

# When, how and why should we involve trusted contacts when serious concerns are raised about a student's well-being?

FORBES-MCKAY, K.E. and HENDERSON, S.

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# **When, how and why should we involve trusted contacts when serious concerns are raised about a student's well-being?**

**Katrina E. Forbes-McKay and Sarah Henderson**

**School of Applied Social Studies, Robert Gordon University, Aberdeen, UK**

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## **Abstract**

**Purpose:** This study investigates the relationship between mental wellbeing (MWB) and social support (SS) whilst addressing the paucity of research on students' support for emergency contact schemes (ECS) and their views on how and when such schemes should be implemented.

**Methodology:** One hundred and thirteen students recruited via opportunistic sampling completed an online survey including the Interpersonal Support Evaluation List - shortened version (Cohen *et al.* 1985), Warwick-Edinburgh Mental Wellbeing Scale (Tennant *et al.* 2007) and questions about ECS. A correlational design used the Pearson product-moment correlation to explore the relationship between MWB and SS. A between-subjects design using independent measures *t*-test investigated differences in SS and MWB between those with and without a 'trusted person' (TP).

**Findings:** The preferred name was 'Named Trusted Person Scheme' (NTPS), the preferred TP was parent/guardian or partner, and the preferred means of contact was Personal Tutor to mobile phone. Most students (96%) supported the use of an NTPS when serious concerns were raised about mental or physical health, personal safety, or student engagement. Those opposed were concerned about a loss of agency, identifying a TP or the TP worsening the situation. MWB was positively correlated with SS, and those with a TP had higher levels of MWB and SS than those without.

**Originality:** This study addresses the under-explored area of students' support for ECS, whilst enhancing our understanding of the relationship between MWB and SS especially amongst those without a person they could trust. This research provides valuable insights for universities

looking to implement or refine such schemes, with the potential to improve students' MWB, academic achievement, and retention by enhancing support.

**Keywords** Student Wellbeing, Social Support, Emergency Contact Scheme, University Policy, Student Experience

**Paper Type** Research Paper

## **Background**

### *Mental Wellbeing*

The mental wellbeing of university students is of growing concern and the need to safeguard them is an ongoing challenge. HESA (2022) reported 122,530 students with a recorded mental health condition in the UK in 2016/17, whilst the Office for National Statistics (2022) reported 319 suicide deaths amongst higher education students between 2017 and 2020. A survey of six UK universities reported that approximately one-third of students were at risk for suicidal behaviour (Akram *et al.*, 2020), whilst the WHO (2021) noted suicide as the fourth leading cause of death among 15-29-year-olds. The escalation of mental health issues is further reflected in the 76% increase of university students in Scotland seeking mental health support between 2012–2017 and the 94% increase in demand for counselling services across UK higher education providers (Office for Students, 2019). Since the COVID-19 pandemic, however, mental health issues among university students have escalated further (Allen *et al.*, 2023).

### *Impact on academic progression*

The impact of this increase in mental health issues is far-reaching. Indeed, several studies indicate that mental health problems can seriously affect students' attainment, progression, and study outcomes (Evans *et al.*, 2018). Students experiencing mental health difficulties are less likely to complete a course, more likely to drop out of university (Richardson, 2015), less likely to attain higher grades (Eisenberg *et al.*, 2009), and less likely to secure higher level employment or go on to postgraduate study (Gunnell *et al.* 2020). Enhancing support for students is therefore crucial.

### *Social Support*

The moderating impact of social support on stress (Cohen, 2004; Dunkley *et al.*, 2000) and wellbeing among students (Allen *et al.* 2023, Poots & Cassidy, 2020) is well-established. Indeed, there is considerable evidence that people with mental health disorders do better when their friends, families or significant others are involved in their recovery, and they have access to a social support network (Hunt and Eisenberg, 2010).

According to a review by Kessler *et al.* (2007), 75% of mental health disorders emerge by the mid-20s. Crucially, this period coincides with a time when young people are making the challenging transition to adulthood (Arnett *et al.*, 2014) and to university life. For many students, the impact of this transition is worsened by a move away from the family home which leaves them separated from well-established social support networks (Mulder and Clark 2002).

Significant others may therefore play a fundamental role in supporting students in crisis (Alsubaie *et al.*, 2019) and ‘information sharing’ (contacting trusted individuals and notifying them that someone is perceived to be at serious risk of harm) is well highlighted within student mental health policy guidance (Hughes and Spanner, 2019). Indeed, recent guidance from PAPYRUS (2022), is urging universities to develop clear policies on when and how to involve trusted contacts when serious concerns are raised about a student’s health or safety. Although universities recognise that they have a duty of care towards their students (House of Commons Library, 2019), this duty remains ill-defined and there is widespread unease about the use of emergency contact schemes. Some propose that sharing information with families provides an opportunity to intervene and prevent loss of life (House of Commons Library, 2019; Morrish, 2019), others however, think it may increase risk by undermining student autonomy. Indeed, much research has noted that retaining autonomy and decision-making power is crucial for those experiencing mental health issues. Removal of such autonomy can lead to a reluctance to disclose experiences and access support (Guthrie *et al.*, 2017).

### *Emergency Contact Schemes*

In view of this, mental health guidance recommends an ‘opt-in’ format where students provide consent for the university to notify an emergency contact (of their choice) if serious concerns are raised about their mental health (OFS, 2021). This allows universities to expand the support available to a student experiencing difficulties, whilst enabling students to select an individual best equipped to provide support (Linton *et al.*, 2022). The latter limits the possibility of

notifying an individual who may worsen or indeed be the source of the difficulty (Linton *et al.*, 2022).

Findings from Neves and Hillman (2019) indicate that most students agree that universities should be able to contact parents or guardians if they have concerns about mental ill-health, especially in extreme circumstances. What constitutes ‘extreme circumstances’ however remains unclear. In a survey of 14,072 undergraduate students in the UK, 66% were supportive of their parents being contacted if they were experiencing extreme difficulties, 15% were supportive in any circumstance, yet 18% were not supportive under any circumstances (Neves and Hillman, 2019). These figures were supported by Linton *et al.* (2023) who reported approximately 90% of students ‘opted-in’ to a scheme at Bristol University.

According to Brown (2016), emergency contacts need not be a parent, and the use of such schemes should be determined by the potential for harm. Indeed, Linton *et al.* (2023) noted that students who did not ‘opt-in’ to an emergency contact scheme did so because they ‘did not want their emergency contact to worry’, ‘preferred to tell their emergency contact themselves’, or ‘wanted to handle the situation themselves’. Interestingly, however, a 2018 Institution-wide survey of Bristol University students, noted that 1 in 4 said they did not have someone to talk to about their day-to-day problems (OFS, 2021). Those who are most vulnerable, therefore, might be the ones least likely to opt in. Indeed, Linton *et al.* (2023) noted that experiencing depression and having a gender identity different to sex were the strongest predictors of not ‘opting in’.

Although students appear to be supportive of ECS, there is very little published research on students’ views on the preferred format and use of ‘opt-in’ policies or the specific circumstances under which such schemes should be employed. This is further reflected in staff calls for clearer guidance in the use of such policy (University Mental Health Advisers Network, 2022). To ensure high engagement with and therefore enhance the beneficial impact of such schemes, it is essential to gather the views of students on when, how and who to contact when concern is raised (Linton *et al.* 2022, Baik *et al.*, 2019; Chan *et al.*, 2016).

### **The Uniqueness of the Study**

This study investigates the underexplored area of student perspectives on the implementation and format of an ECS and adds to the existing literature by increasing our understanding of the

relationship between student mental wellbeing and social support. Indeed, student perspectives on when and how to implement an ECS have not been widely explored. The findings of this study can therefore be used by universities to inform the development and implementation of ECS policy. In turn, this has the potential to improve academic achievement, progression, and retention by enhancing student wellbeing and the overall student experience.

## **Objectives, Research Questions and Hypotheses**

This study is one of the first to explore student perspectives on the implementation of an Emergency Contact Scheme whilst investigating the relationship between student wellbeing and social support. The study aimed to answer the following research questions:

*RQ1. Do students support an 'opt in' ECS?*

*RQ2. When do students think an 'opt in' ECS should be implemented?*

*RQ3. How do students think an 'opt in' ECS should be implemented?*

The study tested the following hypothesis:

*H1. There is a positive relationship between mental wellbeing and social support.*

*H2. Mental wellbeing and social support are significantly higher amongst those with a 'trusted person' compared to those without.*

## **Method**

### *Research Design & Context*

The study employed an online survey design. The research questions were answered using descriptive statistics of closed questions. RQ1 was also tested using an open-ended question to explore the reasons for not opting in. Hypothesis 1 was tested using a correlational design to determine the relationship between the level of social support and mental wellbeing. Hypothesis 2 was tested using a between-subjects design to compare social support and mental wellbeing among those with and without a trusted person. The questionnaire was distributed across a range of undergraduate and postgraduate courses at a modern Scottish University.

### *Participants*

In total 113 students completed the questionnaire, this included 14 males, 95 females, 2 who preferred not to say and 2 identifying as other. The sample ranged in age from 17 to 60 with a mean age of (28.18, SD 11.14). In terms of ethnicity, 99 identified as White, 3 as Mixed Race,

4 as Asian, 2 as African, and 5 as another ethnic group. Seventy-seven undergraduate students and 36 postgraduate students took part. Forty-four (38%) were studying online whilst 69 (60%) were campus-based students. Thirty-nine students were in rented accommodation or student halls (33%) with 74 living in their own or family home (64%).

### *Materials*

An online questionnaire was designed to measure students' levels of social support and mental wellbeing together with support for and opinions on an ECS. Section 1 included closed questions to gather students' views on support for an emergency contact scheme, the preferred name for the scheme, and when and how to use the scheme. 'Support' was measured using a closed question that asked the students *'If we introduced an opt-in scheme and asked you to provide contact details of an individual who could be contacted when we have serious concerns about your wellbeing, would you do so?'* An open-ended question was also included to explore reasons for not opting into the scheme. To determine the preferred name for the scheme, students were presented with *'Emergency contact'*, *'Named trusted person'*, and *'Designated person'* and asked to select one. In terms of 'when' to use the scheme, students were presented with the 10 statements noted in Table 1 and asked to select all the circumstances under which they felt the scheme should be used. An open-ended question was included to determine what period of disengagement students felt was alarming. To determine 'how' contact should be made, students were presented with *'university email'*, *'personal email'*, *'phone call'* and *'text to mobile phone'* and asked what they thought was the best mode of communication. They were also asked to choose their preferred contact from *'parent/guardian'*, *'partner'*, *'close colleague'* or *'friend'*. To determine who should make contact, students were asked to select from *'personal tutor'*, *'course leader'*, *'designated person from student support'*, or *'course administrator'*. All of the questions detailed above included an 'other' option with a free text box so participants could provide an alternative answer.

Section 2 included the psychometrically validated Interpersonal Support Evaluation List (ISEL) – short form (Cohen *et al.*, 1985) to measure perceptions of social support. The scale measures social support in terms of the perceived availability of a) someone to discuss issues of personal importance (appraisal support), b) others to interact with socially (belonging support), and c) material aid (tangible assets support). Section 3 included the Warwick-Edinburgh Mental Wellbeing Scale (WEMBS, Tennant *et al.*, 2007) as a measure of mental wellbeing. The WEMWBS has been validated for use in the UK with both student and general population samples. Section 4 included questions about age, gender, ethnicity, mode, and level of study.

### *Ethics*

Full ethical approval was granted by the researchers' School Ethical Review Panel. Participation was voluntary and students completed the survey in their own time. Only those providing informed consent took part in the study. Participants were anonymous, so could not be identified from their responses. Links to support services were included.

### *Data Collection*

The survey was administered online using Jisc Online Surveys (Jisc, 2023). A link to the survey was shared via email to three courses across the University and was embedded in several modules via the Virtual Learning Environment.

### *Data Analysis*

Data were analysed using IBM SPSS v.28. Descriptive statistics were used to determine means, standard deviations (SD), percentages and frequencies, whilst the Pearson product-moment correlation was used to determine the significance of any relationship between social support and mental wellbeing. Based on Cohen (1988), the strength of the relationship was categorised as small ( $r=.10-.29$ ), medium ( $r=.30$  to  $.49$ ) or large ( $r=.50$  to  $1.0$ ). An Independent samples *t*-test was used to compare means between those with and without a 'trusted person'. The authors used a 90% confidence level, and a *p*-value of 0.05 or less was deemed to be significant.

## **Findings**

### *RQ1. Do students support the implementation of an 'opt in' ECS?*

When asked if they would opt-in to an ECS, one hundred and eight students (95.6%) answered 'Yes', whilst 5 (4.4%) answered 'No'. Of the 5 opposed, 1 was male, 3 were female and 1 selected 'prefer not to say'; 3 were white and 2 selected other; 3 studied at undergraduate and 2 at postgraduate level, while 4 lived in private rented accommodation and 1 lived in their own home. Exploration of the open-text responses indicated that those who were opposed were concerned over 'a loss of agency', 'worries that their potential contact would be unhelpful/worsen the situation', and 'not having a trusted person to put forward'.

### *RQ2. When do students think an ECS should be implemented?*

Students were asked 'Under which circumstances do you feel contact with the emergency



contact is needed?'. As shown in Table I, the majority of students felt contact was needed if there were serious concerns about the student, the student was experiencing a physical or mental health issue, the student had been admitted to hospital or detained by the police or had been suddenly taken ill.

### **Insert Table I Here**

Students also felt contact should be made if a student ceases to engage with their studies, fails to submit coursework/attend an exam or has not been recently seen in their hall of residence. When asked 'what period of disengagement they felt was concerning' students responded with a mean of 13.71 (SD 9.33) days, approximately 2 weeks.

#### *RQ3. How do students think an ECS should be implemented?*

When asked about their *preferred name for the scheme*: 67 students (59%) selected 'named trusted person' (NTP), 34 (30%) selected 'emergency contact' and 14 (12.1%) selected 'designated person'.

When asked about the *best person to contact* when concern is raised: 55 students (49%) selected parent, 11 (10%) selected friend, and 39 (35%) selected partner. Eight students (7%) selected 'Other' and responses included: an individual selected by the student, sibling, daughter, and Health Care Professional.

When asked about the *best person to make contact* when concern is raised: 76 (67%) students selected personal tutor (primary pastoral care contact), 18 selected a dedicated person for student support (15%), 2 selected course administrator (2%), and 12 selected course leader (10%). Five students selected 'Other', and responses included: a person the student feels comfortable with and a mental health officer.

When asked about the *best mode of communication* to use when concern is raised: 48 (42%) students selected telephone call to mobile phone, 36 (32%) selected text message to mobile phone whilst only 10 (9%) selected University email and 11 (10%) selected personal email.

*Hypothesis one - There will be a positive relationship between mental wellbeing and social support.*

Scores on the WEMWBS ranged from 26 to 63 with a mean score of 45.50 (SD 8.87). Scores on the ISEL ranged from 12 to 48 with a mean score of 37.00 (SD 7.28). Results indicated a large positive relationship between Wellbeing and Social Support ( $r = 0.52$ ,  $N = 113$ ,  $p < 0.001$ ), those with higher levels of perceived social support have higher levels of wellbeing. Hypothesis 1 is therefore supported.

*Hypothesis two - Mental wellbeing and social support will be significantly higher among those with a trusted person than those without.*

Ninety (81%) of the students answered ‘probably or definitely false’, in response to question 2 from the ISEL ‘I feel that there is no one I can share my most private worries and fears with’, whilst 21 (19%) reported it to be ‘probably or definitely true’. Of the 21 without someone to share their worries with, 1 was male, 18 were female and 2 selected prefer not to say; 17 were undergraduate and 5 were postgraduate; 19 were white, 1 was Asian, 1 was mixed race and 1 selected other; while 8 were living in private rented accommodation, 1 in halls, 6 in their own home and 7 in their family home.

To determine if these two groups differed in terms of social support or wellbeing, a series of independent samples  $t$ -tests were carried out. As shown in Table II, results indicated that those who felt they had someone to share their worries and fears with scored significantly higher (Mean 47.04, SD 8.26) than those who did not (Mean 38.90, SD 8.52) for mental wellbeing ( $t(109) = 4.04$ ,  $p < 0.01$ ) and for social support ( $t(109) = 6.97$ ,  $p < 0.01$ ) (Mean 38.96, SD 5.89 compared to Mean 28.86, SD 6.90).

Hypothesis 2 was supported.

**Insert Table II here**

## **Discussion and Conclusion**

### *Support for an Emergency Contact Scheme*

Despite the unease around the introduction of emergency contact schemes, the current study supports previous findings (Neves and Hillman, 2019, Linton *et al.*, 2023) that most students

are supportive of an opt-in ECS.

This study adds to the literature by highlighting students' preference for the term 'named trusted person' over 'emergency contact' whilst also identifying the specific situations under which students feel contact is needed. These included serious concerns being raised about a student's: mental or physical health, disengagement with their studies (especially if more than 13 days), failure to submit coursework/attend an exam, detainment by police or hospital, not being seen in their hall of residence or personal safety. The identification of such situations provides clarity for staff and policymakers on when to implement such schemes.

Of the small number opposed, concerns were raised around a loss of agency, worries about identifying a potential contact or the contact worsening the situation. This supports Linton *et al.*'s (2023) finding that the ability to provide effective support is crucial in identifying the NTP. Although most students selected parent/guardian as their preferred contact, the range of responses indicates the importance of flexibility when selecting an NTP and supports Brown's (2016) proposal that the NTP need not be a parent. This highlights the importance of providing flexibility in who can act as an NTP. Alarming, however, and in line with Linton *et al.* (2023), almost 20% of the sample felt they did not have anyone to share their worries with. Interestingly, this was not restricted to those in student halls or rented accommodation.

To the authors' knowledge, there is limited research on who and how students feel contact should be made when using an ECS. The students in the current study selected 'personal tutor' as the person to contact them when concern was raised. Personal tutors are individuals who provide academic and pastoral support, throughout a student's University journey. This further highlights the importance of the personal tutor's role in enhancing the transition to university and in signposting students to further support (Yale, 2019).

Even though most university communication is delivered via university email, students in the current study selected call or text to mobile phones as their preferred method of communication. This suggests that universities may have to rethink the way in which they communicate with students especially when concern is raised.

### *Mental wellbeing*

In line with the findings of Brooker & Vu (2020), most students in this study reported high

wellbeing as measured by WEMWBS. The wellbeing scores also align with the population norms reported by Tennant *et al.* (2007). Interestingly, however, those with lower levels of mental wellbeing reported lower levels of perceived social support. This supports previous research by Poots and Cassidy (2020) who noted that social support mediated the link between academic stress and wellbeing in a sample of university students. This study, however, adds to the literature by reporting that those without a trusted person reported significantly lower levels of mental wellbeing and social support. This further highlights the importance of expanding the social support made available to students, especially during times of need.

### *Implications for Practice*

The findings clearly demonstrate the potential to enhance social support and mental well-being amongst university students through the development of NTP schemes. Students strongly support the introduction of an NTP when concern is raised about physical or mental health, personal safety, or student engagement (especially after 13 days). In developing NTP policy, however, universities need to be cognizant of students' varied needs and allow flexibility and choice in terms of who the trusted contact(s) are and when, how and who makes such contact. By allowing choice, students may be more likely to open up/share experiences in the knowledge that the contact can provide the support needed. This should alleviate fears around loss of agency or the TP worsening the situation. By providing early intervention and expanding the support network available to students via an NTP, universities can improve the mental well-being of their students which in turn could improve academic progression, retention, and attainment. The findings also address calls from university staff for clear guidelines on how and when to use an EC scheme.

There are also implications for the wider Higher Education community. While the use of the NTP scheme should help normalise the discussion of mental health issues, support students struggling with their university experiences and go some way to reassure families and caregivers; it will encourage universities to carefully consider their current practices and resources. Universities need to have clear and easily understood policies, not only to help students make informed choices about their participation in NTP schemes, but also to ensure that staff are aware of their duty of care and responsibilities. To appropriately implement such schemes, further training will be needed for staff, and Universities must show they have appropriate administrative procedures in place to manage student mental health and avoid undue influence of TP, whilst ensuring students are treated respectfully and fairly in their

studies.

#### *Limitations of current study.*

The main limitations were the small sample size, the high number of female students, and the health and social care focus of the students included. The findings may not, therefore, generalise to students in other disciplines. Nonetheless, the study has highlighted important relationships between social support and mental wellbeing, whilst highlighting student support for a NTP scheme.

#### *Recommendations for future research*

This study indicates that students are supportive of an NTP scheme, it would be beneficial, however, to gather the opinions of a larger and more diverse sample (i.e. more male students, studies from a range of disciplines and modes of study, home and international students) whilst further exploring the opinions of those who are opposed to the scheme. To ensure we understand the needs of those most likely to benefit from the scheme research is also needed to explore the views of those with lower wellbeing and those without an NTP.

### **Conclusion**

In conclusion, the study findings provide valuable insights into students' support for an NTP, together with their preference for how, when, and why to make use of an NTP scheme. The finding that those with stronger social support networks and a trusted person have more positive well-being, supports the need to introduce NTP schemes. The fact that 20% do not feel they have a person to share their concerns with, however, is alarming and schemes will need to identify ways in which to support such individuals. The findings have potential implications for university support staff, educators, and policymakers. Indeed, the findings provide Universities with clear information about student preferences in terms of when (the circumstances and period of disengagement considered concerning) and how (means of communication, person to make contact, and person to contact) to involve a TP. By introducing NTP schemes, universities could potentially enhance student wellbeing and in turn improve academic achievement, retention, and progression. To do so, however, universities must ensure that NTP schemes are informed by student choice. These findings may also influence the wider Higher Education community. Proactively addressing the concerns of the public government and their own staff can only be beneficial; namely through supporting the development of

appropriate training, clarity of policy and helping students be confident in disclosing health issues.

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**Table I:** Percentage of students agreeing that contact should be made with NTP in given circumstances.

Circumstances	Yes
There are serious concerns about the behaviour, personal safety or wellbeing of a student	88% (N=99)
A student is experiencing a mental health crisis	83% (N=94)
A student has suffered a serious physical injury, including self-harm	81% (N=91)
A student has attended or been admitted to hospital in an emergency	77% (N= 87)
A student has been detained by the police or hospital etc. and can no longer engage with their course	72% (N=81)
A student has an ongoing illness, and they appear to be deteriorating	62% (N=70)
A student has suddenly taken ill	60% (N=68)
A student ceases to engage with their studies and we have been unable to contact them	69% (N=78)
A student fails to submit course work/attend an exam	73% (N=82)
A student has not recently been seen in their hall of residence	76% (N=86)

Source: Author's own creation/work.

**Table II:** Mean (SD) for Social Support and Mental Wellbeing for those with and without a ‘trusted person’ (TP).

Measure	Those with TP (N=91) Mean (SD)	Those without TP (N=22) Mean (SD)	t-value	p-value
WEMBS	47.04 (8.26)	38.90 (8.52)	4.04	0.0001
ISEL	38.96, (5.89)	28.86 (6.90)	6.97	0.0001

\*p <0.01

Source: Author's own creation/work.