Medr

Y Comisiwn Addysg Drydyddol ac Ymchwil
Commission for Tertiary Education and Research

Mae'r ddogfen hon hefyd ar gael yn y Gymraeg |
This document is also available in Welsh

Common Mental Health and Wellbeing Framework

Date: 13 August 2026

Reference: Medr/2026/42

To: Heads of higher education institutions;
Principals of further education colleges;
Local authority adult community learning leads;
Apprenticeship contract holders

Respond by: No response required

More information: Sam Bowen | wa.inclusion@medr.cymru

Summary:

This publication provides guidance to tertiary education providers in Wales to support a more consistent approach to mental health and wellbeing. The Framework includes a common Support Map approach to help learners understand available support and promotes a whole-provider approach to mental health and wellbeing.

Contents

Introduction and scope of the Framework

1. In 2024, Welsh Ministers published the statement of strategic priorities for tertiary education, research and innovation. One of these priorities required Medr to create a common framework for mental health and wellbeing support across tertiary education and engage with providers to embed this in their policies and practices, ensuring that all learners receive, as far as is practicable, consistent support from provider mental health services and understand the minimum level of support they can expect in this area.

2. This document sets out the draft Common Mental Health and Wellbeing (CMHW) Framework for tertiary education in Wales effective from September 2026.

3. The Framework is designed to support a whole-provider approach to mental health and wellbeing by enabling proportionate implementation across higher education, further education, apprenticeship providers, and adult community learning.

4. It does not introduce new regulatory requirements, nor require providers to replace existing arrangements that already support learner mental health and wellbeing. The Framework is intended to assist providers in reviewing, communicating and strengthening existing welfare arrangements, including through self-evaluation activity associated with the Staff and Learner Welfare Condition. The learner-centred principles and Support Map approach provide a shared structure to help providers articulate and develop their existing approaches.

5. The Framework vision is that every learner, regardless of setting, age, or mode of study can understand what support is available, how to access it, and what they can expect from their provider. Our ambition is for providers to create a learning-facing resource called a Support Map to realise this.

6. The Framework is designed to complement and build upon existing provider arrangements and guidance rather than replace them. Providers are not expected to create entirely new structures where existing approaches already support the learner experience described within this Framework.

7. Learner engagement undertaken during the development of the Framework highlighted a desire for clearer information about available support, how to access it and what to expect when seeking help.

8. Effective implementation is likely to include working with NHS Wales, local authorities, employers and other third-sector partners, recognising shared responsibilities for supporting learner wellbeing.

9. The Framework does not prescribe delivery models, organisational structures or staffing arrangements. Providers may determine how best to achieve these outcomes in ways that reflect their context, learner population and delivery model.

10. Medr will continue to promote, support and develop this work with learners, providers and partners. We will engage with the sector to understand how the Framework is being considered and applied in practice and share emerging learning to support the ongoing development of a common learner experience across Wales. The Framework will continue to evolve over time in response to learner engagement, provider experience and emerging evidence.

Core principles and elements of the Framework

11. Providers are expected to approach mental health and wellbeing in line with the following principles:

Learner-centred	Learners can clearly understand what support is available, how to access it and what to expect next. This information must be available bilingually. Data, equality impact assessment and learner engagement is used to identify differing needs, experiences, and barriers, ensuring that mental health and wellbeing support is equitable, inclusive, and be as responsive as possible to diverse learner communities.
Whole-provider	Wellbeing is influenced not only by specialist wellbeing support, but also by things which include, but are not limited to, learning support and design, environment, staff-student relationships, organisational culture, physical and digital spaces, leadership, and external partnerships.
Proportionate	Approaches reflect provider context and learner profile, recognising that not all providers will offer the same level or type of provision.
Clear boundaries	Providers play an important role in promoting wellbeing, providing support and managing risk within their remit. However, they do not replace NHS, social care or other statutory services and should establish clear pathways for referral, escalation and partnership working.
Collaborative	Working with partners such as NHS Wales, local authorities, employers and third sector partners, recognising that capacity, governance and arrangements across partners may affect how collaboration is achieved in practice.
Responsive to evidence	Arrangements are reviewed and improved over time in response to evidence.

12. While providers will organise and deliver support in different ways, the Support Map we expect to be common across all tertiary education in Wales. The Support Map outlines a common structure and provides the foundation for consistency, even where services, staffing models, and resources differ.

Developing a Support Map

13. The Support Map acts as the primary learner-facing resource for accessing and navigating support. Learners consistently told us they wanted:
    - a single place to find support information;
    - language that is simple and easy to understand;
    - clear explanations of what support is available;
    - confidence about who they can talk to;
    - reassurance about what happens after asking for help.

    Providers should consider these themes when developing and testing their own learner support information.

14. When developing or refining an effective Support Map it is likely to:
    i) explain support in a way that is easy to understand;
    ii) provide a clear distinction between everyday wellbeing and early support, targeted or specialist support, and crisis response, postvention arrangements and safeguarding processes;
    iii) ensure boundaries are explicit by explaining what a provider can and cannot offer and, where appropriate, for example, how learners may access external services, including clinical support;
    iv) align escalation points with safeguarding and welfare risk procedures;
    v) involve learners when developing and reviewing the Support Map.
    vi) reflect a whole-provider approach, recognising that mental health and wellbeing are supported through wider policies, practices, learning environments and support arrangements, and not solely through specialist wellbeing services. Further guidance on achieving this alignment can be found in the section *'Embedding a whole-provider approach to mental health and wellbeing'*.

15. Local branding may be used, but the term Support Map should remain visible to support consistency across Wales.

16. Learners should not be required to navigate multiple disconnected wellbeing, safeguarding or support pathways to understand what support is available. The purpose of the Support Map is to bring these routes together into a single learner-facing view.

17. In work-based learning settings, providers can reflect support routes involving employers, workplace mentors or other learner-facing contacts.

18. Providers may already utilise established wellbeing, mental health, safeguarding, risk assessment or trauma informed approaches. The Framework is not intended to replace or duplicate effective existing arrangements. Providers should ensure that existing approaches contribute to the learner experience expectations described within this Framework.

Learner centred approach

Learner engagement

19. Analysis of 2025 National Student Survey free-text comments highlights learner concerns about mental health support being unclear, inconsistent and often only visible at crisis point, with confusion about where to go and what happens next. The

Common Mental Health Framework responds by prioritising clarity, early understanding and consistent learner experience through the Support Map approach. While this evidence reflects higher education learners only; Medr will supplement where possible with new learner survey activity across further education, work-based learning and adult learning to inform future development of the framework.

20. Learner engagement activity with apprentices, further education learners and adult learners explored whether the Support Map and learner-facing language were clear, meaningful and accessible in different tertiary contexts. Learners consistently reported that they wanted to know:
    - where to go when they need support;
    - who they can speak to;
    - what will happen next;
    - what support providers can offer directly; and
    - when concerns may need to be shared to keep someone safe.

21. Learners also emphasised the importance of using simple language, avoiding professional terminology where possible, and presenting support information in formats that are easy to understand and navigate. The Support Map approach and learner-facing examples within this Framework have been refined in response to this feedback

Embedding a learner centred approach

22. It is expected that providers will ensure that learner-facing explanations of support are developed, tested and kept under review with learners, in line with the Learner Engagement Code.

23. Learner engagement in shaping, testing and refining how the Support Map is presented allows learners to contribute to decisions that affect their experience.

    This can include proportionate activity such as:
    i) testing whether learners can explain back, in their own words, what they would do if they needed support;
    ii) assessing learners' understanding of the difference between levels of support and when escalation may happen; and
    iii) seeking engagement from learners who are less likely to access formal services, including part-time, work-based or adult learners.

24. Information should be available in formats that are accessible and meaningful to diverse learner groups, including learners with Additional Learning Needs.

Example Support Map

25. The example below is illustrative only. Providers should adapt the language, roles and examples to reflect their local context while retaining the learner-centred structure and intent of the Support Map.

Learner experience	Ways you might be supported	What can I expect?
Learner is an immediate risk or in crisis. *"I need urgent help now."*	• NHS 111 (Press 2) • Emergency services (999 where there is immediate danger) • Internal safeguarding or emergency procedures • Crisis support services • Immediate support from appropriate staff	Safety will be prioritised. I will be supported to understand what is happening, what action is being taken and who is involved.
Learner is feeling overwhelmed, using unhealthy or risky coping strategies, or experiencing significant difficulty. *"Things are getting harder to manage, what help can I get?"*	**Enhanced support** • More regular wellbeing reviews or check-ins • Risk and safety planning • Increased practical support **Coordinated response** • Support meetings • Coordination between services • Support involving family or carers where appropriate, lawful and agreed **External support** • • Referral or signposting to specialist services	My support will be reviewed regularly and someone will help coordinate support where several services are involved.
Learner has ongoing distress, difficulty concentrating, is withdrawing, or is struggling to keep up. *"I'm struggling and need some support and want to know what happens next"*	**People I can talk to** • Tutor, assessor or named support contact • Learner support adviser • Wellbeing Hub/workplace contact **Learning support** • Learning support plans • Reasonable adjustments • Flexible learning or assessment arrangements (where appropriate) **Wellbeing support** • Wellbeing adviser appointments • Counselling support (where available) • Mental health adviser support	We will discuss what support might help, agree next steps and review whether support is working.

	Coordinated support • Support from more than one team • Help accessing NHS or external services	
Learner is experiencing stress, worry or low mood that's beginning to affect day-to-day life and/or learning. *"Something doesn't feel right, who can I talk to and what support could I get?"*	**People I can talk to** • Tutor, assessor or named support contact • Learner support adviser • Wellbeing hub/workplace contact **Practical help** • Attendance support • Study planning and time management support • Financial or practical advice • **Wellbeing support** • Supportive conversations • Wellbeing drop-ins • Peer support opportunities • Signposting to additional help	Someone will listen, help me understand my options and explain what support might help.
Learner is managing well and wants to stay well. *"I'm okay and want to stay well, what can I do to help to keep feeling like I am coping well."*	**Belonging and community** • Learner communities and peer networks • Clubs, activities and volunteering opportunities **Learning and study** • Study skills and learning support • Induction and transition activities **Wellbeing and self-help** • Wellbeing information and self-help resources • Online wellbeing tools and courses • Workshops on sleep, resilience, stress or healthy routines **Practical support** • Financial wellbeing information • Careers advice • Information about available support services	I can access these resources at any time and choose what works best for me.

Embedding a whole-provider approach to mental health and wellbeing

26. The Support Map provides clarity about how learners can access help. For it to be effective, providers need appropriate structural enablers and will likely use the self-evaluation process to inform the provision of support within it. This forms part of the requirement to have arrangements, including policies, procedures and services, that promote and support learner wellbeing and safety.

27. Mental health and wellbeing support is most effective when it is embedded across learning, culture, environment and leadership, and not treated solely as a specialist support function.

28. Behind the learner-facing Support Map, providers are expected to maintain effective governance, policies, procedures and support arrangements that ensure support can be delivered safely, consistently and avoids inadvertently causing harm or creating barriers to support which includes:
    - policies, practices, and arrangements that align with statutory and regulatory duties;
    - agreed assessment and escalation pathways to include agreed coordination between but not limited to support services, learning teams and safeguarding leads and accommodation staff (where relevant);
    - reviewing learner need, access and effectiveness of support over time, using learner feedback and any available data;
    - clear staff role definitions;
    - staff training plans and development that is informed by their role in promoting wellbeing, recognising concerns and responding appropriately, where applicable, informed by sector collaborative training matrixes; and
    - arrangements for working with NHS, employers and third-sector partners.

29. When developing a clear Support Map, the questions below are intended to support providers. Providers are not expected to answer every question in the same way and may identify different priorities depending on their context, learner population and delivery model.

Learning environment and assessment

i) Does learning, teaching and assessment practice and design recognise predictable pressure points and transitions e.g. assessment periods, transitions, changes in study status?
ii) Are academic and teaching staff confident explaining how wellbeing support sits alongside learning or academic support?
iii) Are reasonable adjustments and flexibility explained clearly and applied consistently?
iv) Do careers, employability and progression support contribute to learner wellbeing by helping learners understand and plan their next steps?

Learning culture and relationships

v) Do learners feel safe raising concerns without fear of stigma or negative consequences?
vi) Do staff and learners have clear, up-to-date tools signposting to NHS Wales, including NHS 111 (press 2), and third sector support?

vii) Do staff recognise how their day-to-day interactions with learners can support positive mental health and wellbeing through inclusive, respectful and learner-centred practice?
viii) Do the environment and communications provided acknowledge mental health and wellbeing as relevant to learning?
ix) Is learner voice used meaningfully to inform how support and environments are shaped?

Physical and digital environments

x) Do physical, workplace or digital learning spaces promote inclusion, equality, accessibility and psychological safety?
xi) Are learners who study online, in workplaces, or community venues able to recognise themselves in wellbeing messaging and do they have same level of access to support?

Staff capability and boundaries

xii) Do staff understand their role in the Support Map and when to escalate concerns, including how and when to share urgent or safeguarding information?
xiii) Are there named roles or teams responsible for learner wellbeing queries?
xiv) Are there agreed assessment and escalation routes, which are aligned with existing safeguarding procedures?
xv) Are arrangements available for staff dealing with complex cases, and have these been appropriately communicated?
xvi) Is there active coordination between support services, learning teams and safeguarding roles?
xvii) Are external partnerships (NHS, third sector, employers) actively maintained?
xviii) Is staff training and development informed by their role in promoting wellbeing, recognising concerns and responding appropriately?
xix) Are staff trained to have compassionate, boundaried conversations about wellbeing?

Leadership and system oversight

xx) Is there clear senior ownership of mental health and wellbeing arrangements?
xxi) Is data used to provide insight, monitor demand and access, and review and improve clarity and effectiveness over time?
xxii) Are wellbeing considerations embedded in learning design, environments and everyday practice?
xxiii) Is learner voice and engagement routinely used to refine communication, pathways, and support approaches?
xxiv) Is there a contribution to sector-wide learning, collaboration and improvement activity?

Definitions

30. Definitions from Medr's glossary:

Mental Health: A state of mental wellbeing enabling individuals to cope with life stresses, realise abilities, learn and work well, and contribute to their community. It is viewed as a basic human right underpinning individual and collective decision-making.

Emotional Wellbeing: The capacity of individuals to manage emotions, build positive relationships, and maintain a sense of purpose and belonging. This encompasses both individual resilience and the provider support systems that promote balance.

Safeguarding: Measures that a provider takes to protect learners and staff from abuse, neglect, exploitation, or harm, including training, policies and reporting procedures.

Support Map: A learner-facing description of the support available, how it can be accessed and what learners can expect when seeking help.

Whole-provider approach: An approach in which mental health and wellbeing are considered across learning, culture, leadership, environments and support services rather than being viewed solely as the responsibility of specialist support teams.

Integrated Equality Impact Assessment summary

31. The Common Mental Health and Wellbeing Framework is expected to have an overall positive impact on learners across the tertiary education sector in Wales. Predominantly positive indirect impacts are identified because Medr is not directly delivering services. Medr will keep this under annual review.

32. The Framework supports a more consistent, accessible and learner-centred experience of mental health and wellbeing support, promotes equality of opportunity, contributes to improved wellbeing outcomes, strengthens learner voice, and encourages whole-provider approaches which consider wellbeing across policies, learning environments and institutional culture.

33. Approaches will vary across providers so potential risks relate primarily to variability of offer and provider capacity which Medr will continue to consider as part of ongoing engagement relating to Framework implementation.

Medr

Y Comisiwn Addysg Drydyddol ac Ymchwil
Commission for Tertiary Education and Research

www.medr.cymru

2 Cwr y Ddinas
Stryd Tyndall
Caerdydd
CF10 4BZ

2 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Noddir gan
Lywodraeth Cymru
Sponsored by
Welsh Government