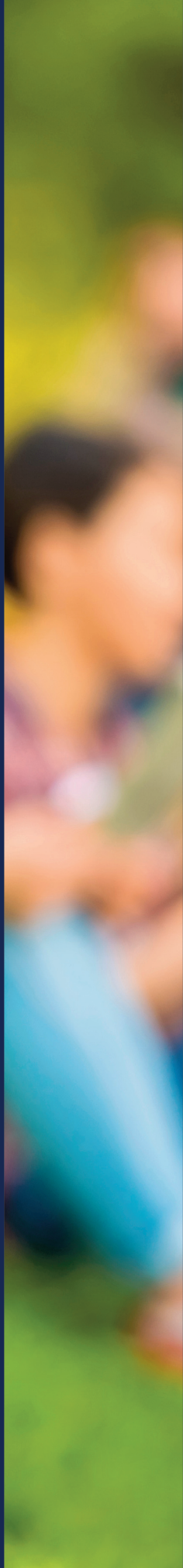# HEA

An tÚdarás um Ard-Oideachas
The Higher Education Authority

HEA National Student Mental Health and Suicide Prevention Framework

Review Report
July 2025

Trigger Warning

This document contains information or content relating to suicide and/or self-harm, that some people could find triggering. For example,

- You could find it upsetting or disturbing

- You could overly identify with it - personally or professionally

- It might have a negative impact on you in other ways

With this in mind, it is advised that you:

- Are mindful and aware of your own needs and self-care in this space

- Take a break at any point you feel you need to

If you are concerned about your mental health or that of someone you know, please access the HSE website www.yourmentalhealth.ie. This website is a 'one-stop-shop' portal for people seeking information on trusted mental health supports and services, including information on accessing urgent help.

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Executive Summary

As part of its broader sectoral objective of supporting students on their journey to success, the Higher Education Authority (HEA) has been engaged with policy development and implementation in the area of health and wellbeing in the higher education sector. Primarily, this has centred around the implementation of two frameworks, namely the *National Student Mental Health and Suicide Prevention Framework* (NSMHSPF, 2020) and the *Healthy Campus Charter and Framework (2022)* as well as the annual allocation to publicly funded higher education institutions (HEIs) of €5m in funding for mental health and wellbeing supports for students.

In 2024, a cross-sectoral panel of stakeholders was established to support the HEA in a review of the NSMHSPF, with members drawn from the HEA Student and Staff Health and Wellbeing Advisory Group. The review consisted of collating and analysing the progress reports on framework implementation since 2020. This data consisted of thousands of data points, collected this from 16 HEIs. Additionally, the HEA conducted extensive written and online sectoral consultation in Q1 of 2025. Respondents could submit on behalf of a HEI, as a group/organisation, or as individuals. In total there were 35 submissions to the consultation: 14 HEIs, 8 groups/organisations, which included submissions from the Psychological Counsellors in Higher Education in Ireland (PCHEI), National Suicide Research Foundation (NSRF), Higher Education Colleges Association (HECA), and Association of Occupational Therapists in Ireland (AOTI), and 14 individuals.

Based on analysis of HEI progress reports, the review makes the following 10 recommendations for improvements to the framework and reporting process:

1. Due to the overlap in reporting across some actions, **actions to be included in a revised framework should be streamlined to avoid repetition**.

2. The HEA **should reconsider the implementation status categories** for any future reporting process.

3. Reporting **should capture which senior leader in a HEI has responsibility** for implementation of the framework and if a dedicated strategic administrative role is in place to drive this work.

4. **HEIs should include a clear list of formal relationships with external agencies**, in order to map these and support sectoral partnership with external services and agencies nationally.

5. **A revised framework should focus on evaluation systems and measurement of impact of interventions** both in terms of policy development/implementation, service provision, mental health promotion and staff training.

6. **National guidance** should be developed on:

    ■ mental health policies

    ■ campus environment audits

    ■ embedding mental health in the curriculum

    ■ postvention procedures and policies

    ■ institutional baseline assessment

7. HEIs **should work to further align the NSMHSPF and Health Campus Charter and Framework at institutional level**, to ensure a coherent, interdisciplinary, whole of campus approach to health and wellbeing.

8. The HEA Advisory Group on Student and Staff Health and Wellbeing should consider whether or not the **framework should be more tightly focused on mental health and suicide prevention**.

9. A **mapping exercise should be undertaken in relation to training** offered across the sector (to include training for all types of staff, students, etc.).

10. The **"Transition" theme should focus more clearly on mental health and suicide prevention** or be omitted from the framework.

Through triangulation of HEI progress reports, written stakeholder feedback and consultation meetings with key stakeholders, the review has identified four key recommendations for future HEA policy on student mental health and suicide prevention.

Key Recommendations

1. An **independent revision of the framework** should be commissioned to streamline implementation actions and give more guidance to HEIs.

2. **Meaningful, measurable indicators should be agreed** to monitor and evaluate impact and progress in various areas including: Service provision; Awareness raising initiatives; Interventions for students; Training for staff; Interventions for at-risk groups.

3. **National Guidance** should be developed on: Policy development (e.g. postvention, campus audit); Framework alignment (Healthy Campus & NSMHSPF); Embedding Mental Health Promotion and Wellbeing in the Curriculum.

4. A **national approach to links to external services** should be established.

1. Background

The *National Student Mental Health and Suicide Prevention Framework* (NSMHSPF) was developed in 2020 as part of the HEA's commitment to play its part in delivering on the Department of Health's *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015–2024*. The aim of the Framework was to provide a national framework within which Ireland's higher education system could address the issues of student mental health and suicide prevention in a structured and planned way. In addition to this framework, in 2022 the HEA formally took over the implementation of the *Healthy Campus Charter and Framework*, which was cocreated by Higher Education (HE) stakeholders and the Department of Health under the Healthy Ireland umbrella. This framework aims to embed health and wellbeing more broadly within institutions and provides strategic direction on developing a whole-campus approach to health and wellbeing.

In 2024, a Framework Review Working Group was established to support a review of the NSMHSPF, with members drawn from the HEA Student and Staff Health and Wellbeing Advisory Group. The focus of the review is to develop recommendations for the revision and updating of the NSMHSPF and to provide recommendations on the approach to implementation of the revised framework.

The review is specifically focused on the current framework and its implementation by higher education institutions, with a view to refreshing the framework, rather than a review of mental health service provision and other extenuating factors affecting student mental health and wellbeing in higher education.

Terms of Reference for the review were agreed with the Framework Review Working Group and HEA Student and Staff Health and Wellbeing Advisory Group. These set out the scope of the review, which was to have regard to relevant national policy/strategy documents including:

- *National Student Mental Health and Suicide Prevention Framework*

- *Healthy Campus Charter and Framework*

- *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015–2024*

- *Pathways to Wellbeing: National Mental Health Promotion Plan 2024–2030*

- *Sharing the Vision: A Mental Health Policy for Everyone*

Further it was agreed that the review would be informed by:

- Progress updates provided by HEIs on progress against actions in the NSMHSPF

- Written submissions and inputs received through a structured online consultation process

- Structured consultation meetings with relevant stakeholders

A structured stakeholder consultation process was conducted by the HEA in January and February 2025, which included an online consultation process and consultation meetings with relevant stakeholder groups.

The present report includes an overview of HEI implementation of the *National Student Mental Health and Suicide Prevention Framework*, and a summary of feedback received from stakeholders as part of the consultation process.

2. HEI Implementation of the National Student Mental Health and Suicide Prevention Framework

In November 2024, the HEA requested that HEIs submit a comprehensive progress update on framework implementation since its publication in 2020. Reports were submitted by HEIs in January 2025. The reports demonstrate the impressive breadth of services and supports for students that are being provided by HEIs. Irish HEIs have invested heavily in supporting students in their journey through higher education and the updates evidence the commitment and hard work of staff, particularly those in student-facing support roles.

The implementation guide that was published as a companion document to the framework identified a number of actions for HEIs and grouped them under each of the nine framework themes. The HEA asked institutions to report on progress against these actions. Much progress has been made in implementing the framework. Across all HEIs 56% of actions in the framework were reported as having been achieved or are ongoing. A further 38% are in progress, while 5% of the recommendations are reported as being in the planning phase. Overall, 1% of actions were described as having "no progress". This signifies significant progress on embedding mental health and suicide prevention supports in our HEIs.

Action Status
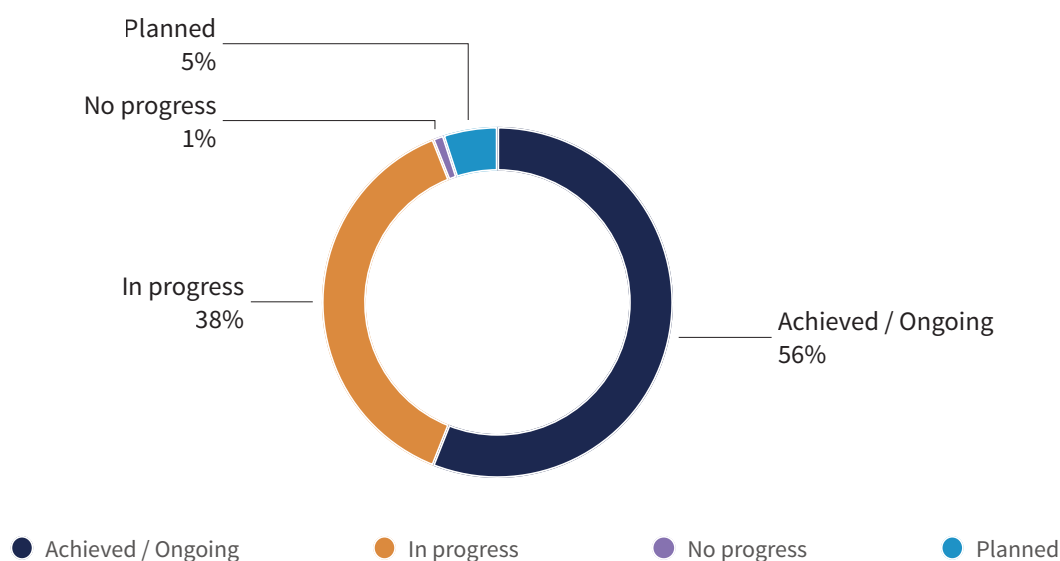
Based on these reports, it is clear that HEIs have made mental health and suicide prevention supports for students a strategic priority. However, it should be noted that across these reports there is a variance in the interpretation of the status of activities, particularly in the interpretation of achieved/ongoing versus in progress. This variance is evident in the congruence of the self-evaluated status and the accompanying narrative. The HEA may need to reconsider these status categories for any future reporting process. It also became clear through analysis of the reports that there is overlap across a number of actions and that actions could be streamlined to avoid repetition (some instances where this is the case are noted below).

The following section presents an overview of progress to date under each of the nine framework themes. National progress against all 37 actions in the implementation guide (as reported by HEIs in January 2025) is visualised in a serious of charts, which are followed by a summary of key topics emerging in the reports.

Theme 1: Lead

LEAD: Build and support national and institutional strategies for student mental health

Improvements in student mental health and suicide prevention will only be effective if prioritised at a national, sectoral, and institutional levels – through policy and strategy, this is student-centred and championed by strong leadership.

Dedicated leadership – championing student success, wellbeing & mental health

In progress
19%

Achieved / Ongoing
81%

● Achieved / Ongoing   ● In progress
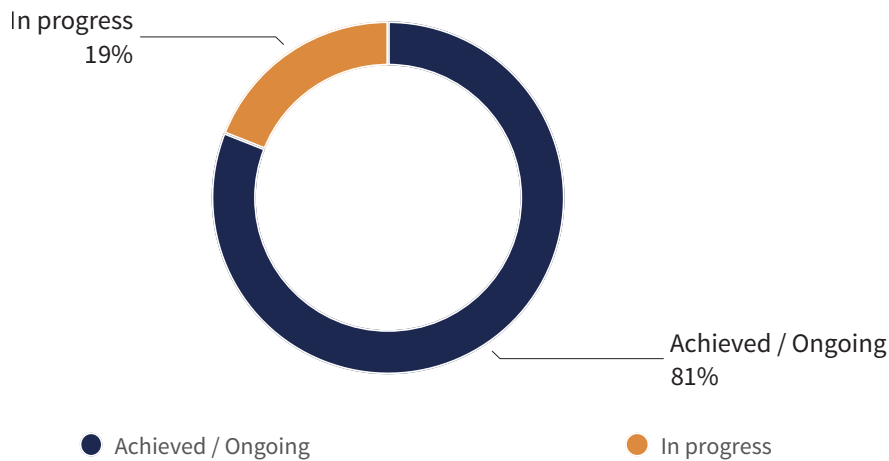
Form a Mental Health Committee with engagement from all staff

In progress
19%

Achieved / Ongoing
81%

● Achieved / Ongoing   ● In progress
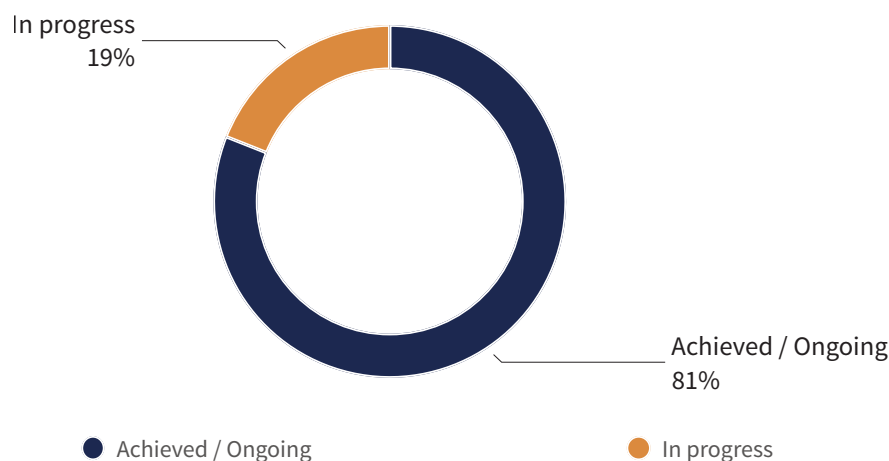
Strengthen infrastructure by investing in resources

In progress
25%

Achieved / Ongoing
75%

● Achieved / Ongoing   ● In progress
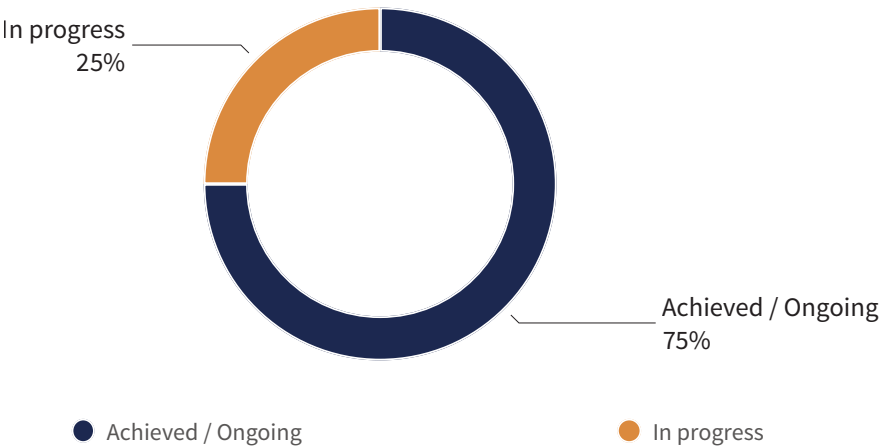
Develop or revise comprehensive institutional student mental health policies

Achieved / Ongoing
37%

In progress
63%

● Achieved / Ongoing   ● In progress
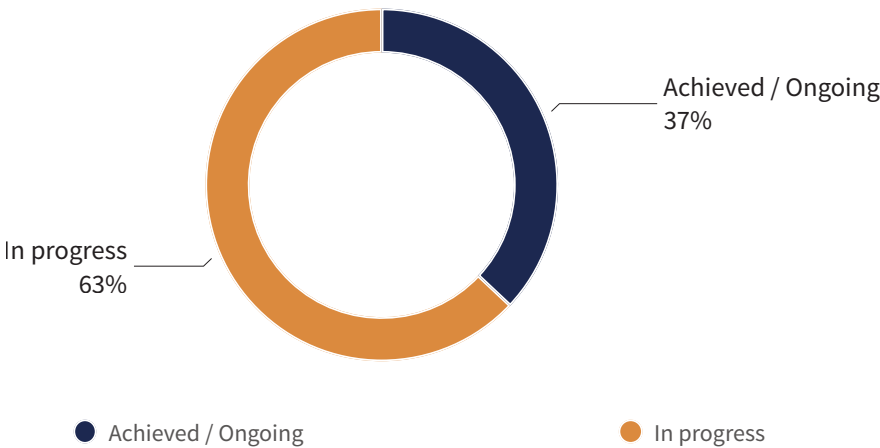
Audit the campus environment with a view to restricting access to lethal means

Planned
12%

Achieved / Ongoing
44%

In progress
44%

● Achieved / Ongoing   ● In progress   ● Planned
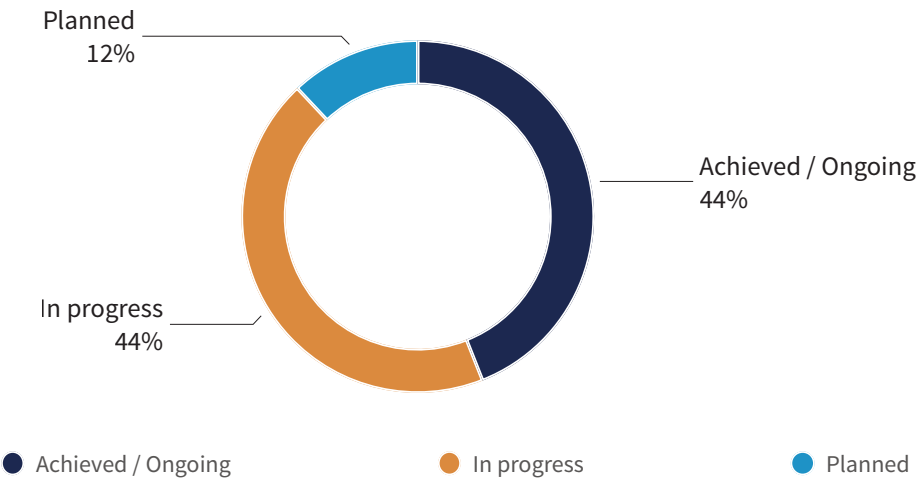
Under the "LEAD" theme, while there was strong indication that HEIs have dedicated leadership championing student success, wellbeing & mental health, reports did not clearly evidence that the most senior HEI staff were leading this agenda. The make-up of mental health committees varies widely but all reports demonstrate good representation from across college campuses. In some HEIs the Dean of Students has responsibility for the Framework (e.g. UCD, Galway), whilst elsewhere it sits at Vice-president level. An interesting feature of these reports is the increased prevalence of a "Student Experience" office/role/functional unit with responsibility for student mental health and wellbeing. Governance structures differ also, with some HEIs reporting directly to the Senior Management Team, while in one HEI progress on the NSMHSPF is report is to the institutional EDI committee (UL). The nomenclature attached to the "mental health committee" overseeing the framework varies widely. For instance, some institutions have a 'Student Wellbeing Committee' (e.g. MIC), while others have a "Mental Health Task Force" (e.g. Galway).

In relation to infrastructure/resources, HEIs mainly refer to staff and digital solutions, although physical space is mentioned by some. Overall, progress reports indicate a general increase in staffing across all HEIs. While many HEIs attribute this to the additional mental health funding that has been provided since 2020, there is also a commitment from institutions to strengthen infrastructure by dedicating resources to mental health supports for students. This increase in staffing is a welcome development but updates do not report a similar level of investment in physical space. A key area of resourcing is in digital infrastructure and in particular in CRM systems to track student engagement with support services. Nonetheless, it is difficult to glean from the reports the level of maturity in terms of infrastructure that exists across HEIs.

In terms of student mental health policies, the most commonly reported policies are variations of "Fitness to Study" and "Fitness to Practice" policies. It is unclear if this is what is meant by the framework's reference to "mental health policies". Reports reveal significant variance in terms of developing/revising policies and the fact that 63% of HEIs describe this action as "in progress" points to a need to prioritise this action. There is evidence of some HEIs undertaking full revisions of an institutional Student Mental Health Policy (e.g. TCD in 2024). What is clear is that there are lots of policies addressing student mental health in place across all campuses, with some evidence that HEIs may be moving to a high-level overarching Mental Health Policy that draws together existing specific-purpose policies.

Another area that would benefit from additional focus at institutional level is the audit of campus environment with a view to restricting access to means. Some HEIs undertake such an audit annually but it is not always indicated in reporting how often this takes place. Also, it can be inferred from the reports that this process is "Estates" owned, which may lead to difficulties from a mental health/suicide prevention perspective, as there is an inherent risk that Student Support Services and related expertise only become involved after an event has occurred and it becomes obvious that there needs to be changes to the campus environment. An interesting finding is that with regard to access to means there are few references to "dangerous materials" across the reports (see UCD, UL for examples where it is noted), despite the fact that this must be an issue on most if not all campuses (e.g. hazardous materials in science faculties). While this is not to imply that there is an issue, it may be a reflection that those providing progress updates on the NSMHSPF do not deal with this particular issue as part of their remit. Nonetheless, there may be scope for more inter-functional collaboration in relation to the framework, the implementation of which has primarily fallen to student counselling services to date.

Some reports note strategic alignment and/or overlap of the NSMHSPF and the Healthy Campus Charter and Framework and this is clearly called out in the reports of such institutions. However, there remains greater scope for aligning both frameworks given the relative dearth of references to the Healthy Campus Charter and Framework in updates.

Theme 2: Collaborate

COLLABORATE: Develop partnerships on campus and in the community with health services to support student mental health

HEIs need a co-creative, inclusive approach where students and staff are involved at every stage of the journey to improve mental health outcomes. Strong partnerships are embedded throughout the institution with health services, local and national authorities, and with NGOs and the wider community.

Establish strong and regular links with local mental health services

Planned
6%

In progress
25%

Achieved / Ongoing
69%

● Achieved / Ongoing   ● In progress   ● Planned
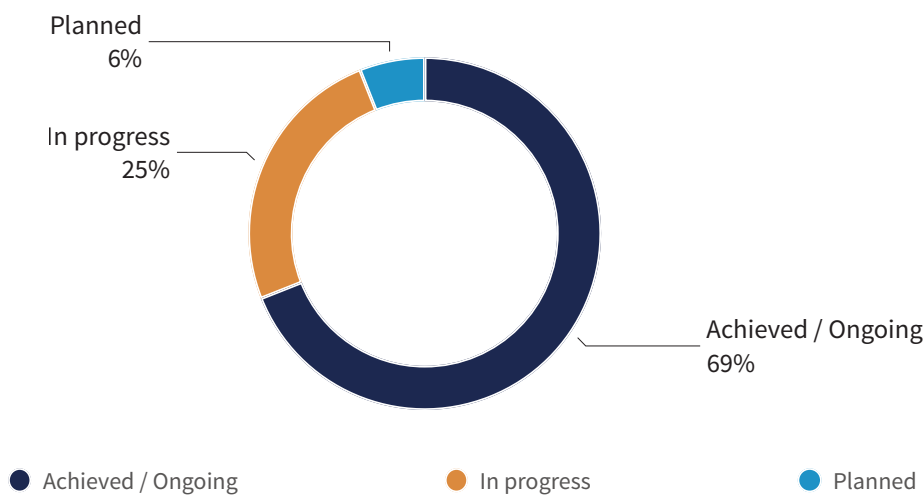
Establish formal connections between local authorities and government agencies

Planned
6%

No progress
6%

Achieved / Ongoing
44%

In progress
44%

● Achieved / Ongoing   ● In progress   ● No progress   ● Planned
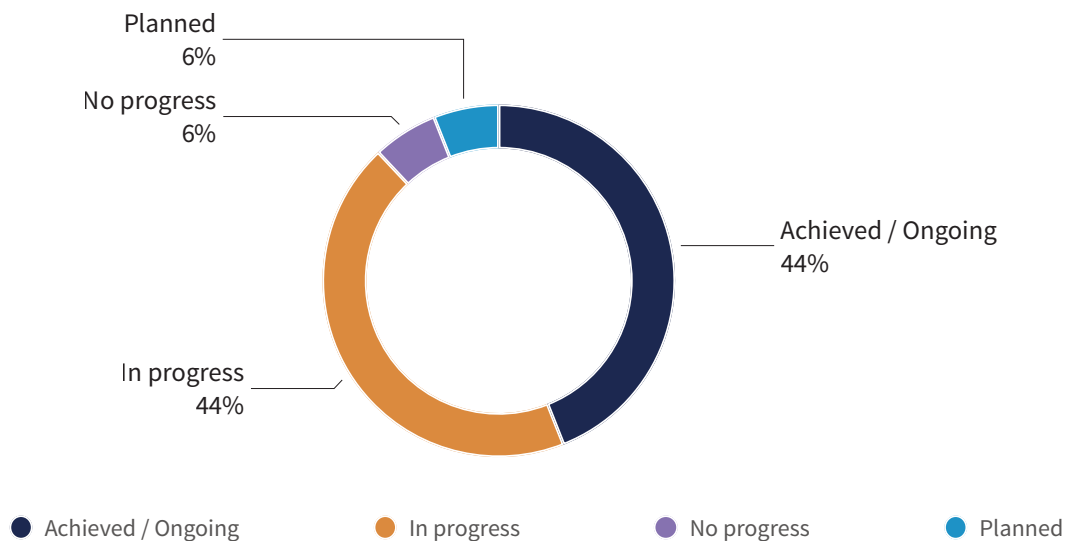
Establish formal relationships with non- statutory community agencies

In progress
50%

Achieved / Ongoing
50%

● Achieved / Ongoing   ● In progress
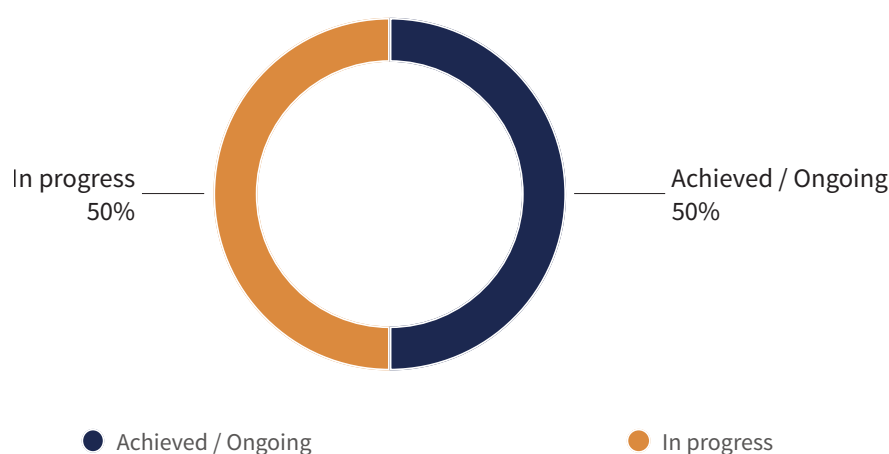
Build staff and student capacity to work collaboratively with external agencies

Planned
13%

Achieved / Ongoing
50%

In progress
37%

● Achieved / Ongoing   ● In progress   ● Planned
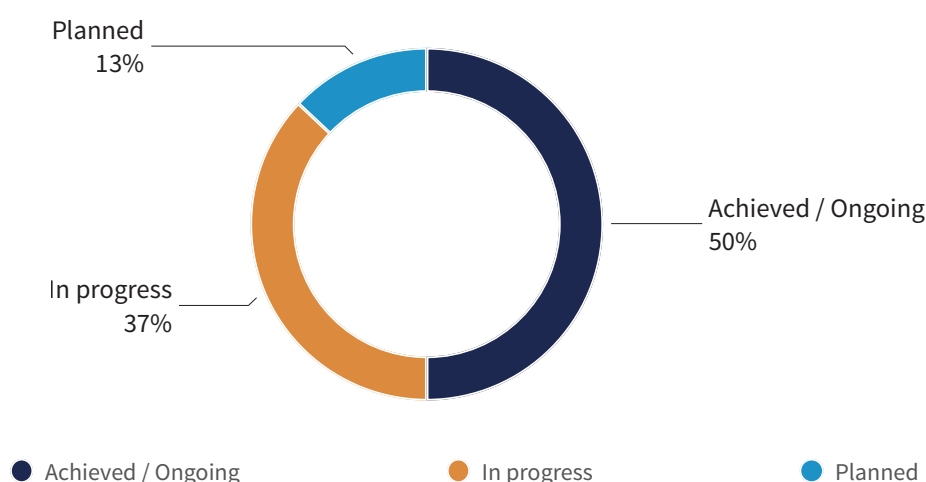
While most HEIs reported links with local mental health services under the "Collaborate" theme, reports did not clearly evidence how systematic or formalised these links were. It is clear that relationship building has been strong on campus and with external agencies. Cross campus collaboration was a feature of a number of reports and some HEIs specifically referred to case management systems/processes, which facilitate and enhance cross-service communication. Despite this, it is interesting how little overall "case management" was directly referenced in reports. A number of HEI Staff sit on local HSE groups (such as "Connecting for Life" groups), while HSE staff, such as the Resource Officers for Suicide Prevention sit on HEI groups/committees.

However, consistency of approach or the strategic nature of approach is unclear from these reports. Across HEI updates a key issue that emerged was that external links tend to be reliant on individual personal relationships. One HEI noted that "staffing changes in external agencies can lead to continuous redevelopment of relationships hence leading to delays in outcome delivery." While reports demonstrated that informal links with local mental health services are strong, there remains a clear need for HEIs to formalise ties with external organisations. It was also unclear how consistent access to external services are in multi-campus HEIs.

Despite anecdotal evidence that referral pathways into HSE services are not good, these reports paint a more positive picture, although the need to "hold" student cases until respective HSE services are available was flagged.

Theme 3: Educate

EDUCATE: Build campus knowledge and skills on student mental health and suicide prevention

Education and training are key to an improved understanding of and attitudes to mental health and suicide prevention. HEIs need to ensure that campus members are trained in mental health literacy and suicide awareness so that they can identify signs of psychological distress and direct vulnerable students to appropriate resources.

Establish training on mental health literacy, suicide awareness for all students and staff

In progress
13%

Achieved / Ongoing
87%

● Achieved / Ongoing   ● In progress
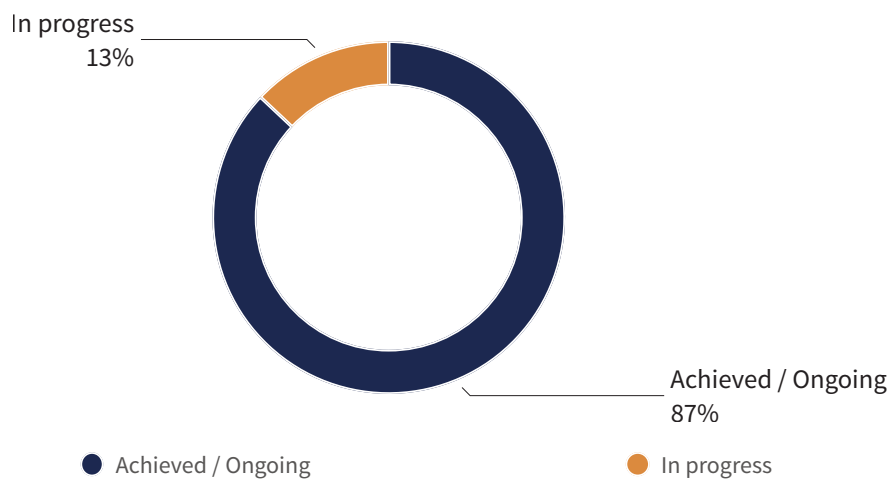
Ensure that the whole community are aware of the steps to get help and support
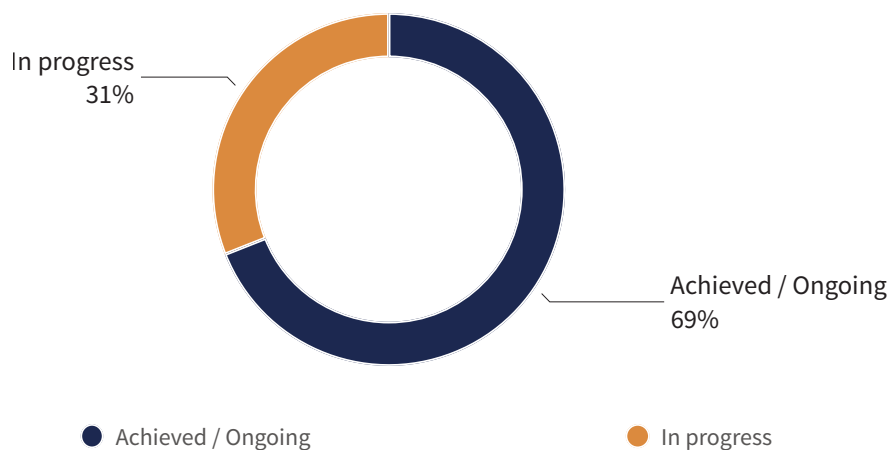
In progress
31%

Achieved / Ongoing
69%

● Achieved / Ongoing   ● In progress

Allocate time and resources for staff to support student mental health

Planned
6%

In progress
31%

Achieved / Ongoing
63%

● Achieved / Ongoing   ● In progress   ● Planned

Embed mental health awareness in the curriculum

Planned
19%

Achieved / Ongoing
25%

In progress
56%

● Achieved / Ongoing   ● In progress   ● Planned
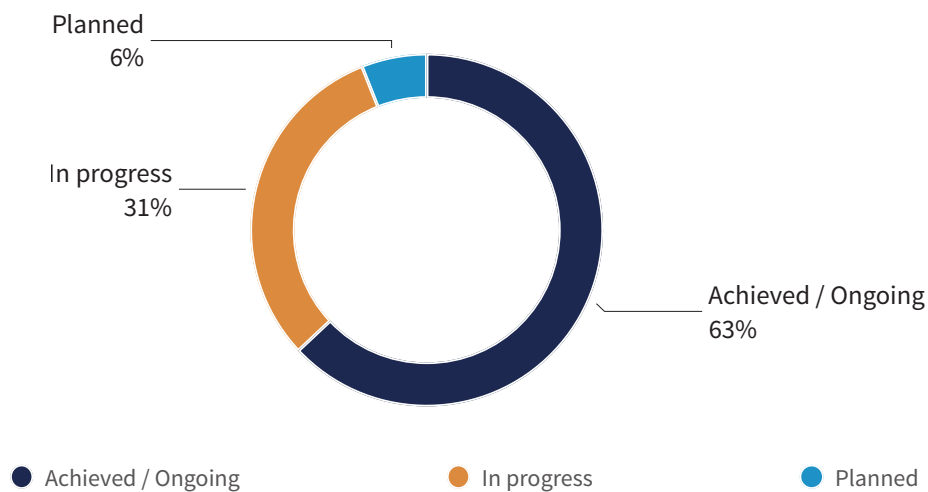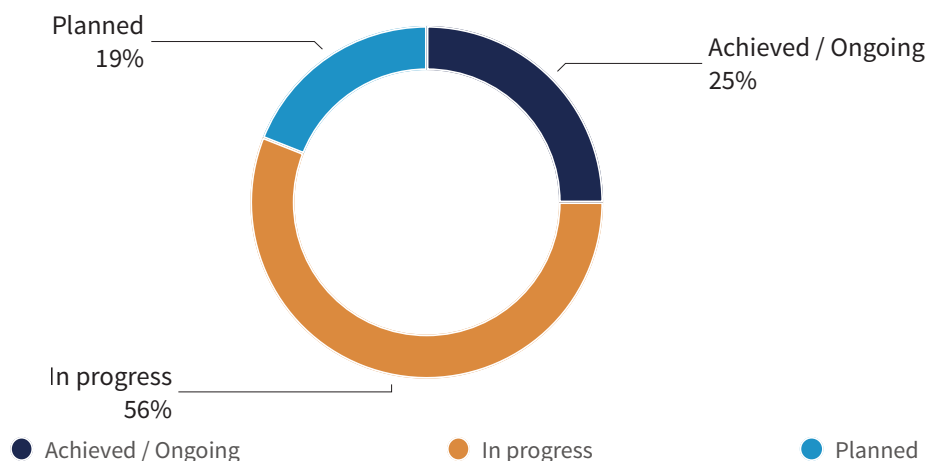
Staff training is prevalent across all institutions, although reports indicate that it is directed mainly at student support staff. The difficulty in ringfencing time for non-student support staff is an issue that is mentioned by some HEIs. Support from senior management was seen as vital to making this possible. The action "Allocate time and resources for staff to support student mental health" should be focused on all staff but reporting mainly speaks to dedicated staff time for student counselling services staff.

In terms of the type of training being offered a number of programmes were mentioned across multiple HEIs. These were CAMS, safeTALK, ASIST and PCHEI's "Supporting Students in Distress" eLearning programme. This seems to demonstrate the value in supporting high quality training that can be rolled out across the sector. In this regard, it may be useful to ascertain the number of staff who have taken the various training programmes. Unfortunately, the existence and availability of training that was reported does not speak to take up or, indeed, effectiveness. Clearer evidence of evaluation processes and the impact of training should be provided in future reports.

While HEIs reported positive progress in relation to how aware the whole community were of the steps to get help and support, it was unclear how the existence of policies raised awareness in and of themselves. It would be useful to know if policies are directed at the whole campus community or to counselling staff (or other specific cohorts). While the breadth of policies and awareness raising activities reported was impressive, there is no strong evidence of the degree to which the broader campus community is aware of the mental health (and suicide prevention) policies in place in a HEI. HEIs should be commended for reviewing and renewing these policies but systems need to be put in place to monitor their reach and effectiveness.

In terms of embedding mental health awareness in the curriculum HEIs reported an inconsistent approach, with the most successful examples being standalone modules, although these were mainly in areas where mental health was a disciplinary focus or relevant for post-graduation careers. One interesting approach that recurred under this theme was the provision of mental health resources in HEI libraries (plus promotion of same to both students and staff by library).

Theme 4: Engage

ENGAGE: Create campus communities that are connected safe nurturing inclusive and compassionate

HEIs need to foster the development of student wellbeing through community connectedness purpose engagement and belonging. Institutional culture needs to reflect diversity inclusivity and compassion.

Provide for curricular infusion of mental health across all academic disciplines

Planned
19%

No progress
6%

Achieved / Ongoing
44%

In progress
31%

● Achieved / Ongoing   ● In progress   ● No progress   ● Planned
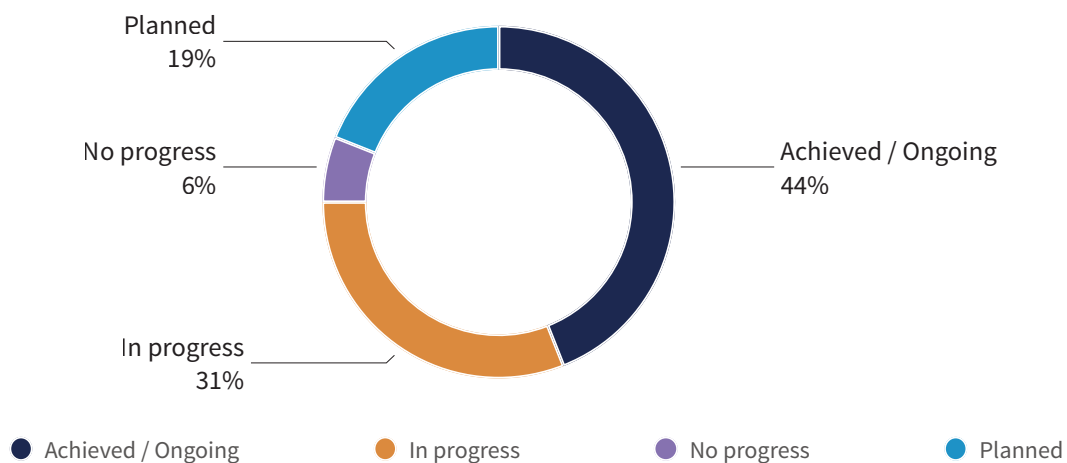
Reduce student isolation by promoting culture of belonging

In progress
38%

Achieved / Ongoing
62%

● Achieved / Ongoing   ● In progress
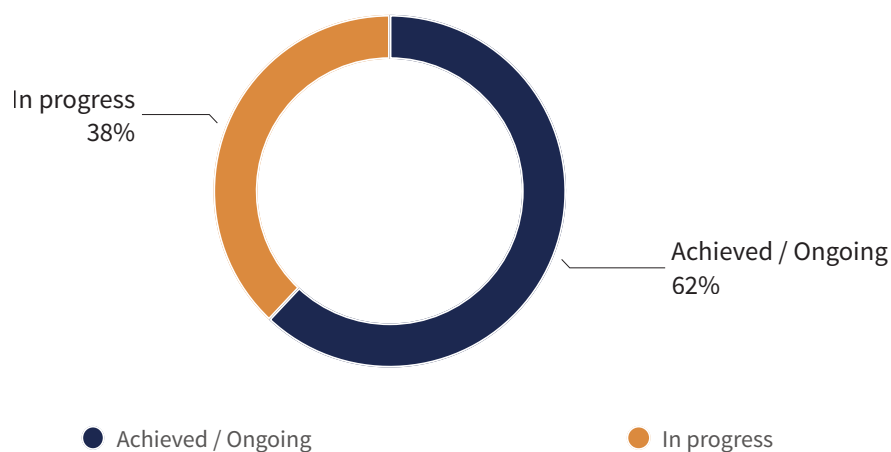
Initiate peer mentoring programmesInitiate peer mentoring programmes
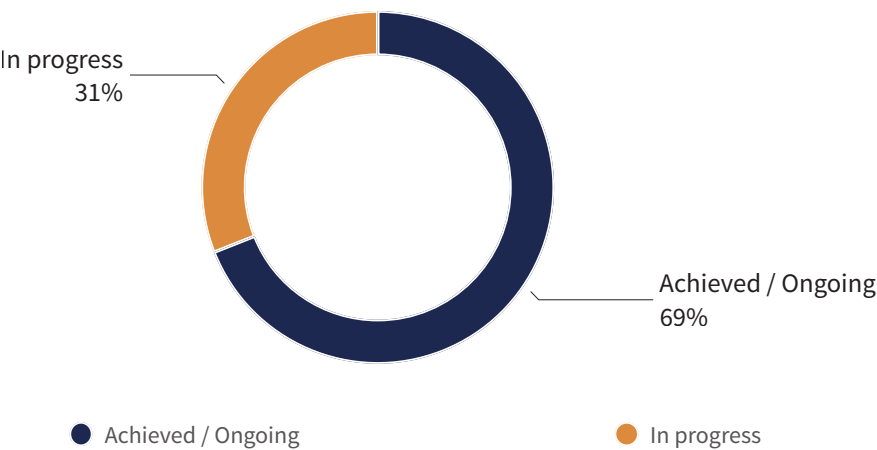
In progress
31%

Achieved / Ongoing
69%

● Achieved / Ongoing   ● In progress

Show zero tolerance to bullying and harassment

In progress
31%

Achieved / Ongoing
69%

● Achieved / Ongoing   ● In progress
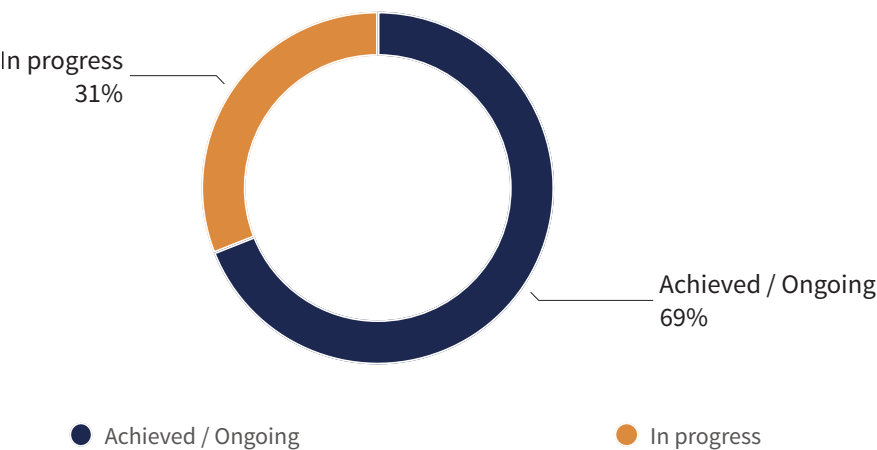
Encourage social environments and smaller groups within campus community

In progress
44%

Achieved / Ongoing
56%

● Achieved / Ongoing   ● In progress
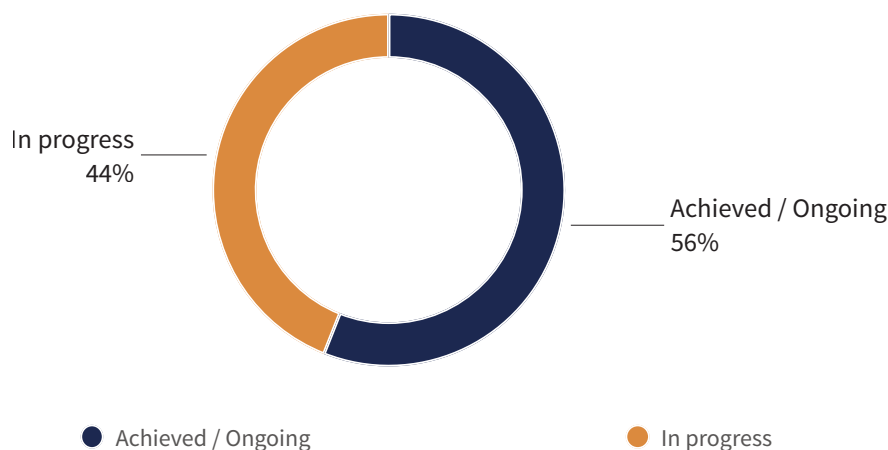
The reports demonstrated little evidence of successful curricular infusion across academic disciplines and updates suggest there is a lack of shared understanding of what this means in practical terms. There was also duplication of reporting for this action and the action to embed mental health awareness in the curriculum. This suggests that there is more work to be done nationally in this space, particularly in terms of a common approach. It was noted that it is difficult to free up time on the academic timetable and that significant input is needed from clinical staff, who are already working at full capacity in Student Counselling Services.

In relation to the promotion of a culture of belonging, HEIs mainly referenced Societies, Clubs and Students' Unions as key to this work. However, while such outlets are essential to the broader extra-curricular elements of college life, the effectiveness of this approach was unclear. Reports also pointed to orientation and targeted supports for specific groups as the main means to fostering a sense of belonging amongst the student population. Interestingly, one HEI includes "sense of belonging" as a goal in its University Strategy. The emphasis on the work of Clubs and Societies in support student belonging leads to questions: (1) how can HEIs support them? and (2) should this work be left to Clubs and Societies or should HEIs being taking a more proactive, leadership role in this space?

Peer mentoring programmes are in place across all HEIs, although approaches differ from campus to campus. Almost all report the use of complementary online peer mentoring services such as Silver Cloud and Togetherall. Given the breadth of approaches, it may be useful to compare the various peer mentoring programmes across HEIs. A number of HEIs use as an "opt out" peer mentoring model, with all incoming first-year students being offered a mentor. In some HEIs there is a lack of consistency with, for example a faculty/discipline approach or a targeting of cohorts (e.g. Access students). However, peer mentoring/support needs to be in place across the whole campus. Overall reports show an increase in supports across all HEIs and these services are universally complemented by online supports, Niteline, peer supports, etc.

Across all reports, one of the most complete actions was under the "Engage" theme: "Show zero tolerance to bullying and harassment". This seems to be attributable to HEA intervention at policy and funding level, with the Ending Sexual Violence and Harassment (ESVH) Framework, the Speak Out online reporting tool and the appointment of new ESVH Prevention and Response Managers cited in many updates. Attempts to encourage social environments and smaller groups within the campus community were evident but vary in approach and extent. Overall, this action seemed to be less of a priority for HEIs than others in the report.

Theme 5: Identify

IDENTIFY: Prioritise awareness training for all staff and students to enhance recognition and referral

HEIs need to take action to identify students who are at risk of mental health problems as well as promoting mental health awareness for all students and all front facing staff.

Establish regular, highly-visible mental health awareness raising interventions
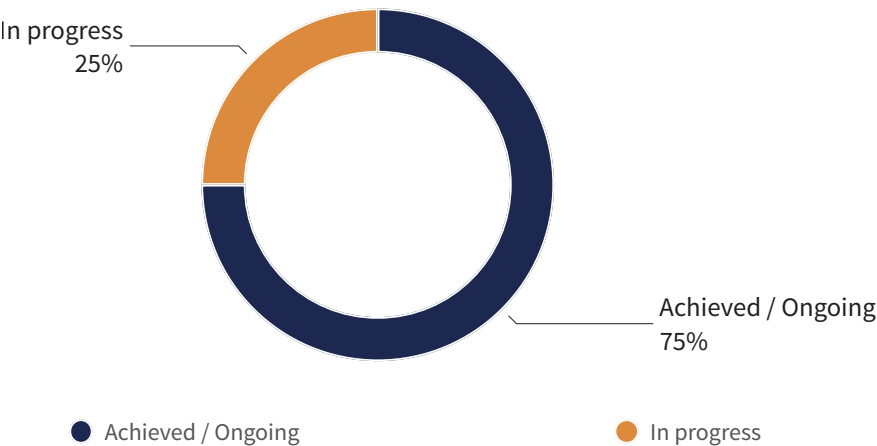
In progress
25%

Achieved / Ongoing
75%

● Achieved / Ongoing   ● In progress

Establish a culture that encourages disclosure of mental health issues

In progress
50%

Achieved / Ongoing
50%

● Achieved / Ongoing   ● In progress

Establish a culture that supports students who are experiencing poor mental health and help them identify appropriate services

In progress
25%

Achieved / Ongoing
75%
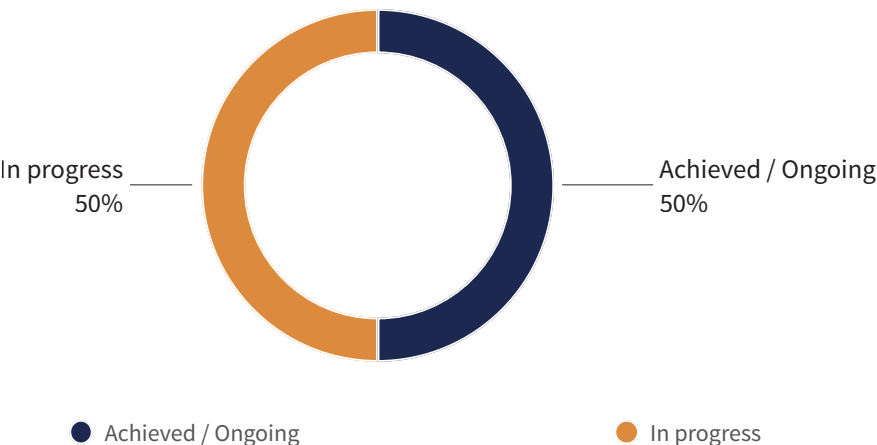
● Achieved / Ongoing   ● In progress
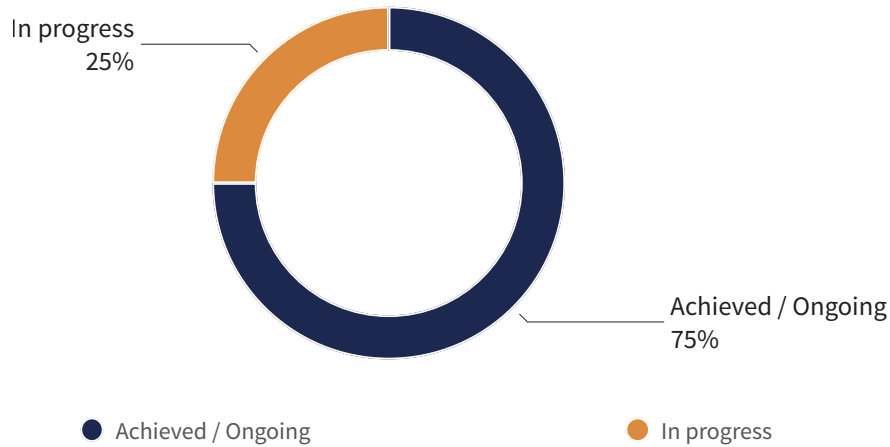
Make non-academic help such as social interpersonal skills an integral or mandated part of every student's HEI experience; in doing so, make it easier for students to seek help

In progress
50%

Achieved / Ongoing
50%

● Achieved / Ongoing   ● In progress
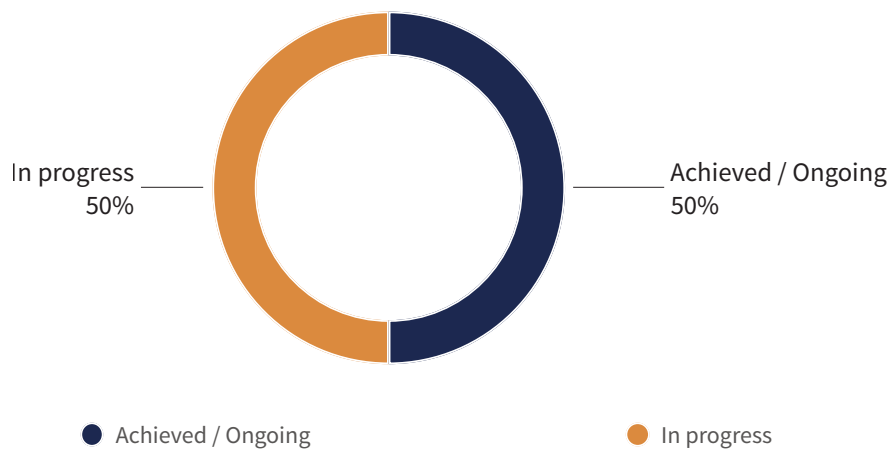
In terms of awareness raising, varied initiatives and activities were reported across all HEIs. These included:

■ Events

■ Handbooks

■ Orientations

■ Podcasts

■ Poster campaigns

■ Social media campaigns

■ Trainings

While the breadth and scope of such activities was impressive, it remains unclear how effective they are. No reports described evaluation systems, and it was not evident how engagement is measured. Also, a number of HEIs reported student success/engagement/retention initiatives under this theme, although it is not apparent how these relate directly to the NSMHSPF. In this context, it may be timely to consider whether or not the framework should be more tightly focused on mental health and suicide prevention.

Reporting also revealed some issues with the actions outlined in the implementation guide and this was perhaps most apparent under the "Identify" theme. Specifically, the actions "Establish a culture that encourages disclosure of mental health issues" and "Establish a culture that supports students who are experiencing poor mental health and help them identify appropriate services" were problematic, as reports demonstrated that neither of these were measurable. Thought needs to be given as to whether such actions are included in a revised framework.

Theme 6: Support

SUPPORT: Provide students with safe, accessible and well-resourced mental health support

HEIs must ensure that support services are adequately resourced, safe, inclusive, culturally appropriate, and accessible to all students, delivered by professionals using high quality, evidencebased interventions and therapies that are subject to regular evaluation.

Put in place high-quality, effective and adequately resourced treatment to support students with mental health issues

In progress
19%

Achieved / Ongoing
81%

● Achieved / Ongoing   ● In progress
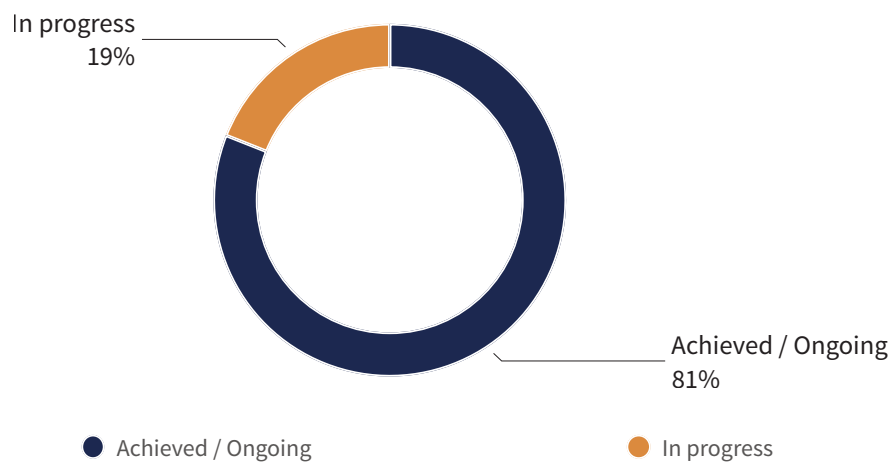
Establish better communications within the campus and between the campus and community services (in both directions)

Achieved / Ongoing
37%

In progress
63%

● Achieved / Ongoing   ● In progress
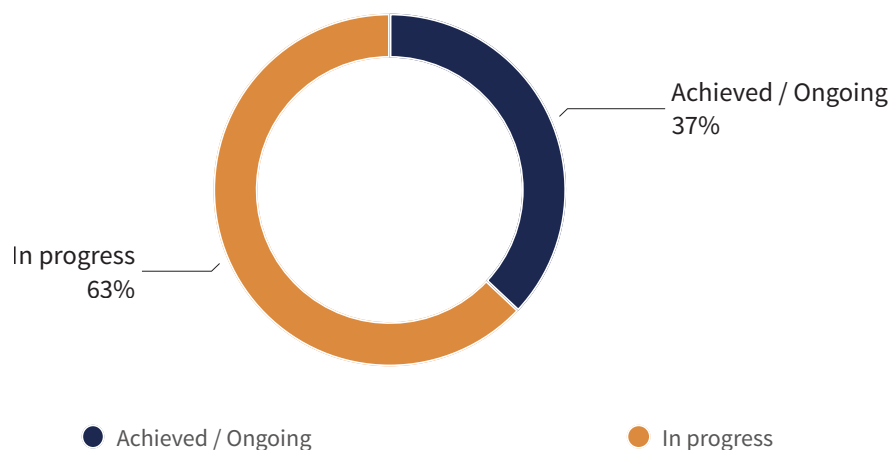
Develop cross- disciplinary/interdisciplinary collaborations with stakeholders

In progress
44%

Achieved / Ongoing
56%

● Achieved / Ongoing   ● In progress
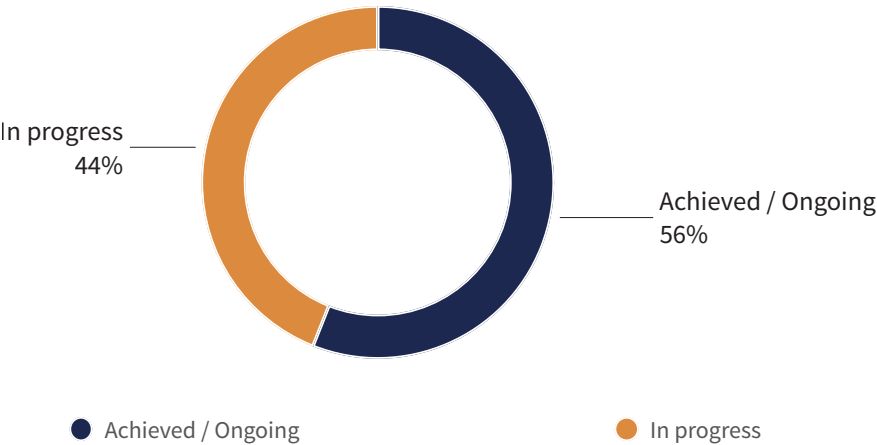
Increasing mental health and suicide risk screening by support staff

In progress
19%

Achieved / Ongoing
81%

● Achieved / Ongoing   ● In progress

Improve data collection, information sharing & contributing to a standardised data set

Planned
12%

Achieved / Ongoing
19%

In progress
69%

● Achieved / Ongoing   ● In progress   ● Planned

Provide integrated interdisciplinary services on campus

In progress
47%

Achieved / Ongoing
53%

● Achieved / Ongoing   ● In progress
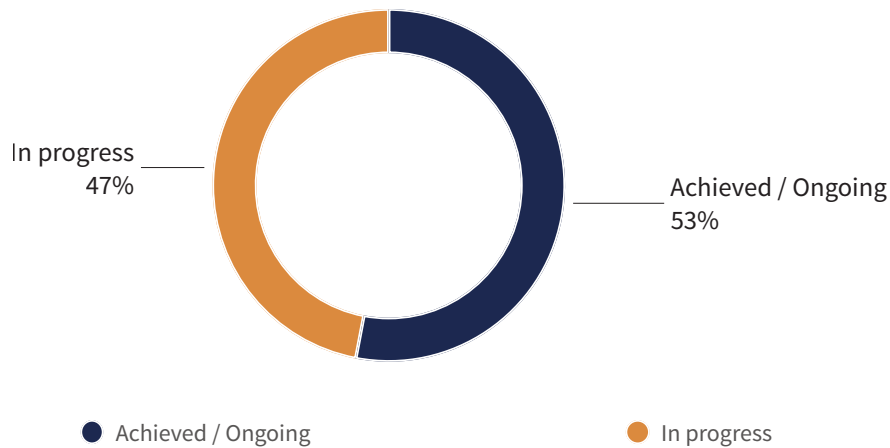
Provide CPD for student services staff

Achieved / Ongoing
31%

In progress
69%

● Achieved / Ongoing   ● In progress
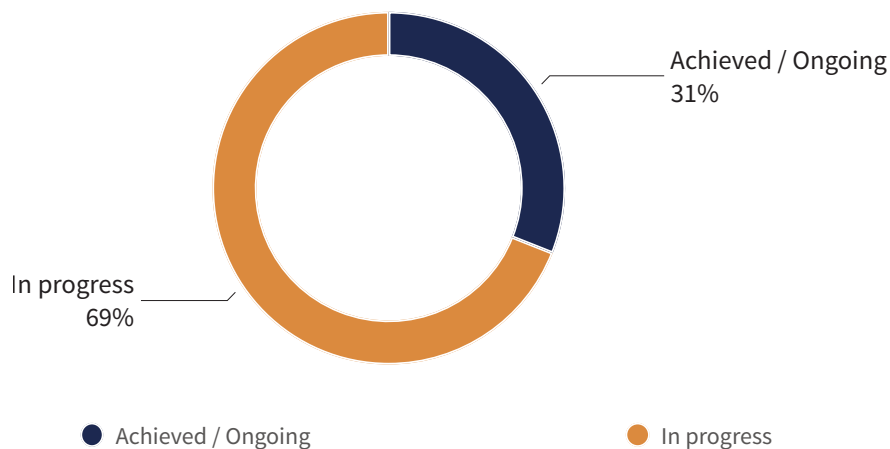
HEIs report high-quality, effective treatment to support students with mental health issues but also acknowledge that this is not always adequately resourced. One HEI reported its student-counsellor ratio (citing the incorrect international best practice ratio), while others mentioned the measures used by student counselling services more specifically (e.g. CORE 34 and CORE 10). In general, an increase in staffing and resourcing is reported by all HEIs, albeit with a concurrent increase in student demand for services.

As noted under Theme 2 "Collaborate", there are few references to case management across the reports. This is again the case here, where internal and external communications between services is discussed in the c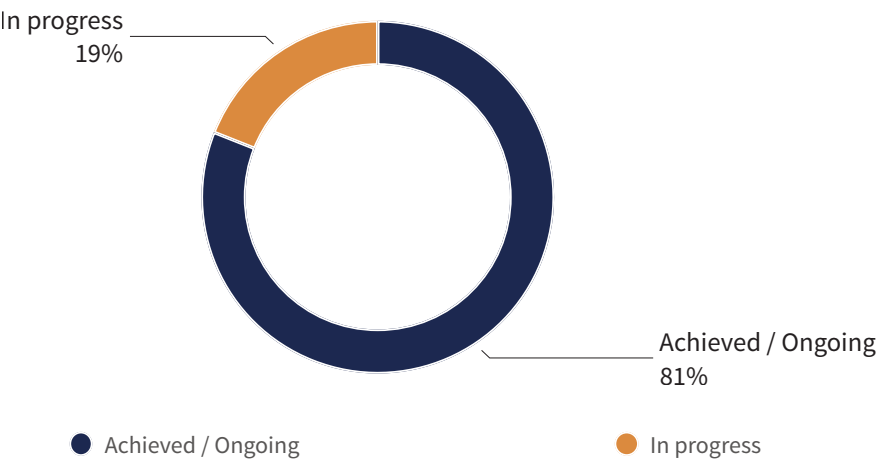ontext of case management by only a small number of HEIs. In relation to the "establishing better communications within the campus and between the campus and community services (in both directions)", commentary from HEIs points to a broad and inconsistent interpretation of this action.
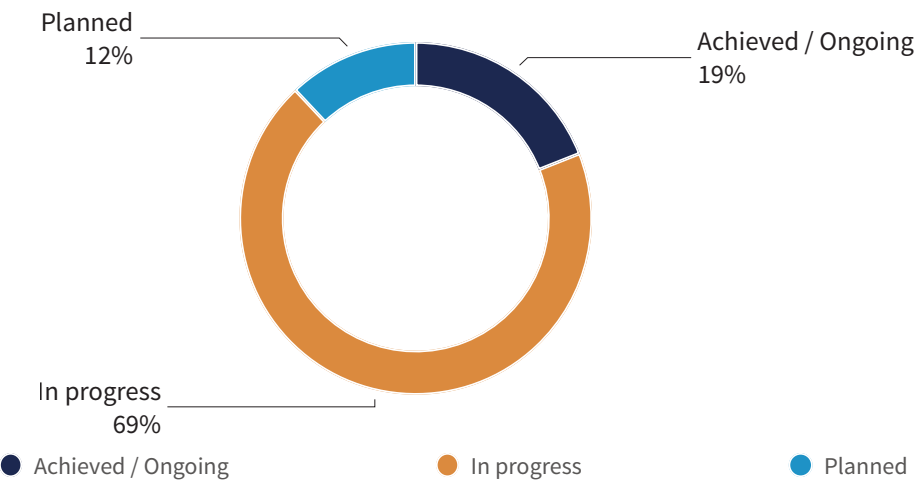
The reports demonstrate that co-location of counselling and health services is an advantage and supports interdisciplinarity. In developing integrated interdisciplinary services, the *Healthy Campus Charter and Framework* has served as unifying structure for some HEIs.

The National Standardised Data Set is noted as an important development in terms of data across the reports. While HEI data systems have improved in recent years (with most using either the Titanium or CORE-IMS platforms), there remains a lack of national data, which this HEA-funded project should address.

While there is a lot of commonalities in continuing professional development (CPD) provided by HEIs, there is also significant variance. There is no clear evidence as to why this is the case, but the focus of local services can often be guided by the personal interests of staff in terms of approach.

CPD continues to be essential for student services staff, and it is welcome that this is offered across the board. Reports show that student counselling staff in Irish HEIs are committed to their own professional development, and in most cases, this is strongly supported by internal policies and management. One HEI noted that there is inequity in terms of study leave/funding for student support staff in comparison to academic staff.

As noted above, certain training is offered across most HEIs and, again, CAMS training features heavily in reporting. One HEI notes that training has been undertaken in Dialectical Behaviour Therapy (DBT), although it is unclear if this training is widely available across the sector. Again, under this theme, PCHEI "Student in Distress Training" features prominently and is mentioned in many reports. In some HEIs this training is offered beyond staff in Student Counselling Services.

Theme 7: Respond

RESPOND: Ensure that institutions have the critical incident protocols required for varying levels of student mental health crisis

In addition to the provision of treatment, HEIs need to have a crisis response or critical incident plan that is accessible to the institution as a whole. The plan should include clear responding protocols for varying levels of crisis and effectively communicated to the whole institution.

Have a plan in place. Well, coordinated postvention has a critical role to play in the prevention of further suicidal actions in a community affected by suicide.

Planned 25%
Achieved / Ongoing 19%
In progress 56%

● Achieved / Ongoing   ● In progress   ● Planned
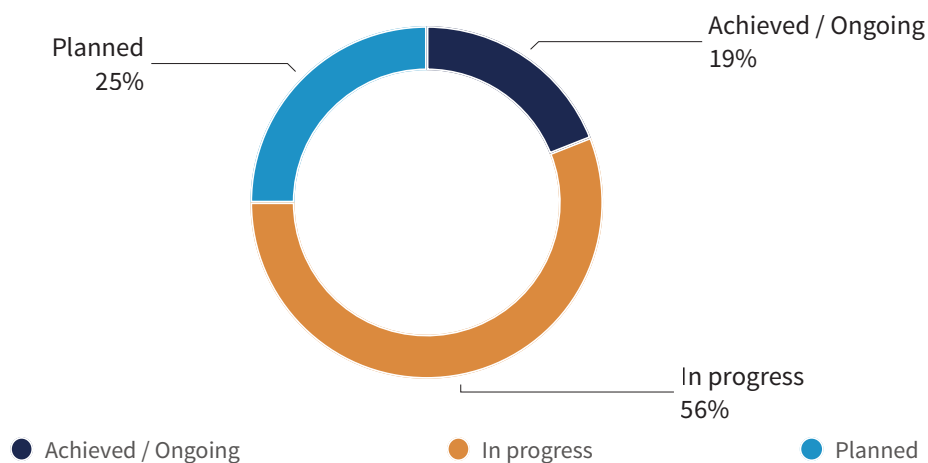
Establish a team to execute the plan with clearly defined roles for each member
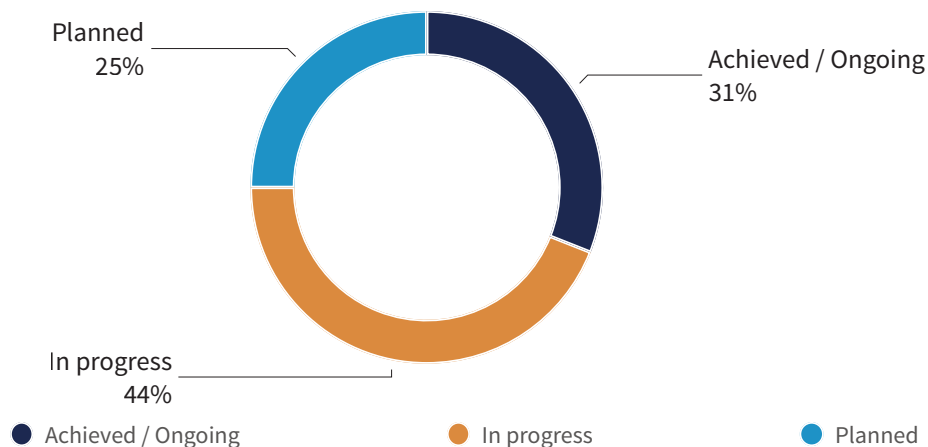
Planned 25%
Achieved / Ongoing 31%
In progress 44%

● Achieved / Ongoing   ● In progress   ● Planned

Suicide postvention should include: psychological support, crisis intervention and other forms of assistance to those affected

Planned
13%

Achieved / Ongoing
37%

In progress
50%

● Achieved / Ongoing   ● In progress   ● Planned
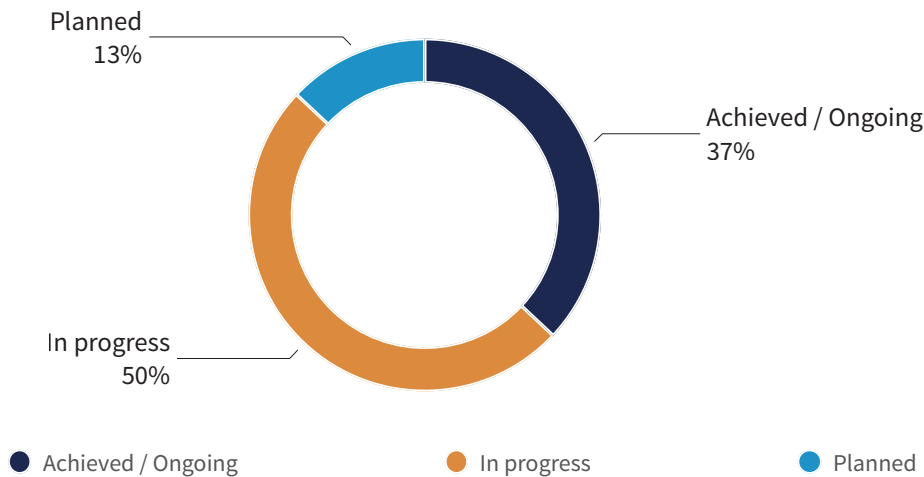
Overall, actions under the "Respond" theme showed the least progress since 2020. Postvention procedures were sometimes added as an addendum to a "Student Death Protocol" policy but in general more work needs to be carried out across the sector to develop fit-for-purpose postvention policies.

Theme 8: Transition

TRANSITION: Establish student supports throughout the higher education journey

Higher education represents a major milestone and time of transition for students, therefore it is vital that institutions pre-entry, induction, reorientation and outduction. Supports and interventions need to be in place for students who are more vulnerable to mental health problems during transitions.

Establish transition supports for students throughout the higher education journey: pre-entry, induction, re-orientation and outduction

In progress
25%

Achieved / Ongoing
75%

● Achieved / Ongoing   ● In progress
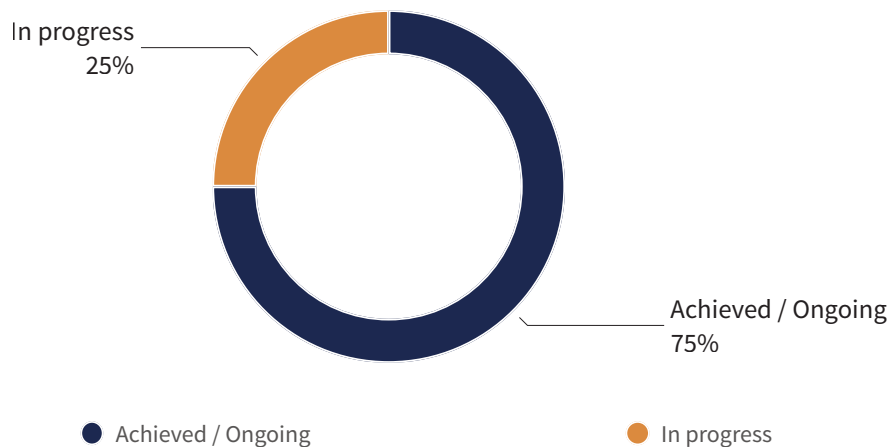
Identify at-risk groups to be targeted with intrusive student support, appropriate initiatives and outreach programmes, especially at key transition points

Planned
6%

In progress
38%

Achieved / Ongoing
56%

● Achieved / Ongoing   ● In progress   ● Planned
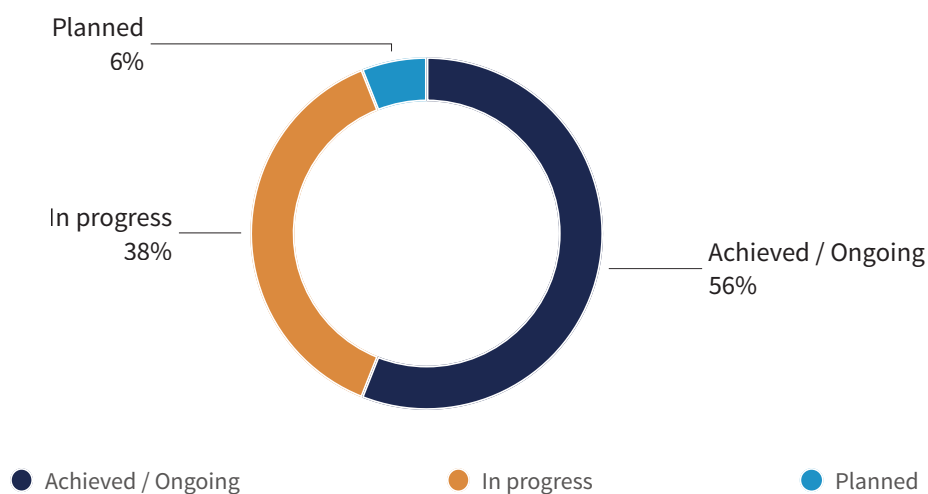
Institutional reporting against the "Transition" theme was comprehensive. All HEIs document significant pre-entry, induction, re-orientation and outduction initiatives, while targeted supports for at-risk groups were evident in all reports. However, overall, much of the commentary under this theme seemed to focus on initiatives that were already in place to support students in their journey through higher education, rather than being specifically focused on mental health and suicide prevention. In general, the alignment of this theme to the framework and supporting student mental health is unclear and it may be more appropriate for this work to remain outside the framework. At best, some renewed focus on mental health supports at key transition points would be welcome.

Theme 9: Improve

IMPROVE: Collect and analyse data to inform measures to improve student mental health

A whole system response requires starting with a baseline needs assessment and evaluation of current practices. The frequent collection, evaluation and strategic auditing of data is vital to ensure policies and interventions remain effective and allow prompt action be taken to improve student mental health outcomes.

Complete an institutional baseline assessment of current practice

Planned
19%

In progress
12%

Achieved / Ongoing
69%

● In progress   ● Achieved / Ongoing   ● Planned
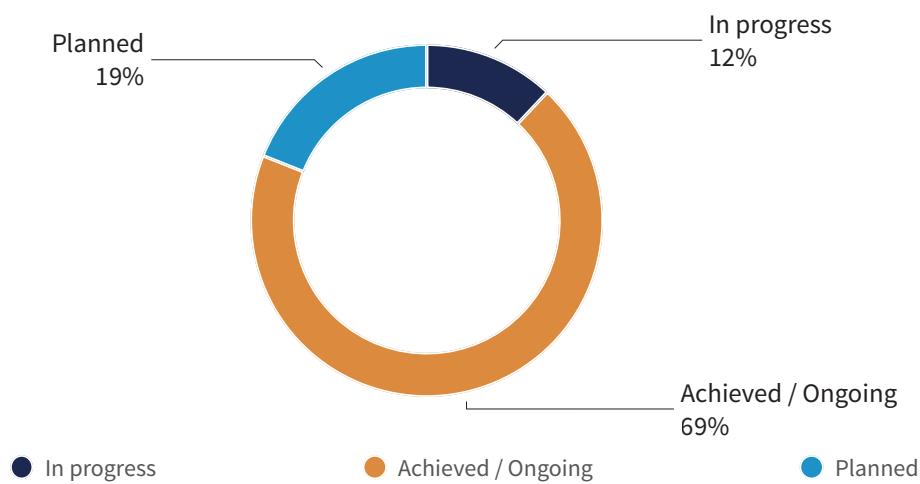
Track and analyse student risk/protective factors, and safety/health indicators using data collected
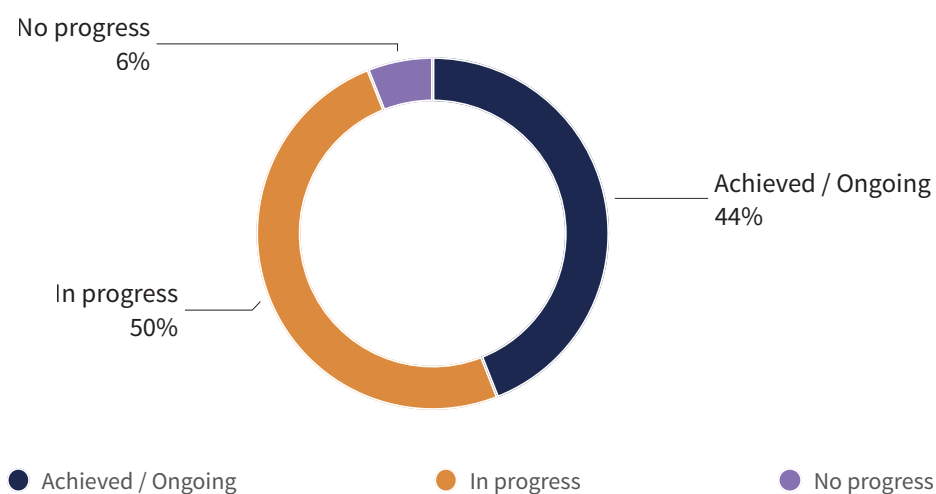
No progress
6%

Achieved / Ongoing
44%

In progress
50%

● Achieved / Ongoing   ● In progress   ● No progress

Suicide postvention should include: psychological support, crisis intervention and other forms of assistance to those affected
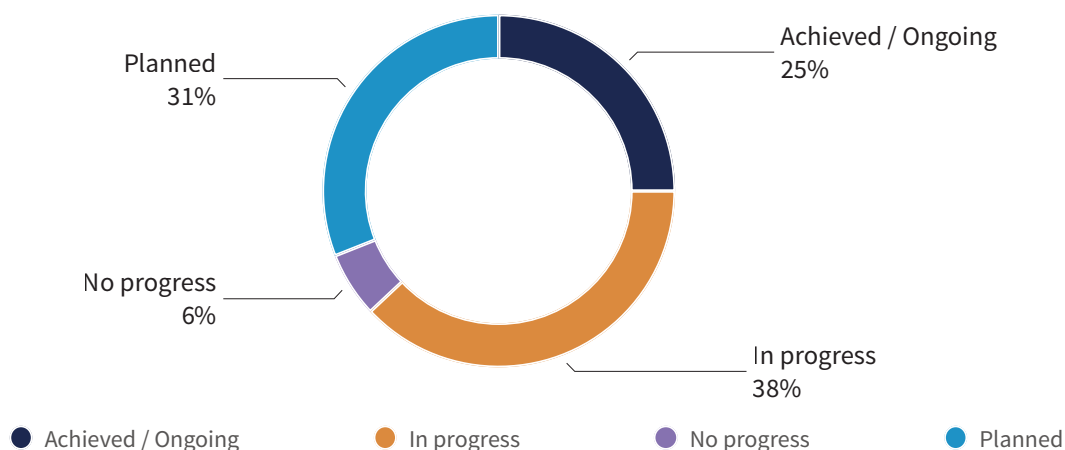
The undertaking of what the framework describes as a "baseline assessment" is inconsistent across the sector, in terms of how these are carried out and their frequency. National guidance may be needed in this area, particularly in terms of how often we think this assessment should be repeated. Where baseline assessments seem to have been most effectively undertaken is when they are carried out through external review, for instance via the JED Programme or an International Accreditation of Counselling Services (IACS) review. Some HEIs noted their intention to use the Healthy Campus Self-evaluation Tool to carry out an institutional assessment.

Beyond the issues with the baseline assessment, evidence of the use of national and local data to track and analyse student risk/protective factors, and safety/health indicators was limited, as were plans to repeat institutional assessment annually and track progress against improvement goals set in each area.

General Comments on Progress Updates

A key question that emerges from an analysis of these reports relates to the effectiveness of activities. Specifically, while it is welcome to see the breadth of activity in the mental health and suicide prevention space, there remains work to be done in measuring the efficacy of initiatives and interventions. A number of areas featured prominently in reporting, yet the impact of actions in these areas is hard to evaluate from reports. Examples of these are:

■ Links/relationship building with external agencies (formal and informal)

■ Awareness raising initiatives

■ Interventions that students need to seek out

■ Training for staff

The lack of meaningful, measurable indicators is an issue. Actions in the implementation guide are both appropriate and well considered. However, without a way to understand if they have worked and have had the desired impact, HEIs may be investing time and resources in interventions with limited return despite the best of intentions. An indicator, which was referenced in one HEI report, and has been used regularly in recent years, is the student-counsellor ratio. However, the ratio cited (1 counsellor to 1000 students) does not align with international best practice recommendations. The International Accreditation of Counseling Services (IACS) recommend that "every effort should be made to maintain minimum staffing ratios in the range of one F.T.E. professional staff member (excluding trainees) to every 1,000 to 1,500 students, depending on services offered and other campus mental health agencies". It goes on to note that "this ratio is aspirational by nature, encouraging counselling centres to approximate the range in order to ensure that there are an adequate number of professional staff members to meet the clinical needs of the students, as well as the other service needs of the campus community." The IACS emphasize that "it is very difficult to come up with a specific ratio that ensures adequate staffing at all university counselling centres, hence there is a range and not a specific number" and that "counselling centres at larger educational institutions tend to have slightly higher ratios than those at smaller colleges or universities".[1]

Furthermore, in its *Standards for University and College Counselling Services*, the IACS states that "Additional measures may be accessed to evaluate necessary staffing for the clinical capacity of the centre (i.e., Clinical Load Index [CLI])". The CLI is explained as follows:

> "The CLI provides an equation for determining what type of service the Centre might provide based on using your current utilization rate as a constant variable. It helps determine the scope of services the Centre provides but is not prescriptive in any manner regarding a recommendation about staff-to-student ratio. Utilizing both concepts, both the staff-to-student ratio and CLI as complements, may provide richer data for you in determining your staffing needs."

International best practice suggests that HEIs should have a ratio of one F.T.E. professional staff member (excluding trainees) to every 1,000 to 1,500 students. However, the IACS Standards do not conclude that student to counsellor ratios are the optimal way to measure ability to provide adequate levels of mental health supports to students. There remains a need to develop an appropriate indicator to measure ability to provide adequate levels of mental health supports to students in Irish HE. The identification of a robust and meaningful indicator that can measure quality of provision and the ability of HEIs to provide adequate levels of mental health supports to students will support HEI reporting on a revised framework.

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1   https://iacsinc.org/staff-to-student-ratios/

Some reports suggested ways in which the implementation of the NSMHSPF could be supported nationally. These included:

■ Sector wide approach to campus audit

■ Sectoral partnership with external services and agencies at national level

■ Communication/update/newsletter that can be shared with all staff in HEIs

■ Additional capital funding to provide additional facilities

■ NSMHSPF Implementation Managers/Coordinators in each HEI

Based on this analysis, potential improvements to the framework and reporting process include:

1. Due to the overlap in reporting across some actions, **actions to be included in a revised framework should be streamlined to avoid repetition**.

2. The HEA **should reconsider the implementation status categories** for any future reporting process.

3. Reporting **should capture which senior leader in a HEI has responsibility** for implementation of the framework and if a dedicated strategic administrative role is in place to drive this work.

4. **HEIs should include a clear list of formal relationships with external agencies**, in order to map these and support sectoral partnership with external services and agencies nationally.

5. **A revised framework should focus on evaluation systems and measurement of impact of interventions** both in terms of policy development/implementation, service provision, mental health promotion and staff training.

6. **National guidance** should be developed on:

    ■ mental health policies

    ■ campus environment audits

    ■ embedding mental health in the curriculum

    ■ postvention procedures and policies

    ■ institutional baseline assessment

7. HEIs **should work to further align the NSMHSPF and Health Campus Charter and Framework at institutional level**, to ensure a coherent, interdisciplinary, whole of campus approach to health and wellbeing.

8. The HEA Advisory Group on Student and Staff Health and Wellbeing should consider whether or not the **framework should be more tightly focused on mental health and suicide prevention**.

9. A **mapping exercise should be undertaken in relation to training** offered across the sector (to include training for all types of staff, students, etc.).

10. The **"Transition" theme should focus more clearly on mental health and suicide prevention** or be omitted from the framework.

3. Written Consultation Feedback

Stakeholders were invited to make written submissions in relation to the HEA's review of the *National Student Mental Health and Suicide Prevention Framework* via an online form which was available from 28th January 2025 to the 14th February 2025. Respondents were invited to make submissions on behalf of a Higher Education Institution, a Group/Organisation or as individuals. There were 35 submissions to the consultation, 14 from HEIs, 8 from groups/organisations and 14 from individuals.

HEIs who responded to the surveys were Atlantic Technological University, Dundalk Institute of Technology, IADT, Munster Technological University, National College of Ireland, NCAD, RCSI, Technological University of the Shannon, Trinity College Dublin, TU Dublin, University College Cork, University College Dublin and University of Limerick. Staff who completed HEI submissions included Healthy Campus Managers, Vice Presidents for Students/T&L (or equivalent), Heads of Counselling, Student Welfare/ Student Wellbeing/Mental Health Coordinators, Student Experience Manager and a Chair of a HEI Mental Health Committee.

Group submissions were received from a General Health Medical Clinic, Student Counselling Service of a HEI, PCHEI (Psychological Counsellors in Higher Education Ireland), the National Suicide Research Foundation, Disability Service of a HEI, The Higher Education Colleges Association (HECA) and the Association of Occupational Therapists of Ireland.

Individual submissions came from a variety of sources, including a Head of Student Health, a Head of Department, a College Nurse, a Psychotherapist, and Educational Support Worker and students.

The online feedback form consisted of 5 questions relating to the NSMHSPF. These questions focused on how the framework had supported the work of respondents, what implementation barriers had been encountered, opportunities and gaps in the framework, how the framework might interact with other national policies, and strategic priorities for the next 3-5 years. What follows is an overview of themes emerging from responses to each question.[2]

How has the framework supported work on mental health and suicide prevention in your higher education institution?[2]

Responses to this question highlighted that the Framework has raised the profile of mental health and suicide prevention with senior leadership, with the link between reporting and funding helping in this regard. Mental health & suicide prevention is becoming a priority area at a strategic level. As with progress reports, a number of respondents mentioned the increase in staffing, particularly counselling staff, with a resultant increase in service provision to students. From a HEI perspective, it was noted that the publication of the framework, and the additional funding for mental health supports, clearly demonstrated to HEIs that the HEA was committed to this agenda. Additional funding has also allowed HEIs to engage in more whole campus mental health interventions such as awareness campaigns and training to the campus community, including both staff and students.

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2   For HEI responses an additional question asked: "Who in your HEI has been involved with framework implementation?". Individual respondents were also asked the question "In your role, to what extent have you had an opportunity to engage with the framework?", while group/organisation respondents were asked "How has the framework supported work on mental health and suicide prevention in your higher education institution or across the system in general?"

The breadth of the framework has helped institutions identify gaps in areas that they may not have been aware of. At departmental level, one respondent noted that it has been used to introduce mental health support for undergraduate students. At a whole campus level, the framework has increased awareness of mental health and has helped to reduce stigma around it and suicide prevention. One submission noted that the framework is beginning to have impact, but culture change is slow, particularly in relation to the whole campus approach. Interestingly, two student responses noted that they either had little experience of engaging with the framework or that they were completely unaware of its existence.

It was noted that the review of best practice in the framework document provided a strong, structured evidence base for this work. The framework was an important starting point for HEIs and has guided the development of local action plans and policies, as well as supporting a whole campus approach. It has also given an impetus to review and update existing policies and procedures.

The nine themes have provided a strong framework for work on mental health and suicide prevention, with "Collaborate" being particularly important. This has led to increased internal and external collaboration. One submission noted that the framework has encouraged and strengthened partnerships with community mental health services, creating greater likelihood of students being linked to much needed long-term or specialist care, and to access appropriate external support.

Responses highlighted concrete outcomes of the framework such as:

- Establishment of Mental Health Committees

- Reviews of supports and policies for mental health

- Additional staff training

- Establishment of mental health working groups

- Development of clear critical incident protocols

- Ability to identify potential cross sector collaborations and projects, as well as shared learning and knowledge transfer opportunities

- Template for the review and evaluation of the work happening in mental health and suicide prevention

- Ability to better benchmark work at local and sectoral level

- Introduction of a stepped care model of provision where mental health activities are on a continuum from promotion to acute support

Outside of the centralised HEI responses, comments were also made by specific units within HEIs. Despite the overall positive comments on the whole campus approach supported by the framework, one submission did note that it had not impacted on general practice (health service). In terms of expansion of services, another respondent noted that in recent years, in the context of the Framework numerous HEIs in Ireland have established Occupational Therapy services, which complement the work of Student Counselling Services particularly in relation to widening participation.

Who in your HEI has engaged with the framework?

HEI respondents were asked who in their HEI had engaged with the framework. In contrast to HEI progress updates, feedback indicated that senior management was engaged with the framework across most institutions. Senior leaders included, Presidents, Deputy Presidents and Registrars, Vice-president; Directors/Heads of services were frequently mentioned, as were representatives of Students Unions.

There was good representation of staff from across campus functions including:

- Student health services
- Student experience/engagement
- Healthy Campus
- Equality Diversity and Inclusion
- Estates
- Human Resources
- Access
- Library

- Student counselling services
- Student affairs
- Ending Sexual Violence and Harassment
- Academic schools and departments
- Chaplaincy
- Marketing
- Disability Support Service

One submission noted that there were 80 staff members across the HEI directly involved with the framework.

What barriers, if any, exist to progress on implementing the National Student Mental Health and Suicide Prevention Framework since 2020?

In responding to this question, most stakeholders focused on factors external to the Framework itself. One such external factor that was noted directly and indirectly was the COVID-19 pandemic and its aftermath. The Framework was launched in 2020 and this affected its implementation. When the Framework's content was discussed, it was described as overly complex, with too many areas and too many actions. In short, stakeholders noted that reporting requirements were excessive.

Some respondents felt it was difficult to push through changes in policies, procedures, infrastructure etc. due to complexity of HEI processes. This was exacerbated by funding issues, with a number of stakeholders highlighting the need for ongoing funding to facilitate growth of services both in terms of staffing and physical space. Comments in relation to funding differed but a common issue was access to specialised support, due to the difficulty in filling such roles.

Perhaps the barrier which was discussed most frequently was the difficulty in collaborating with local HSE services, which was considered to be very dependent on the attitudes of individual clinicians and the level of services that they provide. One stakeholder noted that there is also a risk that the framework may promote the idea that a HEI is responsible for healthcare rather than a student's GP or the HSE. Overall, a lack of referral pathways was a key barrier, and this has been highlighted elsewhere in this report. In this regard, international students with long term or emerging mental health conditions were identified as an at-risk group, as they are not registered with a GP or the HSE. It was suggested that another barrier is the lack of reliable data on student mental health (both nationally and locally), particularly in identifying challenges that are unique to different cohorts, such as international students.

We are interested in hearing about opportunities and gaps that exist in relation to the framework. How can we make the framework better?

There were a wide variety of response to this question, which can be loosely grouped under the following headings:

- Framework (actions, reporting, etc.)
- Healthy Campus
- Teaching and Learning
- Staff
- Interdisciplinarity
- Staffing/Resources
- External services
- Collaboration/Research
- National approach
- Student Diversity
- Settings

Framework (actions, reporting, etc.)

Opportunity/Gap	Comment
Opportunity	Reduce number of actions /domains in Framework
Opportunity	Make the framework and actions clear
Opportunity	Reporting - provide an easier online reporting tool
Opportunity	The framework could capture outcome measures of health, including mental health
Gap	Some actions are unachievable / unmeasurable
Gap	Framework is too large/specific
Gap	Student partnerships need to be more explicit in the Framework

Healthy Campus

Opportunity/Gap	Comment
Opportunity	Embed into Healthy Campus Charter and Framework
Opportunity	Explicit alignment with Heath Campus
Opportunity	Opportunity for upstream, positive mental health across the whole student body

Teaching and Learning

Opportunity/Gap	Comment
Opportunity	Consider teaching and assessment procedures
Opportunity	Focus on systemic change and activism in curriculum
Opportunity	A focus on including skills training (such as resilience and coping, stress management) within the curriculum, to promote life skills in students
Opportunity	Wellbeing in the curriculum
Opportunity	Supporting wellbeing through curriculum design, learning strategies
Opportunity	Learning, teaching and assessment & the impact on Mental Health
Opportunity	More guidance to embed Mental Health in the curriculum
Opportunity	Mental Health in the curriculum especially with Health Science
Opportunity	Inconsistency with reasonable accommodations across schools/ departments. Development of guidelines for accommodations

Staff

Opportunity/Gap	Comment
Opportunity	Include staff Mental Health in the framework
Opportunity	Separate Framework for staff mental health – existing themes can be applied to staff, goals and actions would differ
Opportunity	Embed Mental Health awareness into curriculum for staff e.g. CPD, digital badges
Opportunity	All HEI staff to receive training
Opportunity	Training for academic staff on wellbeing promotion – embedded into annual training
Gap	National Suicide Research Foundation research suggests responsibility for Mental Health initiatives falls solely on student counselling staff

Interdisciplinarity

Opportunity/Gap	Comment
Opportunity	Referral to psychiatrist
Opportunity	Highlighting the benefit of multidisciplinary teams e.g. social workers, occupational therapy etc.
Gap	Need multidisciplinary teams – counselling may not be suitable to all students

Staffing/Resources

Opportunity/Gap	Comment
Opportunity	Resourcing: Agree and resource a standard for number of counsellors in HEIs
Opportunity	Appropriate/diverse expertise support services will help bridge gaps
Gap	Capacity – adequate staffing with sufficient qualifications and experience
Gap	Access to support services is limited and student counsellors have limited experience dealing with moderate to severe Mental Health conditions
Gap	Warning signs of serious mental illness overlooked with potential delay in interventions/supports

External services

Opportunity/Gap	Comment
Opportunity	Clearer pathways for cross referral
Opportunity	The HEA could help facilitate this by engaging with senior management counterparts in the HSE and other relevant agencies at a national level
Opportunity	Improving A&E services for students with Mental Health challenges
Opportunity	Strengthen links with primary health care – development of formal agreements
Gap	Clarification needed on remit of HSE/ Specialists and referral pathways
Gap	Integrated approach between HEIs & mental health service providers/DoH
Gap	HSE collaboration
Gap	Many services have unsuccessfully attempted to create MOUs with external agencies
Gap	Lack of formal connections with HSE

Collaboration/Research

Opportunity/Gap	Comment
Opportunity	Funding for interdisciplinary initiatives/partnerships
Opportunity	Engagement with researchers e.g. All-Ireland Student Mental Health research group
Opportunity	Sharing of good practice
Opportunity	Shared learning opportunities / community of practice
Opportunity	Opportunities to learn from other HEIs
Opportunity	More national meetings to support staff on implementation of the framework

National approach

Opportunity/Gap	Comment
Opportunity	Opportunities for sector wide best practice guides similar to UUK
Opportunity	National campaign/awareness day with annual theme – to foster collaboration between HEIs
Opportunity	Guidance for suicide prevention 'respond'
Opportunity	National support for example National Mental Health Network, national initiatives, national mandate/ messaging to SMT
Opportunity	HEA to support standardised documentation e.g. national postvention strategies

Student Diversity

Opportunity/Gap	Comment
Opportunity	Tailored mental health interventions for LGBTQI+, survivors of sexual violence, diverse student needs etc.
Opportunity	Further supports for students' pre-transition into third level
Opportunity	Integrate supports for neurodivergent students
Opportunity	Supports for students re-engaging with studies
Opportunity	Supports for research students
Opportunity	MH impact of delayed diagnosis (ADHD, autism etc.) is a growing issue due to waiting lists

Settings

Opportunity/Gap	Comment
Opportunity	Recognise sensory processing challenges in frameworks – sensory spaces, exam accommodations, communication
Gap	Needs to be a focus on health promoting spaces

How might a Mental Health and Suicide Prevention Framework for HEIs interact with other national policies and frameworks?

National polices mentioned by stakeholders included:

- Healthy Campus Charter and Framework
- National Sexual Health Strategy
- Healthy Ireland
- Sláintecare
- Sharing the Vision
- HSE Mental Health Promotion Plan
- Framework for Response to the Use of Illicit Substances within Higher Education
- National Access Plan
- Student Success Framework

The establishment of the new National Office for Youth Mental Health was also noted. Some respondents suggested that the NSMHSPF could be more clearly aligned with the Healthy Campus Charter and Framework. It was noted that the Healthy Campus Self-Evaluation Tool is useful for benchmarking and that Healthy Campus could act as the overarching framework for health and wellbeing in HE. It was also suggested that commonalities could be mapped between HE frameworks to form an overarching framework, with a greater focus on measuring impact.

One respondent advocated for alignment with the National Sexual Health Strategy by promoting a holistic approach to student wellbeing, addressing both mental health and sexual health as interconnected issues, and ensuring that students have access to comprehensive support services that tackle both areas. In light of the framework's focus on mental health, another stakeholder noted that Connecting for Life emphasises community-based suicide prevention, which aligns with HEIs as key community settings. Suicide prevention training for staff and student representatives should be integrated into HEI mental health policies.

What should the strategic priorities in relation to student mental health and suicide prevention in Irish higher education be for the next 3–5 years?

A wide variety of strategic priorities were identified by stakeholders. A number of recurrent priorities emerged in response to this question. These can be grouped as follows:

- Links to External Services
- Staff (training, resources, funding)
- Targeted Interventions
- Teaching and Learning
- Evidence-based interventions

A number of submissions identified access to external HSE services as an ongoing problem and called on a national approach to the issue. One respondent suggested that the HEA support the sector to agree national "terms of engagement" with HSE services. Another noted that:

> "HEA-led enhanced sectoral partnership with external services and agencies at a national level would be helpful as it would enable similar partnerships at regional level, and partnerships between individual HEIs and local services. This would provide a platform for developing a greater shared understanding of services provided, including the scope & capacity of services, between HEIs and external mental health services/agencies."

The need to prioritise partnership/collaboration with the HSE and other external agencies was flagged multiple times. As one stakeholder put it, increased collaboration with external agencies was needed so that "universities are really considered part of the community not a community within a community". Feedback indicated that establishing formal partnerships between HEIs and community mental health services is a priority to improve referral pathways, especially in severe risk and complex needs (e.g. easier access to psychiatry services for students).

The key priority across most submissions centred around staff. Strategic priorities included a need for increased funding and for that funding to support long-term planning. In particular, the ongoing need for additional staff to meet growing demand for services was highlighted, as was the need for clinical staff to oversee implementation of the framework (one response suggested the creation of new roles parallel to the Sexual Violence and Harassment Prevention and Response Managers that have been appointed). Aligned to the need for additional resources, the ongoing need for staff training was emphasised as key to successfully meeting the objectives of the framework.

The need to develop targeted interventions and focus on specific groups was an area that emerged as a strategic priority for many. This included comments about the need for equal access to services, supports for specific issues (e.g. gambling, substance use, porn addiction), as well as a focus on the need for initiatives to support students from minority groups. In general, there was an emphasis on constantly changing student demographics as a result of widening participation and a need to respond to the increasingly diverse needs of the student population (e.g. international students, students with disabilities).

Two other priorities that where prevalent focused on teaching and learning, and evidence-based interventions. The need to embed wellbeing into the curriculum featured in a number of submissions. As noted above, this is an area in which further progress needs to be made. Also, there was a focus on the need for research, or rather to leverage existing research to ensure that the framework is supporting interventions and policies that are couched in the most up-to-date evidence available.

Other themes were mentioned by stakeholders but in a less consistent fashion. These included: accommodation; digital mental health interventions; positive mental health; staff wellbeing; the climate crisis; the commercial determinants of health; and the sustainable development goals. Some respondents noted the need to prioritise prevention and embed this framework into the Healthy Campus Charter and Framework. Finally, a small number of submissions strongly advocated for the need for national guidance and support in relation to suicide postvention.

4. Stakeholder Consultation Meetings

As part of the review of the NSMHSPF, the HEA held 5 stakeholder consultation meetings. Meetings generally lasted an hour and focused on 3 topics, which considered the Framework as it is and what a revised Framework might look like. Specifically, attendees were asked to discuss their interaction with the framework, barriers to implementation and opportunities/gaps in framework, which could be addressed in a revision to the document. Stakeholder groups consulted were as follows (number of attendees included in parenthesis):

- HEI staff (41)[3]

- HEI Senior Management (11)

- Students (8)

- HSE (6)

The following section presents a summary of the discussions from each of these stakeholder meetings.

Meetings with HEI Staff

HEI staff, many of whom worked directly in student support or counselling services agreed that the Framework had acted as a lightning rod for engagement on student mental health, especially with senior management, the student body, and external stakeholders. The structure of the framework helped orient the efforts of HEIs, facilitated the formation of committees, increased staffing, etc. Some specific successes were noted, including CAMS training, which were directly linked to the Framework. Concomitantly, the impact of increased focus and staffing have been positive for staff working on the frontline, as it has relieved the pressure that they had been under before the implementation of the framework.

In the meetings with HEI Staff, barriers to implementation and the opportunities and/or gaps as part of a revision of the framework were considered as part of a single discussion. Some participants suggested that the framework's focus on the curriculum could be further developed, noting difficulty to date with curricular infusion. One participant, an academic staff member, did not feel that the framework intersected with the curriculum enough. Other participants agreed, reporting failed attempts at curricular infusion in their HEIs. It was noted that the various programmes (Ending Sexual Violence and Harassment, Substance Use, Bodywise, Mindfulness etc.) could be consolidated into an emotional health literacy programme for undergraduate students. In general, greater emphasis on staff training could be helpful, as there are difficulties with over-stretched academic departments freeing up the staff for training. Linking the framework directly to pedagogies of care could help in this regard.

While the establishment of specific mental health committees was welcomed, the whole campus approach could be further unpacked in the framework, as it was felt that in some HEIs the framework is not penetrating outside of these committees. It was suggested that whole-campus implementation might get more traction if the framework put more emphasis on the economic and reputational advantages of mental health initiatives, as this would encourage further buy-in from senior management.

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3   Two meetings were held with HEI staff from various functions (counselling, health services, student services, etc.) following an open invitation to relevant stakeholders.

Some stakeholders felt that to date framework implementation has been very services focused, and there should be more emphasis on upstream interventions. It was argued that students with acute needs are a minority of the population, and the framework should help all students. HEIs need to understand the current student experience and the difficulties their students are experiencing (e.g. cost of living, accommodation, etc.). Due to the housing crisis, parking has become a major issue for many students, and it was mentioned by several participants. Additionally, students are anxious about climate change and global political instability. These external factors were seen to be negatively influencing the mental health of some students. One participant noted that a revised framework could emphasise the resourcing of services at all levels, with funding pathways for more universal supports.

The links between HEI service provision and external agencies is not formally defined in the framework and as was highlighted in previous sections, these are difficult for individual HEIs to establish independently. This is something that might best be achieved on a sectoral level. There was a wide-ranging discussion in both meetings relating to links to external services. The need for formalised relationships with the external agencies is exacerbated by the mobility of students and the complexity of catchment areas. This is doubly true for international students, who are an especially vulnerable population. It was highlighted that the duty of care of the HEI versus that of the HSE is undefined in the current framework, sometimes leading to students being referred back to the HEI by HSE services.

In particular, access to psychiatric services was felt to be a pinch point for some. Some students have acute mental health needs, and they cannot be appropriately managed by HEI services. One HEI has tried and failed to engage a psychiatrist, and it was suggested that HEIs in a geographical region could pool together to access psychiatric services. Another HEI has a psychiatrist for 12 hours a week, which was deemed to be wholly inadequate for students with serious mental illness being discharged and referred back by HSE services.

It was emphasised by many participants that the framework presented an opportunity for learning and cross-sectoral collaboration. Each HEI is working towards the same goal, and this presents the opportunity for them to learn from each other and not have to "reinvent the wheel." Additionally, it is felt that the external linkages could be more effectively established through HEIs working together.

Overall, the NSMHSPF is regarded as very solid and well-balanced, but also broad and unwieldy. It was felt that it was unclear where the framework sits in relation to the *Healthy Campus Charter and Framework*. Healthy Campus includes staff wellbeing, but staff are not addressed by the NSMHSPF, and this was felt to be an oversight by some, as it would greatly benefit students to have provisions for staff mental health. It was pointed out that this would align the framework with the trauma informed model of care. Additionally, the framework should take into account the needs of staff looking for support when coping with the trauma of traumatic death. However, it was noted that this should not be done at the expense of students, diluting resources, but by bolstering and unifying the resources already available to staff (Identify and Respond, ESVH, NOSP SafeTalk, etc.). It was also suggested that the evaluation of the *Healthy Campus Charter and Framework* and the NSMHSPF could be unified, using the Healthy Campus Self-Evaluation Tool.

In terms of any revisions to the framework, a subtractive approach was advised, so as to not create further reporting burden on HEIs. However, it was noted that reporting provided a helpful opportunity to showcase progress, which has been useful for demonstrating the value of mental health initiatives internally to senior management. Some participants said that a revised framework could provide guidance for HEIs when the structure and assessment of certain courses are creating distress. One participant mentioned that it would be helpful to have strategies for managing specific courses with large numbers of students who suffer distress. It was noted that assessment models in general could be reassessed, to address the spikes in demand on services around exams, etc.

Some other issues, which did not manifest in written feedback, were raised in these meetings. It was noted that multi-campus HEIs have struggled at times to implement the framework, due to the division of campuses and resources, although it was mentioned that there are increased learnings from these settings. However, as these HEIs span multiple catchment areas, the difficulty with forging links with external agencies is amplified. It was posited that recommendations for hiring case managers could be a valuable addition to the framework, as these would provide links to community health teams. This could have benefits beyond the HE sector. Similarly, another participant suggested hiring social workers, for triage, case management, etc.

Meeting with HEI Senior Management

A separate consultation meeting was held with HEI senior managers with overall responsibility for framework implementation. These staff members agreed that the framework has put student mental health "on the map", which has allowed service provision staff to leverage this visibility for institutional buy-in, especially from senior institutional management. Stakeholders highlighted the framework's whole campus approach, as it broadens focus away from service provision and promotes a move away from investing solely in downstream interventions, to more upstream, holistic thinking which takes student wellbeing into account. It was noted that there remains a challenge of trying to do both (service provision and health promotion), whilst also aligning with the implementation of the Healthy Campus Charter and Framework.

It was again noted that the duty of care of the HEI vis a vis that of the HSE is undefined in the current framework. As was the case in other fora, the lack of access to HSE mental health services can put HEIs in a precarious position, sometimes leading to students being referred back to the HEI by under-resourced HSE services. Some students have acute mental health needs, and they cannot be appropriately managed by HEI services. It was highlighted that the links between HEI service provision and external agencies is not formally defined in the framework and that these are difficult for individual HEIs to establish independently. It was suggested that this is something that might best be achieved if tackled from a policy level, by the HEA or DFHERIS.

As in the meeting with HEI staff, it was noted that staff mental health is not addressed by the current framework. Senior management felt that this was an oversight, as it would ultimately benefit students to have provisions for staff mental health.

It was emphasised by stakeholders that the framework presented an opportunity for learning and cross-sectoral collaboration. Each HEI is working towards the same goal, and this presents the opportunity for them to learn from each other. Additionally, it was felt that links to external agencies could be formalised more effectively if HEIs worked together.

The NSMHSPF is regarded as very solid and well-balanced, and that any changes should be made cautiously and be carefully considered. As with the meeting with HEI staff, a subtractive approach was considered the best approach so as not to add to the reporting burden on HEIs. Additionally, it was felt that it may be more useful to unify the various frameworks (Healthy Campus, EDI, ESVH, etc.) rather than simply revising the NSMHSPF on its own.

The issue of physical space was also raised. Increased staffing in service provision has not necessarily translated within institutions to increased office space for service provision.

Meeting with Student Representatives

A consultation meeting was held with eight student representatives from the national union as well as local students' unions (SU). Despite the framework being focused on students, in general, stakeholders were broadly unfamiliar with the document. It is felt that there is a disconnect with students' unions and framework implementation, and that it was not penetrating the student experience outside of the committees, etc.

Local SU welfare officers said they felt there was a lack of engagement on mental health initiatives from both Aontas na Mc Léinn in Éirinn (AMLÉ) and HEIs. It was noted that while a disconnect exists, local SUs continue to run initiatives, for example, passing of a referendum to increase student fees to fund Student Counselling Services or a weekly drug harm reduction event. Similarly, student clubs and societies run many campaigns for mental health (at least one HEI has a Mental Health Society) but there remains a lack of alignment with the other stakeholders on campus (e.g. the academic staff, the SCS, the SU, etc.). However, from the student perspective, it was felt there was a lack of engagement from HEIs and no cohesion and alignment on these efforts. Student representatives agreed that the framework would benefit from a more holistic approach that actively involved students. It was acknowledged that an issue in this regard is that the lack of continuity of SU posts leads to a lack of continuity and that relationships, expertise, and training are lost.

In terms of funding, it was suggested that there is a need for resources beyond staffing. For instance, "quiet spaces" for students to retreat from the stimulation of campus are helpful for bolstering student mental health. In general, student representatives felt that current student counselling services are insufficient for students' needs. For example, the framework lacks pathways to formal mental health diagnosis and this is affecting students' quality of life.

Belonging, loneliness, and isolation, are major issues for students, and the framework should focus more strongly on these issues. It was suggested that social prescribing could be included in a revised framework, as an avenue for addressing student belonging. Students felt that there was a need for better curricular infusion for not only mental health, but also broader wellbeing issues such as belonging and consent. Some HEIs have ongoing orientation or have made it mandatory to complete certain modules (e.g. consent). These are not necessarily popular with students but should be considered if they are proved to be effective.

The student representatives stated that students feel disillusioned with student counselling services, as they see a reduction in the sessions offered. Students are reluctant to engage, as they understand that there could be a delay of weeks before assessment by a counsellor. This perceived lack of resources causes strain on SU officers, as students will present at office hours, feel frustrated, disappointed. The SU officers themselves need support with holding space for these students. More effective signposting is required, so students understand who they should speak to about their mental health difficulties. It was felt that there was a strong need for more counsellors – if there is an increase in student numbers there should be a corresponding increase in resources. Additionally, there was a call for more upstream approaches, as counselling is not the only solution. It is important to interact with struggling students before they get to crisis point.

From a student perspective, it was suggested that the framework should focus more on underrepresented groups, such as international or postgraduate students. It was noted that trans students are especially vulnerable as they face unique challenges, such as discrimination and health care access. It was suggested that HEIs could have easy and accessible policies on making pronoun changes. Blood tests for trans students to support monitoring hormones could be provided, as well as staff training. One participant said their HEI has a social transition fund, which is provided through mental health funding.

A gap in the current framework is that it does not outline pathways to diagnosis. This is exacerbated by the lack of pathways to diagnosis provided by the HSE. These factors further compound the vulnerability of international students, who are locked out of the HSE services.

Meeting with HSE representatives

As part of its implementation of the NSMHSPF and the Healthy Campus Charter and Framework, the HEA collaborates with various units in the Health Service Executive (HSE). As such, HSE colleagues were invited to attend a meeting to discuss the framework, with representation from the following areas:

- HSE National Office for Suicide Prevention

- HSE Mental Health and Wellbeing Programme

- HSE Mental Health Operations

- HSE Education, Health and Wellbeing

It was recognised that the framework has generated an increased interest in student mental health and wellbeing, and this has facilitated increased resourcing. HSE representatives noted that the framework has been useful, in that it allows a mandate and pathways for interacting with the HE sector. Furthermore, these pathways have allowed avenues for the HSE to access valuable research data, and inter-sectoral collaboration on research. The framework has allowed the HSE to work with HEIs on the development of these curricula. The framework supports engagement in a structured way, and forms valuable inter-sectoral links with both the HEIs and HEA.

The framework has provided a structure for the various programmes in the space (such as digital health platforms), to make sure they are aligned with each other and the policy goals of the sector and government. From a HSE perspective this has allowed for the development of infrastructure for the delivery of various projects, such as social prescribing. Additionally, the *Healthy Campus Charter and Framework* has supported the development of this infrastructure. Both the frameworks engage in health promotion, and while both add value, it might be useful to consider how they align.

It was noted the framework was largely developed by psychological counselling professionals, so there is space for more input from holistic wellbeing and health promotional bodes, such as Healthy Campus, Healthy Ireland, etc. There is a need to resolve potential tension between Healthy Campus & NSMHSPF, and emphasize the promotion of physical & mental health. Of interest is the Department of Education's Wellbeing Policy Statement and Framework for Practice Plan (2019). This policy has a provision for "support for all, support for some, support for few" which might be a helpful lens for the upstream, settings-based re-thinking of the NSMHSPF.

It was suggested that it might be useful to consider the role of non-national students, not only international students who are already vulnerable, but International Protection Applicants (IPAs), refugees, etc. The IPA situation is a humanitarian crisis that has developed since the writing of the framework. HSE experience shows that students in this cohort may have complex mental health issues (PTSD) that come to a head during the stressful transition from school to HE.

It was suggested that the NSMHSPF align with the HSE's The Sharing the Vision Implementation Plan 2022–2024, which is service focused. Additionally, during the drafting of *Sharing the Vison*, there was an awareness that the current service provision model of the HSE does not work for HE students and transient populations. The HSE's recently established Health Regions might help with this by forming links and pathways for referral.

Other relevant national policies were mentioned:

■ HSE's new Public Health Strategy (2025–2027), which is focused on population-level public health management

■ HSE's Child and Youth Mental Health Office Action Plan 2024–2027, which has increased services available to young people up to the age of 25

■ HSE's Sláintecare strategy for reforming public health and social care system

■ HSE's Guides on Patient and Public Involvement in HSE Research (PPI) (it was noted that student participation via SU reps is important, but not a substitute for PPI input, as these cohorts are not the same)

In general, there was a call for more emphasis on upstream interventions and a clearer alignment with the *Healthy Campus Charter and Framework*. It was noted that both frameworks cover mental health promotion and could be aligned so that mental health promotion might be considered as important as service delivery. At the same time, it was noted that a renewed emphasis on suicide prevention and postvention, and restricting access to means would be welcome.

It was considered that there is an opportunity to develop a national strategy and suite of programmes, so that HEIs are working together and pooling resources and learnings, scaling up and building on initiatives that are already successful. This is of course problematised by HEIs being more autonomous than other educational settings, as they may choose to reject national programmes in favour of in-house solutions.

In terms of gaps, it was noted that implementation monitoring of the framework could be improved, although that might be addressed by the recent Healthy Campus Self-Evaluation Tool. Another gap relates to training student representatives, as the first point-of-contact is often another student or their student rep.

There is potential to expand digital interventions, in light of the HSE's recent Digital Health Strategic Implementation Roadmap. This could help with the negative perception among students of reduced sessions provided by student counselling services, as this is offset by a suite of digital interventions (e.g. 50808, SilverCloud, Togetherall).

Additionally, more emphasis could be placed on student health literacy, to help students understand the digital interventions available to them, to empower them to better understand what mental health interventions they need. It was suggested that the HSE's learnings in this regard may be of value to a future iteration of the framework.

5. Conclusion and Recommendations

Through triangulation of HEI progress reports, written stakeholder feedback and consultation meetings with key stakeholders, a number of priority areas for future HEA policy on student mental health and suicide prevention have been identified.

Both analysis of updates and stakeholder feedback indicate that the *National Student Mental Health and Suicide Prevention Framework* (NSMHSPF) is an excellent policy document, which has supported and advanced work to provide mental health supports to students in a systematic way. However, it is also clear that the Framework can be overly complex at times, leading to duplication across themes and increasing the reporting burden on HEIs. Further, there is a need for meaningful, measurable indicators to ensure sustained progress in this area. As such, it is now timely to revise and refresh the Framework.

Another priority area that emerged, was the desire among respondents for national guidance in a number of different areas. Indeed, collaboration and the sharing of best practice was seen as an important outcome of the NSMHSPF and one which should be enhanced in any future iteration of the Framework or implementation plan. While there were some calls for further research, there is a clear opportunity to leverage existing evidence to develop robust national guidance on areas such as policy development (e.g. postvention, campus audit), framework alignment (*Healthy Campus Charter and Framework* /NSMHSPF), and embedding mental health promotion and wellbeing in the curriculum.
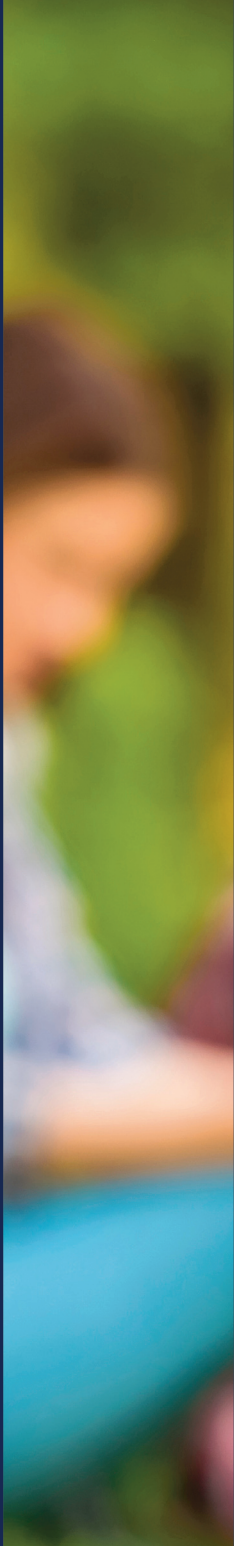
The most prominent topic in reporting, stakeholder feedback and consultation meetings related to links with external agencies/services. As can be seen from the overview above, a key issue highlighted by stakeholders is the ongoing difficulty with referral pathways into HSE services for higher education students, particularly those with acute mental health problems or living away from home. While there is good evidence of links with external agencies/services, these are neither systematic nor consistently formalised. There was a clear call from a majority of stakeholders that a national approach to such links should be established.

Another priority for stakeholders, especially students, was the need to develop targeted interventions for specific cohorts of students. Groups such as international students, mature students and postgraduate students were seen to be less well served by current services/interventions. Stakeholders also flagged the need for equal access to services for all students, particularly in multi-campus HEIs.

In light of these emerging priorities and the preceding analysis of progress reports, stakeholder feedback and consultation meetings, this report ends by making four key recommendations in relation to the NSMHSPF. These are in addition to the ten specific recommendations relating to the Framework document included earlier in the report.

Key Recommendations

1. An **independent revision of the framework** should be commissioned to streamline implementation actions and give more guidance to HEIs.
2. **Meaningful, measurable indicators should be agreed** to monitor and evaluate impact and progress in various areas including: Service provision; Awareness raising initiatives; Interventions for students; Training for staff; Interventions for at-risk groups.
3. **National Guidance** should be developed on: Policy development (e.g. postvention, campus audit); Framework alignment (Healthy Campus & NSMHSPF); Embedding Mental Health Promotion and Wellbeing in the Curriculum.
4. A **national approach to links to external services** should be established.

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