact of the COVID-19 pandemic** on students, including signs of trauma, elevated anxiety levels and isolation, absence, increasing extenuating circumstances and disciplinary cases.
7. Managing the **expectations** of students, parents and supporters.
8. **Balancing proactive and reactive** work.
9. Difficulties related to adequately **assessing the impact of services**, including lack of a standardised outcome measure for services, and incomplete or poor quality data.
10. **Societal demands** on HEPs regarding harassment, sexual violence, suicide prevention and mental health.
11. The impact of the rising **cost of living** on students, including increased poverty in the community, increasing inflation, and living difficulties for financially marginalised students (including travel to university, heating, and purchasing food).