

Mind the Gap: Improving student mental health support through higher education and NHS partnerships

The Mental Health Challenge Competition (MHCC) programme was launched by the Office for Students in 2018.¹ The programme ran from June 2019 until June 2022, and sought to deliver a 'step change in support for student mental health', with a focus on proposals that would strengthen strategic partnerships and develop more integrated approaches to student mental health support between higher education providers and primary care and community mental health services.

Strategic partnerships between higher education providers and local NHS and care services are a key component of the Universities UK 'Stepchange' approach for mentally healthy universities,² and are also supported by the Student Minds' University Mental Health Charter.³

The MHCC funded a range of projects to strengthen these partnerships, hoping to reduce the risk of students falling through the gaps between different support providers. This document draws on the findings from these projects to share learning regarding effective practice and common challenges in developing strategic partnerships between NHS providers, community mental health services and higher education providers (HEPs).

The benefits of developing strategic partnerships between HEPs and the NHS and community mental health services

Strong collaborations between health services and higher education providers can bring a range of benefits to students, health providers and universities and colleges. Effective partnerships can help to ensure that students have access to the right support at the right time. In their absence, students can be faced with retelling their stories and falling into the gaps between services whilst transitioning between different support providers. Through the MHCC, projects were able to make progress on addressing some of these issues. Below we set out some of the key benefits identified across the projects from strengthening these partnerships.

Awareness of support services is improved, leading to better student referrals

Project staff reported that improving strategic partnerships helped to raise awareness among both NHS staff and university colleagues about the range of support services on offer within each setting, and the processes for referring into those services. This helped to ensure that students were signposted to more relevant support for their needs. This also enabled smoother transitions between support, ensuring that students were not being bounced from one provider to another.

¹ Details of the programme and the funded projects can be found here: www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/student-mental-health/improving-mental-health-outcomes/

² More information about the Stepchange framework is available here: www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/stepchange-mentally-healthy-universities

³ More information about the University Mental Health Charter is available here: <https://universitymentalhealthcharter.org.uk/the-charter/>

“Prior to this funding [...] students had a lack of direction and real risk of falling through the gaps and not having a supported transition. The NHS are now aware of what’s on offer at the university, so a really solid plan can be put in place.” (MHCC Programme Evaluation, Management and delivery staff)

A key approach that helped to drive this impact across the projects was providing regular opportunities for NHS staff and staff from higher education providers to get together, aided through regular governance meetings. Some projects also found success from implementing ‘boundary spanner’ roles – these were roles where staff worked in liaison roles across the partner organisations.

NHS practitioners have a better understanding of university students and university settings

Staff at higher education providers experienced misunderstandings from NHS staff about the nature of support delivered within university and college settings. For example, in one university, staff had encountered assumptions that because the university offered counselling support it was able to provide a similar level of care to the NHS. However, university staff emphasised that their staff were there to provide a different level of support from the NHS. Strategic partnerships between these organisations are key to building consensus and agreeing where responsibilities lie.

“Because we employ counsellors and mental health practitioners, many people felt we were able to deliver a similar service to [the NHS] but that’s absolutely not true. We have staff in place who support students to stay in education but aren’t there to do the clinical piece. We’ve now got those handovers so the pressure on my staff has reduced dramatically because of that.” (MHCC Programme Evaluation, Management and delivery staff)

Developing strong strategic partnerships has helped to provide clarity about the support that was being provided, and helped NHS services to understand why universities were referring students to them. It is also worth noting that the support offered by different HEPs varies between individual providers, and as a result it is important that NHS services have localised knowledge about what is offered by each provider in their area.

Joined-up working through the course of delivering their MHCC projects has helped to provide space for these assumptions to be challenged, resulting in better understanding from NHS staff of what support universities can provide.

The NHS and community mental health services are able to gain a better insight into student need

Strengthening strategic partnerships helped NHS staff and community mental health partners to develop a better understanding of student need and helped practitioners understand what might be distinct about students as a cohort. Consequently, practitioners understood the kinds of issues students were presenting with, as well as specific circumstances such as concerns around confidentiality, Fitness to Study⁴ or Fitness to Practise⁵ regulations for certain courses that may

⁴ Fitness to Study relates to procedures that may be in place to govern whether a student should continue or resume their studies where there is a concern about their health and wellbeing.

⁵ Fitness to Practise regulations apply to students who are studying for qualifications where there are professional requirements around health, behaviour or other issues. This commonly applies to students studying for professional health qualifications such as trainee medics, dentists, vets or nurses.

prevent students from seeking support from their institution. This helped to ensure that NHS and community mental health services understood that, even where HEPs have support services, these might not always be the services students want to access. Additionally, by ensuring NHS staff understood university confidentiality processes, NHS staff were better equipped to allay student concerns about how information is shared and used.

Staff from NHS services and community mental health services also reported that some of the knowledge they had picked up had helped them to better understand the range of issues that may result in poorer mental health among students.

“There is greater understanding on all levels of all partners of the demands on each other. We’ve now got visibility within [NHS services] of the issues facing students and why they’re almost a unique group because of their transitional nature, their age in a lot of cases because the potential for them not having access to services prior to coming to university. All of that has now got a huge amount of visibility within the HE sector but also within [the local NHS services].” (MHCC Programme Evaluation, Management and delivery staff)

Through supporting students as part of an MHCC funded project, one practitioner identified that students were often presenting with issues around loneliness, lack of social connections, financial stress and relationship issues. Working on the project had helped them to see that supporting these issues early was key to preventing them from taking root.

Ensuring students are considered in local health plans

Whilst HEPs may be able to provide some student support, they are unlikely to possess the specialist resource to respond to the whole continuum of mental health challenges that students may face. As a result, it is important that students are considered in local health planning. HEPs reported that by building stronger partnerships with local NHS services they had been able to get ‘a seat at the table’ and visibility within local care planning.

Wider benefits

Strengthening partnerships can also assist in identifying other opportunities for collaboration that may add value to student experience. For example, as part of the *Start to Success* project, Keele and Staffordshire universities worked with their local NHS to identify opportunities to support health care students who were undertaking NHS placements during the first wave of the Covid-19 pandemic (University of Keele, 2022). This had been made possible through the relationships that had been built between NHS staff and the universities through the partnership.

Other stakeholders reported that the development of strategic partnerships enabled them to better understand what was happening in services across the city, to ensure they were kept up to date on what support may be most beneficial or relevant to students. This ensured that students were signposted to the right support.

Developing strong relationships with NHS services also helped to broker transitions into services for students who required additional support.

“Because of the relationships we had built [with the NHS] there were many cases [the university could send me] and I could broker relationships with the NHS team [...] That may have resulted in students finishing their studies. It enabled us to open up a highway.” (MHCC Programme Evaluation, Management and delivery staff)

A key factor in driving this impact was the strength of relationship that had been built, which meant that staff within HEPs had much clearer contacts they could speak to on a more informal basis where there was a concern about a student. This could help to close gaps experienced by students moving between services, ensuring cases were triaged more promptly.

Common challenges encountered in developing effective partnerships

Both higher education providers and the NHS are complex settings, and there were a range of challenges faced by MHCC projects in solidifying partnerships between these dynamic organisations. These are detailed below.

The complexities of data sharing

Data sharing was a key challenge faced by projects funded through the MHCC programme. At the programme's outset, most institutions did not have routine data sharing agreements in place with local NHS services, and this was often one of the aspects of project set-up that staff reported took longer to establish and agree than they had anticipated.

Data sharing is a complex issue. HEPs and NHS services may have differing approaches to data sharing. Students may also have differing views on how comfortable they are with their information being shared between health providers and their university or college, as highlighted in the below quote from a staff member involved in the *Student Mental Health Partnerships* project led by the University of the West of England Bristol (UWE Bristol).

“Some students were really for data sharing because it meant they could be seen sooner, or they didn't have to retell their stories... whereas others said, 'well I actually wouldn't go to seek help for my mental health concern if I knew my data would be shared'.” (Carrie, et al., 2022)

This highlights the importance of students being involved in the development of policies around data sharing. The Student Services Partnerships Evaluation & Quality Standards (SPEQS) Toolkit provides some useful recommendations for data sharing, drawn from coproduction work with students.⁶

Shifting priorities

An additional challenge faced by projects is the potential for priorities to shift within the different organisations involved in the approach, which may reduce the level of resource that can be dedicated to the partnership. This was a key challenge for projects funded by the MHCC programme, which were delivering in the context of the Covid-19 pandemic. A potential mitigation against this is ensuring that the responsibility for strategic partnerships is appropriately resourced to help ringfence time dedicated to the partnership.

Services shift and change

New services and support may develop over time. It is important that staff within HEPs are made aware of changes to local health services as they happen, to ensure that students are always being

⁶ Links to the SPEQS Toolkit (UWE, Bristol) and other resources are available at: www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/student-mental-health/mental-health-challenge-competition-improving-mental-health-outcomes/

signposted to the most appropriate support. This emphasises the need for ongoing relationships, with regular opportunities to update on local changes.

Related to this, some projects found that service mapping was a useful exercise for helping to develop a shared understanding of the services and links between HEPs and the NHS, even if only to generate a “shared understanding of the scale of complexity” (Carrie, et al., 2022). The SPEQS Toolkit recommends mapping service pathways and gaps as a useful starting point for partnership projects.⁷ However, delivery staff recognised that, beyond this, shared networking was more important in developing a shared understanding of services. Indeed, staff from one project found that mapping was to some extent limited: by the time system mapping was completed, it was possible that services and systems had already evolved. They found it was more important to ensure that there were constant dialogues between services to ensure knowledge remained relevant and up to date.

Speaking different languages

HEPs, NHS services and community mental health services tend to have their own unique terminology – as a result partners often identified that services were speaking ‘different languages’. To overcome this, delivery staff emphasised the benefits of liaison staff (staff from NHS or community mental health services who work closely with student services) to help navigate these differences and promote shared understanding. Related to this, HEPs commonly reported differences in understanding and assessment of ‘risk’.

Building an effective NHS and higher education partnership

The importance of co-design

Several projects highlighted the importance of taking a co-design approach to the development of the partnership project, whereby instead of one partner asking the other for something, a forum was created to discuss common challenges and agree shared solutions. This ensured that project partners are all invested in achieving a common goal.

Case study

As part of the project led by the University of Birmingham (UoB), Pause@UoB was created: a service delivered through collaboration between the University of Birmingham, Forward Thinking Birmingham and The Children’s Society (TCS). Through this project, a drop-in hub was developed on the UoB campus, where students could access a team of qualified therapists, practitioners and volunteers for brief interventions delivered through TCS. In contrast to a more traditional contracted relationship, the project was run collaboratively with a joint steering group and management group comprising stakeholders from each partner. This ensured communications were clear and there was a continuous forum for any challenges to be discussed and mitigated. As part of the design for the programme, all partners were involved in agreeing shared success criteria for the programme, which ensured the project was able to respond to each organisation’s unique priorities.

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The importance of champions and liaison roles

Projects frequently emphasised the importance of champions and liaison roles within NHS services. Liaison staff within the NHS were able to build trust and secure internal buy-in, and helped HEPs to navigate the complex organisation and demystify structures or service language that may be less clear to those outside of the NHS. This is supported by findings from the development of the University Mental Health Charter which found that it was easier for universities to build relationships with NHS teams where university staff also understood the language and systems within the NHS (Hughes & Spanner, 2019).

It was, however, important to ensure that these were part of dedicated roles and that these staff were feeding back into their wider organisation to ensure that liaison roles did not become at risk of single point of failure in the event of skilled staff changing roles. Delivery staff also emphasised that, to do this effectively, capacity needs to be built in, to ensure staff have the time needed to dedicate to relationship building and are not diverted to responding to other priorities.

Project staff frequently emphasised the importance of these champions and liaison staff in building trust, recognising that development of new approaches or services involved aspects of change management, where staff may sometimes be resistant to the proposed changes. Across the projects, the importance of individual relationships and champions were seen as key tools for overcoming these issues. Support at strategic level was also a key enabling factor in supporting this integration, with strong relationships built at senior level helping to cement commitment to partnership working. Two projects also emphasised the importance of leaders understanding and validating the sensitivities of these culture change issues, to ensure that staff felt heard and were part of the development journey.

Creating space for relationships to develop

The personal relationships built between staff within different organisations were a key enabling factor for effective partnership development. Management and delivery staff reported that regular meetings through governance structures were useful for carving out this time to build trusting relationships and to discuss common challenges, and solutions.

‘It’s as simple as having a regular time in a diary for people to build trusting relationships and talk about the frustrations, the issues and the anxieties and solution find. And this happens in the management team meetings, [...] we had a section to talk about longevity and sustainability. In this we would talk about what the wider city was doing and this helped build opportunity.’ (MHCC Programme Evaluation, Management and delivery staff)

Embedding regular meetings between partners helped to build trust and ensure that the partnership was working effectively. This also had a positive impact on students as these forums could be used as a space to talk about specific cases, leading to agreed shared action plans and smoothing the transition for a student moving between NHS and university care or vice versa. For these meetings to be effective, it was important to create collaborative spaces for both strategic/senior staff and delivery staff, to ensure that collaboration was being encouraged across organisations.

Agreeing shared outcomes

Staff from several projects stressed the importance of agreeing shared outcomes with partners, to ensure that programme objectives were well aligned to the aims of both NHS and higher education partners. This helps to ensure that the benefits of the project are clear to all partners, encouraging their continued engagement.

Agreeing shared outcomes helps all organisations to be ‘on the same page’ and to understand the pressures within each other’s services. For example, in one project a shared agreement was reached around what would be an appropriate level of onward referrals into NHS services for a newly developed service. By creating this shared agreement, the project was able to monitor referral levels on an ongoing basis, and allay concerns about additional service pressures being added to an NHS partner’s caseload.

The importance of soft boundaries

Agreeing the boundaries between NHS services and higher education support services can be a useful step in de-duplicating support and clarifying roles and responsibilities, but as one sector stakeholder reported “boundaries can also create gaps”.

Student Minds cautions against services focusing too hard on ‘hand-off’ points, when ongoing collaboration may be in the greater interest of the student being supported. This is well articulated in the following quote from the University Mental Health Charter:

‘It is more appropriate to speak of thresholds of responsibility and collaboration between services and the student, to deliver a complete support package, centred on the needs of the individual. Where university services and statutory services can work together, alongside the individual, each with an understanding of their own appropriate threshold of responsibility, a better outcome for a student is more likely. However, this requires a better understanding of where those thresholds lie, what responsibilities each partner has and how collaborative working should be described on either side [...] students don’t stop being students when they become ill, or immediately cease to be patients when they are able to re-engage with studies.’ (Hughes & Spanner, 2019, p. 38)

Opportunities for development at national level

Whilst – through the MHCC – projects have been able to strengthen partnerships at local level, there were several areas where projects had often encountered challenges. This suggested further work at national level could help to boost work around partnership development. These potential opportunities are discussed below.

NHS leaders should ensure that students can be identified within their systems to smooth transitions

Across the projects, a common issue was the absence of recording of student status on NHS systems. This creates challenges identifying students who have accessed NHS services, making the process of referring between providers more complex and prone to gaps.

The lack of monitoring of students within NHS services also leaves a gap in the evaluation of services and the gathering of up-to-date knowledge on the scale of the student mental health challenge. This issue is, however, challenging to address at local level, as highlighted in the Student Mental Health Partnerships report (Carrie, et al., 2022): NHS services are often relying on national systems.

Case study

As part of the Liverpool Improving Student Mental Health through Partnerships project, the local NHS systems team inserted a field in the IT systems of the local NHS services to identify whether a patient was a student. Operationally, this enabled the NHS staff funded by the project to contact students who had accessed NHS urgent care services and provided accurate recording of project interventions.

This data is also potentially useful for local service planners, as the recording of students accessing NHS services means that the NHS is able to identify the size of the student population accessing urgent care (Carrie, et al., 2022). This intelligence could be useful to both local Integrated Care Boards and higher education providers, to assist with the design of services and pathways. Prior to implementing this field, it was not possible to identify how many students were accessing NHS services.

National work around data sharing approaches could be an opportunity to reduce duplication of efforts at local level

Current work around the development of data sharing agreements is delivered on a hyper local scale, often between individuals HEPs and their local NHS services, and some institutions are further along this journey than others. The MHCC has helped to provide resource to enable HEPs and their local partners to address these issues within the localities of the institutions involved. However, without sector-wide consensus there is a risk that universities are duplicating work or that there are inconsistencies across the country. Both the higher education and health sectors could benefit from further work at a national level on the issue of data sharing, reducing the time spent developing local arrangements.

Sector-level work is needed to ensure that student data can be ported between home and university care providers

Whilst work at local level has helped to improve connectivity between mental health services when students are on campus, they are still at risk of slipping through the cracks where they access other health services away from their university or college. This is an issue that is unique to students due to the transitory nature of the population.

Students who return to their family home outside of term time may need to re-register with their local GP to access support, or might choose to return home during a period of illness for additional support. However, the absence of appropriate mechanisms to enable information sharing between care providers in different localities means that this can result in gaps in knowledge when the student returns to their university home. As a result, higher education providers may be unaware that a student has recently been discharged from secondary care services before returning to university and may therefore not be aware of a student's potential need for support.

Whilst the MHCC projects had managed to improve strategic partnerships between HEPs and NHS providers at a more local level, they identified that this is a gap that still requires wider sectoral attention. One proposal for addressing this is the creation of 'student passports' that would enable care information to be ported between a student's term-time and out of term GPs (Universities UK, 2018).⁸

⁸ For more information, see the Minding Our Future report by Universities UK. Available here: [minding-our-future-starting-conversation-student-mental-health.pdf \(universitiesuk.ac.uk\)](https://www.universitiesuk.ac.uk/minding-our-future-starting-conversation-student-mental-health.pdf)

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