

Evaluation of the
Mental Health Challenge Competition
Interim report to the Office for Students

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Executive summary

Introduction

The Mental Health Challenge Competition (MHCC) is a programme developed by the Office for Students (OfS) that provides funding to higher education (HE) providers to support the development and testing of interventions to improve mental health and wellbeing among students. The stated aim of the programme is to achieve a ‘step change in mental health outcomes for all students’.

This interim report provides lessons from the first stage of project delivery, which ran from June 2019 to February 2021¹. It explores the impact of the MHCC to date, as well as key lessons learned and common challenges experienced during project implementation, delivery and the development of strategic partnerships, and student and staff experiences of co-creation. Further detail on the background to the programme and its objectives can be found in [Section 1](#).

As most data collection for this stage of the evaluation took place between September 2020 to spring 2021, readers should note that this report is representative of only that point of time in the programme and is not reflective of the further progress projects have made up to the publication of this report.

Key findings

Over the first year of the MHCC programme, the 10 funded projects were able to make substantial strides in developing and implementing their projects.

It should be noted that the first year of delivery was disrupted by Covid-19, which became endemic in England in March 2020. Consequently HE providers had to close campuses and later move towards a ‘blended’ model² of delivery. Despite this disruption, the ten MHCC projects have been able to progress delivery in close alignment with their planned approaches. This is something the evaluators believe should be celebrated and funded institutions/partnerships should be congratulated for their continued delivery against the challenging backdrop of Covid-19.

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

¹ Please note that all evaluation fieldwork was conducted prior to November 2020 with the exception of student interviews. As a result of ongoing Covid-19 restrictions, and the impact of student returns to university, this element of fieldwork was undertaken between December 2020 and February 2021 to ensure that student pressures were not exacerbated.

² A ‘blended’ model of delivery refers to a combination of face-to-face and virtual delivery.

Programme impact

Staff, students and sector stakeholders were generally positive about the MHCC programme. There was evidence that the programme is achieving its ambition to drive a 'step change' in support for students. For example:

- There was evidence that the programme has helped to fund aspects of student mental health that providers were not previously resourcing. The programme has therefore made possible the development and delivery of interventions that institutions may not have otherwise been able to deliver.
- Stakeholders were unanimously positive about the OfS funding HE institutions to trial new interventions for student mental health. It was perceived that there is a lack of funding in institutions to commit to this kind of work, and this challenge is likely to increase in the context of Covid-19, which has placed additional pressure on institutional funding and student support services.
- There was evidence that the MHCC was helping to strengthen the prioritisation of mental health in funded institutions. Six project leads confirmed that the delivery of their MHCC project was reiterating the importance of mental health to senior staff in their institution. Four project leads indicated that the evidence produced by their project has, or will, ensure greater financial commitment for projects and services in the future.

The key impacts that can be identified from the programme at this stage are detailed below, where we identify how the programme is achieving against its three priority areas:



Early intervention

There is evidence that the MHCC programme is supporting early intervention.

For example:

- 157 staff have been trained and developed through the programme, which will help staff to provide improved support and signposting to students.
- 623 students have been involved in co-creation activities to shape and inform the projects, and there is evidence that this has helped to improve students' awareness of the range of mental health support services available, and in some cases had supported to students to access support themselves or signpost other students to support.



Support

To date the programme has directly supported 3,703 students.

Students have been able to access new support services through the programme, for example:

- Students at the University of Birmingham have been able to access new support through the new Pause service funded by the programme.
- Students at the University of Newcastle have been able to access support from the University's new cognitive behaviour therapy (CBT) clinic.



Transitions

There is evidence that the programme is helping to improve collaboration between HE providers and other organisations involved in delivering support for student mental health. Whilst it is too early in the programme evaluation to explore the full impact of this, this could result in smoother transitions for students by reducing the gaps between provider and external/community support services. The programme has also provided support to students at transition points, for example:

- The University of Lincoln have provided a residential summer school for offer holders, which enables them to find out about the wellbeing support available to them at university.
- The Keele University project has provided support to healthcare students to smooth their transition joining the front-line during the Covid-19 pandemic.

It should be noted that at this early stage in delivery some projects are not yet able to provide detailed accounts of the impact their project is having on students meaning that evidence relating to how the programme is meeting the three priorities (early intervention, support and transitions) is limited. This will be a core focus of the final evaluation of the programme, due in summer 2022.

Whilst the MHCC is demonstrating some early impacts, there was some concern from stakeholders about how projects will be sustained and transferred across the sector. This issue will be one of the key areas of exploration in the final evaluation for the programme.

Delivery

By the end of Year 1, all projects effectively established the foundations of their project (six out of 10 projects) or launched a service (four out of 10 projects).

Reflecting on what has worked well in project delivery, projects frequently cited effective communication and team working between partners, and effective governance procedures that have enabled them to retain clear and concise aims and enhance the learning opportunities available. Considering the challenging elements of delivery, some projects found that implementation and set-up took more time than they had anticipated, with several encountering challenges related to contractual arrangements and staff recruitment.

Covid-19 was unsurprisingly a key challenge, and social distancing requirements and Government mandated lockdowns have resulted in some aspects of delivery not working as well as anticipated, e.g. face-to-face student fieldwork. Covid-19 also disrupted partnership working in some cases as, over the course of the pandemic, different partners have had to support different agendas and dedicate their efforts to other priorities, resulting in MHCC project delivery and communication taking longer than expected. Covid-19 has led to projects implementing new models of digital or 'blended' delivery that were not envisaged at the outset of the programme. All project leads planned to retain some, or all, of these amendments in Year 2 of delivery.

Key recommendations for HE providers setting up a mental health project

- Consider whether a foundational phase would be beneficial before implementation to provide resource and time to build relationships and agree processes. This may also provide a 'buffer period' to enable teams to deal with challenging administrative processes around recruitment and legal arrangements.
- Work with academic communities to understand what their learning can contribute to the development of your intervention.
- Consider using discovery visits to engage with other HE providers to understand what they are doing in the same space, and what does and does not work about their approach, and how this relates to their context. This will help to ensure that the approach developed is sensitive to the evidence available in the sector, but also considers the transferability of the model in design.
- Consider opportunities to recruit specialist project specific staff, to ensure that staff are not drawn into student case work that may see project work deprioritised.

Development of strategic partnerships

Through the development of strategic partnerships, the MHCC sought to address challenges around 'connectivity and complexity' in mental health provision. The successful bids saw HE providers partner with organisations of various types: further education (FE) and other HE institutions; leading organisations with interest in student mental health, such as Student Minds and Universities UK; other third sector organisations; NHS services; and other organisations.

The emphasis of the programme on development of strategic partnerships was perceived as a key strength of the programme by sector stakeholders, who felt the collaborative emphasis of the programme would help to clarify responsibilities around student mental

health and how these relate to HE providers and NHS partners. Collaboration was also welcomed as a way to overcome a tendency for 'silos' which was seen as a common challenge in the HE sector and in the provision of student mental health support.

Key findings related to the development of strategic partnerships are presented below:

- The first year of the programme has helped to solidify partnerships, evidenced by improved scoring on the Partnership Assessment Survey.
- Partnership Assessment Survey responses indicate that some projects may still be challenged by an uneven distribution of partnership benefits and reliance on the skills of a few key individuals. Previous evaluations suggested that this may be overcome through greater communication and distribution of responsibility. As scores for these statements have improved over time, alongside a considerable increase in respondents agreeing that their projects have clear lines of accountability for performance, it is possible that as projects develop, responsibility and benefits have become more equally spread across partnerships and will continue to improve.
- There is concern about overburdening particular individuals (as a result of their particular set of skills) and ensuring that benefits related to a project can be felt by all participating partners. This needs to be addressed to ensure that, operationally, projects continue to be delivered in positive, effective and sustainable ways. As illustrated in project lead interviews, this understanding of partner contributions is variable across MHCC projects and, in some cases, concerns could be alleviated through greater information sharing and/or signposting.

Key recommendations for good partnership working

- Schedule regular meetings and catch-ups between project staff.
- Spend time developing relationships at the inception of the partnership to ensure partners have robust working relationships and understand each other's priorities.
- Ensure buy-in and commitment from staff, including senior staff.
- Ensure that there is a clear and common aim.

Key recommendations for project teams to ensure continued partnership success

- Take opportunities to reduce the reliance of the project on the skills of a few individuals, as this will help to remove the risk of single points of failure and improve project sustainability.
- Consider how to improve the sharing of benefits and resources across partners. This will help to ensure that partners feel they have an equal stake in the partnership and may help to cement the partnership in the long term.

Co-creation with students

All projects were required to work in co-creation with students in the development of their interventions. The OfS set out that successful bids would have to provide ‘evidence of enhanced and improved student engagement to improve the co-creation of solutions for key mental health issues’.

Key findings related to co-creation are detailed below:

- The majority of projects have chosen to involve students through workshops and/or focus groups. In most cases, these are being utilised to identify and explore themes related to project aims and support for student mental health and are part of a multi-pronged approach.
- Most project lead interviewees perceived their approach to student engagement as effective (six out of seven), with spaces in workshops and sessions quickly filled. This suggests that students are keen to engage with initiatives relating to improving support for student mental health.
- At this stage in the evaluation male students and Black, Asian and Minority Ethnic students are under-represented in co-creation activity, whilst female students, LGB+ students³ and disabled students are over-represented. This suggests projects may benefit from reviewing their recruitment processes to explore how they can reach a more representative population of students.
- Whilst many students were positive about their involvement in co-creation, some were unable to identify how they were benefiting from their involvement. To ensure continued engagement throughout the duration of the MHCC, projects should review whether additional benefits to students involved could be identified and/or stressed to ensure that students are aware of the ways in which they will benefit from involvement. These could include a focus on the skills and experience students stand to develop from their involvement.

³ LGB+ stands for Lesbian, Gay, Bisexual or other sexual orientation. This data was captured using HESA’s data collection fields as detailed here: <https://www.hesa.ac.uk/collection/c19051/a/sexort>

Effective co-creation: recommendations for HE providers

- Ensure student groups drawn together to deliver co-creation work are representative of the population you are seeking to serve. This might include thinking about:
 - How you can avoid privileging dominant voices, and tools for proactively engaging with students who may be unrepresented.
 - Avoiding over reliance on student representatives as a short-cut to student engagement.
 - Complementing co-creation work with thorough analysis of data on student use of services, and service user feedback, to build up a more holistic picture of student need.
- Ensure that students have access to a visible staff member in the project team, who can facilitate engagement by building a strong relationship with student co-creators. This should include a focus on communication after activities to ‘close the feedback loop’ to ensure students know how their contributions have been utilised.
- Consider what students will gain from involvement and use this to produce a variety of ‘hooks’ when advertising co-creation opportunities that will appeal to different kinds of students. This could include reference to how the opportunity will enable students to share their experiences, improve services, give back to their community, or gain valuable experience in relation to mental health and service design. In some cases, incentives may also be appropriate.

Evidence of ‘what works’ in supporting student mental health

There was evidence that the MHCC is contributing to a greater understanding of ‘what works’ in student mental health. The programme design includes a focus on dissemination and asks projects to evaluate their activity to provide learning that can be shared with the sector. Whilst projects are at varied stages of delivery, there was clear evidence that some projects were contributing to knowledge in the sector, and had been taking part in presentations and conferencing events to share lessons from their project. Understanding effective practice is a key part of the MHCC programme, and this will be a focus of the final evaluation.

1 Introduction

The Mental Health Challenge Competition (MHCC) is a programme developed by the Office for Students (OfS) that provides funding to higher education (HE) providers to support the development and testing of interventions to improve mental health and wellbeing among students. The stated aim of the programme is to achieve a ‘step change in mental health outcomes for all students’.

In June 2019, Wavehill were commissioned to undertake an independent programme evaluation on behalf of the OfS. As part of this evaluation, Wavehill are providing four evaluation reports:

- Coronavirus (Covid-19) [impact report](#)
- An [early findings report](#)
- An interim findings report (this report)
- A final report (currently scheduled for publication in late 2022).

This interim report provides lessons from the first stage of project delivery, which ran from June 2019 to February 2021⁴. It explores the impact of the MHCC to date, as well as key lessons learned and common challenges experienced during project implementation, delivery and the development of strategic partnerships, and student and staff experiences of co-creation.

[Programme objectives](#)

The programme sought collaborative proposals that would bring together HE providers with other organisations involved in student support, or who may benefit student support, to address issues around ‘connectivity’ and ‘complexity’ in support for student mental health.

The OfS provided £6 million of funding, and this has attracted £8.5 million in match funding from providers and partners, bringing 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 involve 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 appropriate extensions due to the Coronavirus (Covid-19) pandemic.⁵

⁴ Please note that all evaluation fieldwork was conducted prior to November 2020 with the exception of student interviews. As a result of ongoing Covid-19 restrictions, and the impact of student returns to university, this element of fieldwork was undertaken between December 2020 and February 2021 to ensure that student pressures were not exacerbated.

⁵ To date this includes all projects. Extensions have been granted for an appropriate level of time as agreed with individual projects.

The successful bids take varied approaches to improving mental health outcomes, with a diverse portfolio of projects seeking to deliver diverse interventions. All, however, focus on at least one of the OfS's key priority areas for this programme, which are:

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 will provide a **step change** in support: for example, developing an integrated approach between provider-level support services and those of local primary care and mental health services; or addressing barriers to accessing support across services and sectors.

A full list of projects can be found in [Appendix 2](#).

2 Aims & methodology

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

2.1 Aims of the programme evaluation

The evaluation aims to assess the outcomes sought by the MHCC, which are:

- **O1:** Demonstrable positive impact on students at participating institutions, which will be identified, measured, and evaluated as part of all funded projects.
- **O2:** Clear commitment from senior leaders across the sector to make student wellbeing and mental health a strategic priority underpinned by a whole-institution response.
- **O3:** 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.
- **O4:** 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.
- **O5:** 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.
- **O6:** Development and evaluation of whole-institution approaches, including pedagogy, curriculum and assessment design to support students and facilitate better mental health while improving educational outcomes.
- **O7:** Development of a robust and sound evidence base including a clear evaluation framework to support knowledge development and models of effective practice that can inform future policy and practice across the sector.

Accordingly, the objectives of the programme evaluation are to:

1. Assess the outcomes and impact on students of the individual projects and the programme to understand the benefits of co-ordinated activity and funding. This addresses outcome O1. Whilst at interim stage there was limited information on the contribution of each of the individual projects, the initial impacts of the programme are addressed in [Section 3](#).
2. Identify 'what works' in supporting student mental health, including effective practice, approaches, methodologies and specific activities which can be disseminated across projects and more broadly across the sector. This includes how wellbeing and mental health measures are used to evaluate positive impact on participants. This addresses outcomes O1, O3, O5, O6 and O7. Early lessons on the approaches that have been adopted and what has worked well are explored in [Section 3](#) and [Section 4](#), and greater detail is available on each of the funded projects in [Appendix 2](#) and [Appendix 3](#).

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 addresses outcomes O2, O5, O6 and O7. This will be a focus for the final evaluation.
4. Assess sustainability and scalability/replicability of the individual projects. This addresses outcome O5. Some early lessons on scalability/replicability are highlighted in [Section 4](#), however this will be a core focus of the final evaluation., however this will be a core focus of the final evaluation.
5. Identify the effectiveness, challenges and opportunities presented by collaborative working, including within providers, with external organisations and with student partners. This addresses outcomes O2 and O4. [Section 5](#) explores the effectiveness and challenges presented by partnership working with strategic partners, whilst [Section 6](#) focuses on experiences of partnering with students as co-creators. focuses on experiences of partnering with students as co-creators.

This interim report provides lessons from the first year of project delivery, from June 2019 to February 2021⁶. It should however be acknowledged that project scalability and impact on students will become more of a core focus in the final evaluation report as, in some cases, it is too early in project delivery to assess these objectives in depth.

2.2 Evaluation approach

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

- Desk-based review to develop a thorough understanding of all project bids and map provision, including a review of project monitoring reports.
- Ten semi-structured scoping interviews conducted via telephone with the project lead from each project team.
- Review of responses to the second Partnership Assessment Survey, which seeks to understand perspectives of project leads, staff and partners on the effectiveness of their partnership across a range of aspects of partnership working.
- Early learning interviews with project staff and partners that gathered qualitative data concerning the implementation of projects to date, the value of the programme, the impact of the Covid-19 pandemic on project delivery⁷, and the development of strategic partnerships.

⁶ Please note that all evaluation fieldwork was conducted prior to November 2020 with the exception of student interviews. As a result of ongoing Covid-19 restrictions, and the impact of student returns to university, this element of fieldwork was undertaken between December 2020 and February 2021 to ensure that student pressures were not exacerbated.

⁷ Findings related to the impact of the coronavirus pandemic on the UK are reported in a separate short report exploring the impact of the pandemic on the Mental Health Challenge Competition. See

- End of year interviews with project staff that gathered qualitative data to understand their reflections on lessons learned over the first year of project delivery.
- Semi-structured interviews conducted with 15 key external stakeholders to understand wider perspectives on the MHCC programme.
- Semi-structured qualitative interviews with 30 students involved in project co-creation.
- Reviews of project evaluations produced by all 10 projects included in the programme.
- Notes from programme network meetings, that brought together the 10 projects and project monitoring reports submitted to the OfS on a six monthly basis.

Throughout the report projects will be referred to by the name of the lead institution. As such where quotes state the name of a particular HE institution, this means the quote came from this project team, but may not have come from a staff member at that institution.

Readers should note that projects supplied data on the number of students supported at the end of the academic year (summer 2020), and therefore the numbers of students supported by the programme cited in this report are reflective of that point of time, and not the time of publication of this report. Since summer 2020, projects have made considerable strides in the numbers of students who have been supported, which will be detailed in the final evaluation report due to be published in late 2022.

Further exploration of this evaluation approach and its strengths and limitations can be found in [Appendix 1](#).

3 Programme impact

Section Summary:

- Staff, students, and sector stakeholders were generally positive about the MHCC programme. It was suggested that the programme was helping to fund aspects of student mental health support that universities are not currently resourcing and could spark greater collaboration between HE providers and other organisations involved in delivering support for student mental health. This, in turn, could result in improved student experience by reducing the gaps between provider and external or community support services for students.
- The MHCC appears to be demonstrating early impacts on students, particularly those who are involved in co-creation activity. However, not all projects were able to evidence impacts on the wider student population at this stage in the evaluation, and therefore this will need to be a key area of exploration in the final programme evaluation.
- However, sector stakeholders reported some concerns about how the projects could be sustained and transferred across the sector. Sector stakeholders were keen to avoid projects ‘fizzling out’ or being limited to the specific context of the institutions in which they develop. The OfS emphasised within the project bid process that institutions would need to consider the sustainability and scalability of their interventions. As the programme moves forward into the second year of delivery this will be a key area of exploration for both projects and the programme to ensure that the benefits of the programme are realised for the sector.

This section of the report assesses the impact of the programme by exploring the reach of projects, and how the programme has contributed to the following outcomes:

- Improving connectivity and reducing complexity in the provision of student mental health support
- Commitment from senior leaders across the sector to make student mental health and wellbeing a priority
- Supporting the development of knowledge of ‘what works’ for the sector
- Impact of the programme on students.

This section is informed by a combination of project monitoring data, interviews with project staff, partners and strategic stakeholders⁸, and consultation with students involved in coproduction activity.

⁸ This group was made up of individuals working in the HE sector with knowledge relating to student mental health. It included individuals involved in delivering student support, academics with a focus on student mental health and representatives from policy organisations within the sector.

3.1 The reach of the programme

Individual project monitoring reports outline that, by the end of the first year of delivery, the MHCC programme has directly supported 3,703 students (see Table 3.1). A further 623 students have been involved in co-creation activities to help shape and inform the projects. Further detail relating to students accessing support that was not previously available can also be found in [Section 3.7.3](#).

However, it should be noted that this co-creation figure is inflated by inclusion of data from one project that recorded the engagement of 432 students in co-creation activities. Most of this total appears to relate to students who responded to online surveys that captured service user feedback. Reporting of such details has been inconsistent across the programme, as whilst other projects have collected survey data to evaluate their initiatives, most have not included this within their reported figures for the number of students involved as co-creators. This means that across the remaining five projects that reported data related to students involved in co-creation 191 students had been involved, with an average of 38 students per institution, and a range from 16-64 students involved across the projects.

It is also important to highlight that there were a few instances where data reported by institutions did not align with reporting standards, e.g. where the number of supported students included all students who accessed online resources or project websites. These have been excluded in this round of analysis as website analytics do not necessarily account for 'repeat visitors', e.g. where students have accessed the same resource a number of times and are not directly comparable to instances where students have received direct support from a service. It is also assumed that where some demographic characteristics are not known, projects have left this reporting element blank. Working towards the final evaluation, the evaluation team will work closely with projects to ensure that future data sets are comprehensive.

The number of students who have been supported by the projects varies depending on whether the project is taking a strategic or direct delivery approach. Projects that have involved direct delivery since the outset have typically counted higher numbers of students being directly supported. In comparison, projects that have taken a strategic development approach have typically supported fewer students directly at this stage.

Across the programme, a higher proportion of female students and staff have been supported compared with males. Whilst this varies for each project, the trend of substantially higher levels of female engagement is still obvious in most projects. This finding may not be surprising, as national data shows that university aged women are more likely to experience a common mental health condition than men (Johnson and Crenna-Jennings, 2018), which may in turn relate to more women accessing support services.

Table 3.1: MHCC combined project participants

Demographic characteristics	Supported students		Students involved in co-creation	
	N	%	N	%
Sex				
Female	1,067	70%	147	51%
Male	373	24%	62	22%
Other	87	6%	36	13%
Not specified	0	0%	42	15%
Age group				
20 and under	599	36%	83	53%
21-24 years	765	47%	39	25%
25-29 years	64	4%	4	3%
30 years and over	52	3%	0	0%
Age unknown	164	10%	31	20%
Disability status				
Known disability	322	29%	8	50%
No known disability	774	71%	8	50%
Ethnicity				
White	1,026	63%	119	73%
Black	59	4%	10	6%
Asian	148	9%	20	12%
Mixed	100	6%	2	1%
Other	100	6%	4	2%
Chinese	18	1%	3	2%
Not specified	188	11%	4	2%
Sexual orientation				
Heterosexual	687	69%	69	82%
LGB+ (Lesbian, Gay, Bisexual or other sexual orientation)	304	31%	15	18%
Domicile				
UK domiciled students	824	76%	84	97%
Other European Union	135	13%	2	2%
Non-European Union	120	11%	1	1%
Total				
Total undergraduates	1,575	96%	456	73%
Total postgraduates	0	0%	126	20%
Total all students	1,642		623	

Base: all collected student data obtained by institutions. Please note that, as above, this table excludes elements of data from three institutions which did not align with reporting standards, and those where no demographic data was supplied.

Furthermore, whilst HESA data confirms that across all institutions there are high numbers of white students (accounting for 53-82 per cent of the student population across all MHCC institutions) most projects here still have higher proportions of white students supported and engaging with their projects than is reflective of the wider student population. It is important for all projects to consider why this is and whether, on reflection, there needs to be a more concerted effort to engage with typically under-represented groups. However, comparing the demographic populations of institutions with the sample of students engaging with and/or being supported by projects also demonstrates over-representation by certain groups in some cases. Across MHCC institutions, between five and eight per cent of student populations in 2019 typically identified as LGB+ in comparison to 18 per cent of students involved in MHCC project co-creation and 31 per cent of students supported by MHCC projects. Further reflections on the recruitment of students and the representativeness and reach of project approaches can be found in [Section 6.3](#).

Students who disclosed a disability are also disproportionately overrepresented among student co-creators. HESA data shows that 15 per cent of students declared a disability to their HE provider in academic year 2019-2020 (HESA, 2021). However, 50 per cent of students involved in the MHCC projects as co-creators declared a disability. The definition of disability includes mental health concerns⁹. However, it may also suggest that their recruitment is targeted more towards the more severe end of the continuum which means that the interventions developed may not necessarily be aligned with the needs of students with mild to moderate mental health concerns.

To date, none of the projects have reported that any postgraduate students have been supported by their initiatives. However, projects have had some success including postgraduates in co-creation activity. This may mean that projects need to make greater efforts to understand why postgraduate students are not using their initiatives and to engage this cohort more.

3.2 Funding innovative practice

One of the key areas where the MHCC programme has demonstrated its value is through the provision of funding to HE providers that has made possible the development and delivery of interventions that they may not have otherwise been able to deliver.

3.2.1 Enabling providers to deliver new interventions

Stakeholders were unanimously positive about the OfS providing funding for HE providers to trial new interventions for student mental health. There is a perceived lack of funding in institutions to commit to this kind of work, and this challenge is likely to increase in the

⁹ HESA's definition of mental health concerns includes 'A mental health condition, such as depression, schizophrenia or anxiety disorder' based on the students own assessment of whether they have a disability.

context of the Covid-19 pandemic, which has placed additional pressure on institutional funding and student support services (Halterbeck, Conlon, Williams, and Miller, 2020).

'I think institutions wouldn't fund the projects without the funding. [...] The funding is great because hopefully it will benefit that cohort, but long term it should help future cohorts and staff in knowing what to provide and where to focus their energies. Pre-coronavirus a lot of universities had put a lot of funding in mental health. [...] Some had expanded counselling services, some had increased wellbeing advisor roles. [...] Some of the [funded projects] join up universities, so hopefully it will improve working between institutions. Would institutions have gone to that trouble without extra funding? I'm not sure they would. It's a lot of work.'

Stakeholder Interviewee

This echoes earlier sentiments from project staff that were identified in the [Early Findings Report](#) for the MHCC¹⁰. For example, during early learning interviews for the programme, three of the ten projects reported it would not have been possible for them to progress their project at all without funding through the MHCC, whilst the remaining seven indicated they would have had to scale back their original plans. Student services staff from two projects indicated that they have experienced challenges securing additional institutional funding to trial new interventions. This was felt to be in part the result of expansion in student services spending in previous years, to meet growing demand for student counselling support. This increase in spending meant it was more challenging for student services staff to secure additional funding to put towards pro-active services. Additionally, these project staff indicated that institutions were operating in a challenging financial climate, which makes it harder to secure funding. This highlights the impact of the programme in enabling the delivery of the projects.

Similarly, two stakeholders reported that there was a potential reluctance among HE providers to put funding towards trialling interventions where there is limited evidence around 'what works'. This was in part driven by a feeling that resources were stretched. This could lead to providers constantly placing funding into counselling services, at the potential detriment of other early intervention activity that focuses on prevention. Therefore, without this external funding from the OfS, these more innovative interventions would not have been possible.

Three stakeholders also reported that there is additional value in OfS funding this work in contrast to individual universities or institutions funding projects in isolation. It was suggested that OfS funding can enable HE providers to develop tools for the whole sector, not just for their institution which could be the inclination where interventions have been funded 'in-house'. This could also help to promote cross-sector working and collaboration.

¹⁰ This report is available at: <https://www.officeforstudents.org.uk/publications/evaluation-of-the-ofs-mental-health-challenge-competition-early-findings-report/>. See page 10 for further detail.

‘There is a tendency in the sector for universities to work in a siloed way, whereas this could create a pool of resources that can be shared without universities having to develop their own interventions. There are big knowledge gaps around what does work for students, so it’s good to have a way to top up that knowledge.’

Stakeholder Interviewee

This echoes earlier comments made by project staff in the early learning interviews¹¹. Two projects reported they would not have been able to take the same sectoral focus with their project without OfS funding, as without the external funding they would have been restricted to taking more of a specific institutional focus. This emphasises the value of the MHCC enabling providers to take a sectoral approach to student mental health.

However, one stakeholder was concerned that the interventions funded by the MHCC may not be sustained if funding is not made available to continue the interventions when OfS funding comes to an end. It should be noted that the OfS has emphasised sustainability as part of the programme, and therefore responsibilities will rest with projects to ensure that their model can be sustained once the MHCC funding ends.

3.2.2 Funding as a signal that mental health is a priority

A further impact of the availability of funding was its ability to signal that mental health is a strategic priority, which could in turn encourage good practice within the sector. This benefit was reported by seven of the 15 stakeholders interviewed as part of the evaluation.

Stakeholders reported that OfS funding helps to ‘raise the profile’ of mental health and ensure it is viewed as a strategic priority. It was considered that this could help generate strategic change and momentum around student mental health. Stakeholders said that this was important as, whilst many HE providers are doing very good work in student mental health, there is a sense that some providers are still not giving it the priority required. Stakeholders suggested that these institutions may be further persuaded to make student mental health a priority as a result of seeing OfS position it as a priority.

This sentiment was also echoed by staff from project teams, who praised the financial investment OfS had made through the MHCC, which they felt demonstrated the importance of this area of student experience and could serve to elevate its importance within the sector.¹²

‘This coming from the OfS is vital in highlighting this is a sector issue and making the sector sit up.’

(Scoping interviews, Project Lead)

¹¹ This report is available at: <https://www.officeforstudents.org.uk/publications/evaluation-of-the-ofs-mental-health-challenge-competition-early-findings-report/>. See page 10 for further detail.

¹² Further information on this is included on page 7 of the Early Findings Report, which is available at: <https://www.officeforstudents.org.uk/publications/evaluation-of-the-ofs-mental-health-challenge-competition-early-findings-report/>.

Stakeholders also spoke of the added value provided through OfS funding. For example, one stakeholder described how the programme structure could benefit the projects as the OfS has a convening power which can bring together providers delivering similar work to share experiences and learn from each other.

Four stakeholders also reported that, as a national organisation, the OfS has greater reach when disseminating project outputs, and therefore is well placed in the sector to disseminate project resources and evidence of 'what works' than individual providers. Three stakeholders referred to the fact that Challenge Competition funding typically includes an externally commissioned evaluation, which can help to draw out recommendations and key lessons for the sector. As such, it was felt that OfS's MHCC funding will help to further sector knowledge dissemination around student mental health and wellbeing. Two stakeholders noted that it would be helpful if the OfS used its channels to host project resources on an ongoing basis to ensure these were available to the sector, which could help to promote replication of project approaches across the sector.

Further to this, it was felt that the OfS had more 'political leverage' than individual providers which will help to drive wider systems change at a national level.

'The OfS has a national platform and it has political leverage. [...] This is of benefit to the sector and the NHS as well. With those who work outside student mental health there can be a lot of misunderstanding; for example the NHS may think a student is getting more intervention than they are through the university, when that might not be true. As the OfS is separate it can help to disseminate information on that and around good practice. We also don't have a set of national standards and I think the OfS is critical in helping to develop those; that would overcome the issue of universities capturing different metrics. I think this OfS work may inform sector metrics.'

Stakeholder Interviewee

However, there was some feedback that whilst funding through the MHCC is valuable, there are areas for further improvement. For example, one stakeholder fed back that the level of investment – £6 million provided by the OfS – is a 'drop in the ocean' relative to the number of students across the sector. It was also suggested by one stakeholder that, whilst the seed funding has value in driving new approaches, further investment is required in other aspects of the system, including dissemination, to ensure that there is an 'architecture around improvement' at central level and that these are not just one-off interventions but active work to bring about strategic sectoral change.

3.3 Improving connectivity and reducing complexity in the provision of student mental health support

The MHCC is improving connectivity and reducing complexity between different organisations and services involved in the provision of student mental health. This aligns with the aim of the programme to develop strategic partnerships between HE providers and other services to address geographical issues of connectivity and complexity in mental health provision. Stakeholders were unanimously positive about the way the programme is prioritising collaborative working, which was viewed as an area in need of development within the HE sector's approach to student mental health. Stakeholders reported that the HE sector could be quite 'siloed' in its approach to mental health, and therefore integration with local NHS partners and further education (FE) was often 'patchy'. This mirrors the perspectives of project teams and partners that were fed back as part of the scoping interviews and early learning interviews for the programme.

Interviews with project staff at the end of the first year of delivery evidenced that the programme was helping to overcome these issues and bringing about improved connectivity. Strategic partnerships that had been created through the programme are credited with bringing out improved ways of working between organisations and improving pathways for students. This will be discussed further in the section on the development of strategic partnerships, [Section 5](#).

Stakeholders felt that the MHCC programme, through its emphasis on collaboration, will help to develop understanding around the role that providers and the NHS should each play in student mental health, and who should take responsibility for each aspect of mental health. Stakeholders perceived this as an area which lacks consensus across the sector.

'I think the most difficult thing for institutions right now is to set clear boundaries about what we should be doing and what should go to the NHS... You wouldn't expect a school nurse to deal with someone's cancer services, as much as you would expect a university to look at those higher end cases... universities can do things to help, but universities seem expected to resource an ill-resourced health sector, when the question should instead be about why the NHS isn't properly resourced.'

Stakeholder Interviewee

There was evidence from the interim evaluation that this had improved over the course of the programme. Indeed, at the commencement of the programme 88 per cent of partners agreed that there was a 'shared and common agreement about what aspects of student mental health each partner is responsible for', with 31 per cent strongly agreeing. By the end of the first year of delivery this has increased to 96 per cent agree, with 43 per cent strongly agreeing. The development of strategic partnerships is explored in greater detail in [Section 5](#).

3.4 Commitment from senior leaders to prioritise student mental health and wellbeing

One of the objectives that the OfS set for the programme is that it should result in ‘clear commitment from senior leaders to make student wellbeing and mental health a strategic priority underpinned by a whole-institution response’.¹³ This is one of the areas of the programme where the impact of the programme is a bit less clear.

Many stakeholders (seven out of 15) suggested that the MHCC programme is influencing local and national discussions around support for student mental health and the role HE providers play within it. There is evidence that some projects are disseminating their findings with other stakeholders in the sector or attending relevant networks to share lessons.

‘Through the existence of the programme, I think it sets an understanding that mental health needs to be a focus for universities. I’ve heard the projects being spoken about at conferences, which is going to feed back into the sector about the work going on and the importance of it. At the institutions, it’s encouraging conversations at different levels.’

Stakeholder Interviewee

However, some stakeholders (five out of 15) acknowledged that it is challenging to identify whether discussions around student mental health can be directly attributed to the MHCC. It was felt that student mental health is already a ‘hot topic’ that is being championed across a variety of organisations including Universities UK, Student Minds and the HE sector more broadly. Despite this, some stakeholders suggested that even though student mental health was growing in prominence in discussions prior to the MHCC programme, the OfS has brought added credibility to this area of student experience.

Stakeholders had varying perspectives on whether the MHCC programme is likely to impact upon how senior leaders prioritise student mental health. Some stakeholders (three out of 15) felt that the fact this programme has been developed and funded by the OfS is likely to have sway with some senior managers. It was felt that the size of investment the OfS has put into the MHCC programme could emphasise the importance of HE providers prioritising student mental health.

‘Vice Chancellors are influenced by certain national organisations and how things are seen to be happening in the sector. If your university is part of an OfS project it shows your senior team this is being taken seriously.... Even now there are still senior teams who do not prioritise the mental health of their students or staff adequately. What this competition did was tell everyone in the sector how important this is even if they didn’t get the

¹³ OfS, OfS Challenge Competition: Achieving a step change in mental health support for all students, 2018. Available at: <https://www.officeforstudents.org.uk/publications/ofs-challenge-competition-achieving-a-step-change-in-mental-health-outcomes-for-all-students/>.

award. It gave the rubber stamp of approval to something that heads of wellbeing and counselling services have been trying to get delivered for ages, and if the OfS says its important it underlines the importance and gives that rubber stamp.'

Stakeholder Interviewee

However, some stakeholders (three out of 15) reported that the programme is likely to be limited in how it impacts upon how providers are prioritising mental health across the sector. In particular, stakeholders suggested that it is difficult to demonstrate that the MHCC programme is leading to HE providers prioritising this area if they have not been funded by the programme.

'The fact OfS are putting a lot of money into it, and universities will look to them. There is soft power that will have some influence on universities. The more organisations that do prioritise this work it becomes indirectly something universities are more likely to talk about at senior level. And if universities are recognised as taking a lead then universities who care about their reputation start wanting a piece of that pie. But this is part of a range of things going on in the sector, including the OfS funding the [University Mental Health] Charter and ministers talking about mental health. [The MHCC] probably had a role to play [in HE providers prioritising student mental health], but hard to say how directly.... There were already universities we knew were doing quite good work.'

Stakeholder Interviewee

One stakeholder reported that there was a risk that where providers do not secure funding they 'go back to what they were doing', which can limit change to the projects that achieved funding. This suggests that further work is needed to encourage HE providers to continue driving work forward in relation to student mental health where they are not successful in achieving external funding, which should be concentrated in achieving 'buy in' among senior leaders who have the power to effect change.

There was evidence that the MHCC is helping to strengthen the prioritisation of mental health in funded institutions. Six project leads confirmed that the delivery of their MHCC project reiterates to senior staff within their institutions the importance of mental health. Whilst most projects acknowledged that their institutions already valued student mental health, this reiteration acts as a reminder that institutions need to actively drive a step change in mental health support and has provided evidence to continue supporting the projects. Of the six projects to suggest that their project is reiterating the importance of mental health support, four indicated that the evidence produced by their project has, or will, ensure greater financial commitment for projects and services in the future.

3.5 Impact on university staff

As illustrated by Table 3.2, 157 staff have been trained to support student mental health as a result of the MHCC programme. This reiterates that, across the projects, skills are being developed by both students and staff (as a result of training and co-creation) that may assist with a sustainable step change to student mental health support provision. For more detail on student skill development see [Section 3.7.1](#) and for more detail on the impact of co-creation on students see [Section 6.4.1](#).

Table 3.2: MHCC combined staff trained to support student mental health

Demographic characteristics	Staff	
	N	%
Sex		
Female	71	67%
Male	26	25%
Other	9	8%
Not specified	0	0%
Age group		
20 and under	3	3%
21-24 years	9	9%
25-29 years	14	14%
30 years and over	44	45%
Age unknown	27	28%
Disability status		
Known disability	9	14%
No known disability	55	86%
Ethnicity		
White	86	91%
Black	1	1%
Asian	1	1%
Mixed	0	0%
Other	1	1%
Chinese	0	0%
Not specified	5	5%
Sexual orientation		
Heterosexual	43	93%
LGB+ (Lesbian, Gay, Bisexual or other sexual orientation)	3	7%
Domicile		
UK domiciled students	7	100%
Other European Union	0	0%
Non-European Union	0	0%
Total		
Total undergraduates	0	0%
Total postgraduates	7	4%
Total all students	157	

Base: all collected staff data obtained by institutions

Considering the impact of MHCC on staff, five projects also suggested that, because of project visibility and conversations that have taken place whilst developing and implementing their projects, staff are more aware of the issues projects are aiming to support regarding student mental health. As part of this, project leads described relaying student feedback to staff and providing them with detail on how they themselves can get involved in the projects.

‘Awareness is rising. [...] [They are] very interested; there did seem to be a lack of understanding of the context for the need for the work. Staff concern is really focused on what their role is and how they could signpost in our direction. Staff didn’t understand what role they could have. We are raising awareness of those conversations when issues might come up and that they can signpost people on, reassurance on what project work can do and what resources are available to support students and what they can signpost to and what their role in that could be.’

Project Interviewee, End of year interview

Half of project leads also described staff as having increasingly active roles in their project over the past year. This was tied in with staff becoming more aware of the issues (as outlined above) and wanting to engage. This may include talking more openly about mental health generally with students, signposting to the service or directly working with the MHCC project. Four leads also reported that staff have been impacted because they have greater access to training via the projects. There are only two leads who perceived the impact of the MHCC project on staff as ‘unclear’ so far. In both cases, they said that there would be opportunity for the projects to impact staff but that this would occur as projects evolved.

3.6 Supporting the development of knowledge of ‘what works’ for the sector

The MHCC aims to bolster knowledge around ‘what works’ and effective practice in student mental health to inform future policy and practice across the HE sector. Sector stakeholders were unanimously positive about this aim of the programme.

Three stakeholders emphasised that understanding what doesn’t work is as critical to developing sector responses as understanding what does work in supporting student mental health. This understanding could prevent institutions from placing investment in initiatives that don’t deliver outcomes. Related to this, three stakeholders were keen to stress that what works in student mental health interventions is not, and cannot, be a ‘one size fits all’ model, as the effectiveness of interventions depend on aspects of institutional and local context.

There was evidence that the projects are beginning to contribute to a greater understanding of ‘what works’ in student mental health, with a focus on dissemination of information that has seen projects take part in presentation and conferencing events to share their practice. As part of the programme criteria, projects are also expected to evaluate their activity to provide learning that can be shared with the sector.

This focus was welcomed by stakeholders, who hoped the programme would help to fill gaps in the evidence base in the HE sector. However, a minority of sector stakeholders (two out of 15) suggested that, as a result of the diverse range of projects included in the programme, strategic development may in some cases be limited. Said stakeholders indicated that delivery interventions may lack the strategic element and that more strategic projects would require much more time to bed-in than delivery interventions. As such, these

two stakeholders felt that these could be limited by the time-bound nature of the programme and may not be able to demonstrate impact on students within the two-year delivery period.

‘When you’re funding such a diverse range of projects, including strategic projects and more direct delivery projects, they probably need different amounts of time, and the OfS might want to split those in two and give more resources to different interventions in line with the needs of that project. Especially for impact, you can’t see impact of a cultural change programme within a year.’

Stakeholder Interviewee

Further to this, there were concerns raised by two sector stakeholders that more of a whole sector approach is needed to overcome the challenges in student mental health. Whilst it was felt that individual projects were trying to influence activity, it was suggested that the programme may lack a strategic focus that would help to develop sectoral change. There was therefore a risk that these interventions remain specific to individual institutional contexts.

Many sector stakeholders praised the diversity of the initiatives that had been funded by the programme, which were felt to address different ‘gaps’ in student support. However, one stakeholder was concerned about whether this diverse approach would enable the sector to get to the heart of the question of ‘what works’ in student mental health.

‘What works always seems to interact with local politics, and great things don’t always translate because of the politics. I don’t know if it would set a template other universities would follow... what are these going to achieve long-term across the whole sector. I’m nervous about the generalisability, but each project on its own will probably achieve a lot. Because they’re so diverse, it’s not like you’re testing out how one example works in different sites to produce sector wide guidance. If it works in one site it doesn’t mean it will work elsewhere. The way the programme has been designed doesn’t enable you to do this.’

Stakeholder Interviewee

Part of the role of the evaluation will be to identify key lessons that can be taken forward by the sector. However, the diversity of the approaches may mean that further testing is required where HE providers adopt particular approaches to identify how the model translates onto their own institutional context, and to provide further sector learning and scalability. The evaluation will, where possible, seek to reflect on the successful factors across projects to identify key elements that could be scaled up or reflected in other areas.

3.7 Impact of the programme on students

This sub-section explores the impact of the MHCC programme on students, exploring the impacts of the programme on student co-creators, as well as the wider student population.

3.7.1 Supporting student development

The MHCC requires projects to work in co-creation with students. By the end of the first year of delivery, 623 students had been involved in co-creation activities across the programme. The differing approaches taken by projects to involve students and the effectiveness of these approaches can be found in [Section 6](#).

There is evidence that the co-creation approach is providing benefits for the students involved. Specifically, co-creation is supporting students to develop their knowledge around mental health and wellbeing issues and providing opportunities for personal and professional development.

When asked to reflect on the impact of being involved in their respective MHCC projects, students most frequently describe having a greater understanding of others' mental health and experiences (27 per cent; eight out of 30). Within this, students reported feeling more appreciative of the wide range of mental health concerns that an individual can experience and how different people will need different methods of support. In some cases, students said that this has made them more appreciative of the services they are working with on their MHCC project.

'I've learnt more about what other people want from services.... Everyone is different and I know that things I might need or want is different from what other people want. Normally friends are similar to you, but [institution service] has opened my eyes to see that people can be going through the same as you but need to be catered for in a different way, that's what I've learnt.'

Student Interviewee, Student Co-creation Interviews

This understanding of mental health extended to some students improving their knowledge about the range of mental health support services available as a result of their involvement in project development (20 per cent; six out of 30). Three students also said that, as they now know more about the services available, they feel more comfortable accessing services themselves and/or signposting other students to the service if they are looking for support. Whilst only a small proportion of the overall sample of students who were involved in co-creation, this is a key point and consideration for ongoing MHCC project delivery as it appears that where students feel comfortable in their knowledge of mental health services they may act as mental health 'champions' in their institutions; signposting and informing other students.

Students also reported that their involvement in co-creation had contributed to their professional development. Involvement in the projects has a positive influence on students' communication skills (four students), work experience (four students) and research experience (three students). Five students also reported that they are now better versed in how projects operate and how they develop from inception to delivery. This has provided students with insight into the processes involved in project delivery and the challenges that are faced.

‘I have learnt a lot about how projects like this are run and I have developed learning about the history behind the project and how long it takes to develop stages and levels of management, students and staff panels – how difficult it is to create and run it. It is all well and good to have ideas, but I had no idea how to develop them. It has been a really inspiring and valuable opportunity for me to take part in from the early stages up.’

Student Interviewee, Student Co-creation Interviews

3.7.2 Impact on wider student population

Of the students involved in co-creating projects that deliver support and services directly to students, almost half (seven out of 16) said that it is too early to tell what impact projects have had on supporting student mental health and wellbeing.

The visibility of projects is demonstrating to students that student mental health is a priority for their institutions. In one instance, there was also evidence that involvement had led to a student using the service developed through the MHCC.

However, some students (five out of 16) reported that Covid-19 had been a barrier to projects having an impact on the wider student population. Where Covid-19 was mentioned, students suggested that the pandemic has resulted in fewer students engaging with project activities than anticipated and therefore the impact of projects has not been as great.

‘I think it has had an impact. I think that has been lessened due to Covid. Due to the way students are at the moment. The material they are producing or being engaged with [is] less than would be in other years. I’ve seen this in societies as well not just this – students are engaging less in general. I think it is reducing impact while they are putting out great things you can only do so much as the students need to engage on their own part.’

Student Interviewee, Student Co-creation Interviews

Some projects are not directly delivering support to students. This includes those that are focused on strategic development and pedagogy. However, students involved in coproduction believed that these projects will lead to more appropriate and accessible support for students (seven out of eight). Within this, students described the networks that have and will be developed and the fostering of a ‘mental health community’ in institutions which will enable students to access greater modes of support. Greater and more visible networks and communities have added to institutions’ demonstration of student mental health as a priority.

‘From how the project has progressed, it will support... students to get [involved in] the right support networks when they arrive... [which will get them] more involved in the university life and support them in a more rounded way to work in a more preventative way. And this is what we want to get from it and it is what the students wanted as well. It opens up the network in a natural way and to be more sustainable. Networks help mitigate

the needs for crisis services, so they know when it is acceptable to access these services.’

Student Interviewee, Student Co-creation Interviews¹⁴

Students also identified that the resources and tools developed as a result of projects will bring about benefits for students. This includes new courses and training for students and staff alongside workshops and other resources to aid the dissemination of knowledge around student mental health.

Considering the previous support available at their institution, most students said that the support available through their respective projects is different (12 out of 17) whilst three students said that the projects build on existing services. Most frequently students said that the new project support is more reflective of need and experience than anything that preceded it (six out of 12). As part of this, students highlighted that they believed that support is now more network and/or group-based (four out of 12), more accessible (four out of 12) and more visible across the institution (four out of 12).

The support for the notion that MHCC projects are different to provision that preceded them suggests that projects’ aims to produce a step change in mental health support is being seen and appreciated by the students involved in project design. Whether this extends to students (and staff) being supported by projects is, however, another question and will be explored and assessed in subsequent phases of the evaluation.

3.7.3 Supporting students to access support

Whilst many of the projects were still undertaking foundational development work over the first year of delivery, and as such it was too early in the programme lifespan to identify the impacts, there is evidence that the projects are helping students to access new forms of support. For example:

- Over 200 students at the University of Birmingham had accessed support through the new Pause service that had been part-funded by the MHCC programme.
- 40 offer holders for the University of Lincoln had attended a Wellbeing Orientation Welcome residential summer school, that helped to inform students about the wellbeing support available for them. In addition to this Lincoln had engaged with 2,061 students across 14 schools.
- 28 students had been discharged from Newcastle University’s new CBT clinic, and 71 per cent of those who had participated in the evaluation had recovered.
- The Keele University project had collaborated with local university hospitals to provide support to healthcare students on the frontline during the Covid-19 pandemic.

¹⁴ Please note this quote has been edited to protect the identity of the student involved.

4 Delivery and implementation

Section Summary

- All project leads indicated in evaluation interviews and project evaluations that they are content with what they have delivered so far. In cases where delivery was postponed, projects were positive about the time this had given them to dedicate to process development and governance.
- Projects most commonly identified effective communication and team working across project teams and partnerships as enablers of good project delivery (four out of 10 projects). Project leads indicated that good, and in some cases, well established, team relationships helped to push forward project delivery and encouraged creativity in approaches.
- Covid-19 was most frequently identified as the biggest barrier to delivery in the first year of the MHCC (six out of 10 projects). Interviewees highlighted that the pandemic has caused challenges related to staffing, face-to-face delivery plans and student engagement.
- All project leads confirmed that they plan to retain some or all amendments initially made because of Covid-19 in their Year 2 delivery. Retained amendments predominantly centred on the provision (and option for) digital delivery, which eight interviewees stated would still form part of their delivery plan.

This section provides an overview of the delivery and implementation of projects up to the end of Year 1 of delivery. This includes what has gone well in activity, delivery and implementation, and what has been challenging. This also includes if and/or how projects will be altered for Year 2 to respond to the pandemic.

4.1 Year 1 delivery overview

By the end of the first year of delivery, all projects reported having effectively established their foundations (six out of 10 projects) or launched a service (four out of 10 projects). Whilst five projects suggested that plans have adapted and changed substantially because of the Covid-19 pandemic, all indicated that they are content with what they have delivered and, in cases where delivery was postponed, projects were positive about how they had been able to develop processes and governance in this time. All projects had to some extent had to amend their delivery plans, as university campuses were closed as a result of the Covid-19 pandemic. However, some projects were able to switch face-to-face delivery programmes to remote delivery at pace, whilst those that were still in more foundational phases of delivery had postponed or revised activity to account for the changed circumstances.

This suggests that projects have been able to progress delivery largely as anticipated despite the ongoing impact of the Covid-19 pandemic. This is something the evaluators believe should be celebrated and funded institutions/partnerships should be acknowledged for their ability to continue to deliver against the challenging backdrop of Covid-19.

Across the first year of the Challenge Competition, interviewees commonly highlighted that they have been able to successfully reach out and engage with students (seven out of 12 interviewees). Within this, interviewees documented how they engaged with students and how this had, in some cases, been adapted because of the Covid-19 restrictions. These issues are discussed in greater detail in [Section 6](#).

4.1.1 Aspects of delivery that have worked well

Considering the key successes over Year 1 of delivery, project leads highlighted that they have been able to develop content, e.g. resources and websites (seven out of 10 projects); focus on developing their partnerships and networks (six out of 10); gather and undertake research, e.g. literature reviews (six out of 10); recruit project staff (four out of 10); undertake service pilots to trial their approach (one out of ten); or launch a new service (four out of ten).

When asked to consider what has worked well in their delivery, projects most commonly identified effective communication and team working across project teams and partnerships (4/10 projects). Other elements of delivery project that leads identified as working well are:

- The structure of the project itself (three projects).
- A specific service developed through the project (three projects).
- The recruitment and engagement of students (two projects).
- The accessibility of support and services provided to students (two projects).
- The support of international students (two projects).

These elements of delivery are explored, alongside their enabling factors, in further detail below.

[Communication and team working](#)

Project leads indicated that good, and in some cases, well established, team relationships helped to push forward project delivery and encouraged creativity in approaches. These were key enabling factors that helped to drive the projects forward. This was identified in the end of year interviews with the projects led by the University of Derby and Keele University.

‘When Covid hit, we didn’t panic, the co-creation was really interesting. [...] We have come up with something new and that we think will work. We have something that will be good practice. I think that is because of our experience and familiarity working together. That creativity just allows us to explore unique ways of working. We trust each other.’

University of Derby Project Interviewee

‘The partnership has worked really well and has had a joined-up approach. The best ideas come up by working in that way. This brings challenges as well, of course, but it is really positive.’

Keele University Project Interviewee

The structure of the project and services developed

Where staff identified the structure of projects as a key element of delivery that works well, the foundational nature of the first year, described in some cases as the ‘process phase’, was perceived as imperative to ensure staff, partners, stakeholders and students are clear about the goals of the project.

‘In this process phase, it has been essential for everyone to be clear about the goal of the project, conceptualise how it is going to work and then communicate regularly to ensure outputs and outcomes are achieved. Having that clear goal and conceptualising it and then communicating with partners collectively and on a one-to-one basis has been vital in getting the project off the ground and moving forwards as a unit.’

University of Northumbria Project Interviewee, End of year interview

Interviewees from six of the 10 MHCC projects (seven out of 12 interviewees) also suggested that key project strengths lie in their coordination and governance. As previously outlined, clear structure and governance of projects are perceived as enabling projects to retain clear and concise aims and enhance the learning and opportunities available.

‘We established governance structures early in the process, with clear responsibilities and remits. It gave a clear pathway for university staff, it has given them an avenue and a voice to understand the strategic and delivery challenges facing the university. It gave a practical perspective in the design of the intervention. For example, one practitioner was interested in access from Black, Asian and Minority Ethnic communities, and they were able to ensure that their voices were considered in the design of the intervention. There were pre-existing relationships that were in place before the project, which opened up new opportunities, including with NHS partners. It will give a broader evidence base to the intervention.’

University of Liverpool Project Interviewee, End of year interview

Further information on what had worked well in relation to the structure of the projects and specific services delivered is provided in the following sections that explore, through project evaluation reports, the delivery of interventions related to [support \(Section 4.2.1\)](#), [transitions \(Section 4.2.2\)](#) or [early intervention \(Section 4.2.3\)](#).

The accessibility and applicability of services

Two projects highlighted that the accessibility of their projects was working well. In both cases these projects (Newcastle University and University of Birmingham) have introduced new campus based mental health services. These services are felt to be making services more accessible to students by being ‘readily available’. In the case of the University of Birmingham project, accessing support was described by one member of the project team as being as ‘simple as walking past the front door and stopping to have a conversation’.

Considering their project strengths, staff also highlighted the contribution their project is making to the sector (four out of 10) and their access to experts related to project aims

(four out of 10). Staff also suggested that strength can be seen in the wider benefits and knowledge projects will provide to students across the sector as a result of the applicability of their projects and the potential this provides for other institutions to develop similar schemes and initiatives.

‘We are working across the HE institution sector and beyond to explore different models and expertise and share that learning across the national learning collaborative.’

University of West England Project Interviewee, End of year interview

Support for international students

Two projects (University of Birmingham and University of Nottingham) also indicated that they are helping to improve support for international students. The University of Nottingham project is centred on the needs of international students, and two members of staff from the project team reported that this focus was helping to change the ways staff worked together and helped them to focus more on the needs of international students. This may suggest that the targeted focus of the project has been a key enabling factor in bolstering student support. In relation to the University of Birmingham project, anecdotal evidence from the project team suggested that the design of the service (which is not badged as a ‘mental health support service’) has helped it to reach international students. This appears to be borne out in monitoring data which shows that take-up was much higher among international students, compared to the university’s counselling service. However, further investigation is required to identify what aspects of the service may be more effectively reaching international students.

4.1.2 Challenging aspects of project delivery

Project leads commonly identified Covid-19 as a barrier to effective project delivery. Projects also highlighted delivery difficulties relating to partnership working (four out of 10 projects) and administrative systems and staff engagement (four out of ten projects). Each of these elements will be explored under a separate sub-heading below.

Covid-19 challenges

As would be expected, Covid-19 was most frequently identified as the biggest barrier to delivery in the first year of the MHCC (six out of 10 projects).¹⁵ Interviewees highlighted that the pandemic has caused staff changes (including the furloughing of delivery staff) meaning that it has taken longer than anticipated to get some elements of delivery running (four out of 10 projects). Whilst interviewees claimed that they were able overcome staffing changes with minimal difficulty, it was also highlighted that additional pandemic-induced workload meant that the environment felt more challenging than anticipated.

¹⁵ For more detail on how Covid-19 has impacted the MHCC programme, please see The Impact of Coronavirus (Covid-19) on the OfS Mental Health Challenge Competition report, available at: <https://www.officeforstudents.org.uk/publications/impact-of-coronavirus-on-ofs-mental-health-challenge-competition/>.

‘There has been a huge increase in workload for academics across the sector, they are all very much trying to juggle putting their courses online with students coming back and no one really knows what is going on.’

Project Interviewee, End of year interview

Projects also frequently suggested that the Covid-19 pandemic and subsequent Government mandated lockdowns have resulted in some aspects of delivery not working as well as anticipated, e.g. face-to-face student fieldwork (two out of 10 projects).

Beyond the difficulty of delivering projects through the pandemic, three projects suggested that there have been no other elements of delivery that have not worked so far.

Partnership working

The challenges faced as a result of Covid-19 were commonly also linked by project leads to some aspects of partnership working (four out of 10 projects). This was because, over the course of the pandemic, different partners have had to support different agendas and dedicate their efforts to other priorities, resulting in MHCC project delivery and communication taking longer than expected. Project teams did suggest, however, that, they have been able to develop new ways of working that have improved the quality of delivery overall.

‘It is not that it hasn’t worked but what is hard is that others have other priorities. Lots of partners have lots of priorities and that can be a challenge because at times where you are wanting to progress certain partners might be in a different place. What we are experiencing now is that certain things haven’t worked but some things have adapted and are now working better. There are benefits to the challenges. It is sensible to say that with a partnership of this scale, certain things have taken longer to get to.’

Project Interviewee, End of year interview

This echoes challenges identified in the [Early Findings Report](#) in which a majority of project interviewees (15/21) reported that the governance processes and the structures that they had put in place to facilitate their partnership were effective. However, four interviewees cited areas where structures and processes could be improved. These included difficulties over remote working, and challenges around engaging some partners in the project.

Two projects also suggested that challenges to delivery arose through partnership working logistics, for example, running projects across a number of sites and, as previously mentioned, misaligned partner priorities resulting in delivery taking longer than anticipated. It is important to note that in end of year interviews two projects also flagged recruitment for specialist roles as a key challenge to project delivery. In both instances, projects indicated that recruitment processes had been slow to progress but that the appropriate individuals have now been hired. In early learning interviews, more projects (six out of 10 projects) had faced challenges around recruitment, which had been caused by perceived slow recruitment processes within HE providers and NHS organisations, and challenges recruiting specialist mental health clinicians due to shortages of suitably qualified staff and competition with NHS services. However, where recruitment has been flagged as a

challenge in end of year interviews this instead seemed to relate to wider labour market uncertainty as a result of the Covid-19 pandemic. For example, one project team highlighted that they had been affected by recruitment freezes and further difficulties hiring specialist mental health staff, owing to the national crisis.

Administrative systems and staff engagement

A small number of projects suggested that bureaucratic and/or administrative systems have taken longer than anticipated to set up (two out of 10 projects) and that engaging university staff with projects can be difficult (two out of 10 projects). In these cases, projects suggested that staff do not have the time to engage with projects and that institutions need to build in greater planning time and agility into administrative services. This was a key theme that was identified at the early findings stage of the evaluation, where three projects highlighted challenges around staff capacity to engage with the projects, particularly where they were contributing to the projects alongside a busy 'day job'.¹⁶

This therefore suggests that a key barrier to projects is where staff are stretched across multiple responsibilities, and therefore staff engagement can be facilitated where resource can be allocated for specialist staff who cannot be drawn into delivering other work.

4.2 How successful has delivery been over Year 1?

The following sub-sections (4.2.1-4.2.4) explore how well projects have been delivered over the first year of MHCC as outlined in project evaluation reports. Information provided to the evaluation team through project-level evaluations has been thematically assessed by the approaches taken by each project. Projects have been delineated in this way to ensure that, where possible, commonality across projects can be reflected on. Moreover, when categorised in this way, key learnings around 'what works' for different types of projects can be clearly distilled.

Please note that these themes align with OfS priority areas. For more detail on project approaches please see [Appendix 2: Summary of Project Approaches](#).

It should be noted that to avoid duplication most projects are discussed in relation to the priority area which feels most dominant, however many of the projects cut across multiple priorities, as evidenced in Figure 4.1.

¹⁶ For further information on this please see page 15 of the Early Findings Report, available at: <https://www.officeforstudents.org.uk/publications/evaluation-of-the-ofs-mental-health-challenge-competition-early-findings-report/>.

Figure 4.1: Project priority areas

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

4.2.1 Interventions trialling new support services

When asked to identify what they felt had worked well in project delivery so far both Newcastle University and the University of Birmingham described aspects of the project design in their project evaluation reports. Staff from the Birmingham project felt the strengths of their model are to be found in it being a ‘no wait’ service, placed in an accessible location. They credited this with providing accessible support to students.

Data collected by the University of Birmingham in their project evaluation report indicates that the model of support is helping the university to reach a slightly different cohort of students than those who have typically engaged with the university’s mental health support in the past.

However, the ‘open’ location of the service initially received some mixed feedback from students. The hub is placed in a highly visible location, in an open plan part of the main University Library. Initially, the project team faced some concerns about this from some students, who indicated they would prefer a more private service. However, the team found they were able to overcome this through conversations with students about the model and assuring students that private support would still be available through the university’s counselling service. Service numbers suggest that the model has achieved appeal among some students, with over 200 students having accessed the service in the period between September 2019 and March 2020, when the UK lockdown began. The project team believe that the open plan location also poses additional benefits; for example it may help to reduce stigma by signalling that ‘you don’t need to be behind a closed door to talk about mental health’. This aspect of the project also appears to be one of the things that lends itself well to possible transfer to other institutions, as it is not reliant on institutions having access to the infrastructure for a hub, but can be placed within existing university spaces.

The Newcastle University project is based on the provision of cognitive behaviour therapy (CBT) to students, which is already a highly evidence-based model of mental health support,

proven to work in the student population. What is distinct about this project, however, is the decision to place the support in a university and to staff the service using the support of trainee students. Staff from the project perceived this to be a key strength of the model that has provided several benefits. Firstly, students were able to access more personalised support, as the staff understood the university context. Secondly, the in-house offer was able to offer students reduced wait times for equivalent support that could be received through the local NHS services. Staff felt that the model would be transferrable to institutions that, like Newcastle University, offered training in clinical psychology or CBT diploma courses, as the availability of trainee students was a critical part of the resourcing for the model.

The project team had found that the model was working well and being proven to contribute to student recovery. However, their model may be more difficult to transfer to institutions that do not have similar counselling infrastructure in place, and access to trainee students.

Both the University of Liverpool and University of the West of England (UWE) projects were at too early a stage in delivery to provide reflections on new interventions that had been delivered because of their projects. This is a result of the projects being more focused on strategic change. Both projects intend to build collaborative projects with NHS partners with a view to improving the connectivity between support services for students and reducing the gaps in support that students may be at risk of slipping through.

Staff from the UWE project indicated that they faced significant challenges around setting up contracts and recruiting staff. They suggested that projects that were looking to deliver similar work would need to build in more planning time to account for these challenges.

Staff from the University of Liverpool-led project indicated that the first year has predominantly been spent working on building the foundations of the partnership and mapping out pathways for students. This focus on mapping processes had helped them to develop an understanding of pathways and responsibilities that is intended to help the project design the interventions it will put in place for Year 2. However, they emphasised that a greater focus on 'what works' would come when the project had started delivering its intervention in Year 2.

For more detail on these project approaches please go to [Appendix 3: Interventions trialling new support services case studies](#).

4.2.2 Interventions delivering transitional support

The project delivered by the University of Lincoln includes several different streams of activity targeted around supporting students going through transitions. This includes a series of workshops with young people in schools and colleges, in addition to resources that students can access by themselves, including applications and digital context. When reflecting on what has gone well in project delivery, the project team fed back that the workshops have been a particular area of success. This was perceived to be one of the

aspects of the project that could be picked up by other institutions, to deliver with local partners.

Considering what has worked well in their approach, staff from the University of Sussex project noted that they have worked hard to deliver a strong evidence base to support their intervention. This includes the inclusion of specialist academics within the project, in addition to evidence gathered through co-creation with students, which is enabling them to build up a strong picture of how transitions effect student mental health. They indicated that student engagement has been high, suggesting that students were interested in being involved with the design of peer-to-peer interventions. However, it is too early to assess the effectiveness of the actual interventions delivered.

To date, whilst there was not anything that the University of Sussex project felt has not worked in their approach, they noted that they have altered their approach as a result of student preference and feedback. Initially, the project had planned to deliver multiple student-led projects. However, in the context of Covid-19, students reflected that they were not sure how these activities would work if delivery remained online, and as a result they elected to focus on a student-led social media campaign in conjunction with the Mental Health Foundation that they felt will have greater reach.

For more detail on these project approaches please go to [Appendix 3: Projects delivering transitional support case studies](#).

4.2.3 Interventions delivering early intervention models of support

The focus of these projects has meant that the first year of project delivery has been developmental in focus. For example, the University of Nottingham conducted discovery visits to other institutions to find out more about the support they were delivering for international students. Meanwhile the University of Derby worked with partners to test different interventions to help determine what should be included in its toolkit, and Northumbria University started building its prototype nudging system and dashboard (explained in greater detail in the [project case study](#)).

The University of Nottingham emphasised that the discovery visits it conducted had been one of the aspects of the project that is working well. Through visiting other institutions, the project team were able to identify existing support and good practice for supporting international students that was already being delivered within the sector. Project staff have found that discovery visits are an effective way of comparing and contrasting approaches different universities were taking to supporting international student mental health, and that enabled them to understand the specific environments the approaches were operating in.

In terms of things that had not worked as well in Year 1 of delivery, the major issue that these projects discussed was the impact of Covid-19, which had disrupted their planned work leaving them with a need to restructure some workstreams.

Northumbria University said that they had not found that anything had not worked, but Covid-19 would mean they would need to alter their workplans. They had also faced unforeseen challenges as a result of a cyber incident that delayed their work programme. Following these delays however, an extension of the project has been agreed with the OfS.

For the University of Derby the pandemic means they have had to reconsider work that had previously been planned, including fieldtrips they had intended to do to explore pedagogy, which couldn't be conducted due to the pandemic. For the University of Nottingham the pandemic has prevented them from carrying out further discovery visits and had also limited the engagement of some partners. One of the project staff also noted that they felt they had underestimated how much work would be required to initiate and steer the project in the beginning. This sentiment was not unique to this project and appeared to be echoed by other projects that were either strategic in nature or bringing together partners who had not previously worked together.

As these projects are still at a crucial developmental stage there was less opportunity to identify aspects of their interventions that did or did not work, as the interventions themselves were still being developed over the duration of Year 1 of delivery. The second year of delivery will therefore be key in picking up these lessons.

For more detail on these project approaches please go to [Appendix 3: Interventions delivering early intervention models of support case studies](#).

4.2.4 Projects targeting a combination of support, early intervention and transitions

The final project led by Keele University is discussed separately here as it contains aspects of work that seek to drive a change in student support, early intervention and support for students going through transitions, and therefore fits less clearly into one of the above categories. It should however be noted that some of the other projects also target multiple priority areas, but they have been placed in the category that feels like it covers the more dominant themes of their project.

The Keele University project has delivered a range of activities as part of a 'whole community approach' to student mental health. A detailed list of activities included in this approach can be found in [Appendix 3](#).

When asked to describe what has worked well within their project, similarly to other projects, delivery staff emphasised the role of the partnership which has enabled them to 'see all angles' when considering how student mental health could be strengthened in the region. In addition to this, staff are positive about the resourcing approach they have taken. The project has recruited eight specialist staff members, who unlike existing staff working in student support did not have student caseloads. This was credited with giving the project an opportunity to 'ring fence' staff resource that could be dedicated to developing resources and tools to contribute to the whole university approach. Project staff emphasised that this was a 'luxury' that the programme has afforded them, when they previously did not have the resource required to deliver this developmental work.

This echoes what other projects and stakeholders had identified as a key benefit of the MHCC programme; that it was providing resource to providers to carry out more exploratory work in student mental health that they could not otherwise resource.

Staff from Keele University faced similar challenges to the team at the University of Nottingham in the time and resource it had taken to get the partnership off the ground. They reported that with a partnership 'of this scale' things take longer to develop.

For more detail on these project approaches please go to [Appendix 3: Projects targeting a combination of support, early intervention and transitions case studies](#).

4.3 Year 2 alterations

Within end of year interviews, all project leads confirmed that they plan to retain some or all amendments initially made because of Covid-19 in their Year 2 delivery. Retained amendments predominantly centred on the provision (and option for) digital delivery, which eight interviewees stated would still form part of their delivery plan. In these cases, projects will provide students with the option of face-to-face or digital delivery and support, within this including co-creation and mental health support services. Half of projects described implementing a 'blended approach' going forward to ensure that the benefits and accessibility of face-to-face and digital delivery can be utilised. All projects suggested they will continue to assess their amended approaches as time goes on, to ensure that they are fit for purpose.

As a result of the pandemic, two projects have considered changes to their ways of working to incorporate more digital engagement, which had become more key throughout the pandemic.

Half of MHCC projects stated that there will be additional changes made to their delivery in Year 2. In all cases this is, at least partially, a result of Covid-19 and its ongoing implications. As a result of Covid-19, three projects will have to change their fieldwork delivery plans, in particular shifting face-to-face delivery online, and two projects will have to consider undertaking further baseline data collection to ensure that data and evaluation are applicable beyond the lifetime of the pandemic.

The Covid-19 pandemic has undoubtedly had an impact on the way MHCC projects have been able to deliver, with all projects shifting and adapting in some fashion. However, it should also be acknowledged that, prior to the pandemic, some projects were already of the understanding that this first year was foundational and, in some cases, 'evolutionary'. In other words, whilst the pandemic has presented a wide range of unanticipated challenges and barriers, a process of adjustment was previously expected, with data gathering and co-creation exercises perceived as the expected catalysts for change. Moreover, whilst all projects have specified changes to their approaches, they have also unanimously suggested that changes to approach had and would not shift the priorities or aims of projects. It should be noted that in the context of the Covid-19 pandemic the OfS has granted extensions to all

projects to enable them to deliver against their objectives where Covid-19 has been particularly disruptive.

4.4 Recommendations

Based on the above findings, the following recommendations are made for HE providers who are intending to set up their own mental health projects.

- Ensure that enough time is given for setting up governance structures, recruiting staff, and cementing partner relationships.
- Work with academic communities to understand what their learning can contribute to the development of your intervention.
- Consider using discovery visits to engage with other HE providers to understand what they are doing in the same space, and what does and does not work about their approach, and how this relates to their context. This will help to ensure that the approach developed is sensitive to the evidence available in the sector, but also considers the transferability of the model in design.
- Consider opportunities to recruit specialist project-specific staff, to ensure that staff are not drawn into student case work that may see project work deprioritised.

5 The development of strategic partnerships

Section Summary:

Stakeholders are positive about the emphasis of partnership working within the MHCC programme. This was viewed as a positive opportunity to get HE providers working outside of ‘silos’ and instead working with other organisations involved in providing student support. It is felt that this could help to smooth the gaps between services that students currently experience when navigating support.

- Over the first year of project delivery, strategic partnerships appeared to have strengthened between partners engaged in the projects. Average scores improved across every measure included in the partnership assessment. Particularly marked growth was seen in relation to partners feeling that their contributions were recognised.

This section will supplement the chapter on partnership provided in the [Early Findings Report](#) by adding data from the second wave of the partnership assessment survey,¹⁷ which will demonstrate the distance travelled over Year 1 of delivery.

The MHCC programme originally invited collaborative proposals that would bring together HE providers with other organisations such as schools and colleges, health agencies, third sector organisations and other stakeholders that play a role in student mental health. As illustrated in Table 5.1, the successful bids saw HE providers partner with a range of other organisations: FE and other HE institutions; leading organisations with interest in student mental health, such as Student Minds and Universities UK; other third sector organisations; NHS services; and other organisations.

Table 5.1: MHCC project total partner counts

Type of partner	N
Service provider	8
Mental health charity / organisation / network / research	7
National Health Service	6
Student Union	3
Digital	3
Council / local agency	2
HE sector body	2
Other – health	2
Policy	2
Charity	1
Private HE body	1

Base: data derived from project original bids

¹⁷ The first Partnership Assessment Survey was conducted in Spring 2020, whilst the second iteration was conducted in Summer/Autumn 2020.

5.2 Stakeholder perspectives on the collaborative emphasis of the MHCC

As previously outlined, stakeholders are unanimously positive about the collaborative emphasis of the MHCC and suggested that work around student mental health was historically ‘siloes’. Stakeholders reported that they felt the collaborative aspect of the MHCC could bolster relationships between organisations who have responsibility for student mental health. This, in turn, could help to close the ‘cracks’ between different organisations providing support, which would lead to less disjointed support for students. This potential benefit of the programme was reported by seven out of 15 stakeholder interviewees.

It was reported by both stakeholders and project staff that the funding from the OfS is an important driver in enabling HE providers to develop these collaborations. Collaboration and partnership working are recognised as resource-intensive to set up and deliver on an ongoing basis. Therefore, the funding from the OfS is welcomed as an enabler to give providers the necessary resource to drive this work forward. However, this did give rise to some concerns among stakeholders about how these partnerships can be sustained when funding from the MHCC comes to an end.

Two stakeholders also reported that the emphasis on collaboration, particularly between HE providers, is particularly welcome in the HE sector where universities could often be competitive. It was perceived that this could lead to protectiveness over resources rather than shared solutions. This had several potential negative consequences when it comes to providing good support for student mental health:

- Firstly, it could lead to providers constantly ‘reinventing the wheel’ in student mental health support, due to not sharing the outputs and lessons from their interventions.
- Secondly, there were concerns that where providers were paying the costs to develop interventions, they would develop protectiveness over them that could prevent good practice and effective tools from being shared across the sector. This was felt to be the result of competition for students which could see providers wanting to champion their support as a unique selling point (USP) for their institution to encourage students to apply there instead of elsewhere.

However, these stakeholders suggested that HE providers will benefit from sector solutions to student mental health, rather than competition. They were hopeful that the MHCC will help to springboard change in this area.

‘This [mental health] is a space where universities should not compete, it’s about everyone doing the right thing and supporting all students, and that needs to be collaborative. It needs to be universities sharing their findings and collaborating, so putting that at the heart is vital as it puts that message across.’

Stakeholder Interviewee

5.3 How successful has the MHCC been in developing strategic partnerships?

Partnership working was commonly identified as a key strength of Year 1 delivery (six out of 10 projects described this as a strength in their deliver model in interviews at the end of the first year of delivery). As may be expected, where projects described having successful strategic partnerships, this was enabled by good working relationships as well as effective and transparent communication between partners. Where good partnership relationships exist, projects suggested that innovative and creative methods can be considered and utilised more extensively.

‘The first key strength is the strength of the partnership between the agencies. There’s something positive and exciting about the commitment of the partners to create change. It could have been easy for partners to say this is what we’ll deliver, and that’s what we’re committed to, but we haven’t had any of that. We’ve been really open to exploring and innovating where possible. That’s been a massive strength.’

University of Birmingham Project Interviewee, End of year interview

The majority of projects frequently identified partnership working as a key strength. This was a result of clear and effective working relationships which, in some cases, have produced innovative and creative project delivery methods. However, four projects described instances where partnership working had been challenging. Where there were partnership challenges, project respondents cited differing priorities and/or delays in delivery.

‘It seems that a strong shared vision has been established [within the partnership], however, the priorities for each partner do not always feel aligned which has left some parts of the project not necessarily fulfilled to their full potential or at least has left questions that the partners haven’t united with answers on.’

Project Interviewee, End of year interview

Across projects trialling new support services¹⁸ partnerships were particularly recognised as one of the aspects of the project that had worked well. Staff from these projects highlighted how joined up working with partners has helped to inform the models by drawing in expertise between different services. This was credited with helping staff within providers and NHS partners in particular to understand the challenges and pressures each service was facing, which could be used to map out pathways for support and transference of students across these organisations. This appears to be one of the areas where projects are successfully delivering against the key objectives of the MHCC programme, which seeks to improve connectivity between services. Project staff were also able to utilise the experience of their partners to ensure students accessed the right support, as described below.

¹⁸ University of Birmingham, University of Newcastle, University of West of England and University of Liverpool projects.

‘For those who cannot be supported by the university, the project team – with new members with an NHS background – are able to work with staff at Student Health and Wellbeing to identify the most suitable route and level of support for students.’
University of Newcastle Interviewee, End of Year 1 Interview

Considering what had not worked as well, project staff encountered some initial challenges around different approaches to mental health and delivery across partners. This first year has therefore been vital in exploring these differences and identifying how to bring them together in the partnership. This is a lesson that will be important for other HE projects seeking to collaborate with NHS partners.

Staff from the UWE-led project indicated the partnership approach, working across the HE sector, is one of strengths in its approach as it provides opportunities for providers to explore different models, and share expertise and learning with the National Learning Collaborative. They suggested that the blend of regional and national partnerships is beneficial, as it provides ‘a balance of direction and autonomy’. They emphasised that a ‘one size fits all’ approach would be inappropriate due to different local structures in place and felt the blending of a hub and spoke model through the regional hubs and National Learning Collaborative provides the structure to ensure good regional autonomy, but with a focus on developing learning for the sector as a whole.

When considering what has worked well about their approaches, projects delivering early interventions¹⁹ also commonly referenced (in their evaluation reports) good communication and collaborative processes between partners, which ensured that everyone was delivering to the same shared goal. The team at Northumbria University highlighted how the governance processes they have put in place helped them to move the project forward. This included four fortnightly meetings that were used to draw partners together, and ensuring they were communicating with partners on both a collective and one-to-one basis.

5.3.1 What factors had enabled effective partnership working?

As part of early learning interviews project staff and partners were asked to reflect on what factors had enabled effective working within their partnerships. Common features included:

- Regular meetings and catch-ups between project staff.
- Spending time developing the relationships at the inception of the partnership, to ensure partners had a good footing and understood each other’s priorities.
- Buy-in and commitment from staff, including senior staff within the organisations.
- The existence of a clear and common aim.

¹⁹ The University of Derby, University of Nottingham and the University of Northumbria projects.

5.3.2 These issues are discussed in greater detail in the [Early Findings Report](#).²⁰ What are the challenges or barriers to effective partnership working?

Aspects of partnership working that had been more challenging commonly included:

- Agreeing ways of working across partners.
- Partner engagement and capacity.
- Agreeing contractual and legal arrangements.

For some projects Covid-19 had also brought about further challenges in terms of partner engagement and capacity, as project staff were being drawn into delivering other work as part of their organisation's response to the pandemic responsive work related to the pandemic. However, this was not a challenge felt by all projects, and some saw their partnership engagement increase as a result of remote working practices they implemented during the pandemic.

These issues are discussed in greater detail in the [Early Findings Report](#)²¹ and [report on the impact of coronavirus on the MHCC](#).²²

5.3.3 Partnership Assessment Survey

Alongside in-depth qualitative interviews conducted with stakeholders and project leads, project leads and their partners were asked to reflect on the development of their strategic partnerships through this phase of the evaluation. Responses were provided through the anonymous Partnership Assessment Survey, which sought to understand a wide range of partner perspectives on the effectiveness of the partnerships developed. This follows the first Partnership Assessment Survey undertaken in the Scoping phase of the project. Answers from the first Partnership Assessment Survey (conducted in Spring 2020) and the second Partnership Assessment Survey (conducted at the end of the first year of delivery, in late Summer/Autumn of 2020) will be assessed and compared below.

Partners were positive about the purpose of their strategic partnership. Figure 5.1 demonstrates that, on average, there has been a slight increase in agreement levels across each statement regarding partnership purpose. This appears particularly positive when looking at the statements 'The reason why each partner is engaged in the partnership is understood and accepted' and 'The partnership has defined and realistic objectives and aims' which almost half of respondents strongly agreed with (47 per cent; 34/72 and 44 per cent; 32/72 respectively). As suggested in previous reporting ([Early Findings Report](#)) whilst in the first Partnership Assessment Survey noticeably fewer respondents reported that the

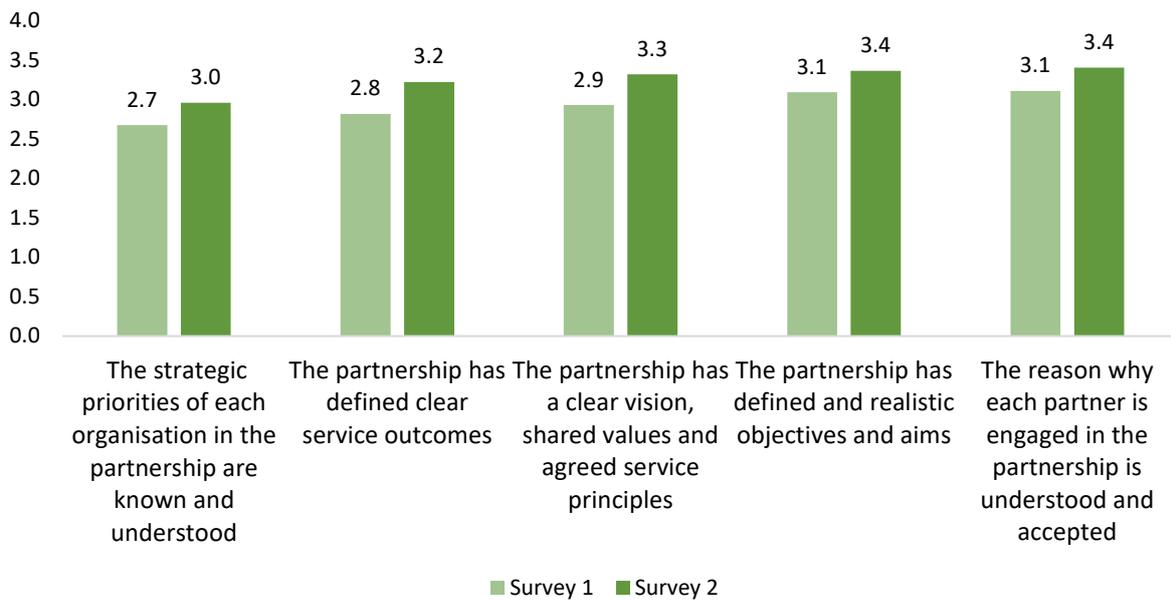
²⁰ This report is available at: <https://www.officeforstudents.org.uk/publications/evaluation-of-the-ofs-mental-health-challenge-competition-early-findings-report/>.

²¹ This report is available at: <https://www.officeforstudents.org.uk/publications/evaluation-of-the-ofs-mental-health-challenge-competition-early-findings-report/>.

²² The report on the impact of coronavirus on the MHCC can be found at: <https://www.officeforstudents.org.uk/publications/impact-of-coronavirus-on-ofs-mental-health-challenge-competition/>.

strategic priorities of each partner were known and understood (67 per cent; 35/55). This has substantially increased over time with 82 per cent agreeing with the same statement in the second Partnership Assessment Survey (59/72). Whilst it may be expected that perceptions of partnership purpose become increasingly clear and positive as projects develop, it is an achievement that this focus has improved across all projects, particularly in light of challenges faced during the first year of delivery.

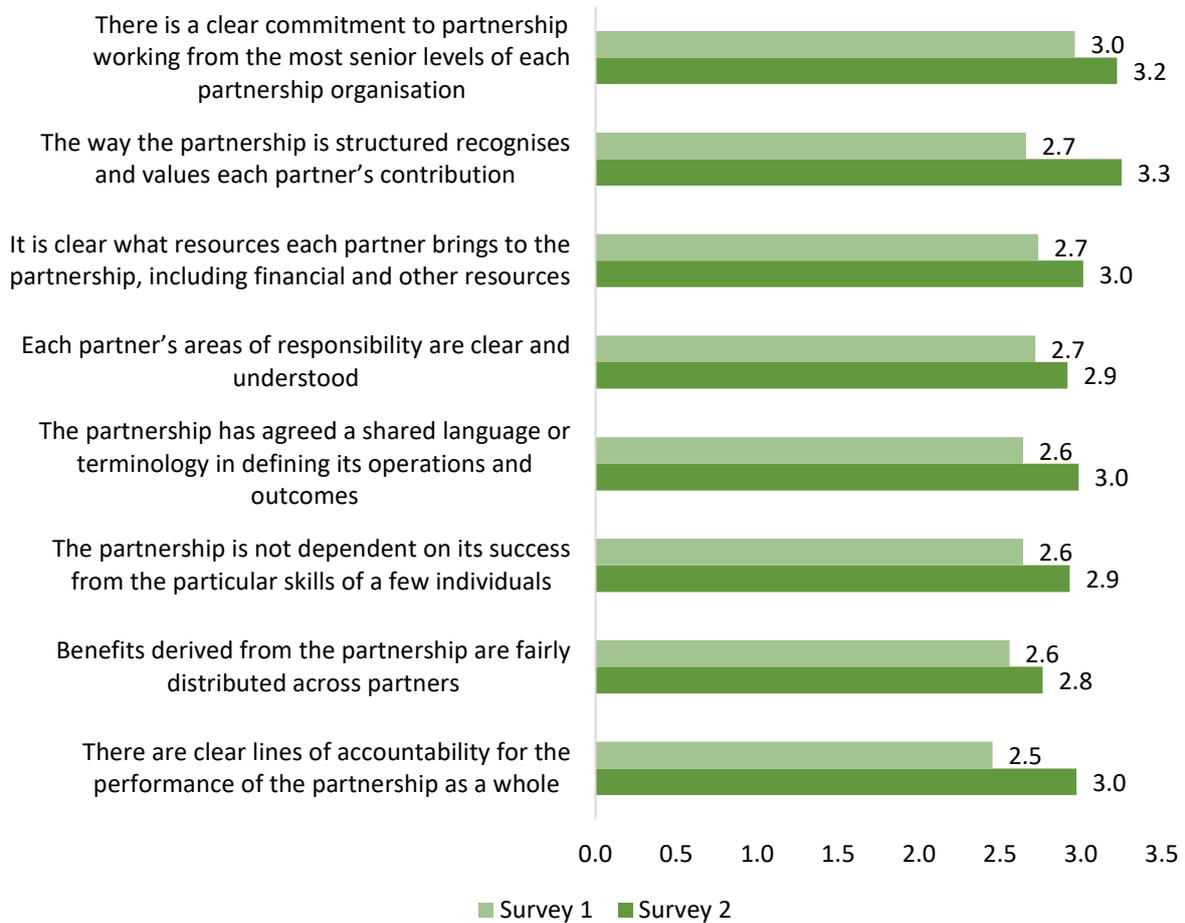
Figure 5.1: Response average across Partnership Assessment Surveys 1 and 2 to statements of agreement regarding the purpose of strategic partnerships where 4 = strongly agree and 1 = strongly disagree



Base: Survey 1 (n=55), Survey 2 (n=72)

Figure 5.2 provides a breakdown of responses to Section 2 of the Partnership Assessment Survey, which was concerned with understanding the operations of the partnership. Across both surveys, a high proportion of respondents reported having clear commitment to partnership working from the most senior levels of each partnership organisation (83 per cent; 44/53 in Survey 1 and 92 per cent; 66/72 in Survey 2). This suggests that partnerships have continued to effectively gather senior support through the first year of project delivery regardless of other commitments and constraints such as Covid-19.

Figure 5.2: Response average across Partnership Assessment Surveys 1 and 2 to statements of agreement regarding the operations of strategic partnerships where 4 = strongly agree and 1 = strongly disagree

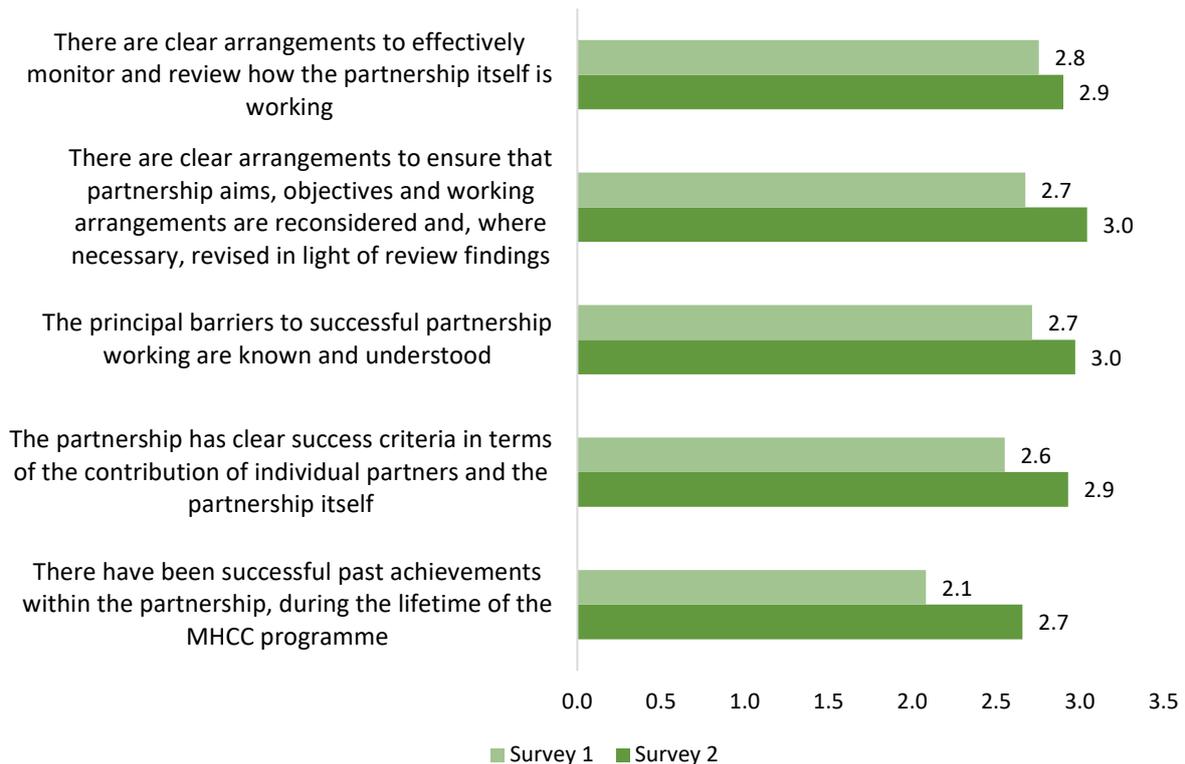


Base: Survey 1 (n=55), Survey 2 (n=72)

Similarly, views regarding the operations of the MHCC project partnerships have become increasingly positive over time. However, responses indicate that some projects may still be challenged by an uneven distribution of partnership benefits and reliance on the skills of a few key individuals. Previous reporting suggested that this may be overcome through greater communication and distribution of responsibility. As scores for these statements have improved over time, alongside a considerable increase in respondents agreeing that their projects have clear lines of accountability for performance, it is possible that as projects develop, responsibility and benefits have become more equally spread across partnerships and will continue to improve. However, as the lowest scoring statements indicate, projects should be mindful of overburdening particular individuals. This will ensure that, operationally, projects continue to be delivered in positive, effective and sustainable ways. As illustrated in project lead interviews, this understanding of partner contributions is variable across MHCC projects and, in some cases, concerns could be alleviated through greater information sharing and/or signposting.

The third section of the Partnership Assessment Survey was concerned with the outcomes of the partnerships and the extent to which partnerships monitor and understand success. The responses to this section are summarised in Figure 5.3. As in the previous two sections of the survey, there is a general positive trend across all statements suggesting that the time invested in project development has aided MHCC projects in the consolidation of aims and the arrangements through which projects anticipate achieving their outcomes.

Figure 5.3: Response average across Partnership Assessment Surveys 1 and 2 to statements of agreement regarding the aims and outcomes of strategic partnerships where 4 = strongly agree and 1 = strongly disagree

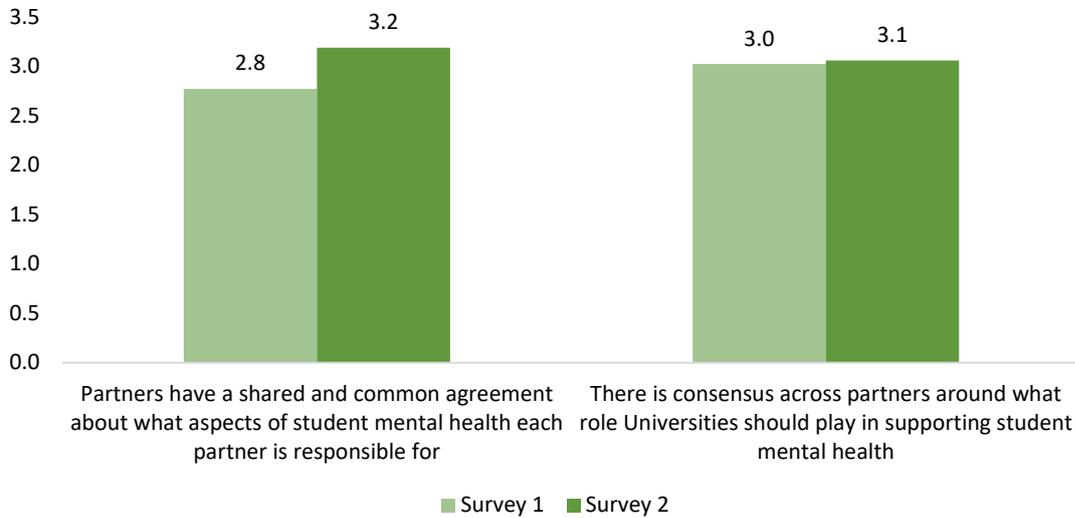


Base: Survey 1 (n=49), Survey 2 (n=71)

As would be expected, Figure 5.3 illustrates a considerable increase in respondents agreeing that there have been successful past achievements within the partnership. End of year interviews with project leads suggest that these successes and the continued development of the partnerships have reconfirmed the aims and objectives of the MHCC projects which, in turn, has strengthened the strategic partnerships.

As in previous reporting, most respondents felt that there is consensus among partners that there is a shared and common agreement about what aspects of student mental health each partner is responsible for and what role HE providers should play in supporting student mental health. As illustrated in Figure 5.4, on average respondents agreed with both statements, however there is room for improvement across all statements (most of which have an average score of approximately 3 out of 4). Assessing the statements above, this report recommends that projects continue to ensure there is open and effective dialogue between partners to ensure that there is a clear and equal understanding of partner responsibilities, benefits and skills.

Figure 5.4: Response average across Partnership Assessment Surveys 1 and 2 to statements of agreement regarding who is responsible for student mental health where 4 = strongly agree and 1 = strongly disagree



Base: Survey 1 (n=49), Survey 2 (n=71)

5.4 Recommendations

The partnership approach of the MHCC programme is generating positive outcomes for project partners, who are able to benefit from wider expertise in the projects. Partnerships have progressed well over the first year of delivery, however there are some areas where partnership working could be improved. The following recommendations are made to project teams to ensure the continued success of partnerships.

- Seek opportunities to reduce the reliance of the project on the skills of a few individuals, as this will help to remove the risk of single points of failure and improve project sustainability.
- Consider how to improve the sharing of benefits and resources across partners. This will help to ensure that partners feel they have an equal stake in the partnership and may help to cement the partnership in the long term.

6 Co-creation with students

Section Summary:

- Co-creation has been welcomed by students, staff and stakeholders for its potential to shape mental health interventions that are aligned to the experiences and needs of students.
- The majority of projects have chosen to involve students through workshops and/or focus groups. In most cases, workshops and/or focus groups are being utilised to identify and explore themes related to project aims and support for student mental health and are part of a multi-pronged approach.
- All MHCC projects stated that the delivery of their co-creation activities was altered in some capacity because of Covid-19. Projects described the shift of co-creation activities from face-to-face to digital delivery.
- Most project lead interviewees perceived their approach to student engagement as effective. The key reason for this was that places in co-creation workshops/sessions were quickly filled. This may suggest that students are keen to engage with initiatives relating to bettering support for student mental health.

Experiences of student co-creation appear to have been generally positive, however further development may be needed in some areas to improve the benefits of the co-creation model. This includes the representativeness of the students with whom projects are working and how engagement with student co-creators can be sustained.

All projects were required to work in co-creation with students in the development of their interventions. The OfS set out that successful bids would have to provide 'evidence of enhanced and improved student engagement to improve the co-creation of solutions for key mental health issues' (Office for Students, 2018).

This section will first explore the value of the co-creation approach, and perspectives on how to deliver effective co-creation drawn from interviews with key sector stakeholders. It will then present the approaches delivered by the projects and provide lessons from students and staff on the effectiveness of these approaches.

6.1 The value of the co-creation approach

Co-creation or service user involvement has become widespread in the health sector and is increasingly viewed as good practice in the development and design of health services. Involvement of service users can improve service quality and public health activities, as service users often have insights that care providers might lack (Entwistle and Hanley, 2006). Service user involvement has also been found to lead to more accessible health services with greater relevance to the people the service supports (Nilsen, Myrhaug, Johansen, Oliver, and Oxman, 2006).

Most stakeholders (13 of 15 interviewees) are positive about the inclusion of co-creation as a feature of the MHCC programme. They reported that co-creation is 'essential' to ensure that services and interventions developed meet the needs of students. They emphasised the

importance of involving students in service design to ensure that the interventions are more relevant to their needs and emphasised that students are ‘experts by experience’.

The majority of stakeholders (13 of 15 interviewees) reported that student involvement is crucial to ensure that interventions designed are sensitive to what students want and need, rather than based on assumptions from above about what students might want.

One stakeholder also reported that co-creation could bring additional benefits, as the process of involvement can empower students, and gives them a space to think critically about how their mental health can be best supported, including their own role within that process.

However, whilst most stakeholders interviewed as part of the evaluation were positive about co-creation (13 of 15 interviewees), two interviewees were more sceptical about the approach. One of these interviewees reported that the value of co-creation depends on who is involved and the other reported that they felt there were other methods that could be more effective than co-creation. Their concerns are outlined below.

‘I don’t think co-creation adds much value.... I think there are better ways to understand and meet needs [of students] than the co-creation approach. It can be useful... but you can’t involve that many people and so the sample of people you can get tends to be quite specific and may not be representative. The cohort of people is constantly changing among students too, and as a result they’ll always be representative of that moment and won’t know what was done previously.... If your purpose is to provide good services that meet a particular need you don’t need co-creation. It’s expensive.... For me the best thing the sector could do is once a term where you know they have to connect with the system ask them some wellbeing questions that can be standardised and used with educational data to understand what works and what actually works and not just what they say works.’

Stakeholder Interviewee

Whilst most other stakeholders were supportive of co-creation and student involvement in design of initiatives (13 of 15 interviewees), many of them (ten of 15 interviewees) echoed some of the concerns raised above about how co-creation is sometimes not representative. These stakeholders stressed the importance of working proactively to ensure that a wide range of students are involved, who are representative of the student body (assessment on the reach of the programme can be seen in [Section 6.3.5](#)).

6.2 Working effectively in co-creation

As identified above, one of the key factors in delivering effective co-creation stems from the representativeness of students who are involved in the approach. For example, stakeholders stressed that co-creation needs to involve groups who can be harder to engage in these kinds of initiatives, including Black, Asian and Minority Ethnic students and international students.

Where co-creation initiatives failed to achieve a representative sample of students, stakeholders argued that the resulting systems, processes and services are at risk of perpetuating inequalities in health inclusion and access to services among service users and failing to adequately account for the needs of different student groups. Several stakeholders (seven out of 15) stressed that efforts were needed by service designers to ensure a broad and diverse range of students were engaged in co-creation work. Three stakeholders raised concerns about how some institutions in the HE sector are currently delivering co-creation work in ways that are failing on this count. For instance, stakeholders criticised an overreliance in the sector on using student union officers, NUS representatives and proxies through campaigning organisations as a shortcut to student engagement and embedding student voice in initiatives.

Whilst it was felt that these individuals have important perspectives to bring to the table, stakeholders stressed that this should not be a replacement for meaningful co-creation work with a broader range of students. There were concerns that where student engagement activity is limited to these individuals it can feel 'tokenistic' rather than genuine. There is also a risk that where student engagement is managed solely through a small number of individuals like student union representatives, interventions might miss out on the 'voices' of students with lived experience of the issues they are trying to address, and as a result would miss out on key voices.

There were further challenges that stakeholders stressed service designers would need to consider in developing effective co-creation approaches. For example, one stakeholder noted that staff leading these projects need to ensure they are not 'just influenced by individuals with strong voices' and another reported that staff should aim to use 'a genuine population approach where you speak with a wide range of individuals'. This may be something that service designers need to consider when designing the methods they use in co-creation activity, to ensure everyone in the room is empowered to speak up.

Further to this, service designers may need to carefully consider whether their co-creation work requires local or national student involvement. It was felt that there are benefits to co-creation involving a mixture of the two, especially where the intervention is intended to have sectoral relevance, as students' experiences and perspectives will be shaped by their local context. For example, one stakeholder reported that what works for students may be 'different in Bolton, or Weston Super Mare, or East Anglia'. Localised co-creation may be key to consider how the intervention operates within its local context, but where interventions are intended to scale service designers may need to think about how students are involved across the nation. This is a potential gap in the approach to co-creation that has been adopted by projects in the MHCC programme, which have taken a more localised focus that may limit the extent to which their designs scale to other institutional contexts.

Finally, one stakeholder noted that service designers should be mindful of when they need to involve students who experience severe mental illness, and when they also needed to bring students without such experience to the table, to support the embedding of a whole institution approach to student mental health and wellbeing,

‘If universities only engage with students with mental health difficulties how do you ensure a whole institution approach [to mental health]? How do you listen to those who are most effected, but also focus on the wellbeing of the whole population, and not just think about the negative end of mental health but also how we ensure students are thriving.’

Stakeholder Interviewee

The advice on delivering effective co-creation drawn from wider stakeholders is distilled into a list of top tips for HE providers as listed below.

Effective co-creation: key recommendations for HE providers

- Ensure student groups drawn together to deliver co-creation work are representative of the population you are seeking to serve.
- Think about who is and is not in the room. Are there any additional ‘voices’, particularly those with lived experience of mental health issues, you need to bring to the table?
- Consider who is often under-represented in use of student service and pro-actively reach out to involve them.
- Avoid over reliance on student representatives as a short-cut to student engagement.
- Complement co-creation work with thorough analysis of data on student use of services and service user feedback, to build up a more holistic picture of student need.
- Consider varied methods of participation that will ensure co-creation does not just privilege dominant voices.
- Ensure that students have access to a visible staff member in the project team, who can facilitate further engagement by building a strong relationship with student co-creators. This should include a focus on communication after activities to ‘close the feedback loop’ to ensure students know how their contributions have been utilised.
- Consider what students will gain from involvement and use this to produce a variety of ‘hooks’ when advertising co-creation opportunities that will appeal to different kinds of students. This could include reference to how the opportunity will enable students to share their experiences, improve services, give back to their community, or gain valuable experience in relation to mental health and service design. In some cases, incentives may also be appropriate.

6.3 Approaches to co-creation

This section will explore the co-creation approaches adopted by the projects included in the MHCC programme. This information is drawn from consultation with students and end of year interviews with project staff, where they were asked to reflect on the co-creation activities they have undertaken so far in their project. For greater detail on the general approaches taken by projects, please see [Appendix 2](#).

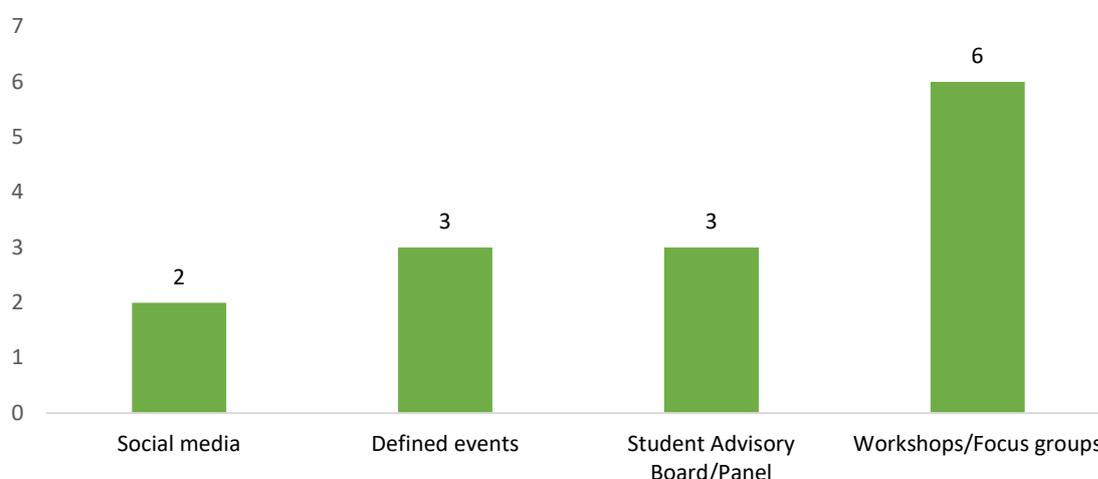
Projects had undertaken a diverse range of activities, but the activity of most projects fell within at least one of the four activities outlined in Figure 6.1.

The majority of projects have chosen to involve students through workshops and/or focus groups. In most cases, workshops and/or focus groups are being utilised to identify and explore themes related to project aims and support for student mental health and are part

of a multi-pronged approach, including at least one of the other methods documented below.

The use of student advisory boards and panels has also been a common method utilised by projects and is described as allowing project staff and student co-creators to engage in ongoing dialogue and, in some instances, allowing students to provide ad-hoc perspective and advice. Defined events are here understood as larger one-off activities in which student voice and discussion were encouraged and promoted. These defined events were said to take place in conjunction with other events, e.g. Welcome Week and Mental Health Awareness day, and as separate events in their own right.

Figure 6.1: What methods or forums have been used to involve students in co-creation of the project? Coded project responses



Base: End of year interviews (n= 12 interviews from 10 projects). Please note that the above categories are coded themes from qualitative interviews and where interviewees from the same project have responded, themes have been counted once so as to not duplicate answers.

All MHCC projects stated that Covid-19 has altered the delivery of their co-creation activities in some way, commonly with a shift of co-creation activities from face-to-face to digital delivery. Three projects suggested that shifting their approach to digital engagement created barriers (i.e., these projects were not able to deliver the same activities they had planned prior to arrival of Covid-19 in the UK) whilst the remaining projects stated that they retained the same approach but were unable to do so in the format they had intended (face-to-face). One interviewee said:

‘It is more difficult to form relationships and enable as fluid discussion using an online format. Had they been face-to-face, there would have been more relationship building.’

Project Interviewee, End of year interview

The shift of delivery and what this has meant for projects and the students involved will be explored further in the sections below.

Reflecting on the co-creation activities delivered so far, four projects suggested that they may make changes to their co-creation methods going forward. Changes described were for

the most part minor. Two projects stated that they would have to wait and see what was feasible over the next year considering Covid-19 and would consider adapting co-creation activities based on need. Two other projects suggested that whilst their approaches will remain similar going forward, they would like to include greater opportunity for student feedback to encourage students to offer feedback more regularly and, in the case of one project, look at how they can engage a more diverse sample of students in co-creation activities. This project suggested that a more diverse sample can be reached through outreach via their student advisory board.

6.3.1 Approaches to student recruitment

When asked how they recruited students initially to get them involved in co-creation opportunities, projects responded with the following methods of engagement.

- Course and/or student representatives (four projects).
- Signposting through Wellbeing and/or Student Union teams (three projects).
- Pre-existing mailing lists (three projects).
- Formal advertisements (three projects).
- Existing wellbeing and mental health services (one project).
- Social media (one project).

A minority of projects (three out of 10) suggested that they were targeted (to some extent) in their approach to recruitment. Project leads wanted the students engaged in the process to be individuals from less represented backgrounds, who do not typically engage with the student unions and/or with a particular interest or background in mental health and clinical psychology, including lived experience of mental health problems. In two cases, interviewees indicated that this targeted approach was one aspect of a wider recruitment strategy which enabled students to engage with the project regardless of their own circumstances.

Most project lead interviewees perceived their approach to student engagement as effective (six out of seven)²³. The key reason for this was that places at workshops and events were quickly filled. This may suggest that students are keen to engage with initiatives relating to bettering support for student mental health. In one case, a project reported that their approach to recruitment was tried and tested in other projects prior to MHCC and so they were sure that it is effective. Whilst projects suggest that the effectiveness of their recruitment methods is demonstrated by the speed at which students were recruited, it is important to consider, as one project has done, whether greater scrutiny needs to be taken within this process to ensure that the sample of students involved is reflective of wider cohorts these projects aim to support. This aligns with the advice stakeholders provided on effective practice for co-creating with students. This project interviewee said:

²³ Only seven of the 10 project leads felt able to reflect on this question as some had not yet commenced co-creation activities.

'The approach was effective because capacity was reached quickly, particularly from the [co-creation role]. There will need to be monitoring to see how representative the students are across the [student] community. It wasn't clear whether the students coming forward were from all faculties as there did not appear to be students from Humanities and Social Sciences. Going through, the [co-creation role] will be a key strategy for recruiting new participants and sampling purposefully for representativeness.'

Project Interviewee, End of year interview

The remaining projects suggested that it is too early to tell how effective their recruitment approach has been. Further to this, one project highlighted that whilst their recruitment approach seems to be effective as they have reached their capacity for student co-producers, this does not demonstrate whether said student engagement will be easily sustained.

Student perceptions on recruitment

In the first round of student interviews undertaken as part of this evaluation, students reported that they most commonly found out about the co-creation opportunity via emails from their institution or Student Union (37 per cent; 11/30). Other identified routes were:

- Approached by other institution staff, e.g. a lecturer (33 per cent; 10/30).
- An institution forum, e.g. Blackboard or another university portal (17 per cent; five out of 30).
- A formal job advert (13 per cent; four out of 30).
- Social media (10 per cent; three out of 30).
- Approached by project staff (seven per cent; two out of 30).
- Through an already used university service (seven per cent; two out of 30).

Over two-fifths of students (47 per cent; 14 out of 30) suggested that they got involved because of their own mental health experiences and their experiences at university (in particular citing where experiences may have differed from others, e.g. international students and postgraduates). One student said:

'I'm an [international student]; when I came into [institution] it was a massive shock as family didn't stay with me. All very overwhelming for one person. I wanted to make sure it didn't happen for others. The cultural shock is massive and gap between UK and international students – it's never been bridged. I have mental health issues... [I wanted to] say to [other international students] it's ok to go for counselling and get support for that.'

Student Interviewee, Student Co-creation Interviews

Alongside wanting to share their own experiences, students also frequently said they were interested in co-creation opportunities because they wanted to make sure the student voice is heard within the development of mental health projects (23 per cent; seven out of 30) and to give something back to their fellow students (33 per cent; 10 out of 30).

In some cases, particularly when near to the end of their studies, students suggested that whilst it was too late to improve services for themselves, they wanted to make sure other students have opportunities to utilise accessible and effective mental health support. Institutions could utilise this knowledge to advertise co-creation activities, highlighting to students that this is an opportunity to 'give back to their community' and ensure that student voice helps to shape support.

Other reasons why opportunities were of interest to students are centred on the experience they would gain from being involved in a project that supports student mental health (20 per cent; six out of 30). Experience was particularly important to students whose academic studies related to mental health, e.g. psychology and/or students who hoped to enter a profession related to mental health in the future.

Of students interviewed, almost two thirds (63 per cent; 19 out of 30) do not hold a similar role in any other projects or initiatives. This means that students were newly engaged in these kinds of activities which is another positive impact of the programme. Whilst the group of 30 students interviewed is not reflective of every student who has engaged with the MHCC projects, it is a positive finding as it suggests that the students engaged are not just students who are traditionally vocal within their institution.

6.3.2 Approaches to incentivising student involvement

Projects took different approaches to incentivising students to participate in co-creation activity.

Five of the ten projects reported that they provided students with some form of remuneration as part of their approach to ensuring that students benefited from their involvement in co-creation. In some cases the level of remuneration is understood to reflect the level of engagement a student has with a project. Two projects stated that those who are directly and consistently involved in project co-creation are provided with either a wage or a lump sum for their engagement whilst those who support less intensively are provided with vouchers. It is understood that the remuneration of students for their involvement is a vitally important component of delivery for some projects. One project lead stated:

'We have utilised best practice guidelines on what is an appropriate level of reimbursement [for students]. This is really important. Some of the Black, Asian and Minority Ethnic students pointed out that at the top universities there are fewer Black, Asian and Minority Ethnic students and they are constantly asked their opinion but there is not much consideration in the time-cost. You can't take part in that research process unless you have sufficient time to do so.'

Project Interviewee, End of year interview

Three projects incentivised student participation by highlighting the research experience their involvement would provide and, in some cases, accreditation was provided to students through their contributions.

Meanwhile, three projects made no reference to how their students benefit from project involvement. The value of student contribution, the cost to the students themselves and how this is reflected in the benefits they receive from their MHCC involvement should be reviewed by all projects in consideration of the best methods for engaging students and maintaining that engagement. Within this, projects should review which other engagement tools are already used by their institution. Whilst remuneration may not be feasible or appropriate in all cases, it may help projects to attract working students, who may have to make financially motivated decisions on whether they can 'afford' the time to participate.

Student perceptions on co-creation incentive and benefit

Supporting claims made by projects above, half of the students interviewed said that they are not receiving any compensation for their involvement in their respective MHCC project (53 per cent; 16 out of 30). The 13 students who said they did receive benefits from their involvement described them as follows.

- Five said that they are being provided with an hourly wage.
- Three are being provided with vouchers. These are typically for after-session or workshop involvement.
- Three described work experience as a key benefit.
- Three said they will be provided with references by project staff.
- One student said the service itself will benefit them.

Of the 30 students interviewed, only one stated that they were unsure whether they were receiving any benefit from their involvement in the project. It should however be considered that whilst it may not be feasible to financially remunerate students, it may be cause for concern that half of students interviewed were not able to identify any benefit to themselves from their involvement in MHCC projects.

To ensure continued engagement throughout the duration of the MHCC, projects should review whether additional benefits to students involved could be identified and/or stressed to ensure that students are aware of the ways in which they will benefit from involvement. These could include a focus on the skills and experience students may develop from their involvement.

6.3.3 Student training and project briefing

Following student recruitment, projects described a variety of ways in which students were introduced to their MHCC projects. The most common provision to recruited students outlined by projects was the following.

- No formalised training but opportunities to engage with project staff to ensure that methods were understood and to encourage enthusiasm (four projects).
- Briefings by project staff prior to any project related activity, e.g. focus groups, workshops and webinars (three projects).
- Briefings by project staff during project activities, e.g. workshops, focus groups and/or webinars.
- Specific training on project and/or role-related subjects (three projects).

Some projects also highlighted that within their co-creation activities there were a range of different roles played by students and that these all required different levels of briefing and/or training. A minority of projects (two out of 10) suggested that following initial workshops, focus groups or webinars, in which students were provided opportunities to engage with project staff but no formalised training, projects would then identify those who were 'most engaged' in the project to move forward with other activities. As previously suggested, whilst projects identify their approaches as effective, it should be considered here whether greater consideration of student representativeness (particularly groups of students that are missing from cohorts being involved) and sampling, and how this is supported by the projects, needs further exploration by project staff.

Engaging with the projects was described as easy and straightforward by all students interviewed. Where students were most positive about this process, this was a result of having directly liaised with project staff who clearly outlined student roles and responsibilities in a manner that felt supportive to students.

'Yes definitely [was easy to get involved]. [Project staff] in particular made it really simple. They outlined really clearly what we were doing, and I knew where I stood with it all and knew if there was anything I was unsure of, that I felt comfortable to say.'

Student Interviewee, Student Co-creation Interviews

It is important to highlight that across student interviews, direct engagement from one member of the project team was frequently highlighted as a positive method of engagement and communication. In these cases, students suggested that engaging with one member of staff consistently meant that they have a first port of call if needed and ensured that they have built a relationship with this individual.

6.3.4 Reach and representativeness of the co-creation methods

Across the programme, monitoring data submitted by the projects suggests that 623 students had been involved in co-creation activities by the end of the first year of the programme.

However, as discussed previously, this figure appears to be inflated due to the inclusion of one project who reported that they had involved 432 students in co-creation. Across the remaining five projects who reported data in relation to the students who had been involved in co-creation 191 students had been involved, with an average of 38 students and a range of 16-64 students involved across the projects.

These numbers are perhaps unsurprising given that many projects utilised approaches such as focus groups to involve students, which can limit the number of students who can be involved. Whilst this method will help projects to capture 'depth' of experience, projects should also consider (if they do not already) what they are they doing to capture the 'breadth' of student experience, in particular whether they should be supplementing their

workshops and focus groups with methods such as student surveys and service data. This is particularly important given the sectoral importance of the projects.

In terms of representativeness of the group of students who had been involved in co-creation, there was over-representation of the following groups:

- Female students.
- White students.
- Students who identify as LGB+.
- Students with a registered disability.

It is possible that the high proportion of students with a disability may relate to a high representation of students declaring mental illness as a disability among this group. As a result, overrepresentation of this group of students among co-creators may be beneficial, as many of the projects who reported data at this stage are exploring support services and are therefore likely to want to reach students with lived experience of mental ill-health.

However, where projects are developing interventions for all students or interventions that aim to support milder mental health concerns, projects may want to consider whether the make-up of students involved as co-producers is reflective of the students they are aiming to support.

Male students appear to have been consistently under-represented among students involved in co-creation activity. In 2019-2020 male students accounted for 43 per cent of the HE population (HESA, 2021) however just 25 per cent of students engaged in co-creation through the MHCC programme are male. This may be in part driven by higher incidence of lived experience of mental health problems among female students, who are more likely than male students to have experienced a common mental health disorder (Johnson and Crenna-Jennings, 2018). Female students are also more likely to have accessed university counselling services across all of the universities involved in the MHCC programme. Female students account for 63 per cent of users of university counselling services; whilst male students account for just 36 per cent of users accessing the service. The over-representation of female students may therefore be unsurprising; however, the programme may benefit from undertaking more targeted work to improve the representation of male students, as well as Black, Asian and Minority Ethnic students who were also under-represented among co-creators.

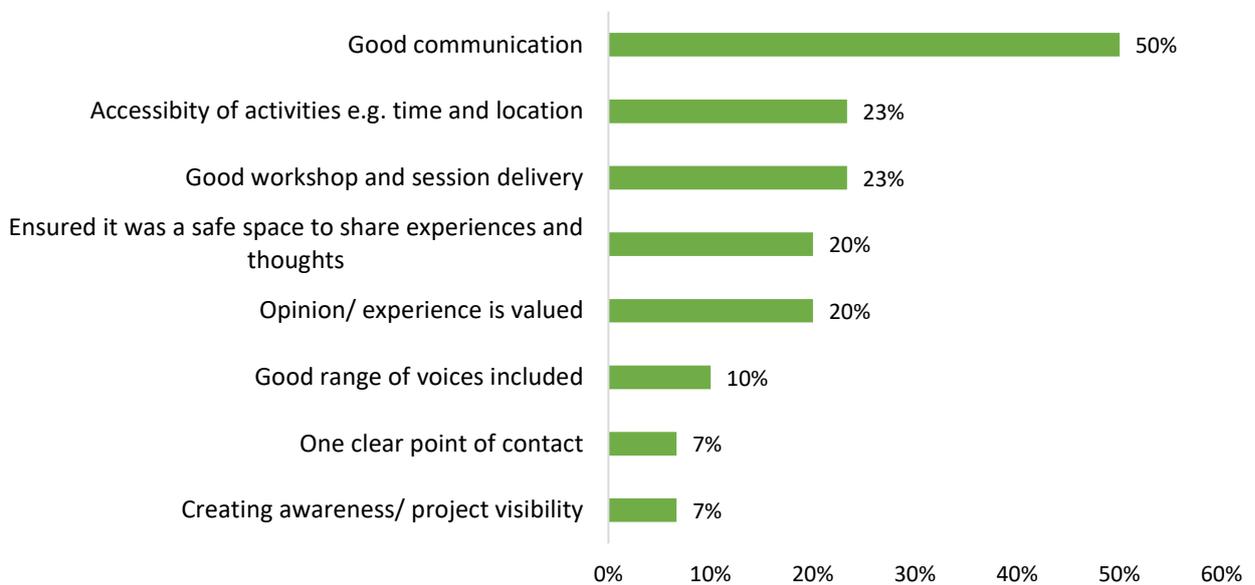
This is particularly key as the latter groups are typically under-represented among the student groups who use traditional university mental health services, and therefore failure to adequately involve these students in co-creation could – as stakeholders suggested – lead to perpetuation of inequalities among service users.

6.3.5 Student perspectives on effective co-creation

Based on their experiences of co-creation activities, students were asked to identify what has gone well so far. As illustrated by Figure 6.2, half of students praised the effective communication from project staff throughout their involvement.

‘I think it was pretty good and I think part of that was that there was a key contact who was always copied in emails. I always had that person that I talked to, that introduced themselves during the workshop, so I saw their face and then they followed up with the summary and payment. I met this person, it gave them a face during the workshop, the team was all presented at the beginning and they explained everything.’
Student Interviewee, Student Co-creation Interviews

Figure 6.2: Based on your experience of the approach taken to involve students in the development of the project what went well?



Base: Students interviewed (n=30)

Good communication with project staff is also linked to students feeling that their contributions are valued and ensured that co-creation activities took place in environments in which students could share their thoughts and experiences. Good workshop and session delivery was also identified by almost a quarter of students as key (23 per cent; seven out of 30). Good workshop and session delivery here includes the format of activities alongside their facilitation by a staff member. Where students described the delivery of workshops and sessions as working well, they frequently described it feeling like a supportive environment in which organic and open conversations occurred between students and project staff.

‘I found [the format] was really valuable as it was more of a discussion. We were able to tell our story and to get feedback on the challenges that the university were facing around mental health. We were kind of able to come together, to see the challenges of supporting students, but also for the

university to hear the perspectives of students. Dialogue is important, and to have a more dynamic relationship, I think that helps to make it feel like you are listened to.'

Student Interviewee, Student Co-creation Interviews

The inclusion of a range of voices was also identified as vital and student respondents from two projects indicated it has been effectively done. As highlighted by stakeholders previously, the inclusion of representative voices is key to good student co-creation and, although student identification of a range of voices is not necessarily an accurate measure of representation, awareness of a range of voices is still positive.

6.3.6 Challenges encountered working in co-creation

Over half of MHCC projects suggested that there have been no challenges co-creating their projects with students. Projects hypothesised that this may have been a result of the level of enthusiasm students displayed in being involved in the project originally and, in one instance, because of student remuneration which 'encouraged and enabled students to come forward'.

Of the remaining four projects, three indicated that they have encountered challenges managing student and staff expectations. In regard to staff expectations, projects suggested that the projects need to ensure staff are supported and confident working using a co-creation model in which they may receive critical feedback and be on an equal level to students involved. Projects suggested that this has improved over time as staff become more comfortable working in this fashion.

For students, the issue of managing expectations is centred on what a project and/or service can and cannot deliver within its remit. In these instances, projects suggest that communication of the purpose of the projects needs to clearly specify that projects, whilst providing a step-change, are not intended to be catch-all mental health support services. One project also stated that student workload can be a challenge if guidelines and roles were not clearly outlined.

'There is always the balance of work between work for you and work elsewhere. With that, it's more a case of making sure they aren't getting overwhelmed or lost so we don't have a negative impact on their wellbeing. Their roles are pretty clearly delineated. They know what they are working on and when that work is needed by.'

Project Interviewee, End of year interview

This suggests that projects should continue to review their mechanisms for information sharing across both students involved in co-creation and strategic partners to ensure that roles and responsibilities are clear and understood.

Students co-creators were also asked for feedback on their perspectives of whether there had been any challenges in co-creation.

Whilst four students suggested there have been no challenges faced in the approaches taken to involve students with project development, this was not a view held by all, with some students echoing previously made points about limited student involvement (10 per cent; three out of 30) and a lack of clear of communication (10 per cent; three out of 30).

Most frequently, students identified digital barriers to student involvement (13 per cent; four out of 30). As previously stated, the use of digital methods has been necessary over the course of the pandemic. Some students reported that it is difficult to engage via online workshops and sessions as conversation feels more stunted and some students are less willing to actively participate. In one example, a student described joining an online workshop in which several other students did not put their camera on and did not actively participate in conversation.

It is important to note that there was an even split of students describing online engagement as positive and negative (13 per cent; four out of 30, respectively). Student views about the shift of delivery to online should be understood as one of personal preference and circumstance. In some cases, students felt that online delivery is more accessible and provides a supportive environment in which they are comfortable to share their views. However, for others, online delivery and forums are perceived as making project delivery more disjointed and limiting organic discussion. Projects may wish to work with student co-creators to agree preferred models for co-creation when Covid-19 restrictions are reduced, and projects are less constrained by Covid-19 safety measures.

It is important to note that three students (from three separate projects) also highlighted that a lack of diverse voices was a challenge in project design. A lack of diverse voices was here understood to potentially limit a project's relevance to other students not engaged in the MHCC projects. One student said,

'Certainly, getting a representative perspective of students more broadly [is a challenge]. I think the people that have attended events and focus groups have been very committed students with an interest in the subject, but that maybe these are not reflecting the general perceptions of students who may experience mental health issues, who may need support but are not able to contribute for whatever reason.'

Student Interviewee, Student Co-creation Interviews

Whilst it was also highlighted by three other students that there is a diverse range of voices included in co-creation activities, the fact that representation has been raised as a concern suggests that all projects should consider their current methods of engagement and discern whether their group of students is representative and how this can be evidenced.

6.4 Impact of co-creation on project delivery

All projects suggested the involvement of students is having a positive impact on the delivery and direction of MHCC projects. Projects frequently highlighted (50 per cent; five out of 10) that, through student involvement, staff ideas around service delivery and mental

health support expectations are rightly and positively challenged, in some cases resulting in new understandings and knowledge.

‘It helps us to challenge our thinking and shape ideas. It is that creating a new space to look at things. E.g., kindness, I had never thought about how kindness specifically comes into supporting student mental health.’

Project Interviewee, End of year interview

Alongside ensuring that ideas and expectations are challenged, projects also reported that student co-creation has had the following effects.

- Enabled student experiences to be more greatly considered in project delivery (three projects)
- Ensured that projects are relevant to the student population (three projects).
- Provided knowledge and information which allows project services and support to be more student-orientated and accessible (two projects).

This emphasises the value of the co-creation approach taken across the MHCC programme. For greater detail on the impact of projects overall, please see [Section 3](#).

Student perceptions

Over half of students interviewed (57 per cent; 17 out of 30) said that student involvement has impacted the direction and/or development of their respective MHCC project. Nine (30 per cent) suggested it was too early to tell, or that it was not noticeable from their specific engagement, and four students said that student involvement had made no discernible impact on projects.

Where students identified impact, they often suggested that real life experience is effectively feeding into the development of MHCC services and support (37 per cent; 11 out of 30). Students reported that this ensures that their ‘voices have been considered in the design of services’. Almost a quarter of students interviewed (23 per cent; seven out of 30) also stated that student involvement in MHCC projects ensures that projects and mental health support solutions are being led by students, providing them with greater autonomy and ownership of projects.

Considering the effectiveness of co-creation undertaken across MHCC projects, through the lens of what students have understood as impactful and what has not, it is important to highlight that where students were most positive, they identified that their views and experiences were listened to and highly valued by the project staff teams (27 per cent; eight out of 30). In these cases, students described reflective approaches in which staff came back to them to discuss developments and illustrate where their feedback had been taken on board.

‘We all received an email that was sent to everyone with a summary of what we discussed and then themes that we focused on with some correction to the initial findings that they had. That was pretty interesting to read and that

gave us the opportunity to get back to them and add some more if you wanted to. Having an email to refer to was useful. It showed they cared about us and what we said.'

Student Interviewee, Student Co-creation Interviews

Where students were more negative about their involvement with project co-creation and perceive it as having limited or no impact, they described only being involved in a limited fashion and/or not having any ownership over elements of project delivery (13 per cent; four out of 30). In one example of this, a student described being asked to engage in one workshop but having no feedback since their participation, even though this workshop was held a number of months ago. This suggests that a continuous feedback loop with students is a core component in delivering co-creation in an effective way that ensures students feel valued.

Within interviews, students were asked the extent to which they felt theirs and other students' input was valued and prioritised. Findings from this question further support the notion that students are more positive about the impact of student co-creation in cases where they feel engaged in an ongoing and iterative process. Of the 60 per cent of students (18 out of 30) who agreed that their input was valued, half suggested that this was a result of transparent and consistent communication with the project team whilst six also said that this was due to the reflexive nature of the co-creation.

Four students expressed that they do not feel their input has been valued or prioritised, or that it has only been valued in a limited fashion. As outlined above, students typically said that this is because of their limited involvement in co-creation activities and/or the lack of clarity about how their input would feed into project design.

'It is difficult to figure out [if valued or not]. I came at a point where part of it was already done so there was already a hierarchy of importance and themes. I guess, they are consulting, they can only take on board a limited amount [of views] based on what they are doing already. It wasn't very clear to me what had happened before in terms of co-creation. I didn't know what the people before had done and how it had built on the original idea. A visual way of seeing, it in terms of process, would have helped me. Seeing things visually might help and give a sense of how co-creation is changing the concept.'

Student Interviewee, Student Co-creation Interviews

This quote also ties in with earlier concerns raised by one stakeholder regarding co-creation being representative 'only in the moment'. The stakeholder in question suggested that co-creation cannot be fully representative of student views, rather just of those views present at a particular time whilst this student suggests that forums to express views were limited and it was therefore difficult to feel part of the process. Whilst it is acknowledged that some projects intentionally have students engage with different elements of delivery, projects should consider how they can ensure students feel their contributions are valued and worthwhile and triangulated across a number of evidence sources to ensure they represent appropriately the 'voices' projects are seeking to work with. It is also important that projects

outline the project journey to participants, in particular highlighting what is, and is not, on the table for discussion.

6.4.1 Impact of co-creation on students

There was also evidence that involvement in coproduction was having a positive impact on the students involved. This was evidenced in improved understanding in relation to student mental health issues, and personal and professional development. This is explored in [Section 3.7](#), which looks at the impact of the programme.

6.5 Recommendations

The co-creation approach has been well received by students, staff and sector stakeholders, bolstering the case for inclusion of co-creation methodologies in projects targeting student mental health. However, the experiences of students and sector stakeholders suggests that to deliver effective co-creation activity projects that seek to involve students need to be mindful of the following issues:

- Ensuring diverse voices are included, with reference to the population the intervention is seeking to support.
- Ensuring that students benefit from their involvement in some way, and that these benefits are well articulated.
- Maintaining good communication channels and ensuring the feedback loop is closed, so that students understand what has come of their contributions. This will help to ensure that students know that their contributions have been valued and meaningful.

7 Conclusions and key lessons learned

Despite a difficult first year because of the continued impact of the Covid-19 pandemic, the Mental Health Challenge Competition (MHCC) has been able to effectively develop through project learning, service delivery and co-creation activities. For some projects, the first year of delivery was anticipated to be a 'process' year in which they could establish foundations from which they could effectively progress whilst others launched services to push forward a step change for student mental health.

Co-creation activities have been widely viewed as providing projects with important student insight and experience. Whilst these activities have been delivered through unanticipated digital forums, blended approaches have provided additional project learning and, most importantly, have enabled projects to largely continue with their delivery as planned.

Below we have identified some of the key findings from this interim stage of the evaluation.

Effective governance and management has been a key strength of projects and enabled projects to reach their aims for the first year of delivery.

Six of the 10 projects suggested that as a result of overarching project coordination and governance, they have been able to push forward project delivery in difficult circumstances. Where clear structure and governance has been highlighted, projects suggested they have been able to retain clear and concise aims and enhance the learning opportunities available from the project. In some cases, well-established team relationships have also helped to push forward project delivery and encouraged creativity in delivery approaches.

Strategic partnerships have continued to develop positively over time.

Strategic Partnership Assessment survey scores have improved over time. In particular there has been a considerable increase in respondents agreeing that their projects have clear lines of accountability for performance. It is possible that, as projects develop, responsibility and benefits have become more equally spread across partnerships and will continue to improve. Projects should however remain mindful of overburdening particular individuals (as a result of their particular set of skills) and ensure that benefits related to a project can be felt by all participating partners. This will ensure that, operationally, projects continue to be delivered in positive, effective and sustainable ways.

Effective co-creation participant recruitment should consider a number of factors including remuneration and how representative the sample is of the wider student body and/or the cohort of students they are aiming to support.

It has been suggested that the effectiveness of recruitment for co-creation activities is demonstrated by the speed at which students are recruited. It is important to consider whether greater scrutiny needs to be taken as part of this process to ensure that the sample of students involved is reflective of wider cohorts these projects aim to support. At the centre of this, stakeholders stressed that co-creation needed to involve groups who can be

harder to engage in these kinds of initiatives, including male students, Black, Asian and Minority Ethnic students and international students. Proactively engaging students was highlighted as a vital element of effective co-creation, within this also considering the place of remuneration. Projects should consider the value of student contribution, the engagement tools already in existence in the institution, the cost to the students themselves and how they are making it worthwhile for students to give up their time.

Opportunities for blended digital and face-to-face delivery should be provided by institutions to ensure that activities are accessible and inclusive.

Student (and staff) views about the shift of delivery from face-to-face to online should be understood as one of personal preference and circumstance. In some cases, students felt that online delivery is a more accessible forum and provides a supportive environment in which they can comfortably share their views. However, others perceived online delivery and forums as making project delivery more disjointed and limiting opportunity for organic discussion. Moving forward, projects commonly suggested that they will provide options for both face-to-face and virtual co-creation activities and mental health support services. Considering the need for a 'blended approach' all projects suggested that they will continue to assess as time goes on, to ensure that their amended approaches are fit for purpose.

Students engage with co-creation to ensure that the student voice is heard in the design of student mental health support.

Alongside wanting to share their own experiences, students frequently said that they were interested in the co-creation opportunities because they wanted to make sure that the student voice is integrated in the development of mental health projects (23 per cent; seven out of 30) and to give something back to their fellow students (33 per cent; 10 out of 30). This is an important and useful finding and should encourage institutions to advertise co-creation activities by citing that this is an opportunity for students to 'give back to their community' and ensure that student voice helps to shape support.

Through co-creation activities, student voices appear to be commonly heard through workshops and/or focus groups. Whilst this method will help projects to explore the 'depth' of experience captured, projects should also consider (if they do not already) what they are they doing to capture the 'breadth' of student experience, in particular whether they should be supplementing their workshops and focus groups with methods such as student surveys and service data.

Clear and effective communication with staff and a high level of student involvement are vital elements of co-creation which can affect student perceptions of how effective the project is.

Considering the effectiveness of co-creation undertaken across MHCC projects through the lens of what students have said is working well, it is important to highlight that where students were most positive, they identified that their views and experiences were listened to and highly valued by the project staff teams (27 per cent; eight out of 30). Across student interviews, direct engagement from one member of the project team was frequently highlighted as a positive method of engagement and communication. Students also suggested that engaging with one member of staff consistently meant that they have a first port of call if needed and ensures that they develop a relationship with this individual.

Where students were less positive, they described limited engagement and limited communication. In one example of this, a student highlighted that they were only asked to engage in one workshop and there has been no follow up despite the workshop being held a number of months ago. Projects should ensure that there is sustained contact with students and a closed feedback loop as this will ensure that students are seen as valuable contributors rather than part of a 'box ticking' exercise.

Involvement in project co-creation can provide students with greater awareness of support and tools to support other students.

Over half of the students interviewed (57 per cent; 17 out of 30) said that student involvement has had an impact on the direction and/or development of their respective MHCC project. Three students said that they now know more about what services are available, they feel more comfortable accessing services themselves and/or signposting other students to the service if they are looking for support. Whilst this is only a small proportion of the overall sample of students involved in co-creation, it is a key point and consideration for ongoing MHCC project delivery as it appears that students feel more comfortable to encourage others to access institution mental health services as a result of their enhanced knowledge, in some ways acting as mental health 'champions' in their institutions.

Identification of impact will be crucial over the second and final year of the programme.

Whilst students have, for the most part, seen their projects as being entirely different to provision that preceded it, it is too early to measure many of the tangible impacts that may occur as a result of MHCC projects. Furthermore, impact will need to be considered by a wider group of individuals, including supported students and staff, before any final assessment is given.

This said, considering that most projects were in the 'process' phase of project delivery in Year 1 and faced contextual limitations (i.e., Covid-19) it should be acknowledged that most projects have been able to demonstrate positive impacts to some extent so far.

Scalability will become clearer beyond Covid-19 lockdowns.

Over half of projects (six out of 10) perceived their projects as reiterating the importance of student mental health to senior staff at their institutions. Whilst in most cases it is too early to ascertain next steps, four projects indicated that the evidence produced by their project either has ensured or they hope it will ensure greater financial commitment for projects and services in the future.

7.1 Recommendations for the higher education sector

To date the projects being delivered as part of the MHCC programme underscore the benefits and importance of collaborative working to improve support for student mental health.

Cross-boundary working across organisations has the potential to narrow gaps in support.

It is clear from engagement with both project teams and stakeholders across the higher education sector that collaborative working has been a very welcome aspect of the MHCC programme. Partnership working has enabled higher education providers to learn from the expertise of other organisations involved in supporting students, and to identify new models of support to bridge gaps between services where students are at risk of 'falling through the cracks'.

Collaboration with student partners has the potential to benefit students, staff and service users.

Project teams were able to identify tangible areas where student feedback had helped them to better align their project deliverables to the needs and experiences of students. Many students were also overwhelmingly positive about having the opportunity to engage in co-creation, which they credited for giving them ownership over the support available and enabling them to ensure that their voices have been considered in the design of services. This bolsters the case for higher education providers to utilise co-creation in the development and design of student mental health initiatives.

However, students did not always feel that their contributions had impacted upon the project and did not feel they had benefited from their involvement. As such higher education providers who are seeking to engage student co-creators should consider how their methods ensure meaningful engagement and should ensure they communicate with students to share how their involvement has helped to shape the project.

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Appendix 1: Methodology and limitations

Evaluation approach

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

- Desk-based review to develop a thorough understanding of all project bids and map provision, including a review of project monitoring reports.
- Ten semi-structured scoping interviews conducted via telephone with the project lead from each project team.
- Responses to a Partnership Assessment Survey, which sought to understand perspectives of project leads, staff and partners on the effectiveness of their partnership across a range of aspects of partnership working. The survey was administered online and disseminated through project leads. The survey is longitudinal and includes multiple waves to understand distanced travelled over the duration of the programme.
 - Wave 1 was released in spring 2020. The survey received 55 responses, with responses from eight out of 10 projects.
 - Wave 2 was released at the end of the first year of delivery (Year 1; summer/autumn 2020). The survey received 72 responses from all 10 projects.
- Early learning interviews that gathered qualitative data concerning the implementation of projects to date, the value of the programme, the impact of the Covid-19 pandemic on project delivery,²⁴ and the development of strategic partnerships. A total of 25 interviewees were questioned in 21 telephone/video interviews. This group included at least one representative from each project team, in addition to representatives from nine partner organisations. They were identified by projects as individuals best able to provide detailed commentary (from internal and external perspective) on the early progress made by each project. Not all interviewees provided an answer to every question posed in the interview, and as a result where themes are reported the base number will change to reflect the number of interviewees who responded.
- End of year interviews that gathered qualitative data to understand project reflections on lessons learned over Year 1 of delivery. These interviews were conducted with representatives from each project team via telephone/video call. This included 12 interviewees from all 10 projects.
- Semi-structured interviews conducted with 15 key external stakeholders to understand wider perspectives on the MHCC programme. Interviews were conducted via telephone/video call and included representatives from:
 - Policy organisations focused on the HE sector.
 - Individuals involved in delivering student mental health support, including counselling and wellbeing staff.

²⁴ Findings related to the impact of the coronavirus pandemic on the UK are reported in a separate short report exploring the impact of the pandemic on the Mental Health Challenge Competition.

- Individuals from HE providers who are not delivering projects as part of the MHCC programme, including academics and staff involved in delivering mental health support.
- Staff networks for FE colleges.
- Semi-structured qualitative interviews with 30 students involved in project co-creation. Students interviewed included individuals from all projects bar one. Interviews were conducted via phone or video call and were either one-to-one or in a focus group setting based on student preferences.²⁵
- Reviews of project evaluations produced by all 10 projects included in the programme.
- Notes from programme network meetings that brought together the 10 projects included in the programme and project monitoring reports submitted to the OfS.

Strengths and limitations

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

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

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

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

²⁵ One institution expressed concerns around student pressures during the fieldwork period and so were provided with the interview questions in survey form to ensure that students were still able to engage with the evaluation.

as part of end of year interviews, project interviewees were asked to provide consent to attribute a small proportion of their answers to their project.

Questions which were **not** anonymous here included:

- A summary of what projects have been able to achieve so far.
- What has worked well.
- What has not worked as well.

Interviewees were asked to do this to ensure that key information pertinent to individual projects was not lost within the wider programme evaluation and so that key successes and learning can be contextualised. Researchers clearly stated to interviewees which questions were anonymous and which would be attributed to their project.

Finally, participation rates varied across individual projects, most notably in relation to the Partnership Assessment Survey and student co-creation interviews. Response rates for this survey varied from 1-12 responses per project in Wave 2 whereas, in student interviews, response rates varied from 1-6 responses per project with one project unable to provide any students for the evaluation team to engage with. In this case, the co-creation aspect of the project in question has been delayed because of external events such as Covid-19. Overall, evidence was more limited at this stage of the evaluation when it came to understanding the impact on students. This was in part due to the way that several projects had used the first year of delivery to conduct more developmental work to get their project set up, which meant it was too early in the scheme of their project to understand how their intervention had impacted on students. As such this area will be explored in greater detail in the final evaluation report, due at the end of the second year of delivery.

As a result, there is a risk that findings from both elements of fieldwork may be skewed by the responses of those projects that achieved high response rates. This concern does not appear to be borne out in the Partnership Assessment Survey dataset, as the perspectives were consistently positive across projects. However, responses may not be representative in the case of projects that offered smaller response rates. The Partnership Assessment Survey is intended to provide longitudinal data over the course of the programme, and additional waves of data will be collected in 2021. There is some concern that if the response rates for individual projects differ considerably between waves this could limit the comparability of the datasets on a longitudinal basis. The project evaluation team will work closely with project teams to try and ensure consistent response rates across the final Partnership Assessment Survey.

Considering the potential impact of skewed participation rates across student co-creation interviews, it is important to highlight that, because of the wide-ranging delivery models being used by each project, it is vital for the evaluation to engage with students from each project. Where this is not possible, it is more likely that feedback will not reflect student experiences across the programme and across different methods of co-creation. As this is a requirement of participation in the programme, in the final round of fieldwork for the evaluation's final report, the evaluation team will work with each project to ensure that student engagement is apparent and consistent across projects.

Appendix 2: Summary of project approaches

An overview is provided on the [OfS website](#) of the 10 projects included in the Mental Health Challenge Competition (MHCC) programme.²⁶ These 10 projects bring together 25 HE providers and over 35 external partners, including health care providers, local services and mental health organisations.

This appendix summarises each of the project approaches under one of four categories: interventions trialling new support services; interventions delivering transitional support; projects delivering early intervention models of support; and projects targeting a combination of support, early intervention and transitions. This appendix also provides additional detail on project delivery as documented in project evaluations.

[Interventions trialling new support services](#)

Four of the projects are concerned with the development or refinement of student mental health support services. These are the projects led by the University of Birmingham, Newcastle University, UWE and the University of Liverpool.

The University of Birmingham and Newcastle University projects have each used the first year of project delivery to launch new support services. These services target slightly different aspects of student need. Newcastle University has created a university-based clinic providing support to students who met the criteria for CBT support. This enables students to access CBT through the university, rather than by being referred to NHS services. In contrast, the University of Birmingham produced an initiative that aims to meet students at an early stage of intervention, providing immediate support for mild to moderate mental health concerns, and signposting to counselling services where appropriate.

The interventions being led by the University of Liverpool and UWE are centred around delivering strategic change. UWE has launched a National Learning Collaborative that brings together several regional hubs with a view to improving strategic partnerships between organisations involved in student mental health, to contribute to improved care pathways for students. The University of Liverpool-led project is one such hub, and their focus is on building a local partnership and embedding new interventions related to self-harm. As these two projects are targeting strategic change the first year has been more foundational in developing and cementing partnerships, to springboard further delivery work.

[Interventions delivering transitional support](#)

The projects being led by the University of Sussex and the University of Lincoln are concerned with student transitions. The University of Lincoln project focuses specifically on the transition of students from FE settings to HE and is delivered in collaboration with local

²⁶ Available at: <https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/student-mental-health/improving-mental-health-outcomes/>

colleges and city partners. The project led by the University of Sussex takes a slightly broader definition of transitions and explores the experiences of students making transitions to or within HE. It aims to deliver a peer-to-peer intervention that will support students to make smooth transitions.

Projects delivering early intervention models of support

There are three projects delivering work related to early intervention. These are the projects led by the University of Derby, University of Nottingham and the University of Northumbria. Whilst these projects are very distinct from each other, they have a shared focus on building tools for the HE sector.

- The University of Nottingham project is focused on the mental health of international students and will develop a toolkit exploring best practice for supporting international students.
- The project led by the University of Derby is developing a toolkit for academics exploring how to facilitate better mental health for students through curriculum and pedagogy.
- The Northumbria University led project is building a data analytics model to identify students who may be at risk, to facilitate student access to support.

Projects targeting a combination of support, early intervention and transitions

The final project, led by the University of Keele, contains aspects of work that seek to drive a change in student support, early intervention and support for students going through transitions. This project aims to develop and champion an integrated 'whole community' approach to mental health and wellbeing for students studying in FE and HE in North Staffordshire. The region's universities, colleges, local authorities, police and NHS providers have come together with a common purpose to remove barriers, improve support and services, and enable student success.

Over the course of the first year of delivery, the project has achieved the following.

- Developed a transition handbook designed to support FE or Foundation Year students when transitioning into the first year of an undergraduate degree. This was complemented by developing peer supporters who will support students at the beginning of the academic year. So far Staffordshire University has delivered training to eight mentors who will meet with students over the year to host informal wellbeing meetings.
- Piloted a training course for staff which encompasses mental health awareness, listening and conversation skills, and how to make appropriate referrals to services. Before the first UK Covid-19 lockdown, 60 staff had been trained, and the training has since been moved online.
- Joined the local Crisis Care Concordat working group to link the work of Start to Success with other initiatives in the community.
- Recruited students to form an advisory panel that will help to shape the project. All members possess lived experience of mental health problems.
- Funded student wellbeing ambassadors at each university to support the development of wellbeing activities.

Appendix 3: Project case studies

This section provides a more detailed overview of the activity produced by each of the projects over the first year of delivery. It supplements the information provided in the chapter on Project Approaches in this report.

Interventions trialling new support services case studies

Four of the projects are concerned with the development or refinement of student mental health support services. These are the projects led by Birmingham, Newcastle, UWE and Liverpool.

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

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

This project has two main strands:

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

In the first year of the project, Newcastle University launched a new 'in-house' clinic, the Psychological Therapies Training and Research Clinic, which offers Cognitive Behaviour Therapy (CBT) to students.

The clinic was initially trailed in 2018, with participants made up of students who had been referred from the Student Wellbeing Service to the clinic to receive a full-course (up to 16 sessions) of CBT, delivered by therapists undertaking training in CBT. Funding from the Office for Students' MHCC programme was used to extend the clinic and provide further resource to expand the support the clinic could provide.

CBT is commonly available through NHS services; however this project takes the innovative approach of placing a clinic within the university architecture and staffing it with the university's own trainee students. This has several potential benefits. It could potentially reduce waiting times for CBT that students would otherwise face accessing NHS services, and may provide more 'joined up' support for students as the staff are familiar with university process.

In the first year of the project Newcastle University expanded the clinic, employed additional staff to support the project and began delivering interventions. Up to the end of the first year of the project, 28 students had been discharged. 14 of these respondents had

completed a full course of treatment and agreed to participate in evaluation monitoring. Of these 14, 10 (71%) met the IAPT definition of recovery.²⁷

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

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

The Pause project has created a 'hub' of qualified therapists and volunteers with mental health experience who provide brief therapeutic interventions to students at the University of Birmingham. The support model is intended to be an immediate and easy access point for students to obtain support on a 'walk in' basis. It is situated separately from the university's more formalised mental health provision such as its counselling service, aiming to provide interventions for lower-level mental health concerns, or acting as a gateway to higher support services where required.

The intervention is based on the Pause community drop-in service in central Birmingham which has been in operation since 2016. The Pause model was initially designed in co-participation with young people, many of whom were service users, and the model is a low-stigma open-access drop-in where anyone under 25 can walk in and speak to staff who are skilled in engagement, listening, advice, and support. Staff will provide brief psychological interventions as well as having a broad understanding of the range of mental health and wellbeing provision across the region, to signpost young people on where higher levels of intervention are required. Therapeutic delivery within Pause is designed to be both recovery-orientated and preventative, aimed to serve specific clinical groups with low-level mental health needs or act as a gateway or safe space for those with a higher level of need who may not have accessed previous traditional service models.

The university's Pause service is based on the original model but is working with a more defined demographic group of university students under the age of 25 who can visit the service venue or Pause 'hub' without appointment. Students are greeted by Pause staff – a team of qualified therapists, practitioners and trained graduate volunteers – during operational hours. Prospective users must present their student ID card to access the service and can then have a discussion with one of the service staff about their worries or difficulties with an informed and graduated response and brief therapeutic interventions that are appropriate to the individuals presenting concerns. Each session is generally completed in under an hour, and before the Covid-19 pandemic the service was typically open to students for 30 hours a week, from 11.00am to 5.00pm daily (or Monday to Thursday).

Before the Covid-19 pandemic the Pause service was delivered face-to-face in an open plan space in the main university library, with plans afoot to open a second hub on campus in a slightly more private location. This campus-based location was intended to raise awareness

²⁷ IAPT stands for Improving Access to Psychological Therapies. IAPT provides evidence based therapies to people with anxiety disorders and depression.

of the existence of the service and is one of the unique aspects of the approach, as it places mental health support at the heart of the campus, outside of a clinical setting. In the early stage of implementation, the service was being well utilised, and in the period up to June 2020, six months since the hard launch of the project, 238 students had accessed support through the service.

However due to Covid-19 pandemic the service was required to alter its model of support. In response to the UK lockdown Pause suspended its physical base on campus and opened a new telephone-based service. The staff team reflected that this had led to a decline in demand for the service, which was felt to relate to students relocating back home or abroad. As the university moves back towards face-to-face delivery, it is likely that Pause will move towards a more blended approach, with the service available via phone as well as within the campus-based hubs.

University of Liverpool: Working in partnership to improve student mental health

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

The project aims to improve outcomes for students experiencing mental health issues and under the care of services, by delivering improved partnership approaches to student mental health with clear referral pathways and interventions. Key partners include two universities, an NHS Trust and a GP practice who will work together to address the requirements of students with complex mental health needs to reduce opportunities for students to fall through gaps between services.

The approach has two key workstreams:

1. To design and pilot university-based clinical interventions based on presenting need.
2. To map the patient journey, and map the processes, through university, primary and secondary care services to identify issues and potential improvements.

The outputs of both exercises are aimed to inform activities which will embed improved working knowledge between organisations supporting student mental health, improve communications and risk management of individual cases considered in-crisis and lead to development of an effective risk-management approach to secure long-term sustainable and integrated improvements in students care and experience of the services they require access to.

At the end of the first year of delivery (December 2020) progress has been made according to the project plan, albeit with short-term delays to scheduled work due to disruptions relating to the Covid-19 pandemic. Work to date includes:

- Establishment of project steering and working groups to both provide project governance and to act as strategic development groups for project activities.
- Design and implementation of a new clinical intervention targeting self-harm presentations.
- Mapping of processes (baseline and year 1 review) of all services touching students.

- Delivery of a research project considering the lived experiences of students with mental health conditions, which includes 2019-20 and 2020-21 Mental Health Surveys across University of Liverpool and Liverpool John Moores University student populations.

University of the West of England: Student mental health partnerships

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

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

The objectives for this project are as follows:

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

In the first year of delivery the project set up five Regional Hubs which draw together partners in the respective local region. Each of the hubs has its own governance structure and priorities for achieving the shared goal of improving partnership working between universities and NHS services. The hubs are brought together through the National Learning Collaborative, which enables them to share learning and practice.

The project's National Learning Collaborative, led by Universities UK, brings together project partners with health sector bodies, including the Academic Health Sciences Networks, to:

- Share learning to improve access to and coordination of care.
- Shape the commitment to student mental health in the NHS Long Term Plan and explore place- and population-based approaches.
- Embed co-creation of service design and delivery with students and practitioners.
- Develop and test an evaluation framework and measures which can later be shared with elsewhere in the country.
- Drive innovations including developing recommendations for a digital student health passport and a mental health screening tool.

In the first year the National Learning Collaborative held six quarterly meetings, attended by between 27 and 47 people, including staff and students from HE partners, NHS colleagues, and a small number of invited guests. Meetings were initially held in person, but were moved to a virtual platform from April 2020 in response to the UK lockdown.

Projects delivering transitional support case studies

The projects being led by Sussex and Lincoln are concerned with student transitions. The University of Lincoln project focuses specifically on the transition of students from FE settings to HE, and is delivered in collaboration with local colleges and city partners. The project led by the University of Sussex takes a slightly broader definition of transitions and explores the experiences of students making transitions to or within HE. It aims to deliver a peer-to-peer intervention that will support students to make smooth transitions.

University of Lincoln: Transitioning students effectively: a student-led approach to mental health support

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

The project focuses on supporting students as they move from school and college to HE. Taking a city-wide approach, the project includes partners from other institutions, support services and student representatives to form a cross-disciplinary team, whose role will be to develop processes, procedures and tools to enable students to support each other and themselves. The project is led by a core team of nine professional services staff, with one group based in Student Wellbeing carrying out transitional outreach work in schools and colleges and one group based in Student Life producing student-led content.

Since the commencement of the project in July 2019, several student-based activities have taken place. 40 offer holders attended the Wellbeing Orientation Welcome (WOW) residential summer school at the university. All attendees had declared disabilities, including mental health conditions, as part of their UCAS application, and were subsequently invited to the summer school to help prepare them for the start of university. The Transitional Wellbeing team have also visited fourteen schools since the start of the project, engaging 2,061 young people. The team offer a variety of presentations, ranging from a large assembly style format to smaller bespoke workshops, and the material on offer can be tailored to the particular needs of the school or college being visited. All sessions focus on the challenges students may face during the transitional period when moving into HE and are backed up with resources designed by the digital project team.

The project also includes activities that are intended to help build up students' self-sufficiency. Student co-producers and content creators are involved in all the creation of blogs, vlogs and vox-pop videos, also trialling of some of the apps the project has explored. These activities have included:

- In partnership with the Students' Union (SU), Wellbeing Champions are being trained and embedded within the SU's student representation network. SU staff undertook the Student Minds Look after your Mate training, and in turn student representatives will form a new Wellbeing Network to support students across the SU.
- The digital elements of the project include a partnership with FIKA who developed an emotional fitness app to offer coaching and support to students during transition and

beyond. As part of the project, they have also worked with students to trial an app-based wellbeing intervention on students' psychological wellbeing.

- In addition to the trialling of apps, a wide range of other digital content for social media has been produced, including dedicated content for World Mental Health Day, a focus on men's mental health issues for Movember and Student Stories highlighting a range of difficulties faced by students. The digital team have also produced a podcast series Fresher Take which addresses common transitional issues and is disseminated via all commonly used streaming platforms. These materials are part of the project's aim to build up resources to enable students to access support in a self-sufficient way, but the content is also utilised in outreach work to support the face to face aspects of the project.

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

Partners: The Mental Health Foundation, The University of Brighton

SITUATE is focussed on the mental health and social wellbeing implications of making a transition to or being at university. The project was conceived to develop a peer-to-peer intervention that would improve outcomes across transitions in university students based on a firm, scientific evidence base. Consequently, a substantial proportion of the project is aimed at generating an evidence base, the remainder being focussed on the production of a peer-to-peer intervention. The project is a joint venture between the University of Sussex and the Mental Health Foundation (MHF). Broadly, the University of Sussex is responsible for the generation of an evidence base whereas the MHF has a greater responsibility for the development of the peer-to-peer intervention.

To develop the peer-to-peer intervention the project planned to work in co-creation with students at workshops, to understand their perspectives on what would benefit them most in making smooth transitions. This would then be utilised to develop the intervention, which would be delivered by students for students. Alongside this the project intended to support student-led projects that would allow students to design and execute projects that they think will be of use in improving outcomes for students across transitions, however this had to be amended in the context of Covid-19. Staff training was also developed to improve the quality of support that staff could deliver to students during transitions.

The Covid-19 pandemic and the accompanying lockdown required some changes to project delivery. For example, co-creation workshops were evolved to become semi-structured online interviews, due to restrictions. The project has not yet commenced training for peer supporters, but it did deliver the co-creation workshops with students to inform the model in the first year of delivery. The project team are conscious that the peer-to-peer support model may also need to be delivered virtually due to lockdown restrictions. Staff training also had to be postponed owing to the additional resource demands on staff due to the Covid-19 pandemic, which meant staff were less able to engage in training.

Interventions delivering early intervention models of support case studies

There are three projects delivering work related to early intervention. These are the projects led by the University of Derby, University of Nottingham and the University of Northumbria.

Whilst these projects are very distinct from each other, they have a shared focus on building tools for the HE sector.

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

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

This project will create an evaluated, national online toolkit for academics that provides evidence-informed guidance on creating and providing curriculum, pedagogy and assessments that facilitate better student mental health while improving educational outcomes. This material will also be used to develop a national module for the PG Cert HE, aligned with Advance HE's fellowship accreditation, ensuring that new academics, nationally, have the knowledge and skills to support mental health and learning through their teaching. This innovation seeks to transform the role of curriculum and pedagogy in supporting good wellbeing across the entire sector.

The final toolkit will not be designed until towards the end of the funding period. Over the first year of project delivery the project was gathering research across around 30 sub-projects, which seek to provide evidence on what activities better facilitate student mental health.

The project team have worked closely with members across the national and international academic community to identify ideas for possible approaches to be included in the eventual toolkit. This has, for example, included collaborating with colleagues in Australia and Principle Fellows from the Higher Education Academy. Project staff at Aston University began to trial materials for the PG Cert HE, and project staff delivered webinars for academics utilising early ideas from the toolkit. The project team indicated that feedback has been positive so far.

Most research initiatives within this project were underway when the Covid-19 lockdown began, and some had to be paused. The project had initial plans to work with student co-creators, however this had been delayed as a result of the pandemic.

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

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

This project set out to discover effective support that universities in the UK have established in terms of supporting international student mental health and wellbeing. The project brings this together to set out established best practice in the sector, captured through in-depth case studies.

The key deliverable for the project is a digital toolkit for the HE sector that sets out principles of support, utilising case studies to illustrate applications in a diverse range of settings.

The project has four fundamental workstreams to discover best practice:

1. Student-led Initiative Fund – Originally planned to launch in the 2020-2021 academic year, the fund will allow student groups in partnership with Student Unions to apply for funding for events and activities that aim to support international student mental health and wellbeing. For example, this could be a student mental health society wanting to host a specific workshop for international students. The fund has been delayed due to the Covid-19 pandemic.
2. Discovery Visits – The project seeks to proactively discover how universities support international students drawing from the diversity in the UK HE sector. Visits to a variety of universities are key to meeting this objective to ensure they gather the knowledge and expertise beyond the formal partnership, and that the toolkit uses case studies from universities with different backgrounds.
3. Expert Advisory Group – The Expert Advisory Group (EAG) brings together a range of stakeholders invested and interested in international student mental health and wellbeing. These include academics, researchers, mental health practitioners, doctors, university wellbeing and welfare staff, accommodation staff and, most importantly, international students.
4. Recruiting Specialists – The project provides universities with the resource to establish specific support personnel for international students' mental health and wellbeing needs. This includes an International Student Mental Health Advisor, an International Student Health Improvement Officer and an International Student Advisory Panel.

In the first year of delivery work was progressing well. However, some activity had to be delayed due to the Covid-19 pandemic. The project team were unable to continue with discovery visits due to campus closures. Additionally, many international students returned home when university campuses closed, which has made engagement with the project more challenging for project staff. However, prior to the pandemic, the project had been able to carry out a number of discovery visits, and had led focus groups with students which have contributed to understanding of the issues affecting international students and their perceptions on existing student support.

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

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

This project aims to improve mental health and learning outcomes for all students, match students in need to appropriate health and wellbeing support, and reduce student suicide. The project aims to achieve this by the innovative integration of technology, advanced educational data analytics, student relationship management and effective models of support.

The project is being delivered through three interconnected workstreams:

1. Suicide Prevention and Intervention.
2. Helping Students in Difficulties.
3. Supporting a Thriving Community.

To meet these aims, the project delivers:

- A Nudge-ing system for all students – This involves using student data to examine behavioural trends in students to identify those who may be at risk of developing mental health difficulties, presenting the opportunity to intervene with students via ‘nudges’ that signpost them towards appropriate support resources.
- Modified registration forms for students self-referring for support – This involves capturing student consent early through enrolment in order to improve triage processes and identification of students who may be at more immediate risk.
- A data analytics model, drawing upon appropriate student data identified through research and conversations with practitioners. The model allows for the integration of this data and its analysis to identify student risk levels so as to intervene early, whilst at the same time supporting wider student engagement patterns.
- Tailored, co-created, and crafted nudge interventions, delivered at macro meso and micro levels of the university, targeting both whole and cohort student populations, as well as individual students.
- A monitoring dashboard – This dashboard will collate indicators of risk to enable proactive intervention. This aims to avoid risks of students ‘falling through the cracks’ by bringing into one data set all key information, which may previously have been scattered across different support teams and services. For example, financial services records if a student is in debt, accommodation services may know if a student has moved out of accommodation, Student Information Systems record whether a student has children/caring responsibilities, and support services may know of domestic violence; at the same time, no service has a full picture. Creating a system that collates ‘red flags’ is intended to enable a multidisciplinary approach to sensitive intervention.

The first year of the project was concerned with formalising the governance, ethical arrangements for the project, conceptualisation of the work and the workflow, undertaking the research underpinning the developments, and prototype making. Work has included carrying out research to inform the prototype model, including auditing previous cases where students presented with severe mental health to identify commonalities and appropriate ‘flags’ for the system; systematic reviews of the literature; and interviews with key stakeholders. To date 61% of students had provided opt-in consent to use of educational data and mental health analytics in year 1.

The project had intended to measure student wellbeing across the university in March 2020 but had to delay this due to the Covid-19 pandemic and a cyber incident experienced at Northumbria. Instead, data collection periods were built into student enrolment registration, term 2 and term 3 of 2020/21 academic year. The first prototype model was tested in the second term of 2020/21 and has led to an 27% increase in self-referrals from the previous year.

Projects targeting a combination of support, early intervention and transitions case studies.

The final project, led by the University of Keele, contains aspects of work that seek to drive a change in student support, early intervention and support for students going through transitions.

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

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

This project aims to develop and champion an integrated ‘whole community’ approach to mental health and wellbeing for students studying in FE and HE in North Staffordshire. The region’s universities, colleges, local authorities, police and NHS providers have come together with a common purpose to remove barriers, improve support and services, and enable student success.

There are three key themes to the project:

- Student transitions: working with partners to enable an improved transition into university, especially for students with circumstances which may contribute to mental ill health, such as diagnosed mental health conditions, those in vulnerable and at risk groups, those with care plans and those involved with social services.
- Early intervention: student engagement interventions will be implemented to enable early recognition and intervention for students showing early indicators of disengagement, as well as providing students with various resources for managing their own mental health and wellbeing and directing them to the appropriate support.
- Step change in support: through partnership working with the local NHS trusts, the project will develop new and innovative approaches to needs assessment and referral pathways, allowing for a more streamlined and sensitive approach to supporting students in both emergency, crisis situations and planned situations.

Across the three themes, there are eight project officers, each responsible for a particular strand of the project.

In the first year of delivery the project was formally launched with a launch event at both universities and an accompanying website.

Over the course of the first year the project:

- Developed a transition handbook designed to support FE or Foundation Year students when transitioning into the first year of an undergraduate degree. This was complemented by developing peer supporters who will support students at the beginning of the academic year. So far Staffordshire University has delivered training to eight mentors who will meet with students over the year to host informal wellbeing meetings.

- Piloted a training course for staff which encompasses mental health awareness, listening and conversation skills, and how to make appropriate referrals to services. Before the first UK lockdown, 60 staff had been trained and the training has since been moved online.
- Joined the local Crisis Care Concordat working group to link the work of Start to Success with other initiatives in the community.
- Recruited students to form an advisory panel that will help to shape the project. All members possess lived experience of mental health problems.
- Student wellbeing ambassadors have been funded at each university to support the development of wellbeing activities.

In addition to this work, responding to the Covid-19 pandemic the project developed a series of resources for students to help them manage the crisis. This included setting up online guides, as well as working in collaboration with the local university hospitals to provide support to healthcare students who were serving on the frontline. This included developing a wellbeing guide for students, alongside a checklist for personal tutors to support their students.

The project had planned to launch a regional mental health campaign in June 2020; however this was delayed due to the Covid-19 pandemic.

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