

What Works in Supporting Student Mental Health

Final Report to the Office for Students (2022)



Contents

Contents.....	2
1. Introduction	4
The Evaluation.....	4
A note from the authors	4
2. Programme Overview	5
The MHCC	5
The Funded Projects	5
3. Effective Practice in Support for Student Mental Health.....	8
Guidance Note	8
Types of Evidence.....	8
Potential to scale.....	9
3.a Transitions Projects	11
Using student workshops to improve student understanding of how to manage mental health issues.....	12
Project: University of Sussex: Students in Transition to University: Aiming to Enhance Mental Health and Wellbeing (SITUATE).....	12
Using student workshops to improve student understanding of how to manage mental health issues & delivering wellbeing orientation support for students with existing mental health problems or disabilities	15
Project: University of Lincoln: Transitioning Students Effectively – a student-led approach to mental health support.....	15
3.b Early Intervention Projects.....	19
Supporting international student mental health	20
Project: University of Nottingham – International student mental health – good practice guidance and intervention case studies	20
Using data analytics to intervene early	23
Project: Northumbria University – Mental Health Analytics: a continuum approach to understanding and improving student mental health.....	23
Enhancing student mental health through curriculum and pedagogy.....	27
Project: University of Derby – Education for Mental Health.....	27
3.c Support for Students Projects	29
Providing brief interventions to students as part of a no-wait hub	30

Project: University of Birmingham – Pause@UoB.....	30
Student delivery of CBT & provision of mind management training.....	33
Project: Newcastle University – BRinging Innovation to Graduate Mental Health TogethER (BRIGHTER).....	33
Strengthening partnerships with NHS and community mental health services.....	38
Project: University of the West of England – Student Mental Health Partnerships.....	38
Models of partnership.....	40
Establishing a liaison team between HE and the NHS to close gaps in student support	42
Project: University of Liverpool – Working in Partnership to Improve Student Mental Health	42
Developing a whole-community approach to student mental health	46
Project: University of Keele – Start to Success	46
4. Limitations in the Evidence	52
COVID-19 pandemic.....	52
Wider evaluation challenges.....	52
Data access.....	52
Gathering student feedback	53
Appendix 1: Summary of Projects	54
Appendix 2: Supporting Evidence	60
Evaluation Aims.....	60
Evaluation Approach	60

1. Introduction

The Mental Health Challenge Competition programme provided funding to higher education providers to support the development and testing of interventions to improve student mental health and wellbeing. This report shares key lessons learned about ‘what works’.¹

The Evaluation

In June 2019, the OfS commissioned Wavehill to undertake an independent evaluation of the Mental Health Challenge Competition (MHCC) programme.² The main findings are reported in the Final Evaluation Report.³ This companion report provides an overview of each of the funded projects, alongside evidence of their impact, potential areas of refinement and an assessment of their potential to be scaled up across the higher education (HE) sector.

It is hoped this resource will help other HE providers to develop their understanding of approaches that can work to support student mental health, and will enable them to identify strategies and approaches that may complement their own work.

A note from the authors

This report is intended to be used as an index. Signposting is provided throughout the document to help readers identify where they can find out more information about a particular approach.

Chapter 2 provides an overview of the programme and funded projects. Chapter 3 then provides a breakdown of each of the projects exploring their impact, the evidence collected and their potential scalability.

Each project undertook extensive work delivering their own project evaluations. In this programme level report it is not possible for us to replicate the level of detail and insight offered in these extensive project evaluation reports. We, therefore, apologise for the omissions we have had to make in the interest of brevity. Where HE professionals are interested in learning more about particular projects we would encourage you to reach out to the relevant project teams to learn from their extensive knowledge.

¹ A full list of the funded projects is provided in [Appendix 1](#).

² Details of the evaluation aims are included in [Appendix 2](#).

³ This can be accessed [here](#).

2. Programme Overview

This section provides more detail on the MHCC programme and an overview of the projects funded through the programme. We would encourage readers to use this as an index to identify projects they might be interested in exploring in greater detail. Further detail on each project can then be found in the following chapter '[Effective Practice in Support for Student Mental Health](#)', which explores the impact and scalability of each project.

Further information on the impact of the MHCC programme can be found in the Final Evaluation Report.⁴

The MHCC

The MHCC programme was launched with the ambition of achieving a 'step change' in mental health outcomes for all students. Through the programme the OfS awarded £6 million of funding to HE providers to support the development and delivery of innovative approaches to supporting student mental health. This was matched with £8.5 million of co-funding from HE providers and their project partners, bringing the total investment across the programme to £14.5 million.

Further detail on the MHCC programme and its aims are available in the Final Evaluation Report.

The Funded Projects

The MHCC funded 10 projects across three priority areas for funding: transitions, early intervention, and support for students. Whilst some projects targeted a combination of priority areas, in Table 1 below we have sought to categorise each project by its main priority area.

Table 1: MHCC projects by priority area⁵

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

Further details of funded projects can be found in [Appendix 1](#).

⁴ This can be found [here](#).

⁵ Further details on each of the projects can be found here: [Mental health Challenge Competition: Improving mental health outcomes - Office for Students](#)

Table 2 below highlights the different audiences addressed by each of the projects, and Table 3 provides a mapping of different themes addressed by the projects. These tables may help readers to identify projects that may be of particular relevance to their organisation.

Table 2: MHCC projects by audience

	Support for all students	Targeted support	Staff
University of Sussex: SITUATE	X		
University of Lincoln: Transitioning Students Effectively	X	X	
University of Nottingham: International Student Mental Health		X	X
Northumbria University: Mental health and analytics	X		
University of Derby: Education for Mental Health	X		X
University of Birmingham: Pause@UoB	X		
Newcastle University: BRIGHTER		X	
University of the West of England: Student Mental Health Partnerships	X	X	X
University of Liverpool: Working in partnership to improve student mental health	X	X	
University of Keele: Start to Success	X	X	X

Table 3: Projects by theme

	Support type			Other themes		
	Prevention	Proactive Support	Reactive support	Pathways to support	Mental health education	Peer-to-peer support
University of Sussex: SITUATE	X				X	X
University of Lincoln: Transitioning Students Effectively	X				X	
University of Nottingham: International Student Mental Health		X				
Northumbria University: Mental health and analytics	X	X		X		
University of Derby: Education for Mental Health	X					
University of Birmingham: Pause@UoB		X		X		
Newcastle University: BRIGHTER			X		X	
University of the West of England: Student Mental Health Partnerships			X	X		
University of Liverpool: Working in partnership to improve student mental health			X	X		
University of Keele: Start to Success	X		X	X	X	X

3. Effective Practice in Support for Student Mental Health

One ambition of the OfS was that projects funded under the programme would contribute to sector-wide understanding of what works in supporting student mental health. The following sections draw upon the information gathered through both project and programme level evaluations to identify key lessons learned in relation to each project.

It is hoped that this information will provide useful knowledge for sector stakeholders who may be considering taking up one of the approaches developed by an MHCC funded project, providing understanding of key success factors, potential areas of refinement and an understanding of the strength of the evidence generated by the project. Projects are detailed under the key priority area they address: transitions, early intervention or support for students.⁶

Guidance Note

To assist readers with navigating this section we have used the following terms and definitions.

Types of Evidence

In discussing the key findings, we have sought to align evidence types to the Standards of Evidence defined in the OfS's Access and Participation Standards, to help readers to understand the kind of evidence that has been produced. This paper sets out three types of evidence:

Type 1: Narrative evidence

Type 2: Empirical enquiry

Type 3: Causality⁷

However, we have also added additional categories to capture learning that is developing but requires further testing and evaluation before its impact can be assessed. Accordingly, the categories in Table 4 are used to define the strength of the evidence:

⁶ See [Table 1](#) for a breakdown of projects by priority area

⁷ Further details of the Standards of Evidence and how to apply them are available here: [Standards of evidence and evaluating impact of outreach - Office for Students](#)

Table 4: Evidence types

Type of Evidence	Definition
Limited	This applies where no formal evaluation activity took place.
Emerging	This applies where further evidence is needed to assess the impact, but initial evidence suggests the project may bring about impact.
Narrative	This applies where the evaluation provides a narrative approach, which may include evidence of impact from elsewhere using existing research literature.
Empirical	This applies where projects have collected data which demonstrates how outcomes have changed as a result of participants receiving an outcome, but it will not demonstrate direct causal effect. This includes evaluations that entailed pre- and post-intervention data gathering, or that have been able to compare change with what might have happened in the absence of the intervention. Particularly strong examples are likely to include a mixture of qualitative and quantitative data collection providing opportunities for triangulation.
Causality	This applies to evidence that can demonstrate the causal effect of an intervention, and therefore applies where projects have incorporated a target and control group or quasi-experimental design.

It should be noted that this typology of evidence is not intended to be hierarchical.

Potential to scale

Each project has also been given a rating on its potential scalability, as listed in Table 5, according to the following definitions developed by the programme evaluation team.

Table 5: Scalability

Rating	
Strong	<p>Projects with this rating may have:</p> <ul style="list-style-type: none"> Produced a toolkit or resource that is readily available to be used by other HE providers Provided evidence that their initiative is already being adopted or applied in other HE settings.
Medium	<p>Projects with this rating may have:</p> <ul style="list-style-type: none"> Presented demonstrable impact, but require specialist resource or infrastructure to be in place before HE providers can adopt the model.
Weak	<p>Projects with this rating may have:</p> <ul style="list-style-type: none"> Shown some impact but it is very contextually specific making the intervention difficult to apply in other HE contexts.

In the sections below each we have provided detailed information in relation to each project identifying how they have contributed to understanding of what works in support for student mental health.

3.a Transitions Projects

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

The key projects funded under this priority area are:

- **Transitioning Students Effectively**, led by the **University of Lincoln**
- **Students in Transition to University: Aiming to Enhance Mental Health and Wellbeing (SITUATE)**, led by the **University of Sussex**

Both transitions projects created student outreach sessions to provide understanding of mental health coping strategies and support at university to students studying in further education (FE) or sixth form to equip them for making the transition to HE. Both projects created ready-to-scale initiatives and have provided demonstrable evidence that transitional outreach workshops can help to improve awareness of how to manage mental health issues among potential HE students. Further details on each of the projects is provided below.

Using student workshops to improve student understanding of how to manage mental health issues

Project: University of Sussex: Students in Transition to University: Aiming to Enhance Mental Health and Wellbeing (SITUATE)

Type of Evidence: Empirical

Potential to scale: Strong

Themes: Peer-to-peer support / Mental health education / Prevention / Support for all students

As part of SITUATE, led by the University of Sussex, a series of transitional workshops were co-produced with students, which were then delivered to sixth form students through a peer delivery model with support and training from the Mental Health Foundation. The project evaluation indicated that these workshops have helped to equip students to better identify and use coping strategies to manage their mental health, and has also equipped students with strategies related to looking after finances, maintaining healthy relationships and looking after physical health. All attendees reported that attending the workshops had helped them to meet these goals.



The SITUATE project developed five workshops for online or face-to-face delivery that are intended to support students at an early stage in their transition into HE. All of the workshops were coproduced with HE and FE students with the aim of specifically addressing the transition from sixth-form colleges to HE. The workshops were also informed by evidence gathered through a systematic review and survey to understand what factors influence a positive or negative transition to HE.

The project used the GAD-2 questionnaire and PHQ-2 questionnaire to assess whether the workshops had led to any reduction in anxiety and depression. No significant difference was found. However, the project team reported that the number of attendees who completed both pre- and post-workshop questionnaires was low, making it difficult to draw conclusions at this stage.

However, attendees did show improvements in mental health literacy, with 100% of students reporting that the session had helped them to achieve the following goals:

- a) Ability to identify and use coping strategies to look after your mental health.
- b) Ability to identify and use strategies to look after your finances.
- c) Ability to identify and use strategies to develop and maintain healthy relationships with others.
- d) Ability to identify and use strategies to look after your physical health.

Success factors

Management and delivery staff felt that the coproduced nature of the content was one of the successful aspects of the project, which ensured the context was relevant to students. It was, however, noted by one staff member that this might mean the content requires some tweaking in other institutions, as student context may differ. Staff also felt the peer-to-peer model was effective, both in terms of widening the potential reach of the intervention and making it more readily scalable, and making the sessions more relevant to attendees.

Staff also reported that the involvement of students as co-facilitators had brought about positive impacts for those students, including increased confidence.

Refinements

The project encountered some challenges getting the level of feedback desired for the evaluation, with difficulties getting students to participate in surveys before and after the workshops to identify impact. One strategy used to overcome this included asking students to provide feedback immediately after the workshop, however the project team did note that this made it harder to understand the longer term impact of students participating in workshops.

Scalability of the model

The SITUATE model has already been expanded to several other universities, through work coordinated by the Mental Health Foundation. The project created resources that can be used in other HE settings, with students trained as facilitators to deliver the workshops. However, the project did pay students who were trained in these roles. It was unclear what impact this had on engagement and whether payment

for student roles is an integral part of the model. The Mental Health Foundation have plans to review the sessions following roll-out to the other HE providers that have started delivering the sessions this year. This will provide an opportunity for further refinement.

Using student workshops to improve student understanding of how to manage mental health issues & delivering wellbeing orientation support for students with existing mental health problems or disabilities

Project: University of Lincoln: Transitioning Students Effectively – a student-led approach to mental health support

Type of evidence: Empirical

Potential to scale: Medium

Themes: Mental health education / Prevention / Targeted support

The University of Lincoln developed a range of activities to equip students with the tools to support them at different transition points, this included:

1. The WOW Summer School – delivered over three days for pre-entry students who may benefit from additional support when making the transition into HE, such as students with pre-existing mental health problems or disabilities.
2. Fresh Start Workshops – these were workshops delivered to help students make the transition into university life, and included both new students and students returning to university after a break in studies.
3. Transitional outreach sessions – 59 outreach sessions were delivered to 36 schools and colleges over the course of the project. This included 24 virtual sessions and 35 face-to-face sessions delivered by the team. 5,300 school and college age students were reached through these activities.
4. The creation of a range of engaging, student-created digital content offering advice and guidance to new students and the ‘Student Life’ App Trial – where an app was used to provide students with access to this content, along with pre-arrival challenges and the promotion of support services, to help ease their transition to university.

The WOW Summer School was a key part of this project that provided targeted support.⁸ The programme was offered to students who may benefit from additional support to ease their transition into HE, including prospective students who disclose a disability or mental health condition as part of their university application. Over the three years of the programme, it was delivered through different models, responding to different COVID-19 regulations that were in place at the time.

Student feedback gathered from the WOW Summer School 2021 suggests that the project has led to a reduction in transitional anxiety among students. For example, as part of the evaluation the project

⁸ Further detail on the programme of events delivered can be found in the report produced by the project team on how to run a successful summer school, available here: [University of Lincoln – How to run a successful summer school by uolswc - Flipsnack](#)

issued pre- and post-intervention surveys to students to measure how anxious they felt about the transition to university. Responses were provided on a 10 point scale, where 1 represented least anxious and 10 represented most anxious. Before attending the summer school the mean score was 7 (Mills & Neal, 2022). Following the summer school this had fallen to 4.

Participants were also asked to score how confident they felt about their ability to manage change both before and after the summer school, using a 10 point scale from least to most confident. Before the WOW Summer School the average score was 5. This rose to 7 following the summer school.⁹

Qualitative feedback gathered as part of attendee surveys further suggests that WOW has helped to reduce transitional anxiety, with students describing that participating had helped to ‘ease their nerves’ about starting university.

‘Thank you for allowing me to experience this transition. All the people I've met have been so lovely. Talking to my advisor has reassured me of the support there will be for me in October.’

(Prospective student/attendee of WOW Summer School)

As part of the project the University of Lincoln also ran transitional outreach sessions to over 5,200 Year 11-13 students. This included sessions on Managing Change¹⁰ and Emotional Fitness¹¹. A survey undertaken by 78 attendees suggests that these sessions helped to improve students’ confidence managing stress and emotions. Before attending the session the average confidence score was 4. This rose to 7 after attending the outreach sessions.

‘The session was very helpful. I feel more confident now and I know how to deal with my emotions in case of anxiety or depression.’

(Student/attendee at Transitional Outreach Session)

⁹ These figures are based on a survey that 38 students participated in, from a total of 53 eligible students.

¹⁰ Resources delivered by the project team are available here: https://youtu.be/ohjyTIw_76c

¹¹ Resources delivered by the project team are available here: <https://youtu.be/tQ2kYeDcygg>

Success factors

The project included student content creators, who were involved in producing digital resources for the project. Staff and students both reported that this approach helped to produce content that was more 'relatable' to students. Staff also reported that they felt that student involvement had helped to produce content that was less 'clinical' and 'medicalised', and therefore more approachable to students.

'It comes from relatable people, a lot of it gives you a feeling that you're not alone in it.'
(Student)

In total the project involved 55 student coproducers, and three student editors who helped to create digital content. As part of the evaluation of the project the project team gathered feedback from student content creators, which identified that involvement had also helped to support these students, providing opportunity for them to learn strategies to manage their own mental health, as highlighted in the below quote.

'I have learnt a lot from being a part of it, such as techniques to actually help with mental health, which I have to understand in order to present the information in videos....' (Student content creator)

As set out above both the WOW Summer School and transitional outreach sessions appear to have brought about improvements in student confidence in their ability to manage transitions from FE to HE, which suggests these models may help to reduce transitional anxiety among potential students. Additionally, data collected from attendees of the WOW Summer School shows that they go on to have higher levels of attendance at university than the university average and the average for disabled students.

Project staff also emphasised that the resourcing of staff roles was a key success factor which has helped to drive forward the project, and relationships with school partners had been key to secure buy-in for transitional outreach sessions.

Refinements

Whilst the project developed good evidence in relation to the benefits of transitional outreach sessions and the Summer School, the project team reported that it was more challenging to evaluate the app. This

may suggest that apps require further testing with students to understand whether these are efficacious in supporting student transitions.

Additionally, whilst initial feedback from attendees suggests that these approaches to student transitions can help to ease student anxieties, less is known about the impact that they may have on how students go on to interact with support services when they arrive at university, and therefore it is unclear to what extent this kind of activity is preventing issues from arising. This partly relates to a challenge in measuring prevention, but suggests further large-scale research regarding student transitions would be beneficial to better understand the long-term impact of this work.

Scalability of the model

The project has created a range of ready-to-use resources, including a 'how to' guide to help other HE providers develop a summer school project. However, both the summer school and outreach sessions are relatively resource intensive, and therefore require dedicated resource to be built in to support delivery.

The Student Life team is also now actively helping other universities to develop similar student content creation initiatives, having trialled this within the project with Bishop Grosseteste and Northumbria universities. Members of the team have also run student co-production 'best practice' sessions at several HE conferences, with more scheduled in the coming months. Resources developed to support and facilitate student co-production are available to share with other institutions on request.

3.b Early Intervention Projects

Providers were invited to submit bids for projects that would support early intervention, such as ‘providing new forms of mental health literacy training to staff and students; or developing student analytics to inform improved and enhanced interventions’ (Office for Students, 2018).

The MHCC funded three innovative projects that were aimed at generating new approaches to early intervention:

- **Education for Mental Health:** enhancing student mental health through curriculum and pedagogy, led by the University of Derby
- **Mental Health and Analytics:** a continuum approach to understanding and improving student mental health, led by the University of Northumbria
- **International student mental health – good practice guidance and intervention case studies,** led by the University of Nottingham



Supporting international student mental health

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

Type of Evidence: Emerging

Potential to scale: Strong

Themes: Staff / Prevention / Targeted Support

This project sought to improve understanding in good practice to support international student mental health. Over the course of the programme the project team carried out a range of activities to help identify good practice.

Project activities:

1. Student-led Initiatives Fund: Established a fund supporting student-led peer-to-peer support networks.
2. Discovery Visits: Visiting a diverse range of universities and students' unions to discover the best support available for international students.
3. Expert Advisory Groups: Established two advisory groups embracing knowledge and experiences of students, academics and professionals, and more.
4. Project Specialists: Hired dedicated mental health specialists to ensure opportunities to trial practice within the project and ensure international student support and contact.

This culminated in the creation of a toolkit¹² to help other HE providers to understand the issues faced by international students that may affect their mental health and wellbeing and actions that can be implemented to improve support and provision for international students.

As part of the project, an online survey was undertaken to understand more about international students' experiences across the UK. The survey received 112 responses, and was supported by four focus groups (each with 10-15 students) held at the University of Leeds and the University of Nottingham, in addition to 30 one-hour interviews with international students across the UK. The research highlighted several issues that might help to boost understanding of student mental health. For example, the research found that difficulty socialising and making friends has the biggest negative impact on international students' wellbeing. In focus groups, international students shared that they felt there was an "invisible wall" between home and international students and said that it could be "very hard to penetrate social bubbles as an international student".

The survey also found that cultural difference is one of the biggest reasons why international students may be put off accessing university support (reported by 45 per cent of responses), followed by uncertainty of whether their problem is relevant enough for university support (reported by 39 per cent

¹² The Globally MindEd toolkit is available here: [Browser :: Globally Minded | About The Toolkit \(thegloballyminded.com\)](https://www.thegloballyminded.com)

of respondents). The qualitative feedback gathered by the project also highlights how a lack of understanding of confidentiality procedures may prevent some international students from seeking support.

“I am most comfortable talking about mental health with [friends], and I don't want my uni lecturers to think I am unprepared for this degree and not coping, as I want to keep employment options open.” (Student)

Success factors

One of the key success factors identified by the project team related to the availability of resource to commit to specialist roles to support international student mental health. Whilst there was an ambition for the learnings to become more embedded across all posts, having specialist roles had helped to provide additional resource to commit to developing learning. These roles had also added value through their role in ‘raising the profile and understanding’ of issues affecting international student mental health.

The student coproduction that was embedded throughout the project was also felt to be a key success factor. The Student Advisory Groups had both helped to improve staff knowledge and played a role in creating a supportive environment for international students.

‘Fascinating to see the advisory groups. [...] People feel like they're being heard and then others are realising their feelings are shared. That's so important because their brain is saying they shouldn't feel like this. Particularly international students where there's more stigma. This has had a transformational effect as we've created the space to talk openly’ (Final Year Interview, Management & delivery staff)

Areas of refinement

Whilst the project carried out a lot of activity the overall numbers of international students involved in the work compared to the sector are relatively small. For example, the survey conducted as part of the project achieved a response from 112 international students across the UK. This may limit the generalisability of the findings. This was, however, supplemented with qualitative work with around 70 students, which provided richer data and a source of triangulation. However, what is less clear is how applicable these findings may be across the sector as international student populations vary across HE providers, which may result in some concerns being more or less prominent.

The key output from this project was a toolkit which was released at the end of the funded period. With this timing, it was not possible to assess the impact of the toolkit on support for student mental health within the lifetime of the MHCC programme. Accordingly, the initiative's level of evidence has been categorised as 'emerging'; further evidence is required to understand how well the toolkit has been utilised and how it has impacted upon support for international students across the HE sector.

Scalability of the model

This toolkit created by this project, Globally MindEd, was for dissemination across the HE sector. It provides a range of advice and guidance for HE providers to help consider the issues that may be faced by international students. Whilst some of the resources produced by the project are specific to the institutions who were funded through the MHCC, they may provide useful starting points for HE providers looking to create resources for their own students.

Using data analytics to intervene early

Project: Northumbria University – Mental Health Analytics: a continuum approach to understanding and improving student mental health

Type of Evidence: Empirical

Potential to scale: Medium

Themes: Support for all students / **Prevention**/ Proactive support / Pathways to Support

This project sought to improve student mental health through better understanding, collection, integration, and application of data sources that indicate when students may be struggling. Research activities in the first phase (evidence reviews, interviews with wellbeing service staff, audits of wellbeing service caseloads) led to the identification of appropriate, relevant, and compelling data that is shown to be indicative of poor mental wellbeing in HEI students (e.g. ‘predictive data’). In parallel, the project implemented and trialled a variety of new consent processes and data collection methods across three universities (via enrolment, online invitations, on-campus canvassing) to enable students to opt-in to this innovative approach and contribute outcome data. This led to consent rates over 70% and over 50K students providing self-reported wellbeing data. A data analytics model was developed and tested from the integration of the newly sourced predictive data and the student self-reported outcome data, so that Northumbria can now predict which students are showing a trajectory towards experiencing poor wellbeing in the future and consequently intervene earlier.

Using initially self-reported student wellbeing data and subsequently the predicted model to identify potentially at-risk students, earlier intervention was trialled through delivery of tailored and targeted messages (“nudges”) to students at possible risk of mental health difficulties, and signposting them towards interventions and services that are proportionate to risk. In parallel, more contextual and sensitive data was integrated into a ‘monitoring dashboard’ which allowed wellbeing services a holistic overview of the student; which services have traditionally not had access to. This enabled a more nuanced approach to intervention while helping to better understand more systemic barriers to accessing support in the student body.

The research and collaborative work resulted in the development of a monitoring dashboard that can be used to collate indicators of risk to enable the university to intervene early. This ‘whole university’ preventative approach aimed to overcome previous challenges of students not engaging with existing services, students being unable to find support, students accessing services that may not be most beneficial to their needs, or where students had ‘fallen through the cracks’ in support as data that may have indicated that a student was at risk may have previously been ‘scattered across different support teams and services’.

There is clear evidence that these nudges based on student self-report data and based on the predictions of the analytic model were equally effective in increasing the number of students experiencing suicidal thoughts and behaviours to access counselling services, while directing more students to under-utilised

and less resource dependent services such as online self-help, and the majority of self-referrals from the nudges were from students who were accessing the service for the first time rather than students who had registered in the past.

Success factors

The model was felt by management and delivery staff as well as wider stakeholders to represent a shift away from reactive provision of student support to a more proactive model. Key to this was the predictive model and monitoring dashboard. This enabled the university to respond to identified patterns, particularly through the use of “nudges” (proactive communications to students to encourage them to access support).

‘The dashboard enables us to see very quickly when we think we have a student at risk. For the first time, everything is in one place.’ (Final Year Interview, Management & delivery staff)

Access to the data enabled university teams to put in place support that was based on the evidence the predictive model was showing them was needed, and had led to the roll out of new models of support.

A further success of the ‘nudging’ approach was that it enabled staff to time communications to quieter periods, ensuring that they were more readily available to provide support, and that ‘nudged’ students were less likely to be subjected to waiting lists. This meant that the rate of self-referrals could be staggered rather than being characterised by the ‘peaks and troughs’ that are characteristic of a reactive rather than preventative service.

When considering specific success factors that helped to drive forward their project, staff reported that the following factors had been important to the approach:

- **The involvement of senior leadership** and commitment to the approach to underpin the importance of the model and drive forward change
- **The involvement of ‘no’ people** i.e. people who were willing to raise challenges and question the approach. Given the novelty of mental health analytics and the data privacy concerns that arise in relation to such an approach this was seen as key to shaping robust governance protocols
- **The research led approach** – the project undertook extensive research to identify predictors for the model, and worked collaboratively with PhD students to explore issues such as the acceptability of mental health analytics and to gather student perspectives on how ‘nudges’ should be communicated.

Potential refinements

One of the challenges faced by this project related to a lack of an appropriate baseline due to the COVID-19 pandemic. This creates challenges in identifying what 'ordinary' self-referral figures should be anticipated in the absence of the 'nudges' produced by the project. However, the available evidence suggests that these nudges have had an impact. Through the project partners' evaluation, they were able to demonstrate a clear and immediate impact of the nudges on service access. For example, the students who received a nudge represented 47 per cent of self-referrals to university services in the seven days following the nudge. When piloting the nudges, 4.1% of nudged students (76/1866) responded to a counselling-targeted nudge, whilst for comparison 0.3% of the remaining student population self-referred in the same period (86/30,000).¹³

Project staff emphasised that this approach is still a work in progress. The project team have undertaken extensive work on implementing mental health analytics, but this is still a new area of delivery, and as a result there is ongoing work being undertaken to refine and extend the approach.

Scalability of the model

A range of knowledge can be transferred from this project across the HE sector. At a broad level, this includes the greater understanding gathered on predictors of different patterns of mental health and wellbeing; and better understanding of how the student population themselves are feeling. The project has provided a large body of evidence that could help to inform future approaches to preventative mental health strategies.

This knowledge also includes practical knowledge relating to implementation, including:

- Help to identify how data analytics could be implemented in different settings including the governance required relating to data protection and consent
- A model for systematically collecting data about mental health and wellbeing from students
- The practicalities of integrating data into a monitoring dashboard
- The approach

Whilst the project provides scalable learning, implementation is likely to depend on the technical infrastructure at each HE provider to support the collation and analysis of the data. Additionally, before considering adoption of the model, HE providers will also need to ensure they go through a thorough process for obtaining student consent, given the privacy and ethical concerns that students may have related to data analytics. However, Northumbria University has provided a pivotal case study in demonstrating how providers can approach this. The project has also built on the knowledge in this area, and over the course of the project a PhD student undertook research exploring the acceptability of mental health analytics – this resource is also likely to be beneficial to the HE sector, given the novelty of this approach.

¹³ This is based on data from the first nudge period in April 2021.

The other issue that HE providers need to consider when implementing a model like this is that the infrastructure must be in place to react to the student needs that are being identified:

'It is fantastic to identify students that need support but you need to be able to deal with it appropriately. You have got to be able to deliver the support.' (Final Year Interview, Management & delivery staff)

That is, having the data is just one piece of the puzzle. HE providers must have the support infrastructure in place to respond.

Enhancing student mental health through curriculum and pedagogy

Project: University of Derby – Education for Mental Health

Type of Evidence: Emerging

Potential to scale: Strong

Themes: Support for all students / Staff / Prevention

This project set out to create a national online toolkit for academics that would provide evidence-based guidance on developing and delivering curriculum and pedagogy that better supports student mental health. Over the course of the MHCC programme the toolkit was created through extensive collaboration and coproduction with student and staff stakeholders. The project has created an extensive set of resources for academic staff that will be hosted on the AdvanceHE website beyond the lifetime of the MHCC.¹⁴

Success factors

The toolkit was developed through a collaborative approach that involved students and academics. The collaboration with academics helped to expand the knowledge that could be captured in the toolkit.

The collaboration with AdvanceHE has provided a space for the toolkit to be hosted for 10 years, and the toolkit will be embedded in future training and within the University Mental Health Charter. This has seen the toolkit become embedded in the sector.

Areas of refinement & scalability of the model

As the toolkit was released in February 2022 it was not possible within the lifetime of the programme to assess its impact within the sector, hence the evidence from this project is classified as 'emerging'. There are, however, early signs that the toolkit may play an important role in future curriculum development. In the first month the toolkit was hosted on AdvanceHE's website, there were over 1,700 unique downloads of project resources. This includes downloads of the Education for Mental Health toolkit, alongside the associated Staff Development toolkit and case studies. The project delivery team also conducted a short evaluation survey, after inviting 20 academics from 20 different institutions to provide feedback on the toolkit. Whilst, this is only a small number of individuals so far, the responses were highly positive. All 20 respondents agreed that 'the content of the toolkit is consistent with current evidence and best practice'. Respondents were asked to give their response on a 10 point scale where 1 was strongly disagree, and 10 was strongly agree; the mean response was 9.37, with 60 per cent of respondents selecting '10 strongly agree'.

¹⁴ The Education for Mental Health Toolkit is available here: [Education for Mental Health Toolkit | Advance HE \(advance-he.ac.uk\)](https://www.advance-he.ac.uk/education-for-mental-health-toolkit)

As project staff themselves identified in the project's final evaluation report: 'evaluating the long-term impact of the toolkit will require a long-term, multiple-methods research approach, once it has been a feature of the sector for a significant period of time' (University of Derby, 2022), which makes the full impact of the toolkit hard to assess at this stage.

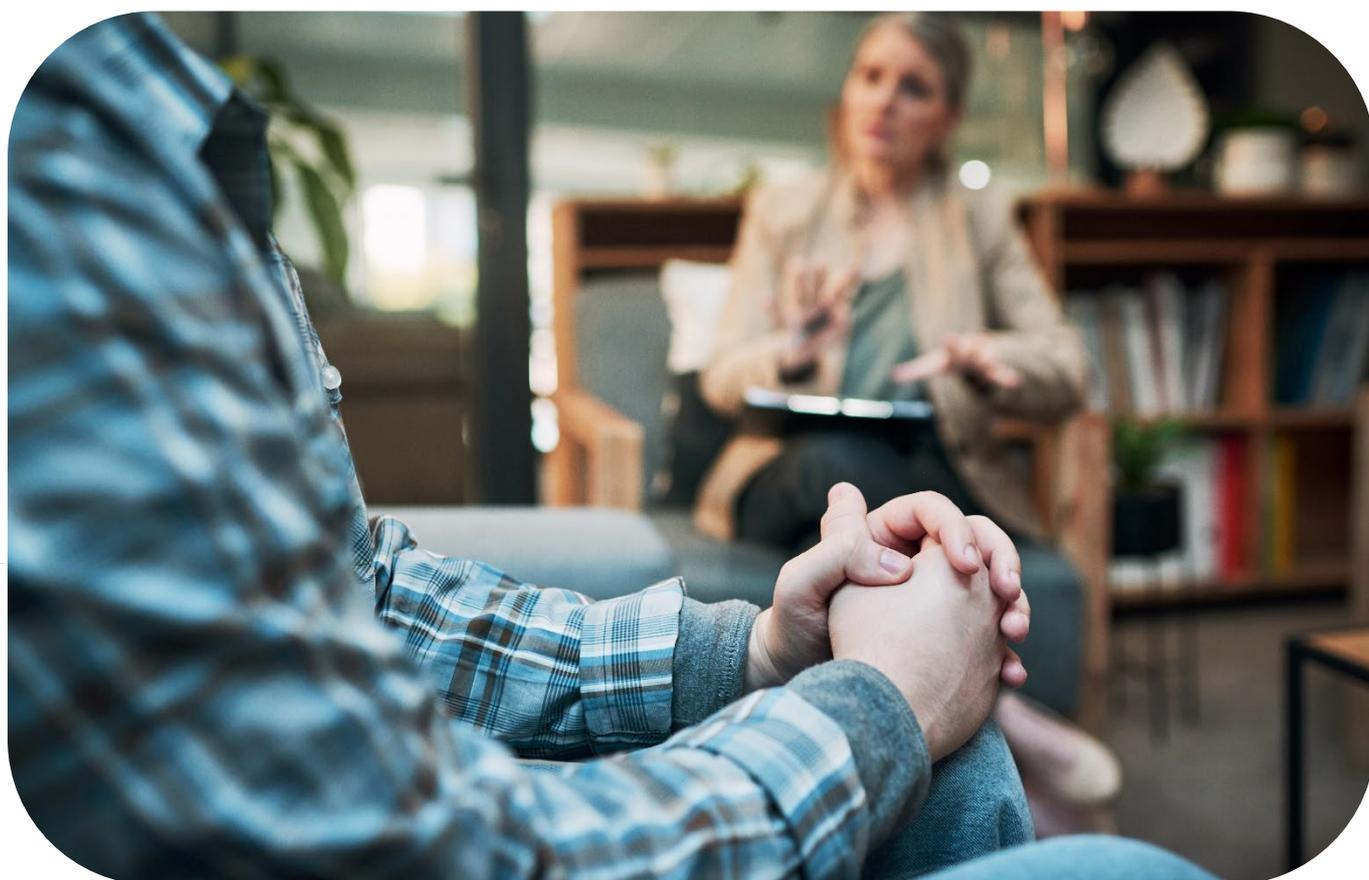
3.c Support for Students Projects

Five of the MHCC funded projects sought to improve support for students. This included projects that sought to develop new support services, broadening the range of support available to students. Other projects sought to improve pathways through support through the development of strategic partnerships between HE providers, NHS services and community mental health services.

The five MHCC-funded projects with this priority were:

- **Start to Success – a whole community approach to supporting student transitions into, through and beyond university**, led by Keele University
- **Enhancing Student Mental Health through Innovation and Partnership**, led by the University of Birmingham, which created the **Pause@UoB** service
- **Working in Partnership to Improve Student Mental Health**, led by the University of Liverpool, which created the **UCOPE** service
- **Bringing Innovation to Graduate Mental Health Together (BRIGHTER)**, led by Newcastle University
- **Student Mental Health Partnerships**, led by UWE Bristol

This section explores each of these projects in detail.



Providing brief interventions to students as part of a no-wait hub

Project: University of Birmingham – Pause@UoB

Type of evidence: Narrative & Empirical

Potential to scale: Medium / Strong

Themes: Support for all students / Proactive support / Pathways to support

Pause@UoB is a no-wait hub set up to provide brief interventions to students. Over the course of the project, Pause@UoB provided over 2,000 interventions to students, including brief one-to-one interventions, provision of resources and signposting, and welfare check-ins. Support was provided to 709 students.

In addition to this, the project delivered 108 workshops with a total of more than 800 attendees. This included activities such as craft sessions, a reading group and walks.

Pause received a very positive reception from students. Almost 99 per cent of students who accessed the service reported they were happy to recommend the service to friends and family, which shows that the service has a high acceptability level amongst students.

Success factors

The drop-in model was described by students as a very positive part of the Pause@UoB offer and was credited with making the service accessible. The following quotes are taken from student feedback provided as part of the project's final evaluation.

'It was available to just come and drop into when I needed. The counsellor was nice and understanding, and didn't feel time was limited – had lots of advice.' (Student)

'The drop-in aspect of the sessions makes it so easy and approachable to talk about how you are feeling.' (Student)

Further corroborating this finding, the same theme was also identified in interviews with supported students undertaken by the Wavehill evaluation team as part of the programme evaluation.

'If there was no Pause I genuinely don't think I would be here. Wellbeing officers have so much to do, they can't be there all the time, but with Pause you can just walk in or schedule a zoom meeting. It is so accessible.' (*Student, Beneficiary Interview – Programme Evaluation*)

Additionally, in response to a question regarding what they would have done if they had not accessed Pause, several students reported that they would have 'just kept it to themselves' or stopped seeking support. This may indicate that Pause@UoB is helping to provide an inroad to support for students who are less likely to access traditional services, or who have otherwise struggled to access support. Demographic data collected by the project also suggests that Pause is reaching a different profile of students, with an increased proportion of black and minority ethnic students, in comparison with the proportion of students accessing the university's counselling provision.

In addition to reaching a slightly different cohort of students, project evidence suggests that the Pause@UOB model might be helping to prevent escalations to other services. The context of the COVID-19 pandemic means that this is difficult to evidence through quantitative data whether this has resulted in reduced referrals to university counselling, as patterns in referrals may have been impacted by the pandemic. This is an area it would be useful to monitor in further testing of interventions of this kind to contribute to further sector understanding of 'what works' in supporting student mental health. However, project data shows that many students who accessed Pause reported they would otherwise have attended their GP or other services. Pause may therefore be helping to reduce escalations to other services.

In considering what about the project may be influencing the shift in demographic profile, project staff reflected on the language that was used to describe the service, which was deliberately non-clinical and did not badge Pause as a 'mental health service'. Instead, banners for the service stated that Pause is 'a space to talk about life and feelings'.

Pause@UoB also provides some narrative evidence of the strengths of creative delivery in supporting student mental health. The project offered a range of activities in addition to the one-to-one interventions and project staff reported that these were sometimes a gateway to students opening up. For example, a student might attend a gardening session and get to know the team and this may later facilitate them opening up to a staff member about challenges they were facing. Feedback from students also suggests that such light-touch wellbeing activities might help to equip students with strategies to help them cope with mental health difficulties.

'One of the staff introduced me to adult colouring and that really helped. That helped me with distracting myself. And one of them taught me how to make this thing – a crafts thing. They really introduced me to that and that's helped me to manage my mental health.' (Student, MHCC Programme Interview)

Potential refinements

There were, however, lessons learned in relation to the setting for the service. At the outset of the project, support was delivered in a very open setting within the main university library. Part of the vision for this was about making the service highly visible and attempting to reduce stigma associated with accessing support. However, views from students and staff were mixed when it came to the appropriateness of this location. There were some unintended benefits; for example the highly visible location helped library staff and security staff to connect students with support. However, there were some concerns voiced by students and staff that the level of visibility may also be off-putting to students. The service was moved in the second year – in part due to the pandemic – to a dedicated space ('the lodge'). This new space appears to have been well received and helped to meet the privacy needs of students who may have been put off by the previous more open location.

Scalability of the model

The learning from the Pause@UoB model has the potential to be transferred to support the development of hub-based models in other HE settings. The service is now 'fully formed' for an HE audience, which means there is an HE product now in existence that understands the demands and needs of the full HE population (including international students), that can be localised and moulded to any setting.

The delivery model of the project also demonstrates that this service does not necessarily need to be delivered through existing student services but could be delivered collaboratively working with third sector partners like The Children's Society. As the Children's Society is a national agency there is potential for project to be launched at any HE provider in England. The project is currently exploring the opportunity to collaborate with other higher education providers across Birmingham and regionally to create a wider student facing Pause service in the next academic year.

Student delivery of CBT & provision of mind management training

Project: Newcastle University – BRinging Innovation to Graduate Mental Health TogethER (BRIGHTER)

Type of evidence: Empirical (Clinic) / Emerging (Mind-Management Workshops)

Potential to scale: Medium – Strong

Themes: Targeted support / Reactive support / Mental health awareness

There were two key deliverables from this project:

1. Establishment at the university of an in-house cognitive behavioural therapy (CBT) service, the Psychological Therapies Training and Research Clinic (PTTRC), where students could receive the full NICE recommended course of CBT for depression and/or anxiety. The clinic is supported by students undertaking placements as part of the Doctorate in Clinical Psychology programme and the Diploma in Cognitive Behavioural Therapy offered at the university.¹⁵
2. Development of mind-management workshops based on CBT principles, co-created with students, to help students tackle common issues. This series of workshops was aimed at undergraduate and postgraduate students.¹⁶

The clinic

Over the course of the MHCC programme the clinic received 278 referrals. Of these:

- 88% moved to assessment
- 78% had at least one treatment session
- 56% completed treatment or were still receiving treatment at the time of the evaluation

Most students entering treatment experienced reliable improvement (73%) with 45% of those entering treatment achieving recovery.

Quantitative data collected using the Patient Experience Questionnaire shows high levels of satisfaction with the service. Students who had accessed the service were asked to provide responses to a set of questions on a 1 to 5 scale, where 1 was 'never' and 5 was 'at all times'. The average scores for some of these statements are detailed below:

- Did staff listen to you and treat your concerns seriously? (4.9)
- Did you feel involved in making choices about your treatment and care? (4.8)
- Do you feel the service has helped you to better understand and address your difficulties? (4.7)
- On reflection did you get the help that mattered to you? (4.7)

¹⁵ The use of CBT to support students is well established (Huang, et al., 2018) (Worsley, et al., 2020). However, this project differs from traditional CBT in that trainee students are involved in delivery. This enables students to undertake their placement requirements on-campus.

¹⁶ Details on the workshops are available here: [Workshops | BRIGHTER | Newcastle University \(ncl.ac.uk\)](#)

Mind management sessions

Workshop plans were co-created through focus groups in which 42 students participated.

Workshops for postgraduates covered topics such as managing negative thoughts, dealing with setbacks and getting through uncertainty. Figure 3.1 shows one of the advertising materials used for the sessions. Participation rates varied across the workshops, and drop-out rates were higher than anticipated.¹⁷ Emerging data suggests that workshop participation had a positive impact on reducing depression scores¹⁸ and improving wellbeing scores¹⁹. Attendees also reported that they were less bothered by self-critical thoughts, uncertainty and managing difficulties. However only very limited data was available with only 10 participants providing sufficient data for pre- and post-workshop comparisons.

Figure 3.1: Session advertising materials



Qualitative feedback suggests these sessions have been positively received by students.

'It was also reassuring to hear I am not alone and other students have experienced similar issues – not necessarily because it makes it go away, but it normalised feelings such as isolation and uncertainty, which in a way did make them less intimidating and more manageable. I also feel more empathetic towards my peers. I would definitely recommend the workshops to other PGRs.' (Student)

'The workshops have given me the chance to adapt and develop new behaviours.'
(Student)

Workshops for undergraduates covered different content, responding to the different priority areas highlighted in the co-creation activities that supported their development. These workshops explored

¹⁷ 50% of participants who signed up for a place did not attend on the day.

¹⁸ Measured using the PHQ8 scale.

¹⁹ Measured using the WEMWBS scale.

issues such as striking a balance; prioritising what matters; adjusting to university life; and social comparison. The pilot workshops were attended by 16 students. Pre- and post-workshop data from this group shows a slight improvement in optimism and the extent to which students feel relaxed.²⁰

Qualitative feedback was positive, with students stating that the workshops were ‘helpful’, helped them to gain an understanding and enabled them to develop helpful behaviours for future challenges.

*‘Really helpful to discover that it isn't just a ‘me’ problem and actually a common cycle.’
(Student)*

‘Made things a lot clearer, it debunked a lot of the negative thought patterns I am having that I thought were true.’ (Student)

Success factors

The project evaluation team benchmarked their service against equivalent data from Improving Access to Psychological Therapies (IAPT) services for similar age groups. This shows higher levels of engagement with the university-based clinic, in comparison to other IAPT services (56% engagement rate, compared with 37% for 18-35 year olds for IAPT).

There is also some qualitative evidence that suggests that the provision of more sustained support, delivered through this project, is helping to support student recovery. This has been enabled by the development of the clinic model.

‘I think it is more beneficial than having short-term support of 6-8 sessions with a trained therapist. Often I would get better with the short-term therapy then deteriorate again after few months. Improvements to my mental health have been significant and sustained.’ (Student – Beneficiaries Survey, Programme Evaluation)

‘I was able to have enough sessions to actually work!’ (Student – Beneficiaries Survey, Programme Evaluation)

²⁰ Both were measured using relevant single item measures taken from the WEMWBS scale.

The clinic has helped to widen access to IAPT-type services and has enabled students to access treatment with shorter wait-times than they would experience if they were accessing support through the NHS.

"I have worked with a student for 30 sessions and this treatment you have to wait years for on the NHS and even then you have to be non-functioning or at high risk of suicide so within a university infrastructure to provide this mental health service is quite significant." (Management & delivery staff – BRIGHTER, MHCC Programme Evaluation)

"I have had students who have said that I have saved their life. They have completed six months of therapy in-house in the time when they would still be on an NHS waiting list." (Management & delivery staff – BRIGHTER, MHCC Programme Evaluation)

Potential refinements – clinic

One of the key challenges faced by the project in meeting student needs related to where students were soon due to finish their course. Due to limitations in the insurance held by the university, the clinic could only support students for a maximum of three weeks after they were no longer classed as registered students. This meant the service was not always able to offer a full course of CBT, and may have instead had to refer a student to an external provider. Project staff reported that this was a key challenge as it could disrupt the support available to students, particularly those in the final year of studies.

Project evaluation staff found that recovery rates for the clinic varied over the funded period. It is possible that this was influenced by the pandemic, which is known to have impacted upon young people's mental health. This is something the project team said they would continue to monitor beyond the MHCC funded period.

Whilst feedback from students accessing the service is very strong, in future work in this area it would also be beneficial to understand the perspectives of the trainee students engaged in delivering the support.

Potential refinements – mind management workshops

Overall feedback regarding the workshops was positive, with the workshops achieving a mean score of 4.2 out of a maximum of 5 for how helpful students found them. However, high rates of non-attendance meant that only a small dataset was available for measuring impact on student mental health. Only 10 students provided both pre- and post-workshop data for the postgraduate workshops. The available data suggests that this kind of model could be beneficial in supporting students to tackle issues early, and could support more proactive models of support. However, the limited data suggests the work would benefit from further piloting to extend the evidence base before a wider roll-out.

Scalability of the model – clinic

The approach by which trainee students provide support for students appears to have strong transferability. Indeed, a similar model was also developed as part of the North London hub funded through the **Student Mental Health Partnerships** project. The North London hub developed a university-run clinic with trainee clinical psychologists. Similarly, to the pilot at Newcastle University, this model was able to bring about improved access to support and streamline referrals, which could reduce pressure on other support services. The team at Newcastle University have also already had communications with several universities in England about establishing their own services.

Transferability will be particularly strong where a HE provider already offers relevant training and qualifications that require students to gain practical experience of delivering support. However, this would not preclude other HE providers who do not offer psychological training from adopting this model, as they may instead be able to work in partnership with other HE providers who deliver this training.

Strengthening partnerships with NHS and community mental health services

Project: University of the West of England – Student Mental Health Partnerships

Type of evidence: Narrative

Potential to scale: Medium

Themes: Support for all students / Targeted support / Staff / Pathways to support

This project aimed to improve student support through the development of local partnerships between HE institutions, local NHS providers, and Students' Unions. The project developed five local "hubs" in different cities in England, forming partnerships between universities, the NHS and students' unions in each city, connected through a National Learning Collaborative., which provided opportunities to come together to share learning. Each of the "hubs" developed and tested different approaches to collaboration between universities and NHS providers.

Success factors

Through its evaluative work the project has sought to identify 'what works' in developing strategic partnerships between NHS providers and universities. Conclusions have been drawn from a variety of data sources including:

- Regular monitoring reports supplied by each hub, which provided an overview of activities, challenges and benefits
- Service and pathway mapping at each hub
- Interviews with key project staff based within HE institutions (n=9)
- A survey of student partners (n=4).

The project identified a range of factors that are important in the development of strategic partnerships between HE providers and the NHS. These include:

- The importance of both formal and informal networking opportunities
- The importance of key roles in networks, including 'boundary spanners'²¹ and enabling leaders

More success factors are set out in the Student Services Partnerships Evaluation and Quality Standards (SPEQS) Toolkit,²² which was developed as part of the project.

The qualitative evidence generated by the project is somewhat limited as the evaluation team were able to undertake interviews only with HE staff who had been involved in project teams. Consequently the

²¹ Individuals who can reach across professional/organisational boundaries to bring together individuals from different teams to collaborate.

²²Broglia, E., Nisbet, K., Chow, H., Bone, C., Simmonds-Buckley, M., Knowles, L., Hardy, G., Gibbon, L., & Barkham, M. (2022). Student Services Partnerships Evaluation and Quality Standards (SPEQS) toolkit. Available here: [Student Services Partnerships Evaluation and Quality Standards \(SPEQS\) Toolkit – SMARTEN](#)

perspectives of NHS staff are missing²³. However, other MHCC projects involved in delivering NHS and university partnerships have identified similar important factors to those above when looking to develop strategic partnerships with the NHS. This therefore supports findings from the Student Mental Health Partnerships project. Additionally, there are clear examples of new services or support pathways being developed through the hubs, which show that the partnerships are helping to bring about new approaches to supporting student mental health.

As this project was more strategic in nature it is not yet possible to unpack how the development of these partnerships has impacted upon students' experiences. This is a particularly challenging area to evaluate given the length of the student lifecycle, which can make it difficult to track the impact of changes that take place over multiple years, as students who experienced the previous system graduate. Nevertheless the project further boosts the case for stronger working between universities and NHS providers, with qualitative evidence demonstrating that the stronger relationships helped practitioners in the management of complex cases.

Future refinements

The project found that effective engagement with the NHS was at times challenging due to the pandemic context, and levels of engagement differed across the hubs. The funding of NHS roles as part of the project appears to be associated with increased collaboration with the NHS, suggesting that resourcing roles may be beneficial in future projects considering embedding strategic partnerships. This may be particularly helpful where the NHS is going through transformation, which could lead to resources being diverted to other internal priorities if the collaboration resource is not ringfenced.

As part of the project a National Learning Collaborative was developed to provide opportunities for collaboration between hubs. The project team had initially planned for this to deliver face-to-face networking opportunities, however the context of the COVID-19 pandemic meant this work had to be delivered online. Whilst the meetings were still well attended, the project team found that the online format did not lend itself well to informal relationships being developed through networking. This suggests that face-to-face opportunities are important for the facilitation of such informal relationships.

Scalability of the model

Perhaps one of the key lessons from the model is the importance of avoiding a one size fits all' approach in the development of partnerships, recognising that local arrangements and infrastructure will vary considerably across the country. The project instead provides general principles and guidance for developing a strategic partnership between a university and NHS service, as set out in the SPEQS toolkit. There is evidence that the learnings from this project are already shaping practise at other HE providers, and indeed one provider reported that the learning had helped them to consider approaches they may need to consider as part of their own project. As a result, the project has created scalable learning, whilst the nature of partnerships means it may not be appropriate to pick up a specific model and place it in

²³ Interviews with NHS staff were not possible due to capacity issues and delays caused by COVID-19.

another context. HE providers and NHS providers will instead need to be sensitive to their specific local model and local needs.

Models of partnership²⁴

The project created and tested four approaches to collaboration between universities and the NHS across the five regional hubs, with different levels of integration and connection.

1. Integrated regional student mental health service (Greater Manchester)

The pilot Greater Manchester Universities Student Mental Health Service was launched in September 2019, offering a single designated mental health care pathway for students across the region, with access routes through existing university services. The service enables students with significant difficulties and complex needs to receive specialist interventions as part of a single pathway that extends through university-based services directly into the specialist service. The project carried out an evaluation, co-produced with student partners, that explored the journeys and experiences of students using the service to assess the effectiveness of the service and inform future development.

2. Broader clinical pilots: Student Liaison Service (Liverpool)

The Student Liaison Service in Liverpool was designed to pick up issues of students being discharged from secondary NHS services into universities with no named contact and no clear plan, and ensures that the universities know what has happened with students who present in crisis. The service acts as an interface between NHS and university, taking referrals from A&E, urgent care teams, GPs and university services, offering a brief intervention and signposting or referring to relevant services. A multi-disciplinary team, including NHS, university and student representation, oversees progress and ensures practitioners can share best practice and receive the latest information.

3. Targeted clinical pilots: University Research Clinic (North London and Sheffield)

The University Research Clinic model involves academic clinical psychology departments working in partnership with NHS services to improve outcomes for students and reduce pressures on universities. The service brings together clinical academic staff and NHS-funded trainee clinical psychologists, enabling students to access evidence-based treatment within a university setting, streamlining referrals while providing clinical trainees with a high-quality placement experience. This has created a new care pathway for NHS treatment which is more easily accessible to students.

²⁴ Source: Carrie, S., Darwen, J. & Dickinson, S., 2022. Mental Health Challenge Competition Project Report: Student Mental Health Partnerships (UWE Bristol), Bristol: University of the West of England.

4. Structures for connectivity and collaboration (Bristol)

The Bristol Hub did not create a new service for students but brought together professionals from universities and from NHS primary and secondary mental health services to focus on solving structural and operational issues such as liaison and collaboration between services, referral pathways, and sharing knowledge and research to co-create a better understanding of local students' needs.

Establishing a liaison team between HE and the NHS to close gaps in student support

Project: University of Liverpool – Working in Partnership to Improve Student Mental Health

Type of evidence: Narrative

Potential to scale: Medium

Themes: Support for all students / Targeted support / Reactive support / Pathways to support

This project sought to improve pathways to support for students, with a focus on developing sustainable clinical interventions and the development of seamless referral pathways for students experiencing mental health difficulties. The Liverpool Liaison Model, developed by the project, is a bridging network and service situated between HE providers and NHS services. This model includes two services:

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

The Liverpool Liaison Model does not replace existing services, but facilitates communication between complex systems. The diagrams overleaf illustrate the pathways to support that were in place before (Figure 3.2) and after (Figure 3.3) the Liverpool Liaison Model was implemented.

Since October 2020 the new service has helped 429 students to access the right type of support. Additionally, 299 students have been able to access a new service for self-harm (U-COPE). Qualitative evidence gathered from students who accessed U-COPE, through a student research project, suggests that the service has helped to speed up access to support.

‘It was really quick that they got back to me and I was really impressed with that, because there’s often like a long waiting time so how quick it was, that was really helpful to me’. (Student, Accessed U-COPE Service)²⁵

²⁵ Source: Young, D., 2022. University-Community Outpatient Psychotherapy Engagement – Exploring the impacts and efficacy of a novel intervention for student mental health, British Journal of Clinical Psychology, University of Liverpool.

Figure 3.2: Student Pathways into Mental Health Services before the Liverpool Liaison Model

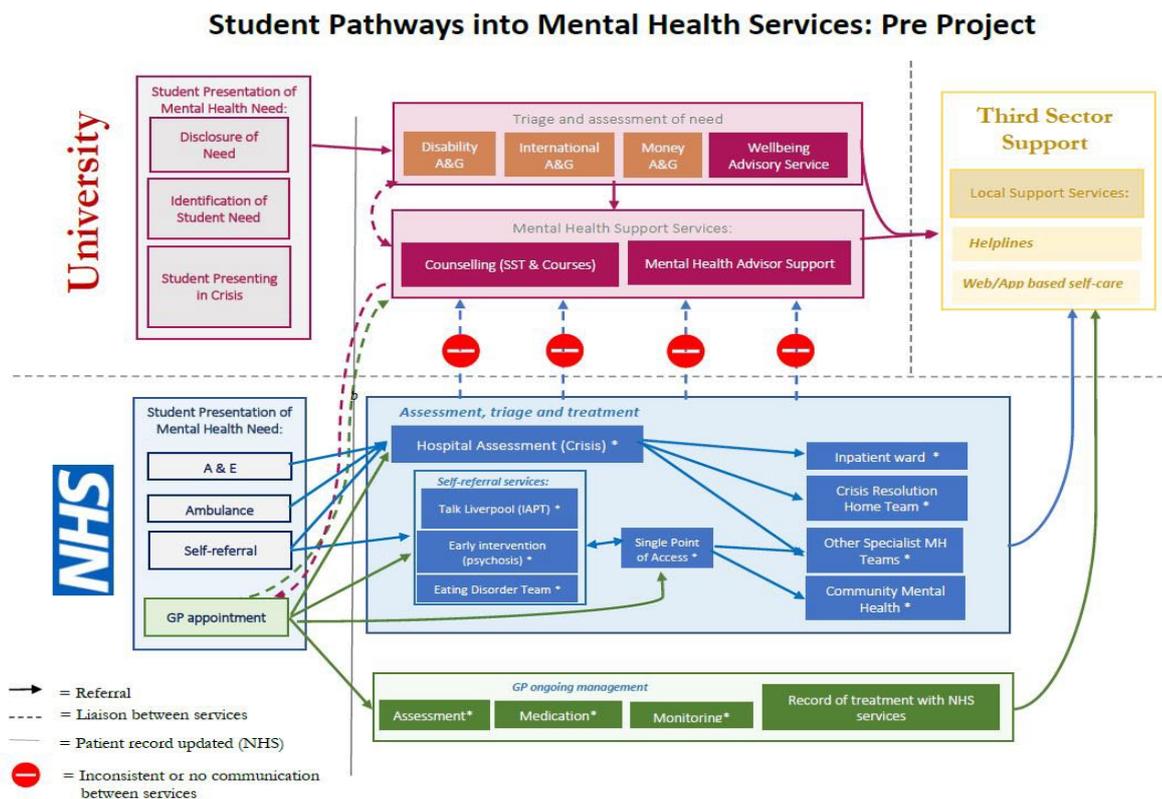
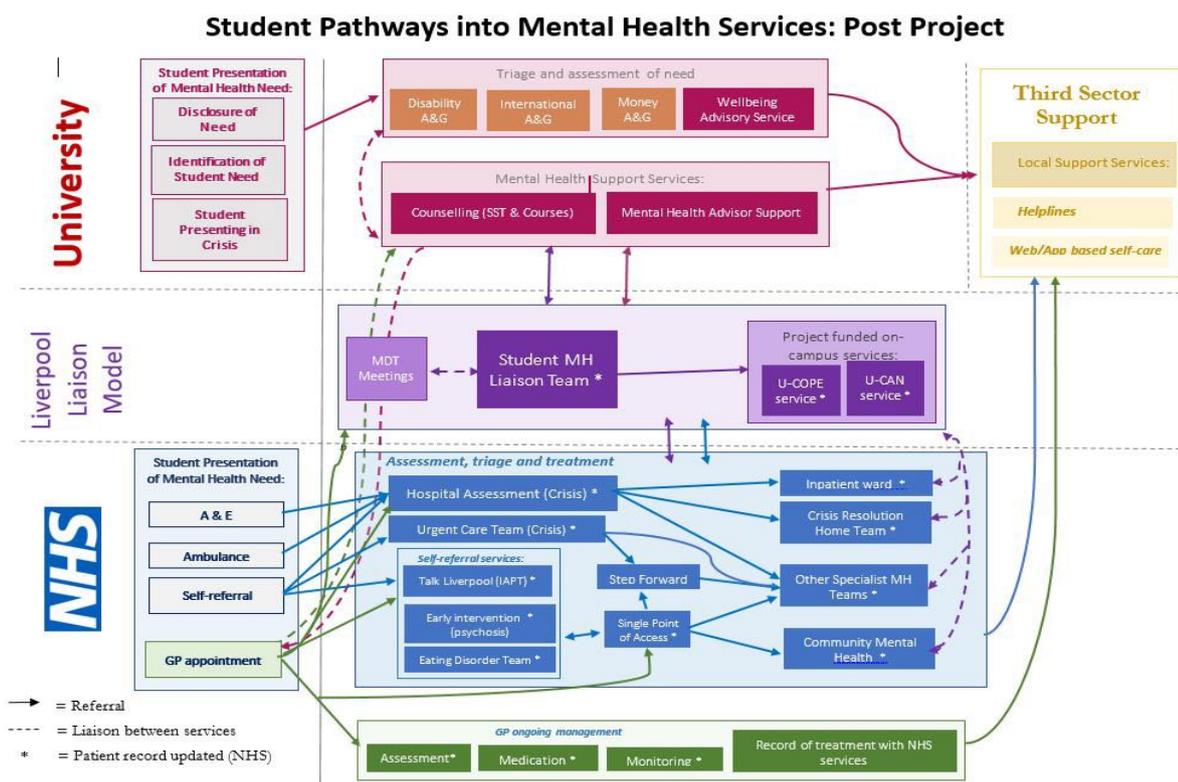


Figure 3.3: Student Pathways into Mental Health Services after the Liverpool Liaison Model



Success factors

The project was delivered as a partnership between the University of Liverpool and Liverpool John Moores University, in collaboration with Mersey Care and Brownlow Health and the Innovation Agency. This partnership was a critical success factor. The Student Liaison Service was able to develop an understanding of both universities, to support care planning. This was also viewed as a success for the NHS, as it reduced the need for separate arrangements to be created with each HEI.

‘Working across institutions. That was really key part of the design. Other HE providers in Liverpool have accessed the Student Liaison Service. We have 6 HE providers in the city, so wanted to develop something that worked for the NHS with all HE providers, not just one because recognise each HE provider is different [...] we’ve now got a model that works from an NHS point of view – what they want is to have single route, not multiple routes depending on HE provider.’ (Management & delivery staff, Final Year Interview)

Effective partnership working was supported by key liaison roles, which created champions within the NHS. At the start of the project this was felt to be particular key to enable HE staff to navigate the complexities of the NHS.

The partnership between HE providers and NHS helped to create better understanding of each other’s roles and pressures, and generated improved visibility of student needs and issues. Staff reported that this had improved student safety, by reducing the risk of students being lost between support providers because of the improved transition in and out of services, facilitated through the liaison model.

Over the course of the project, improvements were made to the data recorded in clinical recording systems held by the NHS. This involved adding student status to the recording system. Staff reported that this has helped to identify the scale of student need, which will support future service planning decisions.

Areas of refinement

The pilot project was delivered with two HEIs in Liverpool, as the model has become embedded it has broadened its operation across all HE providers in the city. This is an area that could be supported by both local and national work to improve consistency of recording in relation to students, which would make it easier to identify students in services and monitor impact.

The pilot project was delivered with two HE providers in Liverpool. As the model becomes embedded, there is a desire from project staff to broaden this across all HE providers in the city. This would have the benefit of building some consistency in the offer to students across the city, but also brings benefits for the NHS by ensuring they have a single pathway for all HE providers rather than a different pathway for

each. This is a key lesson learned, that could help HE providers in other localities to develop their own local approaches.

Scalability of the model

This model provides useful learning which will be transferable to other HE providers and NHS services that are considering developing new partnership approaches or pathways to care. There is evidence that several HE providers across England & Wales are already exploring opportunities to implement approaches based on the Liverpool Liaison Model. However, the nature of this intervention means that implementation will not be about embedding the approach wholesale, as the model needs to be integrated within the local context in which it is situated. Partnership approaches are by their nature not a 'one size fits all' model.

Developing a whole-community approach to student mental health

Project: University of Keele – Start to Success

Type of Evidence: Narrative (Partnership and referral pathway development, student journey interventions and transitional outreach sessions) and Empirical (staff training, Active Wellbeing, Targeted foundation year and postgraduate support programmes)

Potential to scale: Varied

Themes: Support for all students / Targeted Support / Staff / Prevention / Reactive Support / Pathways to support / Mental health awareness / Peer to peer support

This was a highly ambitious project that brought together two HEIS and eleven partner organisations to develop a whole community approach to supporting student transitions into, through and beyond university.

The project was made up of a wide variety of workstreams, as demonstrated in Figure 3.4 below.

Figure 3.4: Start to Success work strands and key deliverables

<p>Developing regional connections</p> <ul style="list-style-type: none"> •(Sustainable) Regional connections developed
<p>Developing referral pathways</p> <ul style="list-style-type: none"> •New partnership working between universities and NHS developed and implemented •New and improved approaches to needs assessment, referral pathways and discharge protocols specified and in place
<p>Facilitating pathways into HE</p> <ul style="list-style-type: none"> •Training for FE college and university staff delivered •New resources and approaches to engagement to support FE-HE student transitions
<p>Supporting student progression</p> <ul style="list-style-type: none"> •Student journey interventions mapped at key points, piloted & evaluated Key Groups: BAME, Post Graduate, Mature, Commuter Students, Ethnic Minority, International, Students with Disability, Care Leavers/Estranged Students
<p>Student engagement monitoring</p> <ul style="list-style-type: none"> •Student engagement system and learner dashboard developed •'GAME' project created to collate digital innovations into integrated and intelligent student support environment to anticipate issues, using digital coach and nudge technology as interventions
<p>Support for postgraduate students</p> <ul style="list-style-type: none"> •Postgraduate focussed interventions developed, piloted & evaluated
<p>Support for foundation year students</p> <ul style="list-style-type: none"> •Foundation year withdrawal intervention guide developed •Foundation year third party peer mentoring scheme piloted & evaluated •Foundation year staff wellbeing training delivered
<p>Peer support programmes</p> <ul style="list-style-type: none"> •Revised peer support model piloted & evaluated •New peer support model piloted & evaluated
<p>Coaching models</p> <ul style="list-style-type: none"> •Online Student Health and Wellbeing / support tools developed, piloted and evaluated •Personal tutor coaching handbook and online training developed, piloted and evaluated
<p>Active Wellbeing</p> <ul style="list-style-type: none"> •New wellbeing activities, campaigns and resources piloted & evaluated
<p>Connected staff training framework</p> <ul style="list-style-type: none"> •Connected mental health awareness staff training framework developed & implemented

The evidence from these workstreams has been split up by intervention type below to highlight how each strand has contributed to knowledge of what works in support for student mental health.

Partnership and referral pathway development

- New partnership working between universities and NHS was developed and implemented alongside new approaches to needs assessment, referral pathways and discharge protocols (including the Education First preventative approach to discipline issues).
- Service and support are described as more visible because of new processes, with 80 referrals made via the new process and 200 students accessing Keele's Out of Hours provision.
- Two Out of Hours Officers were recruited. Qualitative feedback about these roles was positive.

Staff training

- Mental Health Awareness or Suicide Prevention Training was delivered to 554 staff members within Further Education and Higher Education settings by North Staffs Mind. The project undertook pre and post intervention surveys with staff who undertook this training. This demonstrated boosted mental health awareness among staff.
- Before the Mental Health Awareness training 59 per cent of staff reported they could recognise symptoms of common mental health problems. This rose to 98 per cent after training.
- Before Suicide Prevention training 51 per cent of staff could recognise potential signs of suicidal thoughts and behaviours. This rose to 100 per cent after training.
- In qualitative feedback staff reported the training had helped them feel 'more confident' supporting students.

Active wellbeing

- Four campaigns held throughout project delivery (Every Move Counts, Red January, Be Active at Home and Taking Control of my Wellbeing).
- A wellbeing module was attended by 1420 Keele students and 216 Staffordshire students and Wellbeing Wednesday sessions were run in conjunction with student co-creators.
- Qualitative feedback and survey responses were largely positive.

Student journey interventions

- Student journeys were mapped out for mature students, commuting students, ethnic minorities, International, Disabled students, Care Leavers/ Estranged Students and Postgraduate Students.
- This assessment was informed by qualitative fieldwork and a range of surveys with groups identified as needing support.

Transitional outreach sessions

- Forty students moving from FE to HE attended transitional workshops
- The project undertook feedback surveys following the sessions. These suggest that the sessions helped students to feel more informed about mental health support. Sessions regarding disclosing mental health conditions led to a high proportion of students reporting they would disclose to the university.
- Twenty-one students attended a session about disclosing mental health issues when applying to university. This session also provided information on disability services. Qualitative feedback

shows the session was positively received by students. Following the session 65 per cent of attendees reported that they were more likely to declare a mental health condition at application.

Targeted foundation year and postgraduate support programmes

- A foundation year support officer was recruited alongside the recruitment and training of 41 foundation year peer mentors.
- Three wellbeing sessions were run for foundation year students and 23 students accessed support from peer mentors.
- Thirty-three students joined PG Student Minds to develop sessions and resources to respond to key challenges and barriers postgraduate students face.
- A shared space for student collaboration on activities and ideas related to embedding mental health and wellbeing activities into core training and activities.
- Collaborative sessions were held with the Student Experience Team and the Active Wellbeing Officer.
- Resources to aid transition have been developed for foundation year and postgraduate students. 82% foundation year students reported that the information provided was useful and 92% of postgraduate students found workshops helpful.

Success factors

As part of the delivery model, several project officers were introduced, each with a different remit. Management and delivery staff reported that having these funded roles was beneficial in providing the institution with the time and capacity to dedicate to more proactive and preventative student mental health initiatives. As this was a ring-fenced resource for the project it helped to insulate staff from being diverted to providing reactive support. This was felt to be an important feature of projects seeking to embed a whole-community approach to mental health.

New flexible support available due to the recruitment of two Out of Hours Officers appears to have been well-received. This provision has reportedly allowed more flexible student welfare appointments and allowed staff to conduct welfare checks and welfare driven crisis response. As this was viewed as an important aspect of project delivery, the out of hours officer role has now been embedded within the Residence Life Manager Team at Keele.

Management and delivery staff also reported that the partnerships built through the project had been a key success factor. For example partnerships built with the NHS as part of the project helped to identify further opportunities to collaborate and resulted in additional support being provided to student nurses who were joining the NHS during the pandemic. Students are now also recognised as key group within external services because of NHS work with Student Champions from the programme within NHS.

The transitions work undertaken by the project appears to have been successful. Start to Success ran four transitional sessions to support students moving from FE to HE. Around 40 students attended each

session and the project reported that feedback was positive. These sessions helped to raise awareness of support services among potential students.

'The sessions were useful and helped me to understand what to expect of Uni.'
(Student/Attendee at Transitional Outreach Session)

'I found it useful to learn about the different support and where to go if I need help.'
(Student/Attendee at Transitional Outreach Session)

The Start to Success team also held workshops with students at Stoke on Trent Sixth Form College to provide information about disclosing mental health issues when applying to university and disability support. Whilst the session was only delivered to a small number of FE students (21), the feedback from the session shows that it was positively received and 65 per cent of attendees reported that they were more likely to declare a mental health condition on application after the session. This information can be passed to university disability services to ensure that a plan is in place for students when they arrive at university, suggesting such workshops may help to ease student transitions for those with pre-existing mental health conditions. As detailed in a case study produced by the project team, students who attended the session often asked questions regarding confidentiality and privacy, which suggests that applicants may need more information regarding these issues to support them to make an informed decision about whether to disclose their mental health condition (UCAS, 2021).²⁶

Areas of refinement

As part of the evaluation, the team conducted a population-level mental health survey each year, with the hope of using this to identify changes in student help-seeking behaviours and other mental health and wellbeing outcomes. Unfortunately, this population approach was impacted by the COVID-19 pandemic, which means any project outcomes measured through this survey cannot be drawn apart from differences resulting from the pandemic. This makes it challenging to assess the impact of the project at a whole-community level, rather than focusing in on specific activities that were delivered. Had it not been for this external context, we would have hoped the project could have explored changes in student awareness in relation to support services and other high-level impacts like improvements in general wellbeing. These outcomes had been incorporated into an annual survey conducted as part of the evaluation. However, it is not appropriate to rely on this data because 2019/20 does not provide a suitable baseline due to the COVID-19 pandemic, and changes between 2020 and 2022 may have been influenced by social restrictions coming to an end. Additionally, the university boosted communications around support services as a direct result of the pandemic due to concerns over the impact it would have

²⁶ The full case study is available here: [Start to Success – a project to support student mental health and wellbeing | Undergraduate | UCAS](#)

on student mental health, which means it is not possible to draw apart the whole-community impacts of Start to Success from the actions taken by the university to respond to the pandemic.

Project staff also reported that the size and scale of the project made it challenging to identify impacts. Going forward, we would encourage providers to pilot fewer initiatives to enable staff to better identify specific impacts.

Scalability of the model

The project has created resources that can be accessed and adapted by other HE providers. This includes for example resources for students in FE to identify the support they can access in HE, a student coaching handbook, a checklist for personal tutors supporting healthcare students, a parent and carer handbook, a Taking Control of My Wellbeing online module and many others. The project also boosts the evidence for Mental Health Awareness training, suggesting that this may be something that could be picked up by other HE providers. The project further adds to the body of evidence around transitions that has developed through this programme. However, in other areas, where evaluation has been more challenging, more evidence may be required before the potential scalability of interventions can be identified.

4. Limitations in the Evidence

This section explores some more general limitations of which readers should be aware. Central to this is that all projects were delivered against the extremely challenging backdrop of the COVID-19 pandemic.

COVID-19 pandemic

The COVID-19 pandemic had a substantial impact on the delivery of projects funded by the MHCC. The projects began delivery in September 2019 and were planned to run until December 2021. However, the outbreak of COVID-19 in England, and associated coronavirus regulations, meant that service delivery had to be substantially altered throughout the delivery period.²⁷ From March 2020, England entered 'lockdown', resulting in campus closures. From this point up until February 2022, there were a range of restrictions on academic and social life.²⁸ As a consequence of this, no project was able to trial an intervention for a full uninterrupted academic year. As a result, further testing of interventions would be beneficial to identify how trends might evolve and change at different points in the student life-cycle.

As outlined in the separate report on [the impact of coronavirus \(COVID-19\) on the OfS Mental Health Challenge Competition](#),²⁹ this has had several consequences for the evaluation of the projects. For example, baseline comparisons have been weakened by the confounding issues presented by the pandemic (Maughan, et al., 2020, p. 8). The impact of the pandemic also meant that awareness-raising activities for projects were disrupted, and some projects felt that engagement with their initiatives had been impacted by this, with many delivering activities remotely that had initially been planned as face-to-face activities. Despite these challenges, projects should be commended for the interventions they delivered in extraordinarily challenging circumstances.

Further to these COVID-19 challenges there were a range of other difficulties faced by projects in relation to evaluating the impact of the interventions. These are set out below.

Wider evaluation challenges

Data access

Many of the projects that were working on interventions to improve support services encountered difficulties accessing comparison data from NHS services in support of their evaluation efforts. In one case a project managed to overcome this issue as the university team was employed as honorary NHS

²⁷ As a result of the disruption caused by the COVID-19 pandemic the OfS allowed projects to extend their delivery timescales. This resulted in one project coming to a conclusion in December 2021, whilst seven extended to March 2022, and two extended to June 2022.

²⁸ Further details on the COVID-19 restrictions in place in England since March 2020 can be found in 'Coronavirus: A history of 'lockdown laws' in England'. Available here: [CBP-9068.pdf \(parliament.uk\)](#)

²⁹ The full report is available on the OfS website, here: [Impact of coronavirus on OfS Mental Health Challenge Competition – Office for Students](#). See page 8 for further details.

staff for the project, which meant that they were all working across the same systems. However, more generally, projects encountered issues accessing data, which appeared to stem from a nervousness or reluctance within NHS services, including concerns that the data may be used to ‘judge’ their services. It may be that more support is required to articulate the benefit of data-sharing across services to support effective evaluation of student mental health initiatives. There were further challenges encountered in effectively tracking students, as primary and secondary services did not necessarily have the ability to ‘tag’ students within their monitoring systems.

This suggests further work is needed at a sector level to improve data sharing, where appropriate, between HE providers and the NHS to ensure students can access seamless support.

Gathering student feedback

Many projects reported that they had encountered difficulties obtaining student feedback, including achieving their desired completion rates for pre- and post-evaluation surveys.

‘We were doing a pre and post survey to look at long-term impact, but we are not getting that information at the moment. This first year going off on our own is showing there is a desire, it is working, but those longer term impacts are hard to see. Prevention is hard to measure.’ (Management & delivery staff, Final Interviews)

This in part seemed to have been exacerbated by the COVID-19 pandemic, which led to greater challenges in engaging students, but projects also reported challenges in relation to ethics and in some cases project teams had to make decisions not to collect data where it was felt that this could lead to students having a more negative experience. We have sought to identify throughout this report where response rates were particularly affected.

Further details on the evaluation challenges faced across the programme are included in the Final Evaluation Report.

Appendix 1: Summary of Projects

Below the summary details of each project are provided. The OfS has also released a series of case studies and resources related to the projects, which are available online.³⁰

Table 6: Project details

Lead provider	Project details
<p>University of Birmingham</p>	<p>Enhancing Student Mental Health through Innovation and Partnership</p> <p>The project created a drop-in hub of qualified therapists and volunteers, providing therapeutic interventions for students in open-plan safe spaces without the need for appointments or waiting lists.</p> <p>Project partners:</p> <ul style="list-style-type: none"> • The Children’s Society • Birmingham Women’s and Children’s NHS Foundation Trust • Forward Thinking Birmingham.
<p>University of Derby</p>	<p>Education for Mental Health: enhancing student mental health through curriculum and pedagogy</p> <p>The project created a national online toolkit for academics that provides guidance on designing curriculum and assessments that facilitate better student mental health.</p> <p>Project partners:</p> <ul style="list-style-type: none"> • King’s College London • SMaRteN (Student Mental Health Research Network)

³⁰ Resources can be found here: <https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/student-mental-health/mental-health-challenge-competition-improving-mental-health-outcomes/>

Lead provider	Project details
	<ul style="list-style-type: none"> • Aston University • Student Minds • AdvanceHE
University of Keele	<p>Start to Success – a whole community approach to supporting student transitions into, through and beyond university</p> <p>The project championed a ‘whole-community’ approach to mental health, working with partners to remove barriers, improve support and enable student success.</p> <p>Project partners:</p> <ul style="list-style-type: none"> • Keele Students' Union and Postgraduate Association • Staffordshire University (and Students' Union) • Stoke-on-Trent City Council • Staffordshire County 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 • Together Active (previously SASSOT)

Lead provider	Project details
<p>University of Lincoln</p>	<p>Transitioning Students Effectively: a student-led approach to mental health support</p> <p>The project created a peer-to-peer approach, developing processes, procedures and digital tools to enable students to support each other and themselves.</p> <p>Project partners:</p> <ul style="list-style-type: none"> • 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’ Unions • Lincoln College • Unihealth • Expert Self Care.
<p>University of Liverpool</p>	<p>Working in Partnership to Improve Student Mental Health</p> <p>The project developed a sustainable clinical intervention and improved joined-up working through clear referral pathways and interventions.</p> <p>Project partners:</p> <ul style="list-style-type: none"> • Liverpool John Moores University • MCT NHS Foundation Trust • Student Health Centre Brownlow Hill • Academic Health Science Network

Lead provider	Project details
<p>Newcastle University</p>	<p>BRinging Innovation to Graduate Mental Health Together (BRIGHTER)</p> <p>The project provided evidence-based psychological therapy to students in an 'in-house' clinic run by students on trainee placements, and early intervention through curriculum-based 'mind management' skills training.</p> <p>Project partners:</p> <ul style="list-style-type: none"> • Northumberland, Tyne and Wear NHS Foundation Trust • Child Outcomes Research Consortium • Northumbria University • Newcastle University Students' Union.
<p>Northumbria University</p>	<p>Mental Health Analytics: a continuum approach to understanding and improving student mental health</p> <p>This project focused on innovative integration of technology, advanced educational data analytics, student relationship management, and effective models of support.</p> <p>Project partners:</p> <ul style="list-style-type: none"> • Universities UK • Buckinghamshire New University • University of East London • Civitas Learning International • Jisc • The Student Room Group • Microsoft Education • Papyrus • University of Bristol

Lead provider	Project details
<p>University of Nottingham</p>	<p>International Student Mental Health – good practice guidance and intervention case studies</p> <p>This project aimed to discover ‘what works’ in supporting the mental health and wellbeing of international students, creating case studies and a practical toolkit.</p> <p>Project partners:</p> <ul style="list-style-type: none"> • University of Nottingham Students' Union • Student Minds • SOAS • SOAS Students' Union • University of Leeds • University of Leeds Students' Union • Campuslife
<p>University of Sussex</p>	<p>SITUATE: Students In Transition at University: aiming to enhance mental and social health and wellbeing</p> <p>This project developed a mental health peer education training programme delivered by older students to younger students at stages of transition.</p> <p>Project partners: The Mental Health Foundation</p>
<p>The University of the West of England, Bristol</p>	<p>Student Mental Health Partnerships</p> <p>This project developed a National Learning Collaborative, bringing together local partnerships between universities, the NHS and students' unions.</p> <p>Project partners:</p> <ul style="list-style-type: none"> • University of Bristol • University of Sheffield

Lead provider	Project details
	<ul style="list-style-type: none">• University College London• Imperial College London• University of Manchester• University of Liverpool• Universities UK• Student Minds• NHS Confederation Mental Health Network• NHS England

Appendix 2: Supporting Evidence

Evaluation Aims

The programme evaluation sought to:

1. Assess the outcomes and impacts on students of the individual projects and the programme as a whole to understand the benefits of co-ordinated activity and funding.
2. Identify 'what works' in supporting student mental health, including effective practice, approaches, methodologies and specific activities which can be disseminated across the sector.
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.
4. Assess the sustainability and scalability/replicability of the individual projects.
5. Identify the effectiveness, challenges and opportunities presented by collaborative working, including within providers, with external organisations and with student partners.

The Final Evaluation Report explores programme level impacts, with a focus on aims 1, 3, 4 & 5 (above). The present report explores aims 1 and 2, with a focus on project-level impacts, and lessons in effective practice drawn from each of the funded approaches.

Evaluation Approach

The evidence in this report is drawn from a range of data sources including:



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

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



54 telephone/video interviews with project staff

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



39 telephone/video interviews with sector stakeholders

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



Feedback gathered from 94 students

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

Further Reading

For detail on programme level impacts from the MHCC, readers should consult the [Final Evaluation Report](#).

Contact us.



01545 571 711



wavehill@wavehill.com



wavehill.com

Follow us on our social.



@wavehilltweets



wavehill