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The impact of Coronavirus (COVID-19) on the OfS Mental Health Challenge Competition

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1 Introduction

The Mental Health Challenge Competition is a programme developed by the Office for Students (OfS) that provides £6m of funding to higher education providers to support the development and testing of interventions to improve mental health and wellbeing among students. The programme aims to achieve a 'step change in mental health outcomes for all students'.

Higher education providers were invited to make bids along with project partners for funding of between £250,000 and £750,000 (with matched funding) in October 2018, and funding was granted in June 2019. The ten successful projects were planned to run until December 2021.[1] 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 OfS key priority areas for this programme, which include:

1. Projects 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. Projects 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.

In March 2020, England entered a period of 'social distancing', whereby the Government sought to reduce the degree of contact individuals were having with others to limit the spread of the coronavirus. This was followed by a period of 'lockdown' and a 'stay at home' order from the UK Government on 23 March 2020. Consequently, higher education providers pivoted away from face-to-face delivery, resulting in many aspects of the student experience being delivered remotely. This has included universities and colleges rolling out online teaching and moving many student services to digital access.

This short report explores the impact that the coronavirus pandemic has had on delivery of the ten Mental Health Challenge Competition projects, and support for student mental health and wellbeing across the institutions in the programme to provide insight and learning to the higher education (HE) sector about these responses to shape ongoing practice. The findings discussed below are drawn from a series of interviews conducted with project leads, project staff and partners, who are delivering projects as part of this programme. 21 interviews were conducted between March and June 2020. The interviews included a total of 25 interviewees, including at least one representative from the project team for all ten projects included in the programme, in addition to representatives from nine partner organisations.

[1] The ten funded projects are detailed on the OfS website: https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/improving-mental-health-outcomes/

2 Key Findings

Project staff and partners should be acknowledged for the volume of work they have put in since the pandemic arrived in the UK to keep the projects moving in the wake of challenging circumstances. There was evidence of a high level of commitment to the projects, which saw staff adapting their work and taking on new working practices under very tight timescales.

Below we summarise the key conclusions we have drawn from this phase of the evaluation, which have wider applicability across the higher education sector. These issues are discussed in greater detail in the following chapter.

1. Many projects had encountered a decline in the number of students seeking support for their mental health during lockdown. Reductions in the number of students accessing support gave rise to concerns about the potential for a spike in demand for services when face-to-face provision returns. As a result, we would encourage providers across the sector who currently have capacity to deliver support to actively promote this capacity, to encourage students to take advantage of support now and lessen the potential surge in demand providers may see as lockdown restrictions lift. This applies to both higher education providers themselves, and NHS and community services.
2. Online and telephone support has received less demand than face-to-face services before lockdown. Where students decline online or telephone support, services may want to consider whether there would be opportunities to provide any support via email or other electronic messaging, as this may enable students to access support where privacy concerns may deter them from accessing support via phone or video. This could signpost students to online or other digital resources produced by the institution or externally.
3. We would encourage providers to actively seek feedback from students on digital delivery of mental health support, and be sure not to assume that low take up is necessarily an indicator of lack of interest from students, as there are several confounding factors that may be affecting take up from students.[2] Where interventions have been provided online as a result of the pandemic, providers should comprehensively audit and review these interventions to understand what has been effective, for who and why.
4. Some projects raised concerns around how to carry out digital delivery effectively. This included delivery of formal services such as counselling, as well as delivering student voice focus groups or events and activities. We would encourage higher education providers to come together to discuss approaches and challenges, and share their digital delivery learning. This may help the sector to identify areas of effective or refined practice to support students whilst operating remotely.
5. Many projects raised challenges around how to effectively coproduce with students whilst operating remotely. We would encourage providers to share learning on their

[2] Confounding issues might include issues such as students seeking alternative support at home, and privacy concerns which may prevent students from accessing support through telephone or video.

experiences of coproducing in this environment and engage with students to provide feedback with the sector on what effective remote coproduction process and practice might look like.

6. Higher education providers may want to consider delivering partnership work through remote means, on an ongoing basis, as some projects had seen that remote working had benefited partner engagement, particularly with partners drawn from national and public health audiences who were often infrequent attendees prior to lockdown.
7. Higher education providers who are working in partnership with organisations who have been highly impacted by coronavirus, such as schools and the NHS, may also need to review the strategic imperatives addressed by the partnership to identify ways they might be recast or refined to retain partners, in the context of additional capacity challenges that may have resulted from coronavirus. The experience of some projects also suggests that funding can be critical in resourcing partner participation. This may be a design feature that higher education providers could consider when developing partnership projects, in order to enable attendance by key partner staff – perhaps offering funding for cover or 'backfilling' of tasks covered by existing staff.
8. The pandemic has significant implications for effectively evaluating student mental health initiatives, due to the impact it is likely to have on incidence of mental health issues among young people, and the impact it is already having on help-seeking behaviours. Despite this challenge, it remains critical that higher education providers continue to evaluate the effectiveness of interventions that seek to improve student mental health. However, given the impact that the pandemic is likely to have on population level metrics, we would encourage providers to review their existing monitoring activity to understand how they can evolve their evaluation activity to ensure they can minimise the impact the pandemic has on their evaluation. This will be particularly key where evaluations are reliant on population quantitative data such as:
    a. The number of students accessing support services
    b. The number of students continuing in higher education.

3 Findings

This chapter summarises the main impacts of the coronavirus pandemic on the Mental Health Challenge Competition.

3.1 What impact has coronavirus had on student support services?

This section explores the impact coronavirus has had on access to, and demand for, support services, across the higher education providers and project partners involved in the Mental Health Challenge Competition.

3.1.1 Access to support services

As a result of lockdown, all projects had to halt face-to-face delivery of support services. However, the **impact this has had on access to support services has varied by individual provider**. Some have been able to adapt existing services to digital provision, enabling students to access health, wellbeing and counselling services through phone or video call. Whereas others paused services, such as counselling, due to concerns about managing risk and concerns around providing care across geographical borders, where legal and ethical frameworks may differ. In these cases, providers were instead signposting across to other support.

Providing support in the context of the pandemic has raised **additional challenges for organisations providing support for student mental health**. Indeed, some higher education institutions and partners from the NHS raised challenges around offering video services, in lieu of face-to-face services, due to challenges identifying appropriate platforms that would guarantee secure access that would meet data protection compliance standards, and be easily accessible to students. In some cases, this has resulted in providers delivering services via telephone, however anecdotal feedback from staff suggests that this format may not be preferred by students.

Indeed, some of the services which had moved to telephone delivery had experienced marked reductions in the numbers of students accessing their services, which was felt in part to be influenced by issues over students feeling less comfortable accessing support where they could not see the person providing care. However, there is not enough evidence within this set of interviews to draw robust conclusions. It is possible that low take up of telephone and video services may not necessarily be influenced by a lack of interest in these services among students but instead be impacted by confounding issues such as privacy and reduced help-seeking behaviours influenced by the pandemic, discussed further below.

Further exploration of telephone and video delivery, across the higher education sector, would be beneficial to understand the efficacy of these models in providing care for students. We would encourage higher education providers across the sector to put in place processes to review telephone and video services, where these have been implemented, so

that they can ensure decisions over any service continuation are informed by a robust evidence base.

The geographical spread of students resulting from the pandemic had also presented care providers within higher education providers and NHS services with an additional challenge. Usually clinicians can rely on localised knowledge about support organisations should students require signposting to additional or more specialist support. However, with students now dispersed in homes across the country and abroad, services are faced with a challenge when it comes to signposting, as clinicians do not typically possess in-depth knowledge of the available services that span other locations where students may currently be residing. One project has sought to overcome the risks this posed by introducing a new requirement on registration for students to list their location, so that they could put in place a local safety plan where needed. However, this had added complexity to care provision. Other providers may benefit from developing similar approaches to bolster the support they can provide to students whilst the pandemic means they are dispersed from their university base.

> 'Some of the students are not living in the country. We can still offer the support but how do we do it effectively? How do we provide continuity of care outside of [our city], we have the knowledge locally, but not more widely if we need to refer.' **(Interviewee)**

3.1.2 Demand for support services

The higher education providers involved in the programme had experienced **different patterns in demand for support services during the pandemic**. Most providers reported that demand for traditional support services, such as counselling, had reduced. However, a minority reported that demand was still high.

Where providers had seen a decline in students accessing services, they suggested that the following issues may be underscoring this trend that should be borne in mind by providers at this challenging time:

Some students who wished to access support services did not want to access online or telephone services and were inclined to wait for face-to-face services to resume.

Related to this, interviewees raised concerns about how many students would have a private space in their place of residence to enable them to access resources like telephone or online counselling without the risk of being overheard, which it was felt may be a factor in lower levels of demand. Concerns were also raised about the willingness of students to engage with telephone appointments. Language barriers and a lower level of comfort from not being able to see the person providing care were felt to be factors that may influence this.

Some institutions had seen a reduction in student engagement across their institution in the wake of the pandemic.

Whilst interviewees could not draw robust conclusions as to why this was the case, some providers felt that this may be a result of students potentially feeling more disconnected from their institution, and consequently less inclined to access university services, whilst displaced from campus. One institution discussed how they had experienced challenges getting a response during the pandemic from students on the waiting list for counselling.

Students who have left campus may be accessing support closer to home.

At present, projects reported that they are unable to map where students are accessing alternative support, which perhaps underscores the value in greater connectivity between universities and NHS providers as sought by the Mental Health Challenge Competition programme to more readily share this information.

In some cases, students may have more robust social support networks around them at home.

This may alleviate the need for additional support from their HE provider.

It should be noted that the views above were informed by anecdotal feedback received by projects and the assumptions of project teams. We would encourage all higher education providers to collect feedback from students where they have seen reductions in demand over the course of the pandemic, so that they can understand the specific factors that have influenced this. This should enable providers to put in place appropriate solutions.

Many of the higher education providers involved in the programme had experienced both a decline in the number of students being referred to and self-referring to mental health services, and a decline in the number of students taking up support where a referral had already been made. It should be noted that a reduction in students seeking access to mental health services is not unique to the higher education sector in the context of the pandemic. Indeed, services have seen a decline in referrals nationally (Devlin, 2020). In Birmingham, for example, the Women's and Children's Foundation Trust, which runs young people's mental health services, has reported a 50 per cent reduction in referrals since the beginning of the pandemic (Thomas, 2020).

Some institutions and organisations reported concerns about what this drop in demand for services would mean for both services at higher education providers and student mental health in the medium to long term. Concerns were raised that the drop in demand may not be influenced by a reduction in need. As a result, some providers were concerned about whether reductions in the numbers of students accessing support in the immediate term could result in challenges later. For example, one interviewee discussed concerns about how students may present with more complex needs the longer the pandemic goes on. As the quote below discusses, a particular concern is whether the context of the pandemic will lead to an increase in the number of students who have experienced bereavement, or who experience severe anxiety and Obsessive-Compulsive Disorder (OCD). This suggests that all higher education providers may need to be prepared for a potential increase in the proportion of students presenting with complex needs in the medium to long term.

> 'We were prepped for services to be overwhelmed, but we haven't seen that… Initially, we saw less demand, but it is starting to increase again now. We are starting to see more students engaging now. We're expecting to see more medium to long term issues such as bereavement, isolation and OCD as lockdown goes on longer.' **(Interviewee)**

There is also a concern that if capacity for support is not currently being utilised, especially if many students are waiting for the return of face-to-face services before accessing support, this could result in services seeing high levels of demand when face-to-face services resume, which could result in challenges meeting demand within higher education providers and NHS partners. Some stakeholders were particularly concerned that there will be a 'spike' in demand for services as face-to-face services resume.

It was felt that part of this reduction in access was resulting from fewer students meeting organisations or individuals who would traditionally refer them into mental health or wellbeing support services, as a result of social distancing and lockdown measures. For example, one interviewee discussed how lockdown had resulted in fewer students coming into contact with support staff, as well as GPs, who would traditionally play a role in referring individuals across to support from higher education providers or external services. This may mean that whilst students may still have need for support, they are not necessarily coming into contact with the individuals who would usually help to raise awareness of available support and potentially bridge their initial contact with those services.

3.2 What impact has coronavirus had on delivery of projects within the Mental Health Challenge Competition

For projects delivering new mental health and wellbeing interventions as part of the Mental Health Challenge Competition, the pandemic has had the following impacts:

Social distancing has resulted in some projects either delaying or digitally delivering project activities or coproduction activities, where activities were unable to proceed due to feasibility issues resulting from social distancing.

In some cases, this has resulted in projects delivering content that differed from their original plans, which several projects have viewed as an opportunity to interrogate different models of delivering their intervention. One project appeared to have been particularly well placed for this change, as their project team included a digital specialist, which ensured their activity could be adapted quickly. This project had intended to deliver activity within schools, however they were unable to access schools due to social distancing, and therefore instead sought to develop digital resources for dissemination to schools.

However, there was a sense that digital delivery was viewed by many providers to be a less ideal model of delivery, with assumptions from some project teams that what they delivered would have been better had they been able to deliver physically. These

assumptions may require further interrogation, as it is possible that digital delivery may benefit their projects in ways they had not foreseen. For this reason, we would encourage all providers, across the sector, who have adapted their delivery in the context of coronavirus to evaluate the effectiveness of their work to help inform decisions about future delivery options and possible continuation of such approaches. Providers may also want to consider opportunities to involve digital specialists in their planning, to understand if their project could be enhanced by, or supplemented with, digital delivery.

Some projects had been altered in response to the pandemic.

One project had reconsidered the boundaries of what it was delivering in the context of coronavirus. The project was designed to be a campus-based model of early intervention support, however coronavirus had led them to reconsider their model as something that needed to work across boundaries, given the impact of the virus on the geographical spread of students. Many higher education providers are discussing introducing more blended online learning from September, that could see some students choose to learn from a distance. As a result, this may be a consideration that other providers could benefit from building into their delivery models. This could also benefit the sector by ensuring that services are not designed to a specific campus context but designed with portability built in.

Coproduction work has been impacted.

Where projects had already commenced cocreation work with students prior to lockdown, **many of them had been able to continue this work through digital means**. Projects had, for example, used platforms such as Microsoft Teams to facilitate meetings with students. Initial feedback from project staff suggested that this was an effective mechanism, but the online format limited the ability of students to foster their social connections with each other, in contrast to being in a face-to-face environment. Some institutions – particularly those who were yet to commence cocreation activity – had expressed concerns around how to deliver this work and recruit students effectively digitally. As a result, cocreation work appeared to be one of the aspects of project delivery that was most commonly subject to postponement. This suggests that projects may benefit from additional support from others in the higher education sector in identifying how to effectively cocreate through a digital format.

Some projects had experienced reductions in student engagement.

This included lower take up of virtual events or digital content than they had experienced before lockdown. This was felt by some project staff to be influenced by students feeling potentially more disconnected from their university whilst they are away from campus, mirroring the lower engagement that their university usually experiences outside of term time.

3.2.1 Impact of coronavirus on working in partnership

The extent to which projects have been able to continue with delivery as planned appears to have been influenced substantially by project partners and staffing models. For example, some project teams had seen staff in relevant teams within their host institution or partners

furloughed or diverted to other work, which has impacted on their capacity to deliver some streams of work. Projects have particularly been affected where:

- The project was reliant on partners in the NHS
- Partners are based in schools.

Impact on projects with NHS partners

Some NHS Trusts have seen resources diverted to help manage the coronavirus pandemic, which has reduced capacity for partners to engage with their projects. However, in a couple of limited examples NHS partners have engaged more with projects because they see the value in support the project offers in mitigating mental health impacts of lockdown on young people. For example in some localities the NHS has included student mental health in their coronavirus service plans, as a result of the work being driven through the partnership. Where projects have had a 'seat at the table' they seem to have been able to ensure provision for students has been built into NHS plans through their partnership working. For example, in one case a project has been able to feed in to a city-wide coronavirus response strategy, to ensure the needs of students were considered. In another case, a project had managed to secure support for their healthcare students who were joining the frontline during the pandemic through their partnership. They emphasised that the project 'facilitated these links' and that they did not feel it was likely this joined up work between the university and NHS would have happened in the absence of the project. This suggests that the partnerships are generating value beyond the individual projects they were developed to deliver, and that the Mental Health Challenge Competition is therefore already having a transformative impact on the development of strategic partnerships and improving connectivity between NHS services and universities in particular.

Impact on projects with partners in schools or FE colleges

Projects with partners based in schools have been impacted as the pandemic has halted any external access visits to schools and their students. However, some projects were exploring alternative methods to overcome this challenge, such as development of digital resources.

This raises potential questions about the extent to which partners will be able to prioritise the projects moving forward, particularly where the pandemic has had a significant impact on their organisation. This may have implications on other providers working in partnership with schools or health organisations across the sector. Partnerships may need to consider how they can revise or recast their priorities in the context of post-lockdown local, regional, and national circumstances so that the partnership retains an ongoing strategic relevance that might otherwise be diluted or reduced.

It will be important to explore these issues going forward with the programme, as this may have implications on the importance placed on the programme, or other future partnership work. This is unlikely to be the result of a lower value placed on student mental health by organisations, but may be affected by the capacity of individuals to engage in the context of the pandemic and its longer term consequences for provider and partner budgets and resourcing.

In some cases, projects had indicated that the pandemic had resulted in an **unexpected improvement in engagement from partners**. This mostly appeared to be the case where projects had moved their partnership engagement online, where meetings had previously been conducted on a primarily face-to-face basis. Three project teams indicated that this had improved their engagement. For example, one project team reflected on how the situation had led them to make all of their management and governance meetings remote, which had led to increased attendance across all project partners. Their previous meetings had been held on site, primarily at the lead institutions, with an option for partners to join remotely, but the option had rarely been taken up. They raised concerns that partners may have been deterred from attending face-to-face meetings in the past due to logistical issues such as travel. This may suggest that higher education providers in the sector who are considering developing new partnerships could benefit from developing them to operate remotely, and actively seek to promote this option to potential partners.

In some cases, the pandemic has resulted in project partners having increased capacity to engage with project activity. For example, one project reported that their engagement with students' union staff had been improved as the students' union's main activities had been paused meaning staff had more capacity to engage. However, in another case a project had seen its coproduction work halted as students' union staff, who they were reliant on to support this aspect of the project, had been placed on furlough as a result of the pandemic. This also illustrates the need for the effective resourcing of students' union engagement so that such staff are not prevented from participating because of the demands of their main, full time role.

Project teams themselves have been protected where staff posts were funded through the OfS challenge competition. This seems to have enabled projects to continue activity which may have otherwise been unable to proceed during the pandemic due to concerns about funding within higher education institutions.

For providers, the key lessons around partnership working highlight:

- The value of investigating alternative participation options, such as virtual meetings, to facilitate more regular partner partnership engagement
- The need to review on an ongoing basis the strategic imperatives addressed by the partnership to identify ways they might be recast or refined to retain partners
- To ensure funded programmes provide facility to resource partner participation if needed to enable attendance by key partner staff.

3.2.2 The impact of the pandemic on effective evaluation

The pandemic has had several key impacts on the ability of projects to capture robust data to effectively measure the impact of their interventions on student mental health and wellbeing. Some of these challenges may also have applicability for others in the higher education sector who are currently involved with delivering and evaluating interventions to improve student mental health. These include:

Some projects have encountered additional challenges achieving responses to data collection tools during the pandemic.

For example, some projects had to place data collection on hold due to concerns about the ethics and effectiveness of surveying students about mental health during the pandemic.[3] In another example, one project reported that they were receiving lower responses to their feedback forms from students participating in the intervention whilst they were delivering digitally. However, one project had been able to progress with data collection and had used this as an opportunity to build in questions around coronavirus to add to their understanding of the impact of the pandemic on students.

The timing of the pandemic means that some projects will no longer be able to understand the impact of their activities over a full academic year.

The pandemic has disrupted Year 1 activity and is likely to extend into Year 2. This limits the ability of project teams to understand the peaks and troughs that may be ordinarily be caused by the academic cycle, as the data from March 2020 will have been confounded by the pandemic and its associated impact on student mental health and university closures.

Projects will now be faced with challenging confounding issues in their data-sets.

The coronavirus pandemic will have impacted on student mental health and help-seeking behaviours, which may make it difficult to tease out the impact of the projects. For example where projects were planning to measure student mental health through population level annual surveys, or relying on data such as the number of students seeking support, they are likely to see increased 'noise' in the data that has been impacted by the pandemic.

The OfS has offered projects the opportunity to request an extension to the timescales of delivery, which may help to limit the impact of the pandemic on the evaluation.

These issues raise fundamental challenges for effectively evaluating student mental health in the current context. Despite this challenge, it remains critical that higher education providers continue to evaluate the effectiveness of interventions that seek to improve student mental health. However, given the impact that the pandemic is likely to have on population level measures, we would encourage higher education providers to review their existing monitoring activity and consider how they can evolve their activity to ensure they can minimise the impact the pandemic has on their evaluation.

We would still encourage providers to monitor population level data as part of an evaluation, particularly as it will help providers to understand how the pandemic has impacted upon their students. However, where providers are evaluating specific interventions, we would encourage them to combine this approach with more targeted project level measures and qualitative data collection. This understanding of students' experience will support evaluations to overcome the limitations in population level data.

[3] This has included the programme evaluation. A decision was taken to delay data collection from students during the pandemic, due to concerns about high levels of anxiety among students.

3.3 Conclusions

The coronavirus pandemic has impacted upon the ability of projects to deliver their proposals in line with their original bids. As explored in the previous section, the pandemic has resulted in some projects having to delay activity, due to the introduction of social distancing, and in some cases due to the result of partners becoming unavailable due to resources being diverted in the wake of the pandemic.

Despite this, however, there is evidence of a high amount of commitment among projects, which has seen projects amending activity where possible to drive their project activity forward even in the wake of these new and unprecedented challenges.

The interviews with projects from the Mental Health Challenge Competition programme suggest there are several challenges facing projects that may also have applicability to others in the higher education sector. This includes:

1. The potential for an increase in demand for mental health support as face-to-face services resume, in addition to a potential increase in the proportion of students presenting to services with complex needs. We would encourage all higher education providers, the NHS and relevant partners to consider how they can prepare to meet this demand should it materialise.
2. There is some risk that partnerships could be disrupted by the pandemic, particularly where partners are organisations who have been particularly impacted by the pandemic, such as schools and the NHS. We would encourage providers to consider strategies that will help to underpin the strategic imperatives of the partnership on an ongoing basis.
3. Projects expressed challenges over how to effectively deliver services and support remotely. This is a challenge that will undoubtedly have been felt across the sector over recent months, and one that will remain as higher education providers continue to deliver aspects of the student experience remotely. We would encourage higher education providers to come together to share experiences and challenges, in order to promote shared practice learning. In addition, we would encourage providers to evaluate their activity to ensure they can contribute to the development of best practice for digital delivery, and help to shape evidence based decisions on how services should continue to be delivered.
4. Related to this, many projects expressed uncertainty about how to effectively coproduce with students whilst working remotely. We would encourage higher education providers to share learning on this issue, to promote effective practice across the sector.
5. Finally, we would caution providers against assuming that face-to-face necessarily means better delivery, support, or services, and would recommend that any providers who have evolved services in order to continue delivering in the context of the pandemic builds in processes to review their delivery to ensure that they can understand what works best, for who and why and retain a ‘mixed-method’ approach where evidence supports its continuation.

4 References

Devlin, H., 2020. *NHS staff need access to mental health services, says Labour.* [Online] Available at: https://www.theguardian.com/society/2020/may/01/nhs-staff-mental-health-services-coronavirus-labour

Thomas, R., 2020. *Major drop off in referrals to children's mental health services.* [Online] Available at: https://www.hsj.co.uk/coronavirus/major-drop-off-in-referrals-to-childrens-mental-health-services/7027373.article

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