

Evaluation of the OfS Mental Health Challenge
Competition
Early Findings Report

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Executive summary

The Mental Health Challenge Competition (MHCC) is a programme developed by the Office for Students (OfS). It provides £6 million of funding to higher education providers to develop collaborative interventions that would bring about a ‘step change in mental health outcomes for all students’.

The programme commenced in 2019 and funded 10 collaborative projects. Each brings together higher education providers and other organisations (such as NHS partners, further education colleges and charities) in order to address issues around “connectivity” and “complexity” in support for student mental health.

This report summarises an evaluation of the delivery phase (including implementation) of the 10 projects to provide early findings for the sector. It explores the value of the MHCC, as well as key lessons learned and common challenges experienced during project implementation, delivery and the development of strategic partnerships. Future reports will explore the other objectives of the MHCC, including how projects have effectively coproduced interventions with students, the impact of the projects on students and effective evaluation.

The 10 projects were positive about the progress that they had made to date on implementation and delivery. The MHCC appears to be funding innovative activity, with several projects delivering interventions that were distinct from existing work in the higher education sector, and that therefore may have the potential to inform the sector about new approaches to supporting student mental health.

The following key findings and recommendations have emerged from this stage of the evaluation:

1. The MHCC appears to be supporting innovation. Indeed, seven projects reported that they were not aware of anything similar to their project already being delivered in the higher education sector. The remaining three projects, whilst aligned to previous work in the sector, were being delivered at a much greater scale than existing work.
2. The MHCC has generated value in enabling innovative activity to be developed where universities and partners would not otherwise have had the resource or capacity to carry their ideas forward – either at all or to the same extent – in the absence of funding. In this respect the MHCC appears to be providing valuable resource that is enabling higher education providers to drive forward work that may not have otherwise been possible. Some higher education providers had encountered challenges securing additional funding for student services within their institution, which has prevented them from being able to trial new initiatives prior to the MHCC programme. It is unclear to what extent this challenge is being encountered by other higher education providers across the sector. There may be value in further exploring how institutional funding is currently being used across the sector.
3. Projects were generally positive about the progress they had made in implementation and delivery up to March 2020, when the coronavirus

pandemic spread to the UK. However, common challenges had been encountered in relation to recruitment, staff capacity and procedural issues, such as human resources and legal processes. Many of these issues were felt to be the result of ‘slow’ processes within higher education providers. Considering these challenges, providers that are looking to deliver partnership projects of a similar nature within time-bound pilot projects should build in plenty of time at project inception to overcome these hurdles, or consider opportunities to back-fill posts from existing staff.

4. A lack of effective resourcing for staff to engage with the MHCC was a key challenge, especially where staff were expected to take on project work in addition to their usual ‘day job’. This resulted in staff being ‘stretched’ or difficult to engage. This challenge underscores the importance of properly resourcing key individuals within project plans to ensure they have capacity to engage.
5. Limited capacity of students’ union representatives was a barrier to student engagement. Concerns were raised that students’ union involvement in projects was sometimes written into projects without consideration of resource and the other competing demands of student representatives’ time. This issue was not felt to be specific to the MHCC, but rather a pitfall that higher education providers can often fall into when developing new projects. We encourage higher education providers who are developing projects to ensure students’ unions are included in planning discussions and properly resourced within project plans to ensure they can fully engage.
6. Projects were broadly positive about the effectiveness of their partnerships with 77 per cent of survey respondents reporting that their partnership was working effectively. Common enabling factors included regular meetings between project partners; taking the time to develop relationships and trust between partners at the beginning of the project; buy in and commitment of project staff, including senior staff; and having a clear common aim across partners. However, there were some common challenges in relation to:
 - a. Ensuring that the strategic priorities of each party to the partnership are understood
 - b. Avoiding single points of failure
 - c. Ensuring roles and responsibilities are clear across all partners.
 - d. Partner engagement
7. Some projects saw improvements in partner engagement as a result of a move to remote meetings precipitated by the coronavirus pandemic. Projects may benefit from provisioning for remote working even where partners are geographically close and where face-to-face meetings may be possible, as remote working has the potential to minimise barriers to engagement such as travel time. We encourage individuals in the sector who are developing partnership projects to consider this approach.
8. Partnership working is helping to pull in greater expertise to inform support for student mental health, which has benefited the service design of projects. Partnership working had also helped to promote understanding of the role different partners played in student mental health, which could promote improved relations between partners and ensure that staff have better knowledge of the range of support on offer. This could in turn result in

improved connectivity between services, helping to reduce the likelihood of students slipping through the gaps between services. This is a positive illustration of how partnership working could transform student experiences of mental health support across the sector. We therefore encourage HEPs to explore opportunities for how they might be able to work in partnership to improve connectivity within their locality.

Projects should be commended for the work they have delivered under a challenging first year, which was impacted in March by the coronavirus pandemic spreading to the UK. Despite this, projects were positive about the progress they had made over the delivery phase and many had managed to continue delivery over the course of the coronavirus pandemic and associated UK lockdown. The impact of the pandemic on delivery is explored in greater detail in a separate [report on the impact of the coronavirus pandemic on the MHCC](#) that was published on 5 August 2020.¹

A key focus for the next stage of the evaluation will be assessing how programme delivery moves forward in the context of the changes to delivery that have been brought about by the pandemic, and understanding what impacts projects have had on their students, institutions, partners and the sector more broadly.

¹ The separate report is available at: <https://www.officeforstudents.org.uk/news-blog-and-events/press-and-media/impact-of-coronavirus-on-projects-supporting-student-mental-health/>

1 Introduction

The Mental Health Challenge Competition (MHCC) is a programme developed by the Office for Students (OfS) that provides £6 million of funding to higher education providers to support the development and testing of interventions to improve mental health and wellbeing among students. Funding from the OfS has been met with £8.5m match-funding from providers and partners, bringing the total value of the programme to £14.5m. The programme brings together 10 projects involving 25 higher education providers and over 35 external partners, including health care providers, local services, and mental health organisations.

Through the programme, the OfS has highlighted the aim of achieving a ‘step change in mental health outcomes for all students’. The programme sought collaborative proposals that would bring together higher education providers with other organisations involved in student support, or who may benefit student support, in order to address issues around ‘connectivity’ and ‘complexity’ in support for student mental health.

Higher education providers were invited to make bids for funding of between £250,000 and £750,000 (with match funding) in October 2018, and funding was granted in June 2019, with projects running until December 2021. Some were granted further extensions due to the coronavirus (Covid-19) pandemic. A total of 49 full bids were submitted, with 10 successful in securing funding. The successful bids take varied approaches to improving mental health outcomes, with a diverse portfolio of projects seeking to deliver diverse interventions, however all focus on at least one of the OfS’s key priority areas for this programme, which are:

1. Programmes that focus on **transitions for all types of students**: from school or college into higher education including innovative approaches to pre-entry support and outreach activity, and into postgraduate study or employment, with a focus on susceptible or vulnerable groups.
2. Programmes of **early intervention** such as: providing new forms of mental health literacy training to staff and students; or developing student analytics to inform improved and enhanced interventions.
3. Programmes which will provide a **step change** in support: for example, developing an integrated approach between provider-level support services and those of local primary care and mental health services; or addressing barriers to accessing support across services and sectors.

The successful projects are detailed in Appendix 1.

This report is one of four reports that will evaluate the Mental Health Challenge Competition programme. It is preceded by an additional report that was developed to explore the impact of the coronavirus pandemic on the Mental Health Challenge

Competition programme and projects. This additional report was published on 5 August 2020, and is available from the OfS's website.²

The present report provides early findings from the first phase, project delivery, and explores experiences of implementation and delivery to date, alongside information about how projects have developed strategic partnerships and been impacted by the coronavirus pandemic. It will be followed by:

- An interim report, expected to be published in early 2021.
- A final evaluation report, expected to be published in late 2022.

² The report is available at: <https://www.officeforstudents.org.uk/news-blog-and-events/press-and-media/impact-of-coronavirus-on-projects-supporting-student-mental-health/>

2 Methodology

This section outlines the aims of the programme evaluation and the approach taken to produce this early findings report.

2.1 Aims of the programme evaluation

The outcomes sought by the Mental Health Challenge Competition are:

- **O1:** Demonstrable positive impact on students at participating institutions, which will be identified, measured and evaluated as part of all funded projects.
- **O2:** Clear commitment from senior leaders across the higher education sector to make student wellbeing and mental health a strategic priority underpinned by a whole institutional response.
- **O3:** Development of strategic partnerships between higher education providers, services and other sectors in cities, regions or other clearly defined localities to address geographical issues of connectivity and complexity in mental health provision.
- **O4:** Development of inclusive co-creation approaches where students and staff working in the higher education sector are involved at every stage of the journey to improve mental health outcomes.
- **O5:** Development of tools for more effective evaluation of interventions and approaches across different higher education contexts that can be shared and disseminated across the higher education sector to achieve greater critical mass to support students.
- **O6:** Development and evaluation of whole-institution approaches, including pedagogy, curriculum and assessment design to support students and facilitate better mental health while improving educational outcomes.
- **O7:** Development of a robust and sound evidence base including a clear evaluation framework to support knowledge development and models of effective practice that can inform future policy and practice across the sector.

Accordingly, the objectives of the programme evaluation are to:

1. Assess the outcomes and impact on students of the individual projects and the programme as a whole to understand the benefits of co-ordinated activity and funding. This addresses O1.
2. Identify effective practice, including approaches, methodologies and specific activities which can be disseminated across projects and more broadly across the sector. This includes how wellbeing and mental health measures are used to evaluate positive impact on participants. This addresses O1, O3, O5, O6 and O7.
3. Assess the long-term value of the individual projects and the programme as a whole to the higher education sector, including exploration of what the programme has enabled

projects to deliver and the benefits of the individual interventions. This addresses O2, O5, O6 and O7.

4. Assess sustainability and scalability/replicability of the individual projects. This addresses O5.
5. Identify the effectiveness, challenges and opportunities presented by collaborative working, including within providers, with external organisations and with student partners. This addresses O2 and O4.

This early findings report provides lessons from the first phase of the projects, covering implementation and delivery, from June 2019 up to May/June 2020. It explores objectives O2, O3 and O5. The projects were impacted by the coronavirus (Covid-19) pandemic spreading to the UK in March 2020. The impact of this pandemic on the projects, and key lessons for the higher education sector, are detailed in a separate short report³.

2.2 Evaluation approach

This evaluation report has been shaped by the following data collection activities:

- Desk based review to develop a thorough understanding of all project bids and map provision, including a review of project monitoring reports.
- Ten semi-structured scoping interviews conducted via telephone with the project lead from each project team.
- Responses to a Partnership Assessment Survey, which sought to understand perspectives of project leads, staff and partners on the effectiveness of their partnership across a range of aspects of partnership working. The survey was administered online and disseminated through project leads. The survey received 55 responses, with responses from 8/10 projects.
- Early learning interviews that gathered qualitative data concerning the implementation of projects to date, the value of the programme, the impact of the Coronavirus pandemic on project delivery, and the development of strategic partnerships. A total of 25 interviewees were questioned in 21 telephone/video interviews. This group included at least one representative from each project team, in addition to representatives from nine partner organisations. They were identified by projects as individuals best able to provide detailed commentary (from internal and external perspective) on the early progress made by each project. Not all interviewees provided an answer to every question posed in the interview, and as a result where themes are reported the base number will change to reflect the number of interviewees who responded.
- Notes from programme network meetings, that bring together the 10 projects included in the programme.

³ Findings related to the impact of the coronavirus pandemic on the UK are reported in a separate short report exploring the impact of the pandemic on the Mental Health Challenge Competition. See <https://www.officeforstudents.org.uk/publications/impact-of-coronavirus-on-ofs-mental-health-challenge-competition/>

2.3 Strengths and limitations

The evaluation team have sought to provide a thorough and wide-ranging programme evaluation that is responsive to the diversity of the ten projects included in the Mental Health Challenge Competition programme. The approach has prioritised qualitative research methods. These methods enable researchers to capture rich data, so they are useful for developing a thorough understanding of how projects are being delivered and how effectively projects have been implemented from the perspective of project teams and partners. The evaluation team have sought to include diverse perspectives, inviting participation from project partners and delivery staff in addition to project leads, to gather wider perspectives on the projects and programme to date.

There are several limitations that impacted upon data collection. These are detailed below.

Firstly, involvement in the evaluation was coordinated through project leads, who were responsible for circulating the Partnership Assessment Survey among their teams and selecting staff and partners to be involved in early learning interviews. As a result, there is a potential risk that individuals with more favourable views may have been selected for involvement, which may limit the extent to which this evaluation can speak to more challenging issues. This will be addressed in later stages of the evaluation with interviews being conducted with a wider range of partners and stakeholders identified by the evaluators, through which the evaluation will seek to triangulate more widely the issues being identified.

Secondly, there is always some risk with evaluations of this nature that participants are wary to speak candidly about concerns or challenges, where these would mean being critical of their employer, team mates or funding body. To mitigate against this concern, confidentiality was agreed with research participants, which means it is not possible for this evaluation to identify where issues related to a particular project or organisation.

Participation rates varied across individual projects, most notably in relation to the Partnership Assessment Survey, where response rates varied from 1-14 responses per project. Two projects did not respond to the survey. There were a number of issues that impacted upon this variation:

- Some partners had recently seen changes to personnel within the project team, and as a result were unable to disseminate the survey owing to limited capacity within the team.
- Some partners had been challenging to engage during the original participation window and attempts at participation were halted when the coronavirus pandemic spread to the UK due to uncertainties about how the evaluation should progress.

As a result, there was a risk that findings from the Partnership Assessment Survey may be skewed by the responses of those projects that achieved high response rates. This concern does not appear to be borne out in the dataset, as the perspectives were consistently positive across projects. However, responses may not be representative in the case of

projects that offered smaller response rates. As a result projects that provided a response of <10 were not able to access scores for their individual project. The Partnership Assessment Survey is intended to provide longitudinal data over the course of the programme, and additional waves of data will be collected in summer 2020 and 2021. There is some concern that if the response rates for individual projects differ considerably between waves this could limit the comparability of the datasets on a longitudinal basis. This will be considered in the analysis of the interim and final reports.

3 Findings

This section summarises the key findings from this phase of the evaluation.

3.1 The value of the Mental Health Challenge Competition

The MHCC programme set out to fund innovative practice across higher education providers. The programme has provided £6 million to ten higher education providers to deliver collaborative projects. Combined with match funding secured from higher education providers and their project partners, this has resulted in a total investment of £14.5 million for new mental health and wellbeing interventions.

During scoping interviews for the programme evaluation, project leads showed enthusiasm for the competition, with several praising the decision to launch a competition on student mental health, which was highlighted as a key issue within the higher education sector that universities and colleges are struggling with. The following aspects of the programme were highlighted as key strengths:

1. Funding availability

Several projects praised the OfS for placing financial investment behind student mental health and noted the importance of this in developing sector buy in and elevating the status of student mental health.

‘This coming from the OfS is vital in highlighting this is a sector issue and making the sector sit up.’ **(Scoping Interviews, Project Lead)**

The level of funding was also noted by several as a key strength, where the programme has offered larger sums of money to a smaller number of projects. One provider noted that this contrasted with the provision in previous Catalyst programmes where funding has been more moderate, which was felt to constrain the potential options available to projects.

2. Emphasis on collaboration

Several providers praised the collaborative emphasis within the programme design, noting that it had enabled them to get out of silos or think bigger than their respective institutions when considering interventions in student mental health.

3. Meeting and networking

Several projects highlighted that the opportunities to come together and network had been welcome, particularly at bid stage. This has enabled projects to identify synergies between the work different institutions are delivering and had provided projects with the opportunity to come together with their partners.

3.1.1 What motivated organisations to get involved in the Mental Health Challenge Competition, and what has competition funding enabled?

Figure 3.1 shows the factors that motivated individuals to participate in the MHCC.

Figure 3.1: Coded responses to the qualitative question “What motivated you to get involved in the Mental Health Challenge Competition?”



Source: Early Learning Interviews (Base: 21 Interviews, multiple response)

Most commonly interviewees had got involved with the competition because student mental health was a personal area of interest or expertise. Many interviewees had also been motivated to get involved in the programme as there was a particular concern around student mental health and wellbeing that they wanted to address, and they saw the competition as an avenue for doing so.

"We were starting to see an increase in people engaging with our wellbeing teams and so it was obvious that there were some challenges for our student body." (Early Learning Interview, Interviewee from higher education provider)

For some projects, the MHCC had offered an opportunity to deliver on aspirations within their university strategy, which had included ambitions to improve student mental health and wellbeing support.

Two interviewees explicitly mentioned that previous involvement in Catalyst projects led by the OfS, or the Higher Education Funding Council for England (HEFCE)⁴, had motivated them to get involved with the MHCC. Information collected during scoping interviews indicated that all successful lead institutions in the competition had previously participated in Catalyst projects.

⁴ HEFCE preceded the OfS. See UK Government Press Notice on formation of the OfS at: <https://www.gov.uk/government/news/new-universities-regulator-comes-into-force>

‘It was mostly a case of “why wouldn’t we get involved?”. We’ve been involved in other HEFCE Catalyst funded projects, and they’ve been really successful. Resource at [our university] is quite hard to come by so to have a designated team looking at how we improve mental health is great to provide that resource. This has accelerated the resource and helped to get things moving.’ **(Early Learning Interviews, Interviewee from higher education provider)**

Other projects reported that they were motivated to participate in the competition as it gave them an opportunity to trial something new and innovative, that they may not have been able to secure institutional funding alone to deliver. For one project, this was also linked to the collaborative focus of the competition:

‘It was a couple of different things. The first was about a propensity for the institution to be the first and the best at most things, so we wanted to try and do something innovative. We’ve also been going through a big period of change in terms of wellbeing support and there has been a lot of investment over recent years, so the opportunity came up... and we had a few ideas on the table. We wanted to commit to working with local partners, we felt there was a gap there that we could innovatively tackle, particularly issues around siloed working. We felt the Mental Health Challenge Competition hit the nail on the head all at the same time.’ **(Early Learning Interviews, Interviewee from higher education provider)**

In developing their proposals for the competition, interviewees most commonly took account of:

- Known gaps in existing provision
- Particular concerns they wanted to address
- Previous research or expertise held within their organisations

Projects commonly sought to address existing gaps in services through their bids. Most commonly these ‘gaps’ related to a mismatch or lack of integration between university services and NHS provision, where it was felt that there was ‘something missing in how students move between services’. However, some projects had also used ‘gaps’ to refer to missing specialist support for particular groups of students, such as international students.

‘There was a perceived need to tighten relationships and communication [between health services] to ensure that students receive coherent and consistent support. We felt we needed more time and investment to further the work.’ **(Early Learning Interviews, Interviewee from higher education provider)**

A majority of projects appeared to be delivering activity that was truly innovative. Indeed, seven projects reported that they were not aware of anything similar to their project already being delivered in the higher education sector. The remaining three projects reflected that there were pockets of work being delivered that had some similarities with their work. However, they were keen to stress that the MHCC projects were at a larger scale of delivery compared to existing work in the sector. This included the sectoral approach that projects had been encouraged to take within the MHCC, which means projects have sought

to produce work that will have relevance and applicability to the higher education sector as a whole, whereas previous work was often more limited to a particular provider and context.

As part of early learning interviews, project staff were asked to reflect on how the provision delivered by their project would have differed if their project had not been funded by the MHCC. Responses indicated that none of the projects would have been able to progress as planned in their proposals without the funding support delivered from the OfS through the competition. Most projects indicated that their project would have progressed in some form, however it would have had to be scaled back, whilst three of the ten projects reported that it would not have been possible for them to progress their project at all without the MHCC.

Responses from the seven projects that indicated provision would have gone ahead in some form commonly made clear that they would have had to seek other funding, or scale back their plans. These projects expressed that they would not have had the capacity to deliver on what they had proposed if their bid was unsuccessful.

For many projects, funding from the OfS had either enabled them to propose delivering their project at scale, which would be above what they could deliver without funding, or had enabled them to resource staff posts that were crucial in providing them with the capacity to deliver the project as proposed.

'I think there may have been some strands of the work that would have been delivered.... But we would not have had the staff capacity. This project has given us the time and resource to explore things properly. We would not have been able to deliver to the same standard.' **(Early Learning Interview, Interviewee from higher education provider)**

Additionally, two projects reported that they would not have been able to take the same sectoral approach had their project not achieved funding from the OfS. They reported that they may have been able to deliver some activity with a specific institutional focus but may not have been able to take more of a sector wide focus.

One project reported that they felt the funding from the OfS has helped to protect their project, enabling it to deliver, especially in the context of the coronavirus pandemic which has led to many universities having to reprioritise and put some work on hold. This is illustrated in the following quote:

'It would have gone ahead in some form. The key difference, I think, is that it would be pushed to the side more if it was not an OfS project. Especially at the moment, with the pandemic, we had eight hours to get off campus with everything we would need to work from home. There are a long list of things that need to be done and this project probably would not have been as front and centre as it still remains if it did not have that OfS stamp. People accept that I need a certain amount of time for this project which does not necessarily happen with others.' **(Early Learning Interviews, Interviewee from higher education provider)**

For those projects that would not have been able to progress at all, the funding had been crucial in providing them with the capacity to deliver. Without it, they would not have had the resource to implement the work proposed in their bid. Two of these universities reported challenges around securing additional funding for student services within their institution, which would have prevented them from being able to secure resource to trial new interventions. This challenge is illustrated in the following quotes:

‘Funding has been a really important opportunity to have dedicated staff to pull it all together. We wouldn’t have the time to do it otherwise. Our services are facing increasing pressure.... We’re struggling to protect what we’re doing.’ **(Early Learning Interview, Interviewee from higher education provider)**

‘We would not have been able to progress the project, not in the current financial climate. We had already invested significantly in university services, so without this catalyst I’m not sure we would have had the same investment from partners as we did otherwise.’ **(Early Learning Interviews, Interviewee from higher education provider)**

It is possible that these challenges around securing institutional funding within student services relate to the extent to which universities have had to increase spending in this area within the last decade as demand has grown for support services. Indeed, a Freedom of Information request reported that the number of students accessing support between 2012-2013 and 2017-2018 had increased by 76 per cent on average across top universities, and budgets for university mental health services have grown on average by 71 per cent over the same period (Bowden, 2019). It is therefore possible that some universities may not necessarily feel they have additional investment to place in student wellbeing, on top of the increased investment they have already made to meet demand for services like counselling. There is a risk that this could become an even bigger challenge for universities as the impacts of the coronavirus pandemic are likely to result in increasing pressures on institutional funding (Halterbeck, et al., 2020).

Funding had also been crucial in enabling some partners to engage in the project, for example where partner organisations were third sector or charitable organisations who have limited resources.

‘Funding made the difference. It would have been difficult for us to do as a small [organisation].... Would have been much shorter and more limited...’ **(Early Learning Interviews, Interviewee from project partner)**

3.2 The implementation and delivery of projects

This section explores project perspectives on implementation and delivery to date and explores some of the key challenges and things that have gone well across the programme. Challenges related to the coronavirus pandemic are explored in the [separate report](#) written by Wavehill and published by the OfS.

3.2.1 Progress in implementation and delivery

The ten projects that have been funded through the MHCC vary in their scope and aims. As a result it is unsurprising that projects are at different points within their delivery programme. Some projects take a more direct delivery approach, whereby they are delivering and implementing new interventions or services directly to students within the timeline of the competition. Other projects are more strategic in focus. These projects are instead focused on more developmental work, such as the development of new clinical pathways or toolkits for the higher education sector. For projects of a more strategic focus, the timetable to date has more often been concerned with this developmental aspect, such as embedding partnerships and carrying out research to inform later work. By contrast many of the projects that are delivering direct interventions to students have commenced with delivery. The diagram below illustrates where Wavehill have mapped each project according to these terms.

	Transitions	Early Intervention	Support
Strategic Intervention		University of Derby University of Nottingham	UWE University of Liverpool
Service Level Intervention	University of Sussex University of Lincoln	University of Keele University of Northumbria	University of Newcastle University of Birmingham

Projects are mapped according to their key priorities. While most projects focus specifically on one of the OfS’s key priority areas for this programme, some projects are seeking to address two or three areas:

Key	
Support	Transitions
Early Intervention	Whole Institution Approach

Across the projects, the early stage of implementation was commonly concerned with recruitment of project staff and building service level as well as partnership and operational agreements. This was a key period in which projects had worked on setting up their governance procedures and strengthening partnership arrangements, where there were not pre-existing relationships in place.

Some projects had commenced co-production activity with students, and developed student panels, focus groups and other mechanisms to facilitate this work. The effectiveness of these mechanisms will be explored in the upcoming interim evaluation.

Where project plans included the launch of new student services or interventions in the first half of Year 1, projects had successfully launched these initiatives. One project had been able to do this at considerable speed, soft-launching a new student support service to coincide with Welcome Week in September. Other projects had encountered delays due to challenges over staff recruitment (discussed in greater detail below). However, most projects reported that their delivery performance was broadly in line with the milestones proposed in their original delivery plan.

3.2.2 What has gone well?

The most common factors that projects detailed had gone well during delivery and implementation of their projects were:

- Partnership development
- Student involvement and feedback
- Effective resourcing

These are discussed in greater detail below.

Partnership

Partnership was explored in greater detail as a core topic in early learning interviews and through the Partnership Assessment Survey, and as a result features as a section later in this report (Section 3.3). However, partnership was also one of the key things reported by participants in early learning interviews when responding to questions about what had gone well more generally. Their comments in relation to this question are explored below.

In 11 out of 21 interviews, respondents cited partnerships as one of the things that had gone well in the delivery of their project. In discussing this theme, interviewees discussed the commitment from partners to their projects and how they had been able to build good relationships over this first phase of project activity.

'I think the biggest thing that has contributed to the success so far has been that everyone involved in the partnership has been so flexible and agile, so we've been able to overcome challenges and get around the table. Come up with ideas to problem solve together and implement together in a way that has been appropriate and proportionate. We turned around our onsite service to an online service (in light of Covid-19) within two weeks. The partnership has been a real driving force. The people involved have been a key strength.' **(Early Learning Interviews, Interviewee)**

Student involvement and feedback

Four interviewees discussed student involvement and feedback as things that had gone well. They reported good levels of interest from students in getting involved with the project, and some had begun co-production work with students that was being engaged with.

Two projects had launched student panels as a mechanism for student involvement and had experienced high engagement from these groups. One project reported anecdotal feedback that the students valued the social aspect of the group:

‘The co-creation workshops are almost like an intervention in themselves. Students have said they have been really helpful post-lockdown and that they feel like they can talk about these things in an open environment. Those have worked really well.’
(Early Learning Interviews, Interviewee from higher education provider)

Effective resourcing

Three interviewees cited effective resourcing and having additional capacity as one of the things that had gone well in delivery and implementation of their project. They praised the funding from the MHCC for giving them the capacity to deliver their projects, in part through funding of roles which had freed up resource for organisations to properly engage with the project.

‘Stakeholders and academics are given enough resources to work on [the project]. Lack of time is a big barrier to get academics on board with these. Reduces the multiple demands on them.... Projects like this are incredibly valuable and important; when the right people are involved it really drives things forward.’ **(Early Learning Interviews, Interviewee from project partner)**

3.2.3 What challenges have projects encountered?

This section is concerned with the challenges that projects had experienced prior to the coronavirus pandemic spreading to the UK in March 2020. Due to the wide-ranging challenges that have stemmed from the coronavirus pandemic these have been distilled in the [separate report](#) that explores the impact of the coronavirus pandemic on the programme.⁵

The most common challenges experienced across the programme prior to the coronavirus pandemic concerned:

- Recruitment
- Limited staff capacity to engage
- Procedural issues, such as human resources (HR) and legal processes
- Partnership working

These issues are discussed in more detail below.

Recruitment

The most common challenge encountered by projects was the recruitment of staff. This challenge was reported by six of the ten project teams. There were several challenges that came up in relation to this issue:

⁵ Available at: <https://www.officeforstudents.org.uk/news-blog-and-events/press-and-media/impact-of-coronavirus-on-projects-supporting-student-mental-health/>

- HR and recruitment processes within higher education providers were generally regarded as slow.
- Projects that included NHS partners encountered slow recruitment processes within the organisation.
- Some projects that have been recruiting mental health clinicians and practitioners have encountered challenges around local shortages of skilled staff, as their recruitment competes with other services.

As a result of recruitment delays, some project teams still had unfilled roles as late as March 2020, nine months since the beginning of the programme. In some cases this had delayed project delivery, and in others it had meant that projects were having to deliver at lower capacity than planned for.

One project had been delayed by three to six months due to difficulties recruiting posts. There were a range of factors that had resulted in these challenges. For example processes in higher education providers and the NHS were generally regarded as ‘slow’, which seemed to be something projects felt unable to influence. In some cases there had been delays getting contracts in place between project partners, which prevented the lead provider from being able to list vacancies. Challenges were also faced where projects were recruiting clinical practitioner posts. These projects were faced with competing for qualified candidates alongside other organisations in their locality. In discussions about recruitment at a programme network event held by the OfS, some projects fed back that their projects were potentially at a disadvantage where recruiting to clinical posts, as they were advertising fixed term posts which meant their recruitment offer was potentially less appealing compared to permanent contracts being offered by other organisations that a qualified candidate might be considering. Projects also raised difficulties about a lack of parity of institutional salaries compared to NHS salaries, which could make their recruitment offer less competitive to prospective candidates.

In one case, however, a project had managed to overcome recruitment challenges through secondment arrangements. They had planned for posts to be temporarily filled by equivalent staff within one of the partner organisations until posts could be filled, and as a result the project was able to implement full-service delivery in October 2019. However, it should be noted that this project – unlike others within the MHCC – was based on the blueprint of an existing service and therefore had a clear operational template that could be evolved.

Limited staff capacity to engage

In addition to recruitment challenges, four projects discussed other difficulties around staffing and capacity. One project discussed issues around staff capacity to respond to and prioritise project work over the course of the academic year:

‘At the start of the academic year, if I try to engage with any staff the first few weeks are too busy and then after that they will say they are now preparing for exams. There is never a right time getting something into an established structure.’ **(Early Learning Interviews, Interviewee from project partner)**

Another project lead highlighted how some staff were having to deliver their project activity in addition to a busy 'day job':

'You have to bear in mind [that what we have delivered] is above Senior Manager day jobs, because we wouldn't have been able to add match funding to this. So there has been a lot of balancing of competing priorities.' **(Early Learning Interviews, Interviewee from higher education provider)**

This was echoed by another project in which it was reported that university staff often had to deprioritise project activity due to commitments associated with other parts of their roles. In this case, staff from the higher education provider were concentrated within the student services department, and as a result had responsibilities for casework and student welfare concerns that could see them pulled away from the project work to respond to urgent situations:

'What challenges have you encountered? Availability of staff, when something comes up if it is pastoral then other things have to go out of the window, it's not specific [to the university we're working with] it is across the higher education sector.' **(Early Learning Interviews, Interviewee from project partner)**

This underscores the importance of roles being properly resourced to be able to prioritise project work, as otherwise there is a risk that staff get 'pulled in' to other work within their role and are therefore unable to properly engage with project delivery.

Procedural issues

Four projects encountered challenges relating to formal processes, such as legal, contractual and HR processes. In all cases, these issues had led to delays to delivery, often impacting upon the ability of projects to start recruiting posts. Most of these issues appeared to relate to internal challenges around slow processes, and as a result were framed as issues about how things work within higher education providers and complex organisations like the NHS, that were out of the control of project teams. However, one project had used its partnership to its advantage here, and had occasionally sought to action procurement through a partner who had less onerous processes than their own organisation to help speed up processes.

One interviewee reported that they felt that processes could have been smoothed by increased guidance from the OfS on contractual arrangements to help them get them in place for the inception of the project.

Partnership working

Four projects had encountered challenges in relation to partnership working. These comments were in response to questions about challenges that projects had encountered in relation to implementation and delivery. Additional questions on partnership were explored in early learning interviews; these are discussed further in the following section on the development of strategic partnerships. Among the challenges mentioned, the most common related to continued engagement from partners. For example, one interviewee

had found they had to ‘keep trying to chase’ partners to get them to engage. They had tried to overcome this by engaging multiple contacts to avoid being over-reliant on individual staff members who may have varying capacity to engage. Another project had encountered challenges engaging partners, due to competing demands on their time. They had sought to overcome this by reframing their asks of partners from expectations about what the partner would deliver for the project to ‘how can the project help you?’. However, they found that challenges were still ongoing, which was felt to be a reflection on how time-pressed colleagues within partners, particularly those based in the NHS, are. One project had also found that its engagement with partners had improved as a consequence of moving to remote meetings, which reduced the barriers to attendance among partners. This adjustment was precipitated by the coronavirus pandemic, but the project reported they were likely to continue this way of working on an ongoing basis, as it had brought about this unexpected benefit.⁶

Additionally, projects discussed challenges in relation to agreeing roles and responsibilities across partners and achieving a unified vision in the context of competing priorities across partners. To overcome these challenges projects stressed the importance of spending time building trusting relationships with partners, and getting to know each other’s strategic priorities to help navigate differing priorities.

3.3 The development of strategic partnerships

The MHCC invited collaborative proposals that would bring together higher education providers with other organisations such as schools and colleges, health agencies, third sector organisations and other stakeholders that play a role in student mental health. Through the development of strategic partnerships, the MHCC sought to address challenges around “connectivity and complexity” in mental health provision.

The successful bids saw higher education providers partner with further education and other higher education institutions; leading organisations with interest in student mental health, such as Student Minds and Universities UK; third sector organisations; NHS services; and other organisations.

During scoping interviews half of the projects reported that their partnerships were still relatively new or immature, whilst the remaining projects reported that their partnerships were somewhat embedded before the competition. Some of these were pre-existing partnerships, and others had developed their relationships and working arrangements through the bidding stage up to project inception.

‘Before the project we’d never even met at all. I came across them when I was looking for models of good practice. But we’ve spoken regularly since then, and we’ve got a series of meetings where they’ll come down to get the project in place

⁶ This issue is discussed in greater detail in the report on the impact of coronavirus (COVID-19) on the OfS Mental Health Challenge Competition, available at: <https://www.officeforstudents.org.uk/news-blog-and-events/press-and-media/impact-of-coronavirus-on-projects-supporting-student-mental-health/>

and delivered and how we're coordinating. Before the project nothing at all.'
(Scoping Interview, Project Lead)

Project leads and their partners were asked to reflect on the development of their strategic partnerships through this phase of the evaluation. Responses were provided through the anonymous Partnership Assessment Survey, which sought to understand a wide range of partner perspectives on the effectiveness of the partnerships developed. In addition to this, in-depth qualitative interviews were conducted with project leads as well as nominated team members and partners to understand how effective partnerships had been implemented, common challenges, and enabling factors.

Figure 3.2 provides a breakdown of responses to Section 1 of the Partnership Assessment Survey, which was concerned with understanding the purpose of the partnership.

As illustrated by Figure 3.2, a high proportion of respondents agreed that their partnerships had defined and realistic objectives and aims (89 per cent), and that the reason that each partner is engaged in the partnership is understood and accepted (85 per cent). However, fewer respondents reported that the strategic priorities of each partner were known and understood (67 per cent). The latter may therefore be an area where projects would benefit from developing their partnerships moving forward.

Figure 3.2: Proportion of respondents who agreed or disagreed with each statement related to the purpose of the partnership.



Source: Partnership Assessment Survey (n = 55)

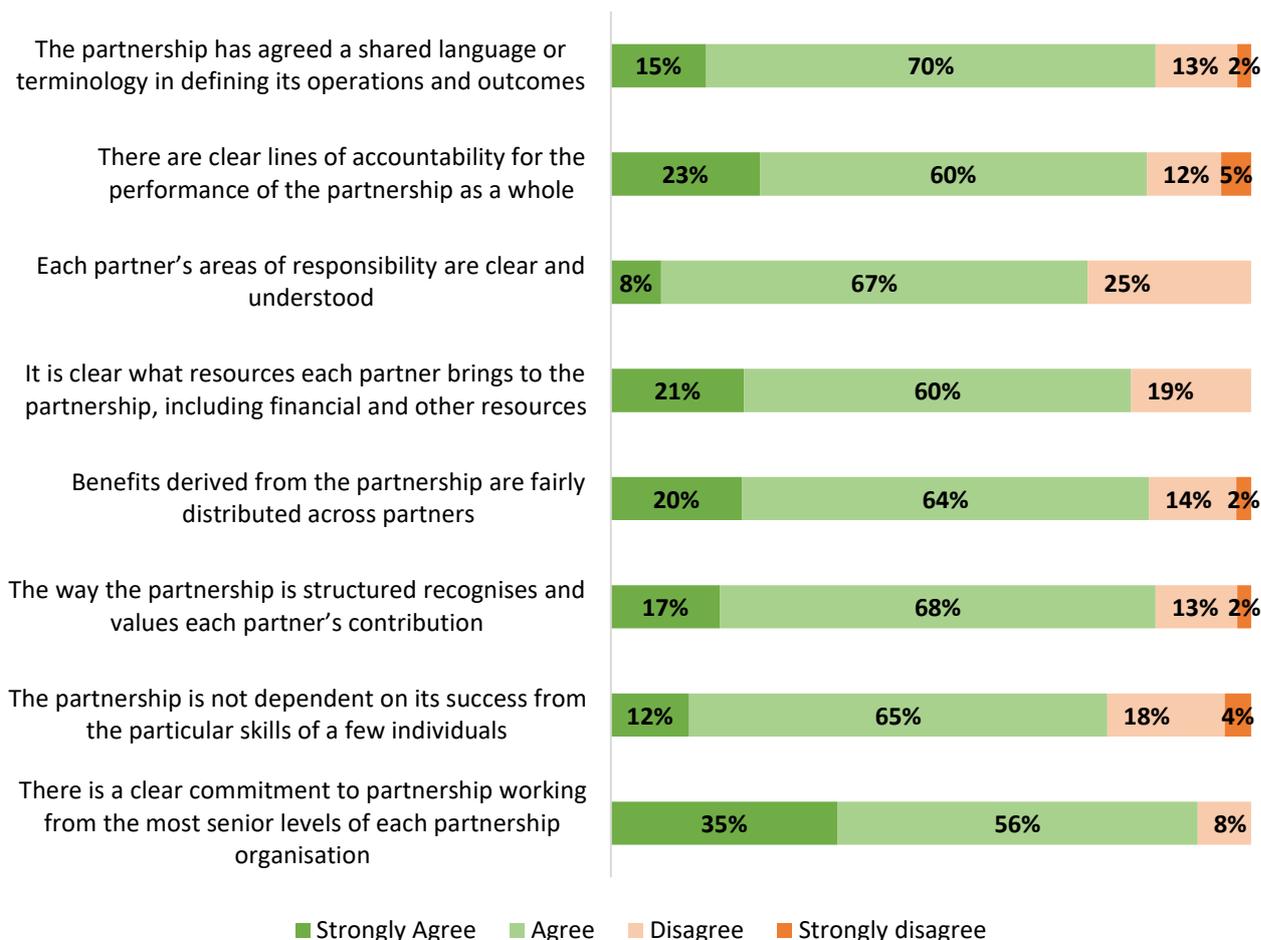
Figure 3.3 provides a breakdown of responses to Section 2 of the Partnership Assessment Survey, which was concerned with understanding the operations of the partnership.

A high proportion of respondents reported that there is clear commitment to partnership working from the most senior levels of each partnership organisation (92 per cent). This suggests that partnerships have, in most cases, been effective in gathering senior support.

The responses to this section of the survey suggest that projects may be facing a common challenge around avoiding the risk of single points of failure, with 22 per cent of

respondents reporting that the partnership is dependent on the particular skills of a few individuals. Additionally, 25 per cent of respondents reported that they did not feel that each partner’s areas of responsibility were clear and understood. This may suggest that a key area for improvement as the projects move forward is around the distribution of responsibility, to ensure that responsibilities are clarified and not overly reliant on particular individuals, which could threaten the sustainability of both projects and partnerships.

Figure 3.3: Proportion of respondents who agreed or disagreed with each statement related to the operations of the partnership



Source: Partnership Assessment Survey (Base = 55)

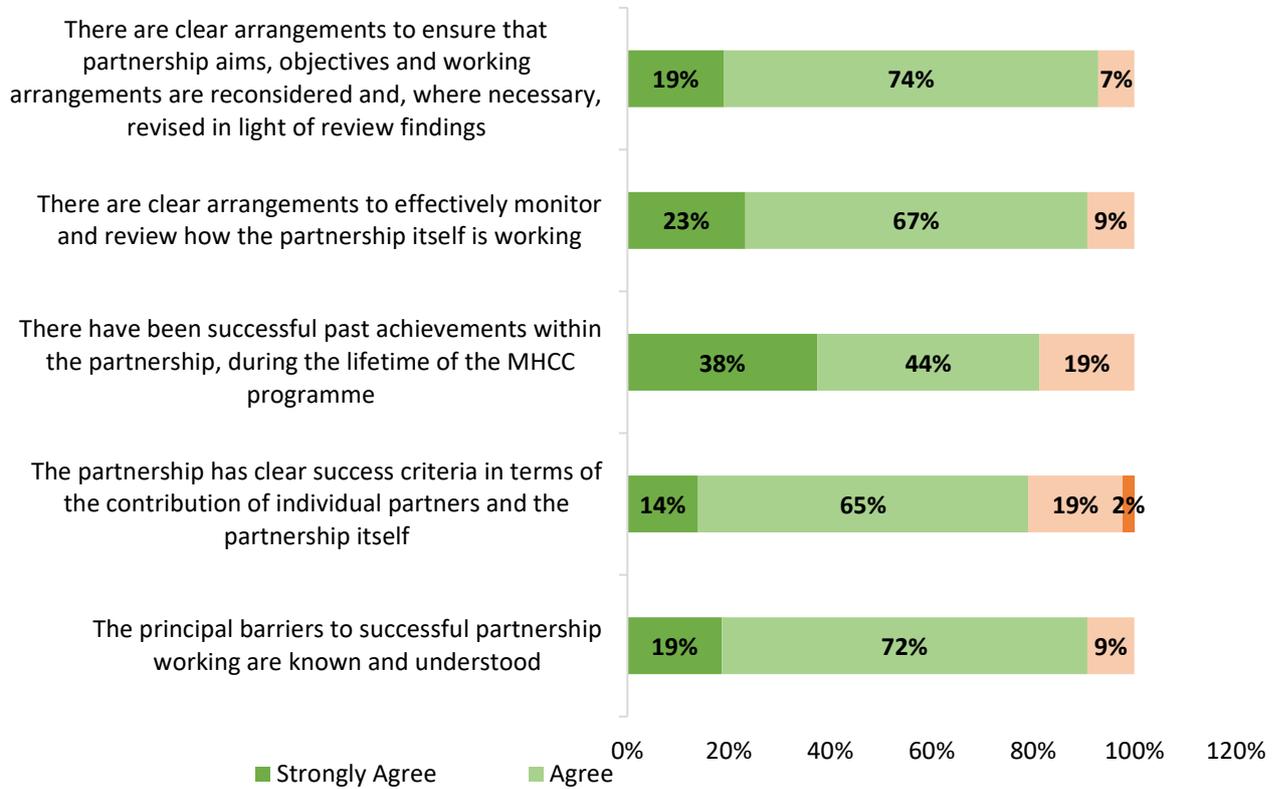
Section 3 of the Partnership Assessment Survey was concerned with the outcomes of the partnerships and the extent to which partnerships monitor and understand success. The responses to this section are summarised in Figure 3.4.

Most respondents agreed with the following statements:

- There are clear arrangements to ensure that partnership aims, objectives and working arrangements are reconsidered and, where necessary, revised in light of review findings (93 per cent agreed).
- There are clear arrangements to effectively monitor and review how the partnership itself is working (91 per cent agreed).

- The principal barriers to successful partnership working are known and understood (91 per cent agreed).

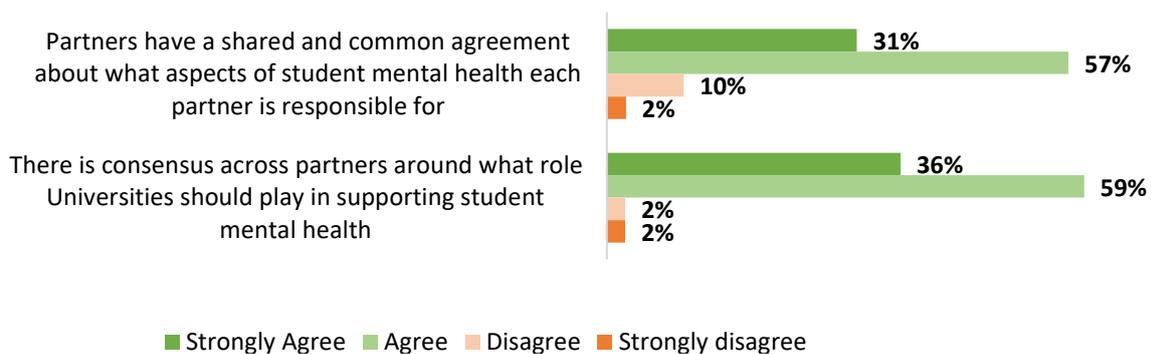
Figure 3.4: Proportion of respondents who agreed or disagreed with each statement related to the outcomes of the partnership



Source: Partnership Assessment Survey (Base = 55)

Most respondents felt that there was consensus among partners over what role universities should play in supporting student mental health (95 per cent). However, slightly fewer respondents agreed that there was a shared and common agreement about what aspects of student mental health each partner is responsible for (88 per cent).

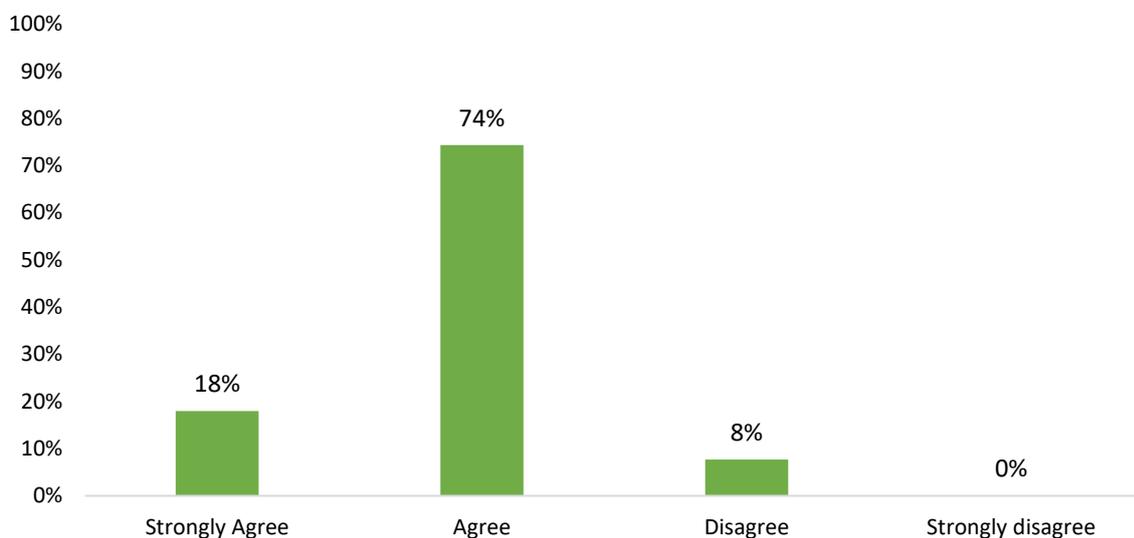
Figure 3.5: Responses to questions about who is responsible for student mental health from the Partnership Assessment Survey



Source: Partnership Assessment Survey (Base =55)

Most respondents felt that their partnership was achieving its aims and outcomes at the time surveyed (92 per cent).

Figure 3.6: Reflecting on the current state of the partnership to what extent do you agree with the following statement? The partnership is achieving its aims and outcomes



Source: Partnership Assessment Survey (Base = 55)

Interviewees were also positive about the performance of partnerships. Indeed, 9 of 22 interviewees strongly agreed that their partnership was working effectively, whilst a further 10 interviewees agreed. The remaining interviewees tended to fall somewhere in the middle, agreeing that partnership was effective with some of their partners, but weaker with others. These projects had encountered difficulties engaging with particular partners, on account of competing priorities that limited the partner's capacity to engage.

Most projects had put in place formal governance structures. The most common form of governance was an umbrella structure that included a combination of some of the following components:

- Steering groups – who typically met on a quarterly or monthly basis and were responsible for the strategic direction of the project. These groups commonly included senior staff from higher education providers, such as vice chancellors.
- Management/operational groups – who met regularly and were responsible for coordinating, managing and delivering day-to-day activity.
- Task and finish groups and sub groups – who met as an offshoot from these other groups to take forward a particular task or workstream that required a smaller group of staff than the governance structures above.
- Team meetings – this component was most often seen in projects that were delivering directly to students at this stage of the project, and enabled them to bring staff responsible for direct delivery together to discuss issues and challenges as they emerged. Some projects also used team meetings as a mechanism for individual partners to come together separately.

Two projects had instead adopted more of a hub and spoke model, where different localities fed their work into a central governance structure, and local governance structures were arranged independently for the individual spokes. These projects tended to span greater geographical areas than those that had adopted the governance procedures outlined above.

Three projects reported that student representation, through the associated students' union, was embedded within their governance structure. However, two projects had encountered challenges engaging their students' union. This was felt not to be an issue of a lack of will on behalf of the students' unions, but more representative of the competing demands on the time of students' union representatives, which limited their capacity to engage:

'The project needs to be cocreated with students and we wanted that to be student led, but we've had to take more of a supporting role in making that move along. Every year you get a new load of student officers, and in their roles they have their own priorities and demands. They were generally very enthusiastic and it turned out getting them pinned down was quite difficult. We hoped that would be in September last year, but it's likely to be this year instead. It's one of the biggest challenges. It's partly the change over of officers, and the demands placed on them. Student officers are often new to this way of working, and they are often much more free-flowing, with different priorities.' **(Early Learning Interviews, Interviewee from higher education provider)**

This challenge was discussed by another project team in relation to engaging the students' union in coproduction activity. This interviewee raised concerns about the capacity of students' unions to engage in projects of this nature, when they are not 'properly resourced' within project plans, and therefore expected to lend contributions to project work on top of the competing demands on their role.

Most interviewees (15/21) reported that the governance processes and structures that they had put in place to facilitate their partnership were effective. However, four interviewees cited areas where structures and processes could be improved. These included difficulties over remote working, and challenges around engaging some partners in the project.

3.3.2 What factors had enabled effective partnership working?

Interviewees were asked to reflect on what factors had enabled effective working within their partnerships. Common factors included:

- Regular meetings and catch-ups facilitated through the structures projects had put in place. This was discussed in 5/17 interviews.
- Spending time developing the relationship. This included developing a good understanding of each organisation and its priorities and building trust between partners. This was discussed in 4/17 interviews.
- Buy in and commitment from staff. This included the involvement of senior staff, such as vice chancellors, which was felt to add value to the partnerships by signalling the strategic importance of the work. This was discussed in 4/17 interviews.

- Having a clear common aim. This was discussed in 4/17 interviews.

Senior commitment was held to be one of the factors that has helped to drive forward projects, and bring partners on side:

‘Buy in and commitment from the various partners has been important. Certainly at [our university] we have had the full support of senior leadership, with the vice chancellor fully engaged, and this has been pivotal in bringing local partners, including NHS, into the fold, driving commitment and resources into the project.’ **(Early Learning Interviews, Interviewee from higher education provider)**

Projects also found that effective partnership had been facilitated by a united view of what they were trying to deliver. Development of the partnership had enabled them to develop understanding of each other’s organisations:

‘Good will and positive relationships. There is a common outcome to work towards that has given us common ground and much better communication. We much better understand what the university offers now. There is much more understanding the other way too. There is a greater respect in relation to capacity and pressures, whereas previously there was probably more frustration. There is now more understanding. I think that there is a commitment to look at what might be available beyond this pilot and therefore an interest in building beyond the partnership. It’s not just a project – it’s a process for change.’ **(Early Learning Interviews, Interviewee from project partner)**

3.3.3 What are the challenges or barriers to effective partnership working?

Interviewees were also asked whether they had experienced any challenges or barriers to building effective partnership. The barriers experienced differed, and as a result few clear themes emerged in relation to challenges. In 6/16 interviews respondents reported that they had not experienced any barriers or challenges to effective partnership. Among the remaining interviewees the following challenges were identified:

- Agreeing ways of working across partners, particularly where partners had very different systems and processes in place. This was reported by three interviewees.
- Partner engagement and capacity. This was reported by three interviewees.
- Agreeing contractual and legal arrangements, which resulted in delays to recruitment and project delivery. This was reported by two interviewees.

These are discussed in further detail below.

Other issues that were discussed by just one interviewee included:

- Information sharing
- Changes to personnel within partners
- Identifying the key personnel to engage with at partner organisations
- Agreeing outcomes and a unified vision

Agreeing ways of working across partners

Three interviewees reported challenges around different ways of working between partners.

One project had encountered issues related to different expectations with respect to fluidity and structure. For example, the lead partner wanted to keep the partnership quite ‘fluid’. However, they found that partners were expecting more of a defined structure and role, which appeared to be influenced by partners being unsure what they were expected to deliver within the partnership. To overcome this, the lead provider delivered some additional presentations to partners to help them to understand their potential role.

Two projects had encountered challenges related to clarifying ownership and responsibility. One interviewee reported that they had encountered challenges around agreeing ways of working when it came to issues such as ethics and data processing, which raised questions about whose processes to follow. They also encountered questions over who should ‘own’ the rights over the work their project developed. They had overcome these challenges by putting in place a collaborative agreement, which provided an opportunity to talk about the challenges and work through them. But they also stressed the importance of flexibility, to be responsive to issues being raised by partners and emphasised that one-to-one conversations with individuals could be an effective mechanism for ironing out some challenges.

Another interviewee reported that their partnership had faced challenges around ownership and responsibility with respect to clarifying who ‘should have the final say’.

‘Sometimes I think organisational ego can get in the way. We had a real problem at the beginning with who’s idea was what and who should have final say, and at the beginning that was difficult to manage and broker.’ **(Early Learning Interviews, Interviewee)**

They had overcome these challenges by dedicating time to building a trusting relationship, and having open conversations about each partner’s aims so as to identify areas of divergence and synergy. These conversations helped them to identify that they were aiming for the same core objectives, which helped to restate the value of the partnership and set aside ‘organisational egos’.

Partner engagement and capacity

This challenge was reported by three interviewees and it echoes the key challenges encountered in relation to implementation and delivery of projects. In particular, the issue of capacity echoed the challenge discussed earlier about the engagement of staff who are not specifically funded for the project. These staff have competing priorities to manage, which can limit their capacity to engage in the project.

‘We all need to be able to have one clear good day to discuss and talk things through; that is hard when we are as busy as we all are.’ **(Early Learning Interviews, Interviewee from project partner)**

Agreeing contractual and legal arrangements

Two projects raised challenges in this area that resulted in delays to recruitment and project delivery. These were consistent with the challenges already mentioned that were faced in delivery and implementation. However, one interviewee's comments illustrate how the partnership had added an additional layer of complexity here:

'The biggest challenge we have encountered were the legal challenges... These have been experienced by all projects to some extent but because of the number of partners – each with their own legal team wanting to ensure everything was present and correct in terms of contractual arrangements – the process was slow and torturous. It meant that none of the institutions could recruit staff until the contract was signed, because HR processes won't allow it, which delayed things a bit. But partners were great at finding creative ways around the problem, and finding ways of reallocating resources and time around existing staff.' **(Early Learning Interviews, Interviewee from higher education provider)**

3.3.4 The benefits of partnership working

Interviewees were positive about the collaborative focus of the MHCC and identified several benefits stemming from this approach.

Half of the interviewees reported that working in partnership has benefited their project by pulling in expertise, experience and knowledge from other organisations. This was felt to benefit projects by giving them a better understanding of what should go into their interventions, informed by other organisations' experiences. This was felt to be of benefit to designing services to meet the needs of students.

'I think one of the key benefits is that you have [several] organisations with a common goal but very different expectations and the learning has helped to develop understanding which is really valuable. The fact you have [organisations] with different cultures and practices helps to inform expectation and knowledge and understanding.... You can have a lot of organisations working in the same space who feel that they know how things work but who have never asked the question, and they become the gatekeepers for beneficiaries. That information exchange is often fractured which prevents the smooth transition of beneficiaries between services. [X] is a big city with loads of interventions, but people are only as good as what they know. And what astounds me often is when I'm talking to wellbeing workers and the level of knowledge is so poor across the city, so I think the collaboration of partnership has helped to effectively develop that knowledge transfer and ensure it's effective. This is what will transform the outcomes for students.' **(Early Learning Interviews, Interviewee from project partner)**

The partnership approach was also credited with promoting better understanding of partners and the work they deliver, and therefore greater understanding of the wider range of services supporting students.

Development of better understanding of partners had also helped to promote more positive relationships, giving each member of the partnership a more thorough understanding of the context and pressures facing the other partners.

'It has allowed us to understand what our partners are dealing with.... It's given us a platform to listen to our partners and their experiences, and how that differs from our assumptions. It allows us to see things from their perspective.' **(Early Learning Interviews, Interviewee from higher education provider)**

In this regard the partnership approach of the MHCC appears to be driving improved connectivity between services. At the scoping stage of the programme evaluation, conducted in August 2019, university staff leads frequently fed back challenges around connectivity between services, particularly between university and NHS services.

'Our relationships with primary and secondary care have been more difficult – we've struggled to get the right level of strategic engagement from the trust up until 18 months ago. Students weren't a priority for them. They don't seem to know who to go to in the universities. When they implemented a university lead they didn't even tell the universities they existed.... It comes down to individual relationships where partnerships are effective. We are involved in regional partnerships, and are starting to get better links but it has taken a while. Partnerships are not formalised, more ad hoc.' **(Scoping Interviews, Project Lead)**

'The relationships both locally and across the country are really complex. They're so hard to understand. The NHS is so unbelievably complicated. We keep having the wrong people in the room, which is providing a real challenge. Trying to navigate the NHS is a real challenge.' **(Scoping Interviews, Project Lead)**

In both cases, the projects had strengthened their relationships with NHS services through the partnerships they had built within their MHCC project.

4 Conclusions and key lessons learned

The Mental Health Challenge Competition (MHCC) appears to have been positively received by project teams. The programme has generated value in enabling innovative activity to be developed where universities and partners would not have the resource or capacity to carry their ideas forward – either at all or to the same extent – in the absence of funding. In a high number of cases this had resulted in projects being able to deliver work at a greater scale than internal resource would have enabled, including taking a more sectoral, rather than institutional, focus.

The availability of seed money from the Office for Students appears to have been a key enabler for higher education providers to develop and test new interventions for improving student mental health.

Additional funding appears to have been particularly crucial where higher education providers have encountered challenges obtaining more institutional funding to trial new interventions in student services. It is unclear to what extent this challenge is being encountered by other higher education providers across the sector. This may be an area worth exploring further to understand if increased spending on traditional services, like counselling, has led to institutions feeling they have less funds for trialling interventions or developing preventative approaches. There is some risk that where universities channel funding into reactive services like counselling without also funding preventative activity they may be missing out on valuable opportunities to intervene early and reduce need for reactive support.

The challenge competition appears to be supporting innovation.

Seven projects reported that they were not aware of anything similar to their project already being delivered in the higher education sector. The remaining three projects, whilst aligned to previous work in the sector, were being delivered at a much greater scale than existing work.

Projects generally seemed positive about the progress they had made in implementation and delivery of their projects up to March 2020, when lockdown measures were introduced in the UK as a response to the coronavirus pandemic. However, common challenges had been encountered in relation to recruitment, staff capacity and procedural issues, such as human resources (HR) and legal processes.

Challenges around recruitment and procedural issues seemed to be influenced by slow processes within higher education providers and NHS organisations. In some cases, this resulted in delays at the beginning of the project, where teams were unable to recruit staff and commence project delivery. This presents challenges for time bound programmes such as the MHCC. It is suggested that, in consideration of these challenges, higher education providers looking to deliver partnership projects of a similar nature should build in plenty of time at project inception to overcome these hurdles.

One project had managed to overcome these challenges by seconding staff to fill posts until new staff could be recruited. This may be a beneficial approach for projects that are time bound, to ensure that valuable time is not lost due to recruitment challenges. However, it should be noted that in this case the project was based on an existing support model, and therefore there was an existing pool of staff to draw on. This may not be the case in other organisations and contexts.

A lack of effective resourcing for staff to engage with the MHCC was a key challenge faced by projects.

Several projects had encountered challenges around staff capacity, where staff had not been specifically resourced to support the project but asked to contribute in the context of their existing job role. This had resulted in challenges in engaging with academic staff and students' union representatives due to competing demands for their time. It had also led to difficulties for project staff, including student services staff, who were sometimes more stretched because of trying to drive forward project activity in addition to the ordinary responsibilities of their pre-existing job role. These challenges underscore the importance of properly resourcing key individuals within project plans to ensure they have capacity to engage.

Limited capacity of students' union representatives was a barrier to student engagement.

When it came to students' union representatives, some interviewees were particularly concerned that these individuals are sometimes assumed to have the capacity to engage with project work, so projects can be at risk of building their student voice representation plans around key individuals who may not in fact have the capacity to engage. This issue is further compounded by the fact that student representatives are transient, and as a result newly elected representatives may enter with different priorities to their predecessors, which can jeopardise student voice plans in projects that are overly reliant on individual student representatives lending their time. We therefore encourage higher education providers that are developing projects to ensure key individuals are properly resourced within project plans to ensure they can fully engage.

Whilst some projects had encountered challenges relating to partnership working, projects were mostly positive about the effectiveness of their partnerships.

Of the respondents to the Partnership Assessment Survey, 77 per cent agreed that their partnership was working effectively. Common enabling factors included regular meetings between project partners; taking the time to develop relationships and trust between partners at the beginning of the project; buy in and commitment of project staff, including senior staff; and having a clear common aim across partners.

However, the results of the Partnership Assessment Survey suggest there have been some common challenges in relation to:

- Ensuring that the strategic priorities of each party to the partnership are understood
- Avoiding single points of failure
- Ensuring roles and responsibilities are clear across all partners

Partner engagement had also been a challenge within some projects. However, some projects had seen improvements in their engagement upon moving to remote working, influenced by the coronavirus pandemic. This may suggest that projects could benefit from setting up for remote working even where partners are geographically close and where face-to-face meetings may be possible, as remote working has the potential to minimise barriers to engagement such as travel time. We would encourage individuals in the sector who are developing partnership projects to consider this approach.

Partnership working is helping to pull in greater expertise to inform support for student mental health.

Projects had experienced several benefits from working in partnership, which was one of the required features of any MHCC project. Indeed, project teams had found that partnership working helped them to draw in expertise and experience that benefited the design and delivery of their intervention. In addition to this, some projects had found that partnership working helped to promote understanding of the roles different partners played in student mental health, which could promote improved relations between partners, and ensure that staff have better knowledge of the range of support on offer. This could in turn result in improved connectivity between services, helping to reduce the number of students slipping through the gap. This is a positive illustration of how partnership working could transform student experiences of mental health support across the sector.

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Appendix 1: Overview of the projects

Below an overview is provided of the ten projects included in the Mental Health Challenge Competition (MHCC) Programme. These ten projects bring together 25 higher education providers, and over 35 external partners, including health care providers, local services and mental health organisations.

University of Birmingham: Enhancing student mental health through innovation and partnership

Partners: The Children's Society, Birmingham Women's and Children's NHS Foundation Trust, Forward Thinking Birmingham

This project will create an innovative and unique 'hub' of qualified therapists and volunteers with mental health experience who will provide brief therapeutic interventions for students in comfortable, open-plan safe-spaces without the need for appointments or waiting lists. The project will deliver these services 'full time' (30 hours per week, 50 weeks per year) in a range of environments across the campus ensuring easy access to specialist support for students in their own zones of comfort at their time of need. The project will go far beyond extending existing provision by building on community mental health practice that has been regionally and nationally recognised as innovative, effective and successful.

University of Derby: Education for mental health: enhancing student mental health through curriculum and pedagogy

Partners: Kings College London, Aston University, SMaRteN (Student Mental Health Research Network), Student Minds, Advance HE

This project will create an evaluated, national online toolkit for academics that provides evidence-informed guidance on creating and providing curriculum, pedagogy and assessments that facilitate better student mental health while improving educational outcomes.

This material will also be used to develop a national module for the PGCertHE, aligned with Advance HE's fellowship accreditation, ensuring that new academics, nationally, have the knowledge and skills to support mental health and learning through their teaching. This innovation, therefore, has the potential to transform the role of curriculum and pedagogy in supporting good wellbeing across the entire sector.

University of Keele: A whole-community approach to supporting student transitions into, through and beyond university

Partners: Staffordshire University, Stoke-on-Trent City Council, Staffordshire City Council, North Staffordshire Combined Healthcare NHS Trust, Midlands Partnership Foundation NHS Trust, University Hospitals of North Midlands Foundation Trust, Stoke-on-Trent College, Stoke 6th Form College, Newcastle and Stafford Colleges Group, Staffordshire Police, Sport Across Staffordshire and Stoke-on-Trent (SASSOT)

This project aims to develop and champion an integrated ‘whole community’ approach to mental health and wellbeing for students studying in further and higher education in North Staffordshire. The region’s universities, colleges, local authorities, police and NHS providers have come together with a common purpose to remove barriers, improve support and services, and enable student success. The region faces fundamental socio-economic challenges which affect life chances and limit access to higher education; as a local authority, Stoke-on-Trent is placed 14th overall nationally in the index of Multiple Deprivation. Working alongside students from across the region, this project will look across all aspects of the student journey to support effective transitions into, through and out of higher education. Key priorities include a connected training framework, evidence-based interventions for at-risk groups, a regional mental health campaign, and new multi-agency approaches to student support.

[University of Lincoln: Transitioning students effectively: a student-led approach to mental health support](#)

Partners: Bishop Grosseteste University, Lincolnshire Police, NHS (South West Lincolnshire Clinical Commissioning Group), Lincolnshire County Council (Adult Care and Community Wellbeing, Children’s and Mental Health Services), University of Lincoln Students’ Union, Bishop Grosseteste University Students’ Unions, Lincoln College, Fika Community Ltd, Unihealth, Expert Self Care

This transitional mental health support project will develop and enable a peer-to-peer approach enhancing and supporting student mental health and wellbeing particularly in relation to transition from school to university. Taking a city-wide approach, the project will include partners from other institutions, support services and student representatives to form a cross-disciplinary team, whose role will be to develop processes, procedures and tools to enable students to support each other and themselves. Students will be central to the project, helping to steer and deliver it, alongside experienced professionals and academic experts. The project will develop a set of digital tools and platforms to underpin this self-sufficient approach, which will also be integrated into the school outreach programme and embedded in the curriculum.

[University of Liverpool: Working in partnership to improve student mental health](#)

Partners: Liverpool John Moores University, Mersey Care NHS Foundation Trust, Student Health Centre Brownlow Hill, Academic Health Science Network

The project will develop sustainable clinical intervention and improved joined-up working through clear referral pathways and interventions across a range of presenting issues.

Key partners including two universities, an NHS Trust and a GP practice will work together to address the requirements of students with complex mental health needs to reduce opportunities for students to fall through gaps between services.

Newcastle University: BRinging Innovation to Graduate mental Health Together (BRIGHTER)

Partners: Northumberland, Tyne and Wear NHS Foundation Trust, Child Outcomes Research Consortium, University of Northumbria at Newcastle, Newcastle University Students' Union

This project has two main strands:

1. To provide evidence-based psychological therapy to students in an 'in-house' clinic run and governed by Newcastle University.
2. Early intervention through curriculum-based 'mind management' skills training, with separate courses for undergraduates and postgraduates. These will use evidence-based approaches for improving emotion regulation and for managing common issues in student life (e.g. anxiety, stress, social isolation, expectations, imposter syndrome).

University of Northumbria at Newcastle: Mental health and analytics: a continuum approach to understanding and improving student mental health

Partners: Universities UK, Buckinghamshire New University, University of East London, Civitas Learning International, Jisc, The Student Room Group, Microsoft Education, Papyrus, University of Bristol

This project aims to improve mental health and learning outcomes for all students, match students in need to appropriate health and wellbeing support, and reduce student suicide.

These will be achieved by the innovative integration of technology, advanced educational data analytics, student relationship management and effective models of support.

The project is a collaboration between universities and technology companies, students, a mental health charity and sector representative organisations.

University of Nottingham: International student mental health – good practice guidance and intervention case studies

Partners: University of Nottingham Students' Union, Student Minds, School of Oriental & African Studies (SOAS), SOAS Students' Union, University of Leeds, University of Leeds Students' Union, Campuslife

This project will discover what works in improving international students' mental health – both in terms of how institutions can effectively engage and coproduce approaches with international students and how we can establish more culturally competent services.

The resulting best practice guidance, built on practical, evaluated activities, will then be shared with the whole of the higher education sector.

University of Sussex: SITUATE: Students In Transition at University: Aiming To Enhance mental and social health and wellbeing

Partners: The Mental Health Foundation, The University of Brighton

The project will produce a sustainable, best practice model for the higher education sector that supports students and promotes positive mental health and wellbeing at key educational transitions: from pre-university to university and between years at university.

The project will focus on prevention and early intervention.

The project's key intervention will be a mental health peer education training programme delivered by older students to younger students at stages of transition.

The project will design and deliver interventions for all students, specifically involving LGBTQ+ and BAME communities. This will be informed by students, supported by social media, and complemented by student-led initiatives. To ensure a whole-provider approach, key university staff will also receive mental health training.

University of the West of England: Student mental health partnerships

Partners: University of Bristol, University of Sheffield, University College London, Imperial College London, University of Manchester, University of Liverpool, Universities UK, Student Minds, NHS Confederation Mental Health Network, NHS England

This project aims to improve care for students in need of mental health support through the development and evaluation of local partnerships between universities, the NHS and student unions connected together through a National Learning Collaborative.

The objectives for this project are as follows:

- a) To improve efficiency of partnership working between universities and the NHS locally, and between regional partnerships and the national level
- b) To understand and share the impact of different models of regional partnership between universities, the NHS and students
- c) To advance the impact of partnership working between the higher education sector and the NHS nationally (for example by steering the implementation of the NHS long term plan, providing recommendations on data sharing and developing a clinical risk assessment tool)

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