

Office for
Students



Office for Students funding competition

Using innovation and intersectional
approaches to target mental health
support for students

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Summary

1. The Office for Students (OfS), through this new funding competition, invites higher education providers to develop and implement projects which provide innovative approaches to improving mental health outcomes for students. We are administering this competition on behalf of the Department of Health and Social Care, which has provided £1 million for this scheme.
2. We are seeking collaborative proposals with a particular focus on intersectional approaches to:
 - preventative strategies for those students who might be considered particularly at risk of developing mental ill health
 - driving improvement in access to support for those who might be likely to experience additional barriers (for example, because of the nature of their course, mode of study, or other factors such as structural, personal or cultural differences or inequalities).
3. In meeting these priorities, we are also particularly interested in projects that explore innovation and the use of technological approaches in line with the new NHS drive for digital transformation and improvement in mental health support.¹
4. Our access and participation dataset analysis, published in 2019², demonstrated the intersections between poor mental health and other characteristics. For instance, the continuation and attainment figures for black, full-time students who reported a mental health condition were significantly lower than those for white students with a reported mental health condition.
5. Therefore, this competition will complement the £6 million investment we are making in 10 projects³, announced in June 2019 through our Challenge Competition programme, and supports our strategic intent that ‘all students, from all backgrounds, with the ability and desire to undertake higher education, are supported to access, succeed in, and progress from higher education’. This competition also contributes to the strategic objective set out in our business plan for 2019-20, to incentivise positive student experiences⁴. Through this competition we are looking to reach a diverse pool of providers that are now registered with the OfS.

¹ See NHS England, The NHS Long Term Plan, January 2019, <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> (page 25) [PDF]

² OfS, Access and participation data analysis: Students with reported mental health conditions, November 2019, available at: www.officeforstudents.org.uk/publications/mental-health-are-all-students-being-properly-supported/

³ For details of the funded projects, see www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/improving-mental-health-outcomes/

⁴ Available at www.officeforstudents.org.uk/about/our-business-plan/ (see page 6)

Who can apply (eligibility for funding)

6. This funding opportunity is open to higher education providers who are in the 'Approved (fee cap)' category of the OfS Register⁵ as at 5 March 2020.
7. Other providers and external partners can be involved in proposals as part of a collaboration or consortium.

How to apply (bidding process)

8. To apply for this funding, complete the bid template (Annex A) and email it to mhfundingcomp@officeforstudents.org.uk.
9. Funding will be awarded to the successful proposals on the following basis:
 - a. Individual awards will be made at a minimum of £70,000 and up to a maximum of £200,000.
 - b. Capital funding (for example, to fund new buildings or equipment) is not available.
 - c. We expect all projects to have at least one partner, but this does not have to be another higher education provider. For example, partners could include health agencies and third sector organisations.
 - d. We expect a proportionate level of co-investment to be provided by the higher education providers and external partners involved in the bid. This should be relative to the funding that you are requesting and will demonstrate evidence of commitment to the project, alongside any OfS funding. This can include co-investment in kind from the lead provider and project partners.
 - e. We anticipate funding a number of projects to explore the widest range of interventions and activities across the broadest portfolio possible. The final number of funded projects will depend on the quality of bids received, available funding, and the judgements and recommendations made through the assessment process.
 - f. Providers may be involved in up to two bids, with each collaborative bid requiring an eligible lead provider for funding purposes. Providers may not act as the lead on more than one bid. Providers not eligible for OfS funding can be partners in bids (but cannot be the lead).
10. The funding and project activity timeline will be updated when this competition is no longer paused.
11. We will only fund viable projects which will deliver value for money and which, according to the consideration and judgements through the assessment process, most effectively meet the priorities and criteria.

⁵ See www.officeforstudents.org.uk/advice-and-guidance/the-register/the-ofs-register/

12. We expect projects to articulate a robust project-level evaluation strategy within their proposals; providing a baseline against which the impact and success of the activities can be measured and evidenced. It will be a condition of funding that all projects undertake rigorous evaluation of their own activity, which will feed into an overall evaluation co-ordinated by the OfS. Proposals should also include a clear plan for dissemination of results and lessons learned.
13. As part of your own evaluation you may wish to draw on research methods and techniques to help you generate evidence and insight. However, the scope of this funding is on the development of practical support and you are not able to carry out stand-alone research. Any outputs generated by the evaluation and wider project must be practical, accessible to different audiences and look to enhance the knowledge and practice of the wider sector.
14. For further advice and guidance on how to structure your project-level evaluation you may wish to consider the evaluation principles set out in Annex B and evaluation resources developed by the NHS⁶.

⁶ Available at: www.nhsevaluationtoolkit.net

Priorities and criteria

15. Proposals must be collaborative and underpinned by a strategic approach and firm evidence base, with the aim to develop more effective practice and accelerate the pace of change in supporting the mental health, and preventing mental ill health, of students in higher education.
16. We want to support a high quality portfolio of projects that deliver and demonstrate new approaches across different types of providers, activities, places and student groups.
17. We will not fund the essential support services which providers should already be making available for their students. Providers must already have the resources and strategic approaches to deliver their duty of care and other legal obligations for their students in this area. We are seeking proposals which will achieve a significant change above and beyond existing commitments and the provision of associated student support. There will be an expectation that existing approaches to mental health will already have robust reporting mechanisms in place to test whether they are achieving their objectives, and hence provide a firm baseline against which to pilot new innovations and initiatives.

Priorities

18. Bids should deliver activities that address **one** of the following priorities. Where appropriate and realistic, proposals can cover more than one priority, but this is not an expectation. We encourage bids to be focused in their approach and do not expect them to cover all groups of students within a particular priority area. Rather, we want to see evidence-based, innovative bids focused on a particular group of students.

A focus on intersectional approaches to providing targeted support for:

- a. **particular groups of students with characteristics identified as increasing the risk of poor mental health** (e.g. ethnicity, socioeconomic background)
- b. groups of students who might **experience barriers to accessing support due to their course, mode of study, or other characteristics** (e.g. those on placements as part of their course, commuters, mature students, part-time students, postgraduate taught students, international students, first in family, carers, care leavers, LGBT+).

Criteria

19. Bids for this funding competition will be assessed against the following criteria:
 - a. Clear evidence of a strategic approach across the whole provider to improving mental health outcomes, underpinned by active and effective senior leadership and governance. This is an essential underpinning for all the higher education providers named in the bid.
 - b. Delivery of value for money, demonstrated by:
 - i. appropriate level of co-investment provided
 - ii. scale of deliverables and intended outcomes

- iii. anticipated effectiveness of the proposed approach
 - iv. potential learning for the wider higher education sector and our policy development.
- c. Demonstration of strategic, collaborative partnerships, for example between higher education providers, other education providers such as schools and colleges, health agencies, third sector organisations, and other stakeholders that play an important role in improving mental health. By the launch of the project, all partners must have formal arrangements in place that set out the responsibilities of each partner and ownership of any outputs developed as part of the project.
 - d. Development and testing of new and innovative approaches. This could be by significantly extending a small research project. The ambition should be underpinned by appropriate risk management and must be delivered within the programme timeframe.
 - e. Extent of inclusive student engagement in genuine co-production of initiatives. We would expect projects to involve students throughout the entirety of the project, including the bid, design, implementation and evaluation phases.
 - f. Demonstration of a rigorous approach to the design of the project and the evaluation of its success, including the ability to evidence the impact and outcomes. We want to see the ambition and likelihood that the activities will secure a significant change in current practice and continue to sustain improved outcomes over the medium to long term.
 - g. A clear focus on addressing issues around the lack of integration and connectivity between health agencies and higher education.

Innovation and technology

20. In **addition** to delivering one or more of the above priorities, the Department of Health and Social Care is particularly interested in bids that **demonstrate innovative and technological approaches** to addressing these issues in line with the new NHS drive for digital transformation and improvement in mental health support.⁷
21. The NHS England Long Term Plan includes a commitment to ‘deliver an integrated approach across health, social care, education and the voluntary sector’.⁸ An important part of this approach is a focus on digital solutions, technology and innovation in the health sector, with the plan citing digital technology as key in providing ‘convenient ways for patients to access advice and care as a priority’.⁹ Further, the plan also champions offering differentiated support to reduce inequalities in care.¹⁰

⁷ See NHS England, The NHS Long Term Plan, January 2019: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> (page 25) [PDF]

⁸ See NHS England, The NHS Long Term Plan, January 2019, <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> (page 51) [PDF]

⁹ See NHS England, The NHS Long Term Plan, January 2019, <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> (page 25) [PDF]

¹⁰ See NHS England, The NHS Long Term Plan, January 2019, <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> (page 12) [PDF]

22. As part of their bids, projects should consider, if appropriate, how they can use technology or digital approaches in the context of human supported delivery to target mental health support for students.
23. All projects that incorporate technology or data as part of their bid must demonstrate:
- a. Commitment to building in information-sharing from the outset
 - b. Excellent user-centred design and experience
 - c. Compliance with data protection regulation
 - d. Consideration of the Evidence Standards Framework for Digital Health Technologies¹¹ and Code of conduct for data-driven health and care technology.¹²

Assessment and monitoring

24. Bids will be assessed internally by OfS officers in the first instance. A panel of external experts will then review the process and consider which bids should be recommended for funding. The panel will particularly consider our aim to fund a portfolio of projects (taking into account the programme's objectives, including regional spread, diversity of providers, diversity of activities, and diversity of student groups involved). Please note that all bids may be shared with the expert panel as necessary.
25. Following the panel's recommendations, final decisions on funding will be made by the chief executive of the OfS.
26. Funded proposals will be subject to individual monitoring arrangements depending on the level of funding awarded and our assessment of risk. We will issue award letters setting out the terms and conditions of the funding, which must be formally agreed before funding payments start. We will take a risk-based, proportionate approach to monitoring, to ensure value for money and the delivery of targets, objectives, outputs and outcomes. We will undertake visits to and meetings with projects to better understand the activities, impacts and outcomes and to support analysis and dissemination.
27. All successful bidders will be required to be involved in the OfS's coordination of a network of projects and the evaluation and dissemination of results and effective practice. Through this network, all providers are expected to share information and learning between themselves, with the OfS and with the wider sector.
28. The OfS will seek to deliver evaluation of the wider programme and we will notify the successful bidders of this work accordingly. This will take place over and above individual project-level evaluations, although these will also feed into the programme evaluation.

¹¹ See National Institute for Health and Care Excellence, Evidence Standards Framework for Digital Health, March 2019, <https://www.nice.org.uk/Media/Default/About/what-we-do/our-programmes/evidence-standards-framework/digital-evidence-standards-framework.pdf> [PDF]

¹² See Department of Health and Social Care, Code of conduct for data-driven health and care technology, July 2019, <https://www.gov.uk/government/publications/code-of-conduct-for-data-driven-health-and-care-technology>

29. The key aims of the programme-level evaluation are to:
- a. identify outcome indicators, successes, challenges and effective practice across the portfolio
 - b. explore and assess 'what works, why and in what context'
 - c. generate evidence and insight about intersectional approaches to target mental health support for students.
30. Successful bidders will be provided with a programme evaluation framework, and we expect all funded projects to collect and share relevant data with the evaluation team. It is a requirement of funding that all projects engage with the evaluation fully and work with the evaluators in an open and transparent way throughout, to share expertise, learning and effective practice for the benefit of students and the wider higher education sector, and to provide detailed analysis of successful and unsuccessful activities to understand lessons learnt.

Our approach to supporting student mental health

31. Mental health continues to be an issue and a source of concern for higher education students and addressing these issues across the higher education sector is a priority for the OfS.
32. As part of our 2019 publication of the access and participation dashboards, we released statistical evidence specifically showing how mental health conditions impact on student attainment, continuation and progression outcomes, for example:
- a. 86.8 per cent of full-time students with a declared mental health condition progress into their second year of study, compared to 90.3 per cent of full-time students with no known disability.¹³
 - b. 69.2 per cent of full-time students with a declared mental health condition go on to secure higher level employment or enter post-graduate study, compared to 73.3 per cent of full-time students with no known disability.¹⁴
33. Our work in student mental health covers three broad areas:
- a. Working with a range of partners to develop and share sector-wide effective practice that is underpinned by a 'whole provider' approach¹⁵
 - b. Challenging providers to address gaps in outcomes between different groups of students
 - c. Providing funding to develop real, practical approaches and solutions.
34. We bring key stakeholders together, including providers, charities and government departments, to develop effective strategies to prevent mental ill health and to improve support

¹³ OfS, Access and participation data analysis: Students with reported mental health conditions, November 2019, available at: www.officeforstudents.org.uk/publications/mental-health-are-all-students-being-properly-supported/ (page 7)

¹⁴ See footnote 13 above.

¹⁵ UUK, StepChange Framework, accessed December 2019, <https://www.universitiesuk.ac.uk/stepchange>

for students across the whole student population. We engage with students, universities and colleges to understand deeper trends impacting mental health, looking out for persistent concerns and analysing evidence and data.

35. Targeted intervention, such as this funding of collaborative working, enables providers to develop and test innovative approaches to addressing core issues relating to student mental health outcomes through risk sharing. This allows us to be more comprehensive in our activity at sector level, whilst developing the existing evidence base.

Increased risk of poor mental health among particular groups of students

36. The NHS, in its 2017 Five Year Forward View for Mental Health, highlighted the greater risk of poor mental health among marginalised groups in the UK. This is supported by further studies focusing on particular protected characteristics.¹⁶ For instance, in the 2014 Adult Psychiatric Morbidity Survey (APMS) on mental health and wellbeing in England, black British women were reportedly more likely to have a common mental health condition (29.3 per cent) than white British women (20.9 per cent).¹⁷
37. Intersectionality between poor mental health and ethnicity has been shown to affect outcomes in higher education. In our most recently published access and participation dataset analysis, we found that black full-time students who report a mental health condition have some of the lowest continuation and attainment rates; the degree attainment gap between black and white students with a declared mental health condition is 26.8 percentage points.¹⁸
38. Although there are limited large-scale studies available focusing on the intersection between mental ill health and ethnicity in higher education, there is a great deal more evidence available regarding the increased risk for LGBT+ students of developing poor mental health. These students are generally considered to have a particularly high likelihood of poor mental health compared to their peers.^{19 20}
39. As well as those with protected characteristics, groups of students who have particular needs or different circumstances than the majority of students may experience difficulties that could lead to poor mental health. For instance, the NHS Staff and Learners' Mental Wellbeing Commission has suggested that medical students on placements might face additional

¹⁶ The Mental Health Taskforce to the NHS in England, The Five Year Forward View for Mental Health, February 2016, <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf> (page 7) [PDF]

¹⁷ NHS Digital, Mental Health and Wellbeing in England – Adult Psychiatric Morbidity Survey, 2014, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/556596/pms-2014-full-rpt.pdf (page 53) [PDF]

¹⁸ OfS, Access and participation data analysis: Students with reported mental health conditions, November 2019, www.officeforstudents.org.uk/publications/mental-health-are-all-students-being-properly-supported/ (page 9)

¹⁹ National Union of Students, Education Beyond the Straight and Narrow: LGBT students' experience in higher education, 2014, https://www.nus.org.uk/Global/LGBT%20research%20report_web.pdf (page 16) [PDF]

²⁰ YouGov, One in four students suffer from mental health problems, accessed on 24 October 2019, <https://yougov.co.uk/topics/lifestyle/articles-reports/2016/08/09/quarter-britains-students-are-afflicted-mental-health>

stressors such as extra travel, clinical responsibility and exposure to the emotional reality of healthcare, which could affect their mental health.²¹

40. Socioeconomic factors may also play a role as a potential risk factor for poor mental health among students, such as having to take up paid work while studying due to financial pressures.²²

Barriers to accessing support

41. In addition to those groups of students who might be considered at higher risk of developing poor mental health, there are students who – either due to their background or by the nature of their course – may experience additional barriers to accessing support for mental ill health.
42. The 2014 Adult Psychiatric Morbidity Survey found that mental health treatment rates varied by ethnic group, with black adults having the lowest treatment rate (6.2 per cent). White British people were most likely to report receiving treatment (13.3 per cent) compared with 7.0 per cent in minority ethnic groups (including white non-British).²³
43. Although this data goes wider than students within higher education, other reports have corroborated the suggestion that black and minority ethnic communities, and students, might be less likely to access certain support services, including the 2014 ‘Closing the Gap’ report by the Department of Health.^{24 25 26}
44. To date there has been limited research into why some groups may experience additional barriers to accessing support; however, a lack of culturally competent mental health services has been highlighted as a concern for some providers and by students, including the OfS student panel^{27 28 29}.

²¹ NHS Health Education England, NHS Staff and Learners’ Mental Wellbeing Commission, February 2019, <https://www.hee.nhs.uk/sites/default/files/documents/NHS%20%28HEE%29%20-%20Mental%20Wellbeing%20Commission%20Report.pdf> (page 29) [PDF]

²² Universities UK, Minding Our Future, 2018, <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2018/minding-our-future-starting-conversation-student-mental-health.pdf> (page 6) [PDF]

²³ NHS Digital, Mental Health and Wellbeing in England – Adult Psychiatric Morbidity Survey, 2014, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/556596/a-pms-2014-full-rpt.pdf (page 94) [PDF]

²⁴ Department of Health, Closing the Gap: Priorities for essential change in mental health, February 2014, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf (page 13) [PDF]

²⁵ Memon A, Taylor K, Mohebati LM, et al, Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England, November 2016, BMJ open, <https://bmjopen.bmj.com/content/6/11/e012337#ref-11>

²⁶ Arday, J, Understanding Mental Health: What Are the Issues for Black and Ethnic Minority Students at University?, October 2018, <https://www.mdpi.com/2076-0760/7/10/196>

²⁷ See footnote 26 above.

²⁸ British Association for Behavioural & Cognitive Psychotherapies, Improving Access to Psychological Therapies (IAPT) Black, Asian and Minority Ethnic Service User Positive Practice Guide, 2019, <https://www.babcp.com/files/About/BAME/IAPT-BAME-PPG-2019.pdf> [PDF]

²⁹ OfS student panel meeting minutes, December 2018, <https://www.officeforstudents.org.uk/media/c3ce1185-2dd7-4e24-bdc0-fbf6d14cafa4/student-panel-meeting-minutes-december-2018.pdf> [PDF]

45. It has been suggested that a further potential barrier for international students is that they are less likely to declare their condition, perhaps due to stigma variations between cultures.^{30 31}
46. Although some providers may be addressing these issues through their mental health strategy, there is evidence to indicate that this is an area for improvement in the sector. In the 2017 report, 'Not by degrees: Improving student mental health in the UK's universities', the Institute for Public Policy Research found that a significant number of higher education providers did not offer targeted initiatives to support the mental health and wellbeing of groups of students with particular characteristics.³²
47. Funding through this competition will allow providers to test new and innovative initiatives in order to share effective practice throughout the sector and encourage further research and implementation of targeted support.
48. It is a further aim of this programme to add to the existing data set on mental health among students particularly at risk, as well as informing successful interventions.
49. Providers already have a duty of care, including legal requirements under the Equality Act 2010, to take all reasonable steps to protect the health and safety and welfare of students to prevent harm. This competition will therefore **not** supplement the essential support services that higher education providers should already be offering their students.

³⁰ Institute for Public Policy Research, Not by degrees: Improving student mental health in the UK's universities, September 2017, https://www.ippr.org/files/2017-09/1504645674_not-by-degrees-170905.pdf (page 25) [PDF]

³¹ UK Council for International Student Affairs, Research into the international student experience in the UK 2015-16, 2017, <https://www.ukcisa.org.uk/Research--Policy/Resource-bank/resources/111/Reaching-out-to-enhance-the-wellbeing-of-international-students->

³² Institute for Public Policy Research, Not by degrees: Improving student mental health in the UK's universities, September 2017, https://www.ippr.org/files/2017-09/1504645674_not-by-degrees-170905.pdf (page 54) [PDF]

Next steps

50. All interested eligible higher education providers and their partners are invited to attend a webinar to hear more about the competition and ask questions. You will be able to register for the webinar via our website once a new date is announced when this competition is no longer paused.³³
51. Eligible higher education providers are invited to download and complete the full bid template at Annex A³⁴ and email it to mhfundingcomp@officeforstudents.org.uk.
52. If you have any questions about this competition, please email mhfundingcomp@officeforstudents.org.uk.

³³ See www.officeforstudents.org.uk/news-blog-and-events/events/mental-health-funding-competition-webinar/

³⁴ Available on the OfS website at: www.officeforstudents.org.uk/publications/funding-competition-to-target-mental-health-support-for-students/



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