

Evaluation of the Mental Health Challenge Competition

Final Report to the Office for Students (2022)

Wavehill: social and economic research

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1. Introduction

The Office for Students (OfS) developed the Mental Health Challenge Competition (MHCC) programme to provide funding to higher education (HE) providers to support the development and testing of interventions to improve mental health and wellbeing among students. The programme, which ran from June 2019 to July 2022, sought to achieve a ‘step change in mental health outcomes for all students’.

In June 2019, the OfS commissioned Wavehill to undertake an independent evaluation of the programme. This summative report follows three interim reports produced over the duration of the programme. These are listed below:

- [Coronavirus \(COVID-19\) impact report](#), released in August 2020
- [An early findings report](#), released in September 2020
- [An interim findings report](#), released in August 2021

This final report explores the impact of the programme and its funded projects, and the potential scalability and replicability of individual projects. The report also assesses enabling factors and common challenges faced across the programme to help inform the work of HE providers who may be considering delivering innovative projects in student mental health.

The report is accompanied by a separate paper exploring ‘what works in supporting student mental health’, which identifies how each of the projects has contributed to the understanding of ‘what works’ in this area. The paper will help practitioners and senior leaders working in the HE sector to identify potential approaches to supporting student mental health to inform their own practice and policy.

The report is accompanied by a set of papers drawn from information gathered through the MHCC programme evaluation. These papers explore the following topics:

- [Improving student mental health support through HE and NHS partnerships](#)
- [Co-creating mental health initiatives with students: Lessons from the Mental Health Challenge Competition](#)
- [What Works in Supporting Student Mental Health: Lessons from the Mental Health Challenge Competition Projects](#) (discussed above).

1.1 Background to the MHCC

The MHCC programme sought collaborative proposals that would bring together HE providers and other organisations involved in student support to address issues around ‘connectivity’ and ‘complexity’ in student mental health provision.

The OfS provided £6 million of funding to the MHCC programme. Additional match funding of £8.5 million from providers and partners brought the total value of the programme to £14.5 million. HE providers were invited to make bids for funding of between £250,000 and £750,000 (with match funding) in October 2018.

A total of 49 full bids were submitted, with 10 successfully securing funding. The 10 funded projects involved 25 HE providers and over 35 external partners, including health care providers, local services and mental health organisations. Funding was granted in June 2019 and projects were originally expected to run until December 2021. Subsequently, projects were granted extensions by the OfS due to the coronavirus (COVID-19) pandemic.¹

Approaches to improving student mental health varied across the successful bids. All, however, focused on at least one of the OfS’s key priority areas for this programme, which were:

1. Proposals that focus on **student transitions**: from school or college into HE, including innovative approaches to pre-entry support and outreach activity, and from undergraduate 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. Proposals which provide a ‘step change’ in **support for students**: 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.

Programme Aims

In addition to targeting these three priority areas, the programme sought to achieve the following aims:

1. Development of strategic partnerships between HE providers, services and sectors in cities, regions, or other clearly defined localities to address geographical issues of connectivity and complexity in mental health provision.
2. Development of inclusive co-creation approaches where students and staff working in the sector are together involved at every stage of the journey to improve mental health outcomes.
3. Demonstrable positive impact on students at participating institutions, with impact identified, measured, and evaluated as part of all funded projects.

¹ Accordingly, one project concluded in December 2021, eight projects concluded in March 2022 and two projects concluded in June 2022. Extensions were agreed between the OfS and the relevant project team.

4. Development of tools for more effective evaluation of interventions and approaches across different HE contexts that can be shared and disseminated across the sector to achieve greater critical mass to support students.
5. 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.
6. 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.
7. Clear commitment from senior leaders across the sector to make student wellbeing and mental health a strategic priority underpinned by a whole-institution response.

An overview of the funded projects is provided in [Section 3](#).

This report reflects on the impact of the MHCC programme and its funded projects and explores how the programme has performed against its aims.



2. Evaluation Aims & Method

2.1 Evaluation Aims

The programme evaluation sought to:

1. **Assess the outcomes and impacts on students of the individual projects and the programme as a whole to understand the benefits of co-ordinated activity and funding.**

Programme level impacts are addressed in [Section 4.3](#), with further detail on the impacts of individual project approaches explored in the accompanying report 'What Works in Supporting Student Mental Health: Lessons from the Mental Health Challenge Competition projects'.

2. **Identify 'what works' in supporting student mental health, including effective practice, approaches, methodologies and specific activities which can be disseminated across the sector.**

This is also explored in the 'What Works' paper.

3. **Assess the long-term value of the individual projects and the programme to the HE sector, including exploration of what the programme has enabled projects to deliver and the benefits of the individual interventions.**

This is explored in [Sections 4.4](#), [4.5](#) and [4.8](#).

4. **Assess the sustainability and scalability/replicability of the individual projects.**

Scalability is explored in [Section 4.4](#) and sustainability is explored in [Section 4.8](#). Given the diversity of the funded projects this is limited in detail. However, further detail on the scalability/replicability of individual project approaches can be found in the 'What Works' paper.

5. **Identify the effectiveness, challenges and opportunities presented by collaborative working, including within providers, with external organisations and with student partners.**

Effective practice and challenges presented from working in partnership with organisations are included in [Section 4.1](#), whilst collaborative approaches with students are explored in [Section 4.2](#).

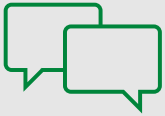
2.2 Method

The findings of this evaluation are drawn from a range of data obtained through the following approaches:



Synthesising and reviewing information provided in project evaluation reports and monitoring reports.

Each project provided an interim and final evaluation report summarising the impact of their project. In addition to this project teams regularly submitted monitoring reports on progress to the OfS.



54 telephone/video interviews with project staff

The programme evaluation team carried out semi-structured interviews with key staff involved in the management and delivery of each project, including staff from the lead provider and their project partner organisations. This included scoping interviews with Project Leads at the start of the programme, and follow-up interviews with 2-3 staff members/partners from each project at the end of Year 1 and Year 2.



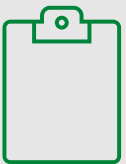
39 telephone/video interviews with sector stakeholders

This included 16 interviews conducted with sector stakeholders at the end of the first year of the programme, and a further 23 interviews conducted at the end of the programme.



Feedback gathered from 94 students

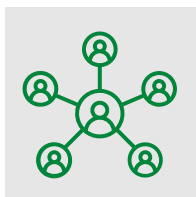
This included 66 students who took part in online surveys and telephone interviews to share their experiences of involvement in coproducing projects, and 28 students who shared their experiences of receiving support delivered by a project via online survey or telephone interview.



Online surveys of project staff and partners

These surveys were completed at three stages, to allow evaluators to understand the development of strategic partnerships.²

² The judgment criteria for development of strategic partnerships were developed using the Partnership Assessment Tool developed by the Nuffield Institute, available here: https://www.researchgate.net/publication/265039661_Assessing_Strategic_Partnership_The_Partnership_Assessment_Tool (Hardy, et al., 2003)



Attendance at Programme Network meetings

Throughout the MHCC programme, Wavehill attended Programme Network meetings that brought together projects to share learnings and common challenges.

Further details on the method, and its associated strengths and limitations, are available in Appendix 1: Evaluation Approach.

3. Programme Overview

This section provides an overview of the projects funded through the MHCC programme. Greater detail on each of the projects is provided in the associated paper ‘What Works in Supporting Student Mental Health: Lessons from the Mental Health Challenge Competition Projects’.

3.1 Understanding ‘Step Change’

The MHCC programme launched in the context of a range of challenges affecting support for student mental health, including concerns that students were at risk of falling through gaps between different support providers; that they often had to retell their stories; and that they experienced disjointed pathways between services. There was also a concern raised by some HE staff and stakeholders that support was predominantly more ‘reactive’ in nature, boosting the case for delivering more preventative or proactive work to support early intervention.

Achieving a ‘step change’ in student mental health was commonly interpreted by HE providers to include:

- Improving the connectivity between HE providers and other providers involved in supporting student mental health, including the NHS and community mental health providers
- Improving access to services for students and supporting students to receive the right support at the right time
- Improving the range of preventative and proactive mental health support available to students

3.2 The Funded Projects

The MHCC funded 10 projects across three priority areas for funding: **transitions**, **early intervention**, and **support for students**. Whilst some projects targeted a combination of priority areas, in Table 3.1 below each project is categorised by its main priority area.

Table 3.1: MHCC projects by priority area³

Transitions	Early Intervention	Support for students
University of Lincoln University of Sussex	University of Derby University of Nottingham Northumbria University	University of Birmingham University of Liverpool Newcastle University University of the West of England (UWE Bristol) Keele University ⁴

³ Further details on each of the projects can be found here: [Mental health Challenge Competition: Improving mental health outcomes – Office for Students](#)

⁴ **Start to Success**, led by **Keele University**, is also included under the Transitions and Early Interventions themes as this project included a focus on all three areas as part of a whole-community approach to student mental health and wellbeing.

3.3 Transitions Projects

The MHCC programme invited bids that would focus on transition points for all types of students including 'from school or college into HE, including innovative approaches to pre-entry support and outreach activity, and into postgraduate study or employment, with a focus on susceptible or vulnerable groups' (Office for Students, 2018).

The key projects funded under this priority area are described below.

Transitioning Students Effectively

Project Lead: University of Lincoln

The University of Lincoln delivered a range of interventions to support students at transition points, with a focus on students who were moving from further education (FE) or sixth form into HE. These interventions included:

- Developing digital tools and transitional outreach sessions with student co-creators
- Delivering transitional outreach sessions in schools and colleges
- Delivering a dedicated residential summer school for students who may benefit from additional support to ease their transition into HE, including prospective students who disclose a disability or mental health condition as part of their university application. This is known as the Wellbeing Orientation Welcome (WOW) Summer School

SITUATE

Project Lead: University of Sussex

Through this project a series of transitional workshops were co-produced with students, which were then delivered to sixth form students through a peer delivery model, supported by training and support from the Mental Health Foundation. This was supported by research and data-gathering processes, to improve the evidence base regarding student transitions that informs the design of workshops.

Start to Success

Project Lead: University of Keele

Start to Success sought to develop a whole community approach to student mental health, and therefore includes activities that cut across the three priority areas for the programme. For an overall breakdown of the activities delivered by this project see the 'What Works' report.

3.4 Early Intervention Projects

Providers were invited to submit bids for projects that would support 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’ (Office for Students, 2018).

The MHCC funded three innovative projects with these aims. Details on these projects are provided below.

Education for Mental Health: enhancing student mental health through curriculum and pedagogy

Project Lead: University of Derby

Education for Mental Health created an evaluation toolkit for academics that aims to provide evidence-informed guidance on how to produce curriculum and assessments that better facilitate student mental health. The toolkit was created over the duration of the programme through research and collaboration involving students and academics. Released in February 2022, the toolkit is now hosted on the AdvanceHE website.⁵

International Student Mental Health – good practice guidance and intervention case studies

Project Lead: University of Nottingham

The International Student Mental Health project created a toolkit and case studies which aim to increase awareness of what works in supporting international student mental health and wellbeing.

This toolkit was developed over the course of the MHCC programme, and released to coincide with the end of the project.⁶ The development of the toolkit was informed by co-creation work with international students, piloting of new international support roles and discovery visits to HE settings to identify good practice.

⁵ The Education for Mental Health toolkit and resources are available here: [Education for Mental Health Toolkit | Advance HE \(advance-he.ac.uk\)](https://www.advance-he.ac.uk/education-for-mental-health-toolkit)

⁶ The toolkit is available here: [Browser :: Globally Minded | Institution \(thegloballyminded.com\)](https://www.thegloballyminded.com/)

Mental Health Analytics: a continuum approach to understanding and improving student mental health

Project Lead: Northumbria University

This project aimed to deliver a 'whole university' approach to mental health and wellbeing whereby all students receive better guidance on seeking support through better application of data helping to identify students who may be struggling. A proactive approach, evidence-based approach whereby:

- Several research activities (evidence reviews, interviews, and service auditing) determined appropriate data sources associated with mental health and wellbeing.
- Collection of self-reported data on mental wellbeing from over 50K students.
- Integration of relevant data on risk factors and self-reported wellbeing into an analytics system designed to identify risk patterns across student cohorts.
- Deliver crafted nudges to students at possible risk of mental health difficulties, supporting self-reflection, and signposting to support intervention that are proportionate to risk.

In parallel, more contextual and sensitive data was integrated into a dashboard which allowed wellbeing services a holistic overview of the student; which services have traditionally not had access to. This enabled a more nuanced approach to intervention while helping to better understand more systemic barriers to accessing support in the student body. Project partners evaluated the extent this analytics system improved access to services in students most at risk.

3.5 Support for Students Projects

The third priority funded by the MHCC related to support for students. Bids were invited that would deliver interventions such as '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'.

Below are further details on each of the projects funded under this priority.

Enhancing Student Mental Health through Innovation and Partnership

Project Lead: University of Birmingham

This project developed a drop-in hub on the University of Birmingham's campus. The Pause@UoB model is distinct from other student mental health provision in several ways. Firstly, Pause avoids using the language of mental health, instead offering students the opportunity to talk about 'anything that may be causing you worries' (University of Birmingham, 2022). The project was delivered collaboratively between the University of Birmingham, Forward Thinking Birmingham and The Children's Society, with some clinical oversight provided by the local NHS Foundation Trust.

BRinging Innovation to Graduate Mental Health Together (BRIGHTER)

Project Lead: Newcastle University

This project developed a new in-house clinic at the university – The Psychological Therapies Training and Research Clinic – enabling students to access cognitive behavioural therapy (CBT) support on campus. This project piloted a new model of delivery offering CBT directly through universities, as well as being delivered by students on trainee placements from the Doctorate in Clinical Psychology programme and the Diploma in Cognitive Behavioural Therapy (alongside fully qualified CBT therapists). The project also co-produced, developed and delivered a series of four mind-management workshops based on CBT principles for undergraduates and postgraduates.

Working in Partnership to Improve Student Mental Health

Project Lead: University of Liverpool

This project developed a new bridging model between the local NHS Trust and HE providers in Liverpool, known as the ‘Liverpool Liaison Model’. This model includes two services:

- Student Liaison Service: situated between HE providers and the NHS which helps to support student transitions between care providers
- U-COPE: a new service providing therapeutic support to students presenting with self-harming behaviours, delivered through a collaboration between local HE providers and the NHS Trust.

Student Mental Health Partnerships

Project Lead: University of the West of England (UWE Bristol)

The project, led by UWE Bristol, developed five local “hubs” in different cities in England, forming partnerships between universities, the NHS and students’ unions in each city, connected through a National Learning Collaborative.

4. Key Findings

This section explores how the programme has contributed to each of its intended aims, as set out in [Programme Aims](#), and considers the legacy and long-term value of the programme.

4.1 Aim: Development of strategic partnerships to address geographical issues of connectivity and complexity in mental health provision

This has been one of the key areas of success for the programme. Project staff reported that MHCC funding had been particularly valuable for driving forward partnership development.

Development of strategic partnerships

The 10 projects funded by the MHCC brought together over 35 partners. Whilst some of these included organisations that had worked together in the past, at the start of the programme half of the projects reported that their partnerships were still relatively new or immature.⁷

A Partnership Assessment Survey, disseminated at regular intervals throughout the programme, was used to understand the distance travelled in the development of strategic partnerships. This included nineteen statements adapted from an established Partnership Assessment Tool, to assess the strength of the partnerships.⁸ Each statement invited respondents to respond with their level of agreement from a 4-point scale⁹, with the strength of agreement contributing a score from 1-4.¹⁰ At the baseline stage the average total score for the programme was 52.9 out of a possible score of 92. At the end of the programme this average had increased to 62.8, suggesting a marked improvement in the strength of the partnerships over the course of the programme. This is illustrated in Figure 4.1 below.

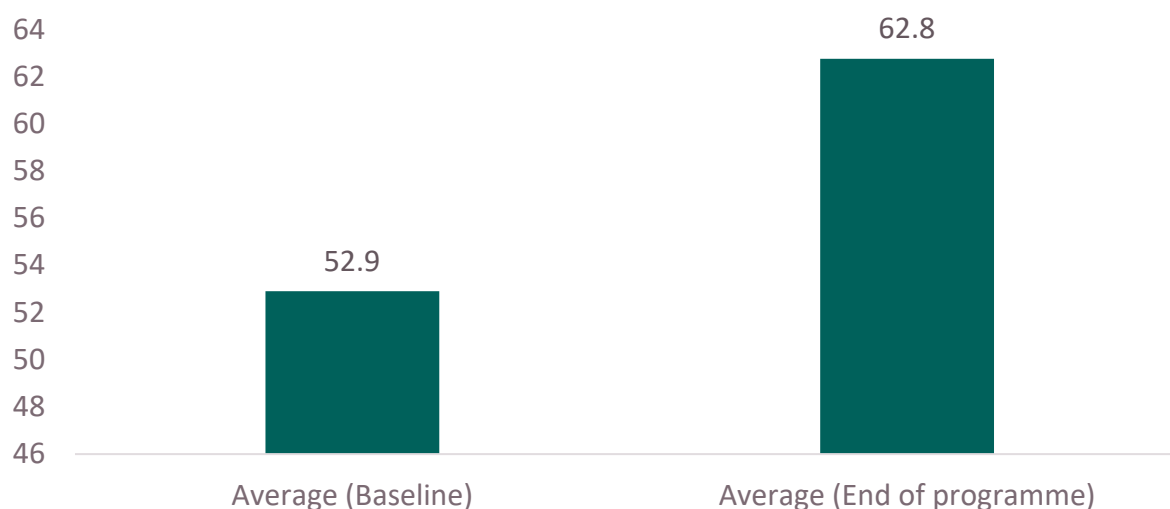
⁷ The Early Learning Report is available here: [Evaluation of the OfS Mental Health Challenge Competition – Office for Students](#). See page 23 for details.

⁸ The judgment criteria for the development of strategic partnerships were developed using the Partnership Assessment Tool developed by the Nuffield Institute, available here: https://www.researchgate.net/publication/265039661_Assessing_Strategic_Partnership_The_Partnership_Assessment_Tool (Hardy, et al., 2003)

⁹ The scale consisted of the following response options: strongly agree, agree, disagree, strongly disagree. A 'don't know' option was also included.

¹⁰ Accordingly, strongly agree attached a score of 4, agree attached a score of 3, disagree attached a score of 2, and strongly disagree attached a score of 1.

Figure 4.1: Average Partnership Assessment Tool score at baseline and at the end of the MHCC programme



Source: Partnership Assessment Survey (Base = 55¹¹ & 45¹²)

Qualitative data gathered from interviews with project staff and partners at the end of the first and second years of the programme further substantiate this claim, with staff from four of the 10 funded projects describing the development of strategic partnerships as one of the main legacies of the programme. The enabling factors for successful partnerships and the challenges encountered in developing and maintaining partnerships are discussed below.

Enabling factors

These strengthened partnerships had been possible as a result of a range of key enabling factors, including:

- **Buy-in and commitment from staff, including senior staff**
This helped to cement partnerships. Involvement of senior leaders within HE providers had helped to secure buy-in from partners.
- **Creating space for relationships to develop through governance structures**
This helped to solidify relationships and build trust across partners. Related to this, several staff members emphasised the importance of relationships being built across both senior and more operational levels to ensure that shared working was embedded across partners, and not reliant on individuals. These relationships had helped to drive impact, smoothing transitions for students between services. For example staff reported that these relationships had helped to provide university staff with someone to 'pick up the phone' to where they were concerned about particular students and wanted NHS input to identify appropriate signposting or support referring a student into support.
- **Taking the time to agree a shared vision and shared outcomes**

¹¹ Baseline Survey

¹² End of Programme Survey

This helped to ensure that all partners were aligned in their expectations from the project, and ensured that there were clear benefits for the partners incorporated into the design that would help to secure continued engagement. At the early stages this could also help organisations to develop a better understanding of each other's services and priority areas to promote shared understanding.

Challenges in developing and cementing strategic partnerships

There were, however, a range of challenges that projects encountered in the development of their partnerships. These included:

- Difficulties agreeing contractual and legal arrangements and data sharing processes**

In the early stages of the programme, many projects faced challenges relating to the more formal aspects of partnership working, such as agreeing ways of working, developing appropriate data-sharing agreements and developing contractual arrangements. Projects that involved partnerships between HE providers and NHS services frequently encountered challenges regarding data sharing between services. This had in part been complicated by the absence of tracking within NHS systems to enable individuals to be tagged as students at a particular HE institution. This is one area where intervention at sector level may be beneficial to help reduce the risk of students falling between the gaps between services when moving between university-based and NHS support.
- Managing shifting priorities**

Some projects encountered challenges around competing priorities that could sometimes lead to differences in opinion over how best to deliver an approach. The COVID-19 pandemic also brought about additional challenges for partnership working, resulting in partners having less time to dedicate to the project, with staff diverted to supporting the pandemic response. However, where the project had allocated resource to ring fence staff, this instead helped to insulate them against the risk of staff being diverted to other priorities.
- Speaking different languages**

This was a key challenge for projects that involved collaboration between HE providers, NHS services and/or community mental health services. Partners identified that they were often speaking 'different languages', particularly in their interpretations and understanding of issues like 'clinical risk', where services may be applying differing thresholds. Strong communication between partners was key to overcoming this challenge. Additionally, delivery staff from several organisations emphasised the importance of liaison staff¹³ to help navigate these differences and promote shared understanding.

¹³ Staff from NHS or community mental health services who could work closely with student services

Addressing connectivity and complexity in mental health provision

At the outset of the MHCC programme, HE staff and stakeholders reported several challenges in relation to coordination of care between services, particularly in relation to HE providers and local NHS services.

‘NHS collaboration at the minute seems like a postcode lottery for students in terms of mental health support both at university and at home. When talking about mental health there is still a perception either it’s an NHS issue, not a university issue, or from NHS side they may offload to the university.’ (Sector stakeholder, MHCC Programme Evaluation)

At the end of the programme, 88 per cent (37/42) of management and delivery staff reported that the partnership developed through their project had led to improved connectivity between the organisations and services responsible for student mental health.¹⁴ In interviews management and delivery staff often reported that the projects and partnerships had helped to create infrastructure for partnership working that was previously lacking or more siloed.

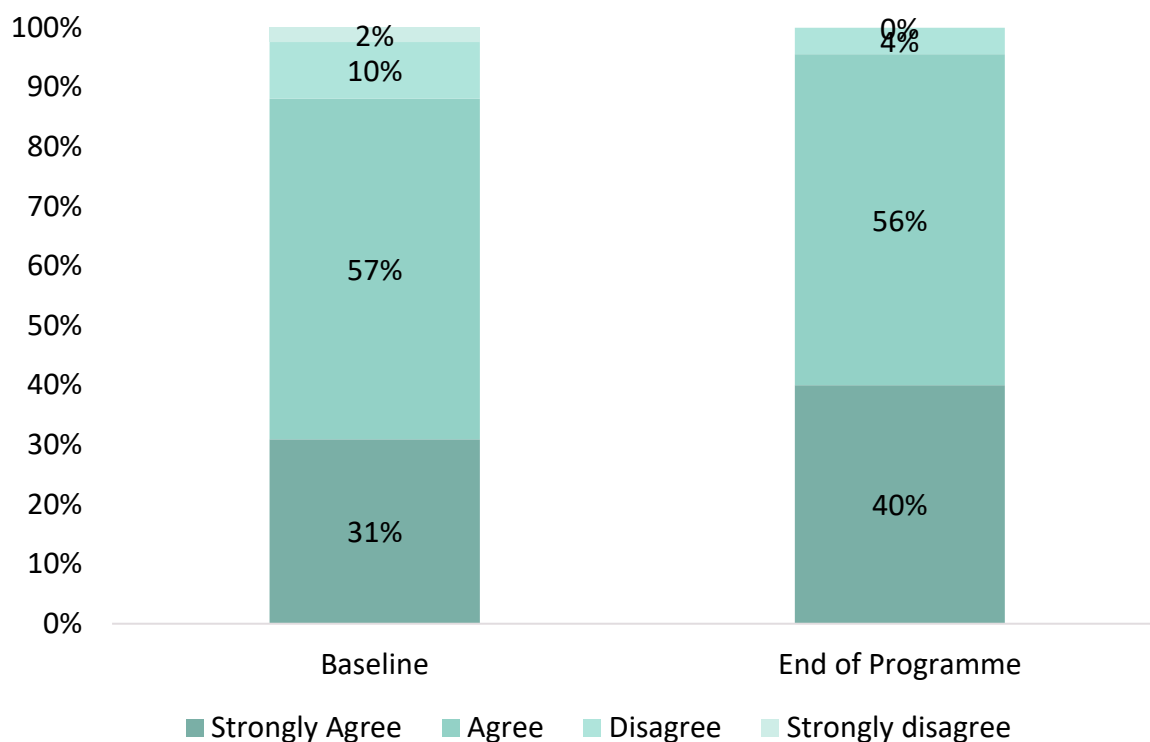
‘In the past we have had students released from mental health services and just told to access support in their universities and we wouldn’t know that they’d been accessing community services, where they were up to. That whole pathway is now so much clearer. When somebody is referred back from services within [the NHS], we’re aware of it [...] we know what’s happening with this student now, they’re now released back to the university and they’re getting ongoing support on a monthly basis.’ (Management & delivery staff, Final Interviews)

Quantitative data gathered through the Partnership Assessment Survey also indicates that the partnerships built through the programme have helped to improve clarity regarding where responsibilities fall between HE providers and other partners. As illustrated by Figure 4.2, at the beginning of the programme 88 per cent of staff agreed that partners had a common and shared agreement about what aspects of student mental health each partner was responsible for. At the end of the programme this had risen to 96 per cent, but the greatest change was in the strength of agreement. At the start of the programme 31 per cent of staff reported that they ‘strongly agreed’ with this statement, whilst at the end of the programme 40 per cent of staff ‘strongly agreed’.

The funding delivered through the MHCC was presented by project staff as a key enabler that had provided them with the resources needed and, crucially, the staff time to develop and embed these partnerships.

¹⁴ Source: Third Partnership Assessment Survey

Figure 4.2: “Partners have a shared and common agreement about what aspects of student mental health each partner is responsible for”; comparisons between the baseline and end of programme survey



Source: Partnership Assessment Survey (Base = 44-55)

Improvements in connectivity between organisations had in turn resulted in wider impacts, including the development of new pathways to support for students, and improved transitions between services.

‘Connectivity has improved significantly, with additional pathways created. Communication in general has also improved between the organisations. The project has been a real catalyst in ensuring student mental health is at the top table agenda for the city.’ (Management & delivery staff, Third Partnership Assessment Survey)

‘There has been greatly improved communications between NHS and university care pathway communications in relation to acute or crisis management situations that have been facilitated by the project being in place. Overall there are greatly improved communications and understanding across the partnership.’ (Management & delivery staff, Third Partnership Assessment Survey)

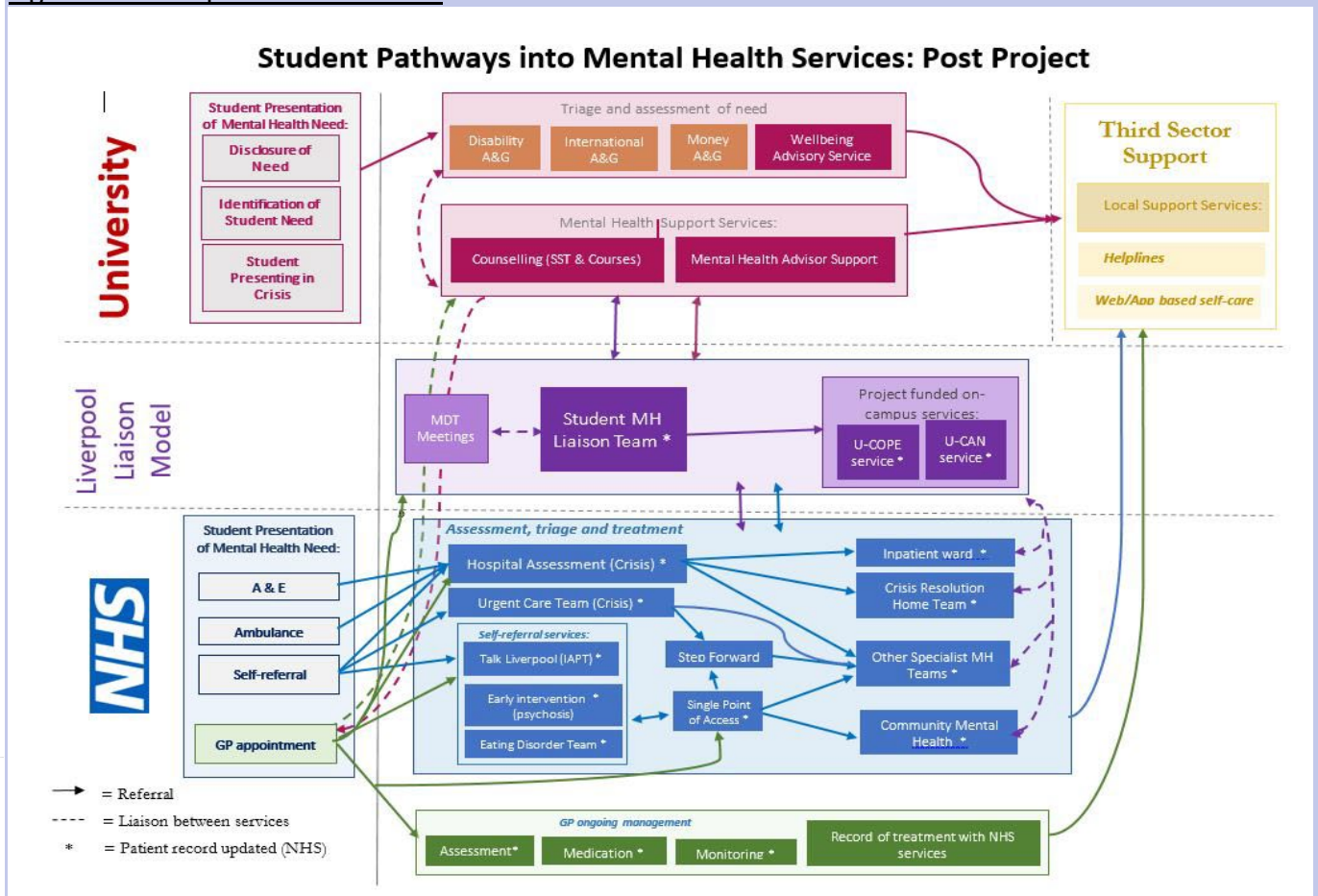
For example, at the University of Liverpool the partnership had been a core component of a newly developed approach to supporting students through the new Student Liaison Service.

Case Study:

As part of Improving student mental health through partnership working, led by the University of Liverpool, a new Student Liaison Service was developed. Through this service where a student presents at urgent care services within the city, they are asked for consent for this contact to be shared with the Student Liaison Service, which covers all HE institutions in Liverpool. Where consent is provided the Student Liaison Service makes contact with the student and provides brief interventions, signposting or referrals as required. The staff team also take part in multi-disciplinary meetings that bring together all of the HE institutions in Liverpool, where student cases can be discussed to ensure that care is arranged with the most appropriate pathway. Staff reported that these meetings provided an opportunity to 'escalate and de-escalate cases between NHS and University services meaning a more efficient use of resource and clarity for students and services about the support which was being offered' (Final Project Report)

As illustrated in the diagram below (Figure 4.3) the Student Liaison Service forms part of the new 'Liverpool Liaison Model'. This does not replace services that are delivered by a university or the NHS but instead facilitates communication between these services.

Figure 4.3 Liverpool Liaison Model



Strengthened partnerships had also led to improved communication between HE providers and local services, which had helped to improve communication around students who may be transitioning between support services.

Case Study:

At the University of Birmingham – where students have been able to access the Pause@UoB hub – the collaboration between the university, Forward Thinking Birmingham, The Children’s Society and Birmingham Women’s and Children’s Foundation Trust has helped to improve the transition for students moving out of in-patient support. This was an indirect benefit of the partnership, which had helped to tighten communication between the different organisations involved in supporting student mental health.

‘A student was being discharged from in-patient services back to their university accommodation and in the dialogue between the student, their clinical nurse and the university it was a much more transparent approach to transitioning back into university than we’ve had in the past and they had that bit of extra support they needed. They were made known to the clinical team lead at Pause who gave them extra support and were made aware that Pause@UOB were there in case they were struggling and wanted somewhere to go. The feedback from the student was that just knowing Pause was there made a difference.’ (UoB Student Services staff member, Pause Final Evaluation)

Similarly, this impact was identified in the Student Mental Health Partnerships project, led by UWE Bristol, which saw the development of strategic partnerships between NHS services and HE providers delivered across several ‘hubs’, and supported by a national network (the National Learning Collaborative). Across hubs the project found that regular meetings and networking between partners facilitated through the project had helped to embed ‘broader and deeper informal connections, making it easier to “pick up the phone” [P1] to a colleague in a different team or service’ (Carrie, et al., 2022). Similarly, to the experience of the Pause@UoB project team these informal connections had helped staff to reach out to other services where there were concerns about particular students, potentially reducing the risk of students falling into gaps between service providers.

The development of improved partnerships between HE providers and NHS services has been one of the key areas of success for the programme, which was credited with bringing about a range of positive impacts including:

- Improved awareness of support services available to students across service providers and HE staff, leading to better student referrals
- A better understanding amongst NHS practitioners of university students and university settings
- A better insight into student need within the NHS and community mental health services
- Enabling HE providers to gain a ‘seat at the table’ in local health plans, ensuring students are considered

Funding from the MHCC has been critical in helping to drive this change. For example, the funding enabled projects to fund ringfenced posts within NHS partners, liaison roles, or ‘boundary spanner’

posts¹⁵. These kinds of roles were often identified as one of the areas of effective practice in developing strategic partnerships with the NHS as they provided dedicated resource to support commitment to the project, and these individuals were often able to act as champions within their home organisations to build trust that helped to drive projects forwards. This emphasises the importance of funding to support work to improve connectivity in student mental health provision. Beyond their immediate impact on the institutions within which these projects have been developed, the models created also provide transferable approaches that could be adopted by other HE providers to further improvements in connectivity between services across different localities.

Further Reading

For more information on challenges and enabling factors that can help to develop effective partnerships between HE providers and NHS services, please see the briefing paper: 'Mind the Gap: Improving student mental health support through higher education and NHS partnerships'.¹⁶

4.2 Aim: Development of inclusive co-creation approaches

One of the aims of the programme was to support the 'development of inclusive co-creation approaches, where students and staff working in the sector are involved at every stage of the journey to improve mental health outcomes'. Over the course of the programme, 373 students participated in co-creation opportunities to support the design and development of the funded projects. The number of students involved varied across the projects, with a range of 12-71, and an average of 41 students involved per project.

The emphasis of the programme on co-creation was welcomed by students, staff and wider stakeholders, who credited the approach with bringing about services that were more relevant to the needs of students.

'I think it helped [the project team] to reflect student needs and priorities because they were getting info from students directly [...] They were able to get a broad sense of student satisfaction with wellbeing services. It was advertised to all years of students, so it was a broad range of students. Open to all genders, races, creeds. So it's more representative of what students need.' (Student, Co-creation Interviews)

Data collected from across the projects shows that they have included a high proportion of Black and Asian students (11 per cent and 23 per cent of co-creators, respectively), as indicated in Table 4.1 below.

¹⁵ This refers to individuals whose roles span across organisational boundaries.

¹⁶ Available here: <https://www.officeforstudents.org.uk/publications/mind-the-gap-improving-student-mental-health-support-through-higher-education-and-nhs-partnerships/>

This suggests that the projects have been successful at reaching a diverse group of students. However, when considering adopting projects within their own HE contexts, HE staff should consider that the student make-up may differ considerably across providers, including student groups who may be over/underrepresented, and therefore providers should implement their own co-creation activities to ensure the needs of their students are taken into account.

Table 4.1: Student co-creators and overall student population by ethnicity

Ethnicity	Student co-creators	Overall student population (HESA Data, 2020-2021) ¹⁷
White	61%	74%
Black	11%	8%
Asian	23%	12%
Mixed	3%	4%
Other	3%	2%

Source: project data

Projects commonly faced challenges recruiting male students, who accounted for just 17 per cent of students engaged in co-creation, as shown in Table 4.2.¹⁸ This gap may in part be explained by the differing levels of engagement with mental health services among male and female students. Indeed, male students are less likely to engage with mental health support than female students (Sagar-Ouriaghli, et al., 2020). However, levels of male students engaged in co-creation activities were lower than the proportion of male students who were supported by the projects (27 per cent), which may suggest that there are additional barriers that prevent male students from engaging in co-creation.

Table 4.2: Student co-creators and overall student population by sex

Sex	Student co-creators	Students supported by the projects	Overall student population (HESA Data, 2020-2021)
Female	83%	73%	57%
Male	17%	27%	43%

Source: project data

Effective Practice

The funded projects adopted a wide range of approaches to involving students in co-creation, including the involvement of student researchers, student content creators and workshops/focus groups where

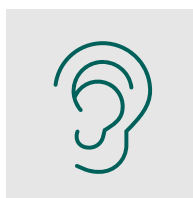
¹⁷ Data on the characteristics of the overall student population are available here: [Who's studying in HE? | HESA](#)

¹⁸ It should be noted that not all projects provided demographic breakdowns for student co-creators. This data is based on information supplied by five projects, and excludes students who did not disclose this data. Accordingly this finding is based on 115 participants, with the demographics of the remaining co-creators unknown. Across these five projects male students were markedly under-represented in all cases.

students were invited to share their experiences and shape the development of the projects. Features of effective co-creation approaches are described below.



There are genuine opportunities for students to share their ideas.



Students are listened to, and action is taken on their feedback.



Project staff provide regular feedback on how student contributions have shaped delivery.



Student involvement is not a tick-box exercise, and students have genuine opportunities to shape the direction of projects.

Challenges to working collaboratively

Staff and students were generally both positive about their experiences of working collaboratively, however a few challenges were identified across the programme. These are detailed below:

- **A small number of projects encountered challenges recruiting students**
This challenge related to competing priorities on student time and challenges encountered engaging students during the COVID-19 pandemic. Some projects sought to overcome these challenges through incentivisation, including paid student roles.
- **Involving male students**
As discussed above.
- **A small number of project staff encountered challenges related to issues raised in sessions**
This included where students raised issues that were challenging or difficult for staff to hear, or where students raised issues that were outside of the remit of project staff. This emphasises the importance of staff being well briefed, clearly explaining their remit, and having a good understanding of where to signpost students to where an issue is not within their gift to resolve.

Further Reading

For more information co-creating mental health initiatives with students, please see the briefing paper 'Co-creating mental health initiatives with students: Lessons from the Mental Health Challenge Competition'.

Impact

The co-creation approach is one of the lasting legacies of the programme. Several HE providers reported that the co-creation work delivered as part of their MHCC project had led to a greater commitment to co-producing with students on other university mental health initiatives, therefore altering ways of working in student mental health and wellbeing.

‘The university senior management attended our co-creation group to understand how to better advertise wellbeing services at university, so there is work being undertaken for strategic change, and after that there was more of an appreciation of co-creation within student services. There’s a greater awareness of how we can do this and more emphasis on students for students by students.’ (Management & delivery staff, Final Year Interviews)

Where HE providers did not report this, it was usually because co-creation was already a key part of how they worked before the programme.

However, project staff and stakeholders also emphasised the importance of co-creation not replacing broader opportunities for students to provide feedback, as the resource-intensive nature of co-creation means that it is only possible to involve a small number of students.

4.3 Aim: Demonstrable positive impact on students at participating institutions

Over 19,000 students received direct support through project interventions.¹⁹

This includes:



2,314 students who benefited from access to new forms of mental health support that had not previously been available through their HE provider.



16,771 students across FE and HE who benefited from support to help them manage transitions.

Projects delivered under the support theme were credited with making support more ‘accessible’, and easier to access. The approaches were also credited with helping students to access the right support at the right time. For example the early support hub developed as part of Pause@UoB provided a ‘no wait’ service, which meant students were able to access timely support which could help them identify provision that would be best suited to their needs. The new services developed through the projects led by Newcastle University and the University of Liverpool instead provided increased support for students

¹⁹ Not all projects were delivering direct support or activities for students within the lifetime of the programme, as some projects (such as the Education for Mental Health project, led by the University of Derby) were more strategic or developmental in nature.

presenting with more severe or enduring mental health needs. Previously – and in the absence of these new models – these students might have been signposted out of their institution resulting in students having to retell their story. In contrast the new models enabled these students to gain timelier access to support through more straightforward referrals.

Transitions projects²⁰ provided support to students about to make the transition from FE to HE. These projects resulted in students feeling more confident about the transition between FE and HE, and led to increased mental health awareness among students. The short-term nature of the MHCC makes the long-term impact of these projects difficult to unpick at this stage, however they have the potential to be transformative, as they could result in students accessing support earlier where less intensive support may be required.

The early intervention project, Mental Health Analytics, led by Northumbria University, also resulted in students accessing support who were previously not in contact with support services. This project developed a framework for identifying students who may be in need of additional support, and created an approach for ‘nudging’ those students to signpost them towards support that may be suitable to them. This increased the number of students experiencing suicidal thoughts and behaviours accessing counselling services while also directing more students to under-utilised and less resource dependent services such as online self-help, and the majority of self-referrals from the nudges were from students who were accessing the service for the first time rather than students who had registered in the past.

Further Reading

The impacts of individual projects are explored in greater detail in the briefing paper ‘What Works in Supporting Student Mental Health: Lessons from the Mental Health Challenge Competition projects’. This companion report provides an overview of each project, its success factors, areas of refinement, and details on how it can be scaled up or transferred across the HE sector.

The co-creation approach has also had a demonstrable impact on students

For example:

- 61 per cent of students (20/33) who took part in the co-creation survey or an interview reported that their involvement in the project had improved their understanding of student mental health and the issues affecting it
- 53 per cent (19/36) agreed that their understanding of the services available to support students had improved

The involvement of students in co-creation has also helped students to feel more comfortable accessing university support services, with 60 per cent (21/35) of survey and interview respondents reporting this outcome.

²⁰ Start to Success, SITUATE, Transitioning Students Effectively.

'I feel like now if I required help I would feel comfortable going to the university for this.'
(Student, Student Co-creation Survey)

This was also identified in in-depth interviews with students who had been involved in co-creation as part of the MHCC projects. 82 per cent (14/17) of students who took part in interviews reported this outcome.

Involvement in co-creation has also helped students to signpost peers or friends to support, with 94 per cent of interviewees (16/17) reporting that they are more likely to signpost or recommend support at university to a friend, following their involvement in co-creation. This may help support early intervention by encouraging students to access support who otherwise may have delayed until they have reached crisis point. Across all students who participated in surveys and interviews:

- 66 per cent (23/35) reported that they had learnt new ways to manage or support their own mental health
- 52 per cent (17/33) reported that they feel more equipped to support a friend who is struggling with their mental health

These findings demonstrate that co-creation can itself act as a mechanism for supporting student mental health among those who take part.

Further Reading

These impacts are explored in greater detail in 'Co-creating mental health initiatives with students: Lessons from the Mental Health Challenge Competition'.

4.4 Aim: Development of tools and approaches for sharing/disseminating across the sector

The programme sought to fund the 'development of tools for more effective evaluation of interventions and approaches across different HE contexts that can be shared and disseminated across the sector to achieve greater critical mass to support students'. This section addresses how the programme has contributed to the development of tools and approaches that can be shared. Evaluation will be addressed in the next sections.

Development of toolkits and resources for the sector

The projects funded through the MHCC have produced a wide range of resources and toolkits that are available to other HE providers and can be found on the OfS website.²¹ This includes the development of:²²

- The Education for Mental Health toolkit, provided as part of the project led by the University of Derby, and now held on the AdvanceHE website²³
- The Globally MindEd: International Student Mental Health toolkit, produced as part of the project led by the University of Nottingham²⁴
- The SPEQS Toolkit, developed by the University of Sheffield and UCL as part of the Student Mental Health Partnerships project led by UWE Bristol, and now held on the SMARteN website.²⁵
- How to run a successful summer school, developed as part of Transitioning Students Effectively at the University of Lincoln, reflecting on their experiences developing the WOW Summer School²⁶
- Workshop resources for CBT mind management sessions, developed as part of BRIGHTER, led by Newcastle University²⁷

These resources have the potential to expand the reach and value of the MHCC, by ensuring that learnings from the programme are able to permeate across the sector.

Example approaches and models that influence practice and offer replicable approaches

The programme has led to the development of replicable approaches that can be adopted by HE providers as examples to help them develop their own approaches to supporting student transitions, early intervention or support. This was felt to be one of the key impacts of the programme, as project staff and sector stakeholders hoped this would help to reduce duplication of resource, and provide HE settings with the opportunity to look at tried and tested approaches to inform their own work.

²¹ The resources from the Mental Health Challenge Competition can be found here: [Mental health Challenge Competition: Improving mental health outcomes – Office for Students](#)

²² This list is not exhaustive.

²³ The Education for Mental Health Toolkit is available here: [Education for Mental Health Toolkit | Advance HE \(advance-he.ac.uk\)](#)

²⁴ The Globally MindEd toolkit is available here: [Browser :: Globally Minded | Institution \(thegloballyminded.com\)](#)

²⁵ The SPEQS Toolkit is available here: [Student Services Partnerships Evaluation and Quality Standards \(SPEQS\) Toolkit - SMARTEN](#)

²⁶ The how-to guide is available here: [University of Lincoln – How to run a successful summer school by uolswc – Flipsnack](#)

²⁷ The workshop plans are available here: <https://research.ncl.ac.uk/brighter/outputs/>

Transitions

The MHCC has enabled the testing of several different approaches to supporting students making the transition between FE and HE. This includes models that support all students,²⁸ as well as models that provide targeted support to students with pre-existing mental health issues²⁹.

All of the trialled approaches have the potential to be adopted by other HE providers, and the transitional outreach sessions developed as part of the SITUATE project are already being delivered in other HE settings across England.

Early intervention

The MHCC has also resulted in the development of new potentially proactive and preventative forms of mental health support. This is one of the areas of support that project staff and stakeholders identified was more challenging to fund at the beginning of the programme, and consequently the funding from the MHCC was felt to be instrumental in facilitating these interventions.

The development of proactive support had been a key part of the design of the Mental Health Analytics project at Northumbria University, and the project appears to have been very successful at reaching students who were not previously in contact with student support.

This also has benefits at a strategic level. Indeed, by collecting student wellbeing data and integrating it with data associated with mental health, a picture of student mental health and wellbeing across a whole university can be built up, enabling the university to intervene on a proactive basis and signpost towards appropriate support. This represents a significant change in approach from before the MHCC programme, when HE providers typically described their approach as more reactive in nature. This also represents a step change in the way student data is being used to support student mental health. Prior to the MHCC, anecdotal evidence indicated that HE providers were facing issues not just in relation to a lack of data-sharing between their services and external support providers, but also within the institution, resulting in challenges identifying students who were at risk. The approach developed here is transformative in that it breaks up institutional silos ensuring that (with appropriate consent) a better picture of student need can be developed.

A range of knowledge can be transferred from this project across the HE sector. At a broad level, this includes a greater understanding of the predictors of different patterns of mental health and wellbeing. At a specific level, it includes help to identify how data analytics could be implemented in different settings including the governance required relating to data protection and consent, the model for systematically collecting data about mental health and wellbeing from students, and the practicalities of integrating data into a monitoring dashboard.

²⁸ Start to Success, SITUATE, Transitioning Students Effectively.

²⁹ See Transitioning Students Effectively for more details.

Support for students

Under the support priority, the MHCC funded the delivery of new models of student support³⁰, and has provided several approaches for partnering with the NHS to improve care pathways and the transition between different care providers.³¹

The projects that trialled new models of support, have provided examples that can be adopted by other HE providers. The approaches adopted by Newcastle University and in the project led by the University of Liverpool have resulted in an increase in the support available to students presenting with more severe or enduring mental health needs. In contrast the model developed at the University of Birmingham (Pause@UoB) provides an example of support for students at the other end of the continuum of need – although in practice it was also able to support students across the continuum. As a ‘no wait’ hub that students could access without any referral, Pause@UoB was able to provide support to students who may not have reached the threshold for access to traditional mental health support.

At an institutional level these projects represent a step change in the approach to supporting student mental health. They have transformed and diversified the support offer available to students within their host institutions, and helped to improve the suite of services available to students that ensure they can access the right support at the right time. The approaches also have the potential to drive a step change in wider support for student mental health, by providing examples that can be taken forward and implemented by other HE providers, thus widening access to support across the sector.

4.5 Aim: Development and evaluation of whole-institution approaches

The programme sought to support the ‘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’. The contributions of the programme to each of these are explored below.

Development of whole-institution approaches, including pedagogy, curriculum and assessment design

The programme funded a range of projects associated with the whole institution approach, for example:

- Start to Success delivered a whole community approach to mental health
- Education for Mental Health developed resources to support pedagogy and curriculum design to facilitate better mental health

The evaluation of these initiatives has, however, been more challenging. In relation to Education for Mental Health this relates to the delivery timescales for the project and programme, which mean it is too

³⁰ Pause@UoB, BRIGHTER, and the Liverpool Liaison Model.

³¹ Pause@UoB, BRIGHTER, Student Mental Health Partnerships, Working in partnership to improve student mental health and Start to Success.

soon to assess what impact the project is having on pedagogical approaches, and how this will impact upon student experiences. However, early evidence suggests that initial take-up has been strong and the resources have been well received.³²

The whole community approach has by contrast been challenging to evaluate due to the COVID-19 pandemic, which overlapped with project delivery. The pandemic has resulted in confounding issues in the evidence, as it is unclear what population-level changes have been influenced by the pandemic/pandemic related restrictions, and which have been influenced by the project.

Facilitating better mental health while improving educational outcomes

Across the programme, projects also faced challenges assessing the extent to which their interventions had contributed towards improving educational outcomes. This was influenced by:

- A lack of data sharing between education teams and project delivery teams, which meant data access was not always achievable
- Programme/project timescales, which were felt to be too short-term to assess educational change
- The confounding impact of the COVID-19 pandemic on educational outcomes

The COVID-19 pandemic could not have been foreseen at the outset of the programme, and created a range of challenges in relation to evaluation, which are discussed further under the following aim.

4.6 Aim: Development of a robust and sound evidence base

The programme sought to improve knowledge of ‘what works’ in supporting student mental health. This included the following aim: ‘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’.

To this end, each project was required to conduct an evaluation to assess the impact of the approach used. Given the diversity of approaches funded through the programme, it is not possible to summarise all of the evidence produced by each of the projects in this programme-level report. However, the companion ‘What Works’ paper provides an overview of each project and its impact, along with detail on the type of evidence it has contributed and how each approach could be scaled up or transferred across the sector.

The projects do, however, contribute to the body of evidence on approaches that can support student mental health. They provide valuable insights to help the sector understand the potential benefits and impacts of:

- Developing transitional outreach support, with three potential pilot models that can be adopted

³² This is discussed further in the ‘What Works’ paper.

- Implementing mental health analytics to identify students in need of support, and signposting these students into support
- Alternative models of student support, including new services and new pathways to services

An overarching evaluation framework has not been developed due to the diversity of approaches funded through the MHCC. Further, a range of evaluation challenges were encountered across the programme, and these have had some impacts on the evidence developed.

Evaluation challenges

Evaluating transitions projects

Some specific challenges were encountered in relation to evaluating transitions projects. Whilst the evaluation approaches adopted by the projects were able to identify short-term impacts (such as increased confidence when making the transition to HE), these projects were unable to assess the long-term benefits of their approaches, including the extent to which they were able to prevent escalations when students arrived in HE. This relates to a number of challenges:

- The relatively short-term nature of the MHCC, which makes long-term benefits challenging to assess. More longitudinal research would be beneficial to understand the wider impacts of this work
- The difficulties associated with evaluating preventative models of support, as it is difficult to prove that students accessed support earlier than they would have done without support
- The difficulties in tracking students as they move between FE and HE, as they may not end up at the institution that delivered the support

Whilst the MHCC has provided helpful evidence that shows the potential benefit of transitions support, there is a question about how these kinds of initiatives should be resourced going forward. Where transitions outreach projects are developed there is a potential risk of a ‘postcode lottery’ emerging in relation to the level of support students receive when transitioning between FE and HE, depending on the work delivered by the HE provider local to them, or the outreach work delivered by their prospective institution. This means that students may arrive at the same university with different levels of preparedness depending on the local arrangements that were in place at their school or college. Related to these concerns, one stakeholder interviewee emphasised the importance of further work at national level across the continuum of education to support young people’s transitions and prevention efforts in student mental health. A more national approach may also help to overcome some of the evaluation challenges identified as this will provide a critical mass of students to assess the longer term impacts of support.

Evaluating early interventions projects

Under the early intervention priority area, the OfS funded projects that created toolkits for adoption by staff across the HE sector. The timescales of these projects³³ mean that assessing the impact these

³³ Education for Mental Health and International Student Mental Health.

initiatives are having on the sector is not yet possible, as the toolkits were generated over the course of the funded period and were released only at the end of the programme.

Evaluating support for students projects

The evidence generated by the support projects is of a high quality, with a strong focus on empirical research methods. However, common evaluation challenges were encountered across these projects including:

- The impact of the COVID-19 pandemic on student help-seeking behaviours and patterns of service access, which has created confounding issues in project data
- Difficulties accessing data from NHS services to effectively track students moving between services, and to provide a comparative baseline for support. As discussed previously this is an area that would benefit from work at sector level.

4.7 Aim: Commitment from senior leaders to make student wellbeing and mental health a strategic priority

The MHCC has had some positive influence on the level of senior commitment to student mental health and wellbeing at funded institutions, but the impact on the sector more broadly is less clear.

Impact on commitment within funded institutions

Among staff at funded institutions, 80 per cent reported that their involvement in the MHCC programme has helped to ensure that student mental health is an organisational priority.³⁴

This outcome was also reported in interviews with staff from seven of the 10 funded projects.

'There has been a clear drive to raise the priority of mental health and wellbeing of students both on campus and within the partnership.' (Management & delivery staff, Third Partnership Assessment Survey)

However, staff from four projects also reported that it was challenging to identify the extent to which changes in senior commitment could be attributed to the programme. These staff often reported that the provider already had a high level of senior commitment to student mental health before the MHCC programme, which was one of the factors that had driven their participation in the programme. Furthermore, sometimes these staff reported that it was challenging to identify the level of influence the MHCC had on levels of senior commitment in comparison to other factors, such as an existing

³⁴ Source: third Partnership Assessment Survey

commitment or commitment that had been catalysed by the COVID-19 pandemic (which has raised the profile of student mental health issues).

'We already had that commitment – that's where the project came from [...] really difficult to unpick because of timing with the pandemic. The pandemic has made everybody much more aware of student mental health so unpicking project and pandemic impacts is difficult.' (Management & delivery staff, Final Interviews)

Despite these attribution challenges, three of these four projects reported that they felt their MHCC project had helped to solidify existing commitments.

'I think the commitment was there already but being able to show that we've done this [...] it's going to have a big impact across the sector in general and has been really welcomed by our senior leadership team. It's been referenced in a lot of different places and I think it's raised awareness having the president and principal talk about it. The commitment was there but this helps to operationalise it.' (Management & delivery staff, Final Interviews)

A small number of projects (three) that had worked in collaboration with NHS partners also reported that they felt the project had helped to secure senior buy-in within NHS organisations to improve student mental health.

'We always had strong senior buy-in, a vice chancellor who has led this work [...] I'm sure the university had that commitment anyway, but it's certainly locked in that commitment in a way that has been very helpful and enabled presenting joined up face to strategic levels of the NHS.' (Management & delivery staff, Final Interviews)

This suggests that the MHCC programme has had some positive influence on the level of senior commitment to student mental health within funded institutions and on external partners including the NHS, whilst also building on strong levels of senior commitment in funded institutions that existed at the outset to the programme.

Impact on commitment across the wider HE sector

The contribution of the programme in relation to senior commitment across the wider HE sector is more challenging to assess. Many sector stakeholders (9/14) reported they felt the programme has helped to influence the prioritisation of student mental health at HE providers, although several of these staff (four

of the nine) said it was in a limited way. However, a small number of stakeholders reported that it was less clear to what extent the programme is shaping the delivery of student mental health support. For example, one stakeholder reported that whilst they felt the programme had influenced discussions, they had not yet seen this translate into different practice ‘on the ground’.

A small number of stakeholders also reported that it was difficult to unpick to what extent prioritisation of student mental health had been influenced by the MHCC in contrast to other programmes of work, such as the University Mental Health Charter project being delivered by Student Minds³⁵ or the Stepchange: Mentally Healthy University Framework delivered by Universities UK,³⁶ as much of this work had been developing at the same time. This is consistent with views shared by sector stakeholders as part of the interim evaluation of the MHCC.³⁷

‘We are currently developing an action plan for student mental health, and it’s not necessarily influenced by the projects, it might be the Student Minds Charter, it might be the UUK work, it might be SMaRteN. They are all kind of saying the same thing, and our action plan mirrors those priority areas, like transition is one of them, and ensuring that support is inclusive and relevant. It helps us shape our work and ask the questions of ourselves of what we should be doing.’ (Sector stakeholder, Final Year Interviews)

This challenge around attribution was also highlighted by management and delivery staff, as illustrated in the following quote.

‘The Challenge Competition is part of a jigsaw when it comes to this kind of commitment and resources. There’s quite a lot going on in the student mental health space at [our institution] and there has been for a while. That’s why we were one of the right teams to take on this project in the first place [The MHCC is] part of it, but it’s not the only part of it.’ (Management & delivery staff, Final Interviews)

However, even where the MHCC is aligned with the work being delivered by other sector bodies, making it difficult to unpick the specific influence of the programme, it was clear that stakeholders believed that having these priorities reinforced by the OfS was beneficial. Stakeholders reported that OfS involvement may have helped to catalyse wider discussions, or help to attach “kudos” to particular streams of work which could support individuals with accessing funding within their institution.

³⁵ Student Minds, The University Mental Health Charter, available at: [University Mental Health Charter](#)

³⁶ Universities UK, Stepchange: mentally healthy universities, available at: [Stepchange: mentally healthy universities \(universitiesuk.ac.uk\)](#)

³⁷ This report is available at: [Evaluation of the Mental Health Challenge Competition: Interim report to the Office for Students - Office for Students](#). See page 14 for more detail.

For example, stakeholders reported that the selected priority areas funded through the MHCC programme sent a clear signal that these are important areas of student mental health that providers should be working to address.

‘OfS putting such big funding behind the projects clearly shows mental health and wellbeing is a strategic priority so carries weight on what universities and colleges should be looking at and working towards. The main barriers to people thinking through what works and looking at different interventions is resource and capacity and linking with right people and right expertise, but these projects provide resource, time, and space to do this. Really help universities who know they need to be doing more work but so far hitting barriers on how to implement, help them understand what does it look like through toolkits and learning.’ (Sector stakeholder, Final Year Interviews)

Additionally, a small number of interviewees based at HE providers that had not received MHCC funding reported that the programme had influenced their work. For example, one university had taken learnings from the *Working in partnership to improve student mental health* (University of Liverpool led) project to help inform their approach to developing partnerships between HE providers and local NHS services.

‘We’ve taken the learning. It’s hugely beneficial for me to talk to people who are already doing it, learning to engage project managers and NHS early. We’re planning to do an interim evaluation in June. The biggest problem with all these projects [...] is securing the funding for this.’ (Sector stakeholder, Final Year Interviews)

Consequently, whilst there is some evidence to suggest the MHCC is – or at least has the potential to – shape sector priorities, at this stage this evidence is quite limited. This in part appears to be a result of challenges relating to awareness of the programme and project impacts, which may suggest this area would benefit from revisiting once the outputs from the MHCC have had time to become more embedded and utilised within the sector. This is discussed further in the following section on the [legacy of the programme](#).

4.8 Long-term value and legacy of the programme

Feedback provided by project staff indicated that the funding provided by the MHCC has been transformative, and came at a pivotal time for the sector where many HE providers had seen sustained increases in the numbers of students seeking mental health support. Indeed, between 2012 and 2017 the number of students seeking support at university had increased from 50,900 to 78,100, whilst over the same period mental health budgets had increased by more than 40 per cent (Spitzer-Wong, 2018).

The growing pressure on student services had resulted in challenges securing additional financial resources to trial new interventions in some settings, as budgets had already grown to meet increasing levels of demand for counselling support. As a result, the MHCC funding has been critical in enabling the delivery of projects. For example, in the absence of the MHCC programme, three projects reported that would not have been able to progress, and seven would have had to scale back their original plans, which may have resulted in a narrower focus. The MHCC funding has therefore been instrumental in enabling HE providers to trial innovative approaches to supporting student mental health.

Sustainability of funded projects & future funding

Throughout the evaluation, project staff frequently emphasised how valuable this funding had been in driving their approach forward. However, when considering the potential legacy of the programme, staff and wider stakeholders frequently raised concerns regarding future funding to enable them to continue to drive forward their projects. This included concerns over risks to being able to continue funding staff posts and continuing to resource roles within partnerships on a long-term basis.

'Funding is always an issue [...] particularly the staffing resource. They're looking at building this in to job roles, but crucially people have to have the time to do it. If it's an extra thing you've been given that's a risk.' (Stakeholder interviewee)

Despite these challenges eight out of ten projects reported that their activities would be continued, although two reported that although they had managed to secure funding for the next academic year, they were less sure about the long-term plan. Additionally, two projects reported that they had scaled back delivery in order to sustain initiatives as they had not been able to secure the same level of resource they had access to through the MHCC.

Of the two projects that reported their activities would not continue:

- One had come to an end but had produced toolkit resources for other providers to use
- The other did not have a clear sustainability plan in place at the time of the evaluation, although there was enthusiasm from the project staff team in retaining some of the approaches

This highlights that there are challenges in sustaining initiatives in the absence of external funding. It should be noted that the level of funding available through the MHCC (between £250,000 and £750,000 with match funding) was generous. Where it is invested in staff teams, institutions will need to provide sizeable funds to continue the initiative. Continuity of funding seems to have been a greater challenge in relation to projects funding transitions or early intervention work, which may reflect some of the

reluctance that stakeholders noted in funding these areas at the beginning of the programme.³⁸ In particular, at the start of the programme stakeholders and staff reported challenges funding this kind of pro-active support in part due to existing financial pressures and pressures on support services. Whilst the MHCC has helped to provide valuable resource for testing some new initiatives, many of the financial pressures remain and may have increased in the context of the COVID-19 pandemic.

As highlighted in the previous sections early intervention and transitions projects are also more challenging to evaluate than support projects. In the case of support projects, the number of students who accessed services and recovery rates can be evaluated. But when it comes to transitions projects and early intervention initiatives, which are both more preventative in nature, the evidence is often in demonstrating a decline in the number of students requiring support. However, both the duration of the programme and the coincidence of the COVID-19 pandemic (which has altered help-seeking behaviours) make this very challenging. As a result, in future programmes targeting these priority areas, a more longitudinal approach may be beneficial to ensure that a robust evidence base is developed.

Dissemination of learning from the programme

A key opportunity for ensuring the legacy of the MHCC beyond the scope of the programme funding is ensuring that the project-level findings are widely disseminated.

Project staff and stakeholders emphasised that the legacy of the programme is not just about whether the funded projects were sustained by their institutions. It is also about understanding how the learning from those projects contributes to understanding in the sector around what can support student mental health, and whether this leads to effective approaches being adopted more widely or helps to prevent HE providers from implementing activities known to be less effective. In this regard the MHCC programme has the potential to boost knowledge of ‘what works’ in supporting student mental health.

This is an area where the OfS could maximise the impact of the programme by extending dissemination activities. Indeed, at this stage in the evaluation it appears that awareness of the programme and its achievements among sector stakeholders is limited, suggesting further work in this area would be beneficial. For example, whilst 9/22 sector stakeholders interviewed at the end of the second year of delivery reported that they were somewhat familiar with the programme, these individuals often had knowledge of just one or two projects. Stakeholders more frequently reported that they were not very familiar with the programme and what had been delivered by the projects that had been funded (13/22).

Another key risk identified by project staff and wider stakeholders is that resources produced through the programme could become outdated, limiting their long-term benefits. This was a particular concern where projects had produced resources like toolkits, but did not have the capacity in place to continue upkeep of the resource beyond the end of the funded project. The reach of these resources may also be

³⁸ As reported in the Interim Report, available here: [Evaluation of MHCC interim report \(officeforstudents.org.uk\)](https://www.officeforstudents.org.uk) (See page 10)

limited where there is no ongoing staff member to drive the project forward and disseminate learning across the sector.

'We know [that] after funding a lot of project teams go their own ways and the resources produced can sit on a website, there's a risk they collect dust and end up being duplicated down the line. Needs dissemination, keeping conversation going about how they can be used to create long-lasting value and sustainability.' (Sector stakeholder, Final Year Interviews)

Related to this is the need for resources to be hosted in locations that are routinely used, to ensure that they are easily accessible to HE staff. To this end, the OfS has published project resources on its website.³⁹ This will need to be supported by a wider dissemination plan to ensure the resources are continually reaching professionals in the HE sector to ensure opportunities to learn from the MHCC are not missed.

³⁹ Resources and case studies from the MHCC are available here: <https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/student-mental-health/mental-health-challenge-competition-improving-mental-health-outcomes/>

5. Conclusions & Recommendations

The MHCC was launched with the aim of bringing about a 'step change' in support for student mental health. The programme has been well received by project staff, wider stakeholders and students. Project staff and wider stakeholders in particular credit the programme with helping to drive innovation and enable HE staff to trial new approaches to support student mental health.

Since its launch the programme has supported 10 higher education providers in England to deliver projects that have reached over 19,000 students. This includes:

- 373 students who have been involved in co-creation activities that have helped to shape the design and implementation of projects
- Over 2,300 students who have benefited from access to new forms of mental health support not previously available through their HE provider
- Over 16,700 students across FE and HE benefitting from support to help them manage transitions

Achieving a step change in support for student mental health

There is evidence that the programme has achieved a step change in relation to the following areas:

- Strengthening strategic partnerships, resulting in improved connectivity between HE providers and others involved in supporting student mental health, including the NHS and community mental health providers
- Improving access to services for students and supporting students to receive the right support at the right time
- Improving the range of preventative and proactive mental health support available to students

Further impacts of the programme are described in greater detail below.

The MHCC projects have had a demonstrable impact on students

The projects have brought about tangible benefits for students. Newly developed support services, such as Pause@UoB,⁴⁰ the new CBT clinic at Newcastle University,⁴¹ U-COPE⁴² and the Student Liaison Service – are credited with providing more 'accessible' support, compared with the pre-existing and alternative

⁴⁰ Enhancing student mental health through innovation and partnership, led by the University of Birmingham.

⁴¹ BRIGHTER, led by Newcastle University.

⁴² Both form part of the Liverpool Liaison Model, part of Working in partnership to improve student mental health led by the University of Liverpool. This was also one of the partnership models included within Student mental health partnerships, led by UWE Bristol.

support previously available to students. The Student Mental Health Analytics project⁴³ also appears to have created a successful model for identifying students who may need additional support and ‘nudging’ those students to encourage them to access support. This could help to improve early access, which may reduce the number of students reaching services at crisis point where more intensive support may be required. It represents a shift from ‘reactive’ support to a more ‘proactive’ approach.

Projects with a focus on student transitions – such as Transitioning Students Effectively,⁴⁴ Start to Success⁴⁵ and SITUATE⁴⁶ – also appear to have driven improvements in mental health awareness and support services among potential students making the transition from FE to HE.

Evidence collected through Transitioning Students Effectively suggests this is leading to wider impacts, including easing student concerns and improving their confidence about their ability to manage the transition. More longitudinal research would be beneficial to understand how – if at all – this impacts upon student behaviours once they reach university. More work is also needed nationally to drive forward sector-wide improvements in student transitions to ensure that all learners moving from FE or sixth form to HE are able to benefit from support.

The MHCC has strengthened senior commitment to student mental health at funded institutions

Eighty per cent of management and delivery staff reported that their involvement in the MHCC programme has helped to ensure that student mental health is an organisational priority, and there is evidence that involvement in the MHCC has helped some projects to secure continued funding to further develop their approaches.

However, at the sector level it is more challenging to assess the extent to which the programme has resulted in a clear commitment from senior leaders to make mental health a strategic priority. This appears to be compounded by two key issues.

1. There is a difficulty attributing this kind of outcome to the programme at a time where considerable work is being delivered across the HE sector to improve support for student mental health
2. Student mental health has been further spotlighted by the COVID-19 pandemic, which makes it challenging to identify where changes have been catalysed by the programme and where they have been catalysed by the pandemic

⁴³ Led by Northumbria University.

⁴⁴ Led by the University of Lincoln.

⁴⁵ Led by the University of Keele.

⁴⁶ Led by the University of Sussex.

Nevertheless, sector stakeholders were positive about the MHCC programme and emphasised that it had helped to further signal the importance of work to support transitions, early intervention, and support in student mental health.

The MHCC has supported the development and strengthening of strategic partnerships, resulting in reduced complexity and improved connectivity in student mental health provision

This is an area where the MHCC funding appears to have been particularly impactful, by providing the capacity and resource needed to help drive forward partnership development. This has led to wider impacts that contribute to a step change in support, such as reducing 'gaps' in support and promoting improved collaborative working to help discuss student cases and agree appropriate support.

Whilst the implementation of partnerships is not 'one size fits all' and will depend on local context, the MHCC has also provided a range of example models of partnership working which might act as a useful starting point for HE providers and NHS staff looking to improve collaboration and connectivity. Some of these examples are already being utilised by other HE providers. For example, a handful of providers are considering adopting approaches informed by the Liverpool Liaison Model.⁴⁷

There remain, however, outstanding challenges related to data sharing between HE providers and NHS services. This area would benefit from increased attention at sector level to reduce the risks of students falling through gaps between service providers.

The MHCC has boosted co-creation in student mental health

Across the programme, almost 400 students were provided with opportunities to co-create mental health support. This has brought about benefits for participating students including improved mental health awareness and increased confidence accessing university services. A lasting legacy has also been created as several projects reported that they had extended their use of co-creation in student mental health as a result of their experiences as part of the MHCC programme.

Male students were underrepresented amongst student co-creators suggesting further work is needed to ensure co-creators represent all student demographics.

⁴⁷ The Liverpool Liaison Model was a new partnership model developed as part of 'Working in partnership to improve student mental health' led by the University of Liverpool.

The MHCC has resulted in a suite of tools and approaches that can be shared and disseminated across the HE sector

The MHCC has supported the development of a wide range of resources, including toolkits and how-to guides, which may help other HE providers to shape their practice or adopt new support models.⁴⁸ We encourage HE providers to make use of these resources to help shape their own delivery in student mental health.

However, it is less clear to what extent these resources and the new knowledge developed by the MHCC are reaching other organisations across the sector, which is key if the MHCC is to achieve a ‘step change’ at the sector level. This suggests that dissemination of project resources and learnings needs to be a key focus going forward to further raise awareness of the MHCC and maximise opportunities to extend the reach and impact of the programme. We hope the release and dissemination of the programme evaluation report, and associated briefing documents, will contribute to this wider outcome.

5.1 Recommendations

Key recommendations stemming from this evaluation are set out below.

Recommendations for HE professionals & the HE sector

Recommendations for HE professionals and the HE sector are detailed below. Additionally, senior leaders and practitioners are encouraged to read ‘What Works in Supporting Student Mental Health: Lessons from the Mental Health Challenge Competition Projects’ to uncover further detail regarding the 10 funded projects.

Theme	Recommendation
Developing effective strategic partnerships in student mental health	HE providers & NHS colleagues should work together to agree local approaches for addressing connectivity issues. To support this work we recommend that HE providers: <ol style="list-style-type: none"> Put in place dedicated resource to drive forward strategic partnerships. Make use of the extensive learnings developed by the MHCC projects to inform their approaches.
	Effective data sharing is key to ensuring students are properly supported. Collaborative working regarding data sharing between HE providers and the NHS should be taken forward to prevent students slipping through gaps between service providers.

⁴⁸[Mental health Challenge Competition: Improving mental health outcomes – Office for Students](#)

Theme	Recommendation
Co-creating mental health initiatives with students	<p>Co-creation of mental health initiatives should be encouraged. However, this should complement, not replace, other activities that ensure students have a voice in the delivery of student mental health provision.</p>
	<p>Developing strategies to improve participation rates among male students in co-creation should be a priority for HE providers to ensure that male students are able to access appropriate support.</p>
	<p>HE providers should monitor the profile of students participating in co-creation opportunities to ensure they can identify where particular student groups are over or underrepresented.</p>
	<p>Co-creation is encouraged when considering adopting new approaches, including those piloted through the MHCC. This will ensure that HE providers are able to take account of how the context of their own students may differ from students in other HE settings.</p>
Designing and implementing innovative mental health projects	<p>HE providers should provide dedicated resource to drive forward innovations in their approach to student mental health.</p>
	<p>HE providers should explore the evidence and learnings resulting from the MHCC projects and use these to support improvements to their student mental health provision.</p>
Next steps for the Sector	<p>Work around student transitions from FE to HE would benefit from a national approach to avoid a ‘postcode’ lottery emerging. We encourage the sector to consider approaches for driving this work forward.</p>
	<p>Greater collaboration between HE providers is encouraged. This will help to maximise opportunities for shared learning.</p>
	<p>The MHCC piloted several new models of student support that go beyond traditional university counselling services. We would encourage providers to explore these approaches and adopt models which may help to address challenges faced within their own setting.</p>
	<p>Further work is needed still to drive forward early intervention. We encourage the sector to continue to develop and test innovative approaches that support preventative efforts in student mental health.</p>

Recommendations for the Office for Students

Theme	Recommendations
Developing effective strategic partnerships in student mental health	Providing dedicated resource is essential for building effective partnerships between HE providers and NHS services. We welcome the action that has already been taken by the OfS through the distribution of £15million funding from the DfE to support student mental health, which covers support for student transitions and joint partnership working with the NHS. ⁴⁹
Designing and implementing innovative mental health projects	The OfS should continue to make funding available to the sector to drive forward innovation at a sector level, recognising that this external funding is particularly valuable in enabling providers to try new ideas without this coming at the cost of losing crucial resource in existing student support services.
Opportunities for maximising the long-term value of the programme	The OfS should continue to raise the profile of the resources that have been developed by the MHCC projects, to ensure that opportunities for shared learning are maximised.
Evaluation	In order to better understand the wider impact and value of innovation funds like the MHCC, in future programmes the OfS should extend evaluation timescales to ensure that impact on the wider sector can be measured. This would enable evaluators to identify whether funded approaches have become more widely adopted.

⁴⁹ Details on the relevant funding announcement are available here: <https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/joint-working-between-providers-and-the-nhs-to-support-student-mental-health/what-were-doing/>

Glossary & list of abbreviations

BRIGHTER	BRinging Innovation to Graduate Mental Health TogetherER – refers to the project led by Newcastle University funded through the MHCC
CBT	Cognitive behavioural therapy
FE	Further education
HE	Higher education
MHCC	Mental Health Challenge Competition
OfS	Office for Students
Pause@UoB	A new drop-in hub at the University of Birmingham, developed as part of the project enhancing student mental health through innovation and partnership
SITUATE	The SITUATE (Students in Transition to University: Aiming to Enhance Mental Health and Wellbeing) project is a collaboration between the University of Sussex and the Mental Health Foundation funded through the MHCC
SMArteN	Student Mental health Research Network
Student Liaison Service	Part of the Liverpool Liaison model developed through the project Working in Partnership to Improve Student Mental Health. This is a new pathway between HE providers and the NHS
WOW Summer School	Wellbeing Orientation Welcome – refers to the summer school programme run as part of Transitioning Students Effectively, the project led by the University of Lincoln
U-COPE	A new support service developed as part of Working in Partnership to Improve Student Mental Health, the project led by the University of Liverpool. This service assists students who experience self harm
UWE Bristol	University of the West of England, Bristol

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Appendix: Evaluation Approach

This appendix provides further detail on the approach adopted for the evaluation of the Mental Health Challenge Competition (MHCC).

Methods

The findings of this evaluation are drawn from a range of data obtained through the following approaches:



Synthesising and reviewing information provided in project evaluation reports and monitoring reports.

Each project provided an interim and final evaluation report summarising the impact of their project. In addition to this project teams regularly submitted monitoring reports on progress to the OfS.



54 telephone/video interviews with project staff

The programme evaluation team carried out semi-structured interviews with key staff involved in the management and delivery of each project, including staff from the lead provider and their project partner organisations. This included scoping interviews with Project Leads at the start of the programme, and follow-up interviews with 2-3 staff members/partners from each project at the end of Year 1 and Year 2.



39 telephone/video interviews with sector stakeholders

This included 16 interviews conducted with sector stakeholders at the end of the first year of the programme, and a further 23 interviews conducted at the end of the programme.



Feedback gathered from 94 students

This included 66 students who took part in online surveys and telephone interviews to share their experiences of involvement in coproducing projects, and 28 students who shared their experiences of receiving support delivered by a project via online survey or telephone interview.



Online surveys of project staff and partners

These surveys were completed at three stages, to allow evaluators to understand the development of strategic partnerships.⁵⁰



Attendance at Programme Network meetings

Throughout the MHCC programme, Wavehill attended Programme Network meetings that brought together projects to share learnings and common challenges.

This was a mixed methods approach that drew together data collected at project level, alongside primary data collection activities undertaken by the programme evaluation team. Through this approach the evaluation team sought to identify common themes from across the programme, whilst retaining an understanding of the impacts brought about by individual projects.

For this programme evaluation report, it was not possible to drill down in too much detail to understand the impacts of each funded project. As such the evaluators have prepared a companion report⁵¹ that explores project-level impacts and scalability to assist HE providers with developing their own approaches to student mental health.

Analysis Approach

Where required, aggregate datasets have been developed from individual project reports. For example, calculations on programme reach were carried out by drawing together the various project reports. Descriptive statistics have been used to analyse quantitative data collected for the programme evaluation.

Qualitative data has been analysed using a thematic approach to identify common themes and patterns in responses.

Strengths & Limitations

The evaluation prioritised qualitative data research methods, and included extensive interviews with project management and delivery staff, wider sector stakeholders, and students. This enabled the researchers to gather rich data to develop a thorough understanding of individual project approaches, and the key enabling factors and challenges encountered by projects. These diverse perspectives have also provided a useful source of triangulation throughout the evaluation.

⁵⁰ The judgment criteria for development of strategic partnerships were developed using the Partnership Assessment Tool developed by the Nuffield Institute, available here: https://www.researchgate.net/publication/265039661_Assessing_Strategic_Partnership_The_Partnership_Assessment_Tool (Hardy, et al., 2003)

⁵¹ Add link when available

There are several limitations that have impacted upon data collection. These are described 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 interviews. As a result, there is a potential risk that individuals with more favourable views may have been selected for involvement. To overcome this the evaluation team reiterated the confidentiality agreement as part of each interview, and actively emphasised the importance of sharing knowledge of what had worked less well in approaches to help inform sector understanding.

Throughout the evaluation the Partnership Assessment Survey was used to gather evidence to understand the development of strategic partnerships over the course of the programme. However, when interpreting the results of the Partnership Assessment Survey it is important to note that response rates differed between survey waves. This was partially the result of attrition between survey waves and changes in staff and partner personnel over the course of the programme.

There are also challenges in estimating the reach associated with the programme, which means current figures are likely to be an underestimate. Indeed, there are challenges determining who should be counted within the reach of the programme. For example, the **Mental Health Analytics** project, led by **Northumbria University**, saw approximately 70 per cent of the university's students (around 27,000 students) consent to participate in mental health analytics. As these students were therefore all eligible to receive support from the project if they were picked up by the early identification tool the project theoretically had an indirect reach of 27,000 students. While nudges enabled more students experiencing suicidal thoughts and behaviour to engage with services, it is not possible to quantify the extent the promotion of less resource-intensive services (e.g. Kooth, helplines) and of basic self-management strategies may have prevented many students from ever reaching a point of crisis.

In addition, light-touch engagements with students such as issuing of online questionnaires were excluded from the definition of co-creation. Therefore, the number of students included in the count for co-creation opportunities reflects students who were involved in more intensive opportunities.

As a more general caution, readers should be aware that the timing of the MHCC coincided with the COVID-19 pandemic. This meant that previous measurement approaches that had been considered at the beginning of the programme had to be discarded, due to concerns over the level of confounding in the data that made it impossible to draw MHCC impacts apart from pandemic impacts. For example, the programme evaluation had hoped to explore University Counselling referrals to understand what impact (if any) the programme had on student help-seeking behaviours. However, the timing of the pandemic meant it was not appropriate to use this data, as the COVID-19 pandemic had marked impacts on student help-seeking behaviours, which would have made it hard to tease out what impacts were caused by the pandemic and what had been effectively brought about by the projects.

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