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Evaluation of the Mental Health Funding Competition: Using innovation and intersectional approaches to target mental health support for students

Executive Summary

January 2024

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The Mental Health Funding Competition (MHFC) was a programme funded by the Office for Students (OfS), through investment from the Department for Education (DfE) and Department of Health and Social Care (DHSC), that supported higher education providers (providers) to use innovative and intersectional approaches to target mental health support for students. All projects commenced delivery at the beginning of the 2021/2022 academic year with all delivery completed between March and September 2023

This final evaluation report explores what the programme delivered, as well as findings regarding effective practice, common challenges and the impact of the programme. It is intended to act as a resource for providers and the higher education sector, to assist with identifying strategies to improve support for students who may face barriers to accessing support or may be at increased risk of experiencing poor mental health.

Background

With investment from the Department for Health and Social Care (DHSC) and the Department for Education, the OfS awarded more than £3 million of funding to providers to identify innovative and collaborative approaches to targeted support for student mental health.

Through this fund, the OfS has supported 18 provider-led projects across England. The proposed approaches to supporting students varied across the projects, but all funded projects target at least one of the following priority groups:

- Groups of students with characteristics identified as increasing the risk of poor mental health (e.g. ethnicity, socioeconomic background, disability).
- Groups of students who might experience barriers to accessing support due to their mode of study or other characteristics (e.g. placement students, mature students, part-time students, first-generation students, care-experienced students, LGBT+ students).

An interim report provided an in-depth look at **co-creating intersectional mental health initiatives for students**, which identified areas of effective practice for involving specific student groups in co-creation and challenges encountered.

More information regarding the MHFC programme, including the 18 funded projects, can be found on the **OfS website**.

Programme Overview

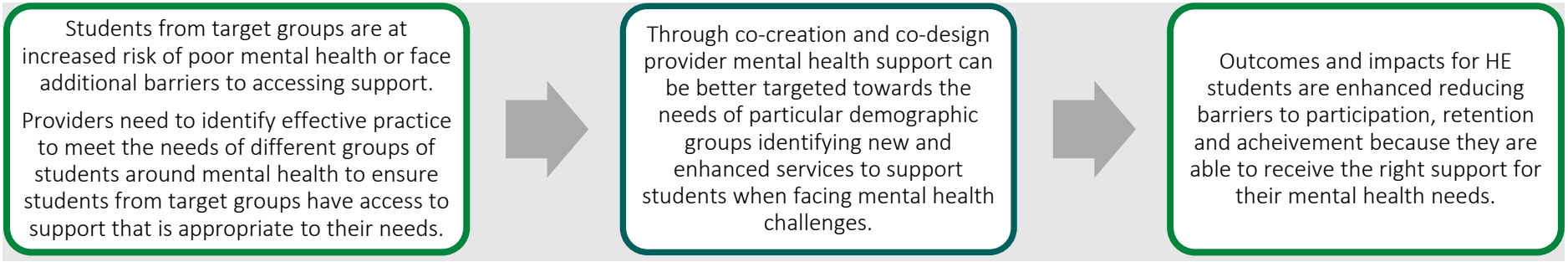
All of the 18 projects aimed to:

- Support the development and testing of **innovative and intersectional approaches** to supporting student mental health.
- Provide an evidence base on **'what works'** that can be disseminated across the sector.
- Develop **strategic, collaborative partnerships** between providers and other stakeholders.
- Provide evidence on the role and impact of **student co-creation** in developing targeted approaches to support student mental health.

The guidance to bidders also noted that the DHSC was 'particularly interested in bids that demonstrate innovative and technological approaches' to mental health and improving mental health support.[1]

Evaluation

Wavehill was commissioned in September 2021 to independently evaluate the MHFC. The purpose of the evaluation was to address how effective the programme has been in meeting its aims and priorities. This included collecting data through interviews, surveys and a meta-review of the project-level evaluation reports. The research questions and data collection methods used to inform the evaluation can be found in the full report. The diagram below demonstrates the simplified **logic model for the MHFC programme.**



[1] Mental Health Fund Competition bidding guidance (officeforstudents.org.uk)

The MHFC has...

Piloted innovative approaches

including targeted peer-to-peer and mentoring approaches, awareness-raising campaigns, student and staff training, linking to NHS services, virtual reality technology, and online toolkits, platforms or apps.

Identified effective practice for reducing barriers to mental health support

for autistic students, Black, Asian and minority ethnic students, care-experienced students, first-generation students, LGBTQ+ students, mature students, part-time, distance and commuter students, and placement students

Supported the development of strategic partnerships

for the 18 lead institutions and the 83 partner organisations involved in the design or delivery of projects. This included 27 other HEPs, 17 further education colleges, 15 NHS organisations, seven student unions or student union representatives, and a range of other third sector, private sector and public sector organisations.

Engaged with students and staff across a range of providers

3,241 students received support from the programme.

1,057 students were involved in co-creation activities.

316 staff members received training.

Source: MHFC Project-level evaluation reports, 2023

Effective practice for addressing barriers to support for target groups

The following table identifies how the approaches developed and trialled by projects have addressed the barriers to accessing support for target groups**.** This is not a comprehensive guide to developing mental health interventions for students from these groups but **identifies and collates examples of good practice from funded projects which had a focus on meeting specific needs**.

The following insights for each target group should be understood as part of an intersectional approach to student mental health; some projects focused on more than one target group by design, and all projects recognised that the students engaged in the interventions trialled may represent more than one target group.

Table 1.1: Summary of effective practice identified through MHFC and strength of evidence, by target group

Target group	Activities piloted through MHFC	Effective practice identified through MHFC	Strength of evidence[2]
Autistic students	• Staff training • Toolkit development	• Training for staff to develop nuanced, in-depth knowledge of the different ways autism can present, and the interaction between autism and mental health behaviours, can be an effective way of reducing barriers faced by autistic students. • Detailed, autism-specific toolkits may be important in reducing barriers for autistic students, who may be able to navigate challenging social and sensory environments and manage anxieties better if they can prepare in advance. • To effectively meet the information needs of autistic students, online toolkits may need to be highly tailored and specific to institutional context. • Staff consistently suggested that workshops or awareness-raising activities can be less effective for students with autism due to student recruitment challenges.	Moderate

[2] Assessments of the strength of evidence across all intervention types were made using the OfS standards of evidence and evaluation self-assessment tool, available here **Limited** – emerging themes through qualitative findings and some quantitative data (small n) predominantly by one main stakeholder group. **Moderate** - themes and insight identified in quantitative and qualitative evidence across several stakeholder groups that aligns with external research.

Target group	Activities piloted through MHFC	Effective practice identified through MHFC	Strength of evidence[2]
Black, Asian, and minority ethnic students	• Peer-to-peer mentoring • Resource development • Online platform or app development • Awareness raising campaigns	• Face-to-face mentoring can help to improve cultural competence of support and reduced isolation. • A tailored cultural competency training package for peer mentors was preferred by student co-creators over changing the essential nature of a peer mentoring intervention. • Online community development as a legacy to face-to-face activity allowed students to engage flexibly. • A dedicated online mentoring app may not always be effective at engaging students and maintaining mentoring relationships. • A dedicated online app with resources is not always effective at improving student awareness of services. • Flexible timing of mentoring, with the ability to tailor the mode of delivery, may be better suited to time-limited students. • Student co-creation activities that were more consultative than meaningful co-creation may limit the cultural competency of resources. • Staff facilitators with lived experience reflective of the target group helped improve student trust and engagement. • Visible presence of 'ambassador' role on campus and through workshops helped to overcome cultural stigma around mental health to support engagement. • Counsellors with lived experience of the target group may reduce the perceived barrier that staff may not meet student needs. • The creation of 'closed spaces'/development of community to reduce mental health stigma can improve awareness of support and increase confidence in accessing services.	Strong

Strong – themes/insight across all stakeholder groups with good alignment with external evidence. Some limited causal evidence. **Very Strong** - themes/insight across all stakeholder groups with good alignment with external evidence. Extensive causal evidence.

Target group	Activities piloted through MHFC	Effective practice identified through MHFC	Strength of evidence[2]
Care-experienced students	• Student training or workshops	• Building trust through both consistency and expectation-setting is likely to be important to overcoming barriers for care-experienced students, including mistrust of services. • Group sessions or workshops may be an effective way to addressing the feelings of not belonging in higher education for care-leavers. • Group sessions or workshops were found to be most effective when delivered flexibly, with the importance of confidentiality from staff and amongst peers established early on within the project.	Limited
First-generation students	• Student training or workshops • Virtual reality interventions	• Workshops or training which take a holistic or preventative approach to supporting students in university life particularly during transition periods may be effective. • When sessions were self-contained and didn't require attendance to all sessions students could engage flexibly; this may have supported students to balance other responsibilities including paid work. • Virtual reality approaches aimed to reduce stigma associated with mental health support as they sit outside traditional modes of clinical support. Early findings suggested context-specific scenarios in a virtual reality environment may support reduction in anxiety for first-generation students.	Limited
LGBTQ+ students	• Peer mentoring • Awareness-raising campaigns	• The creation of 'closed spaces'/development of community to reduce MH stigma improves awareness of support and reduce feelings of isolation • Allowing the opportunity for self-referral was an important aspect of recruitment or engagement; it should not be assumed that all LGBTQ+ students are 'out' to their institutions or that this is accurately captured in relevant student data. • A focus on creativity may have also enabled positive engagement with students and gone a certain way to raise awareness of, and destigmatise, mental health.	Moderate

Target group	Activities piloted through MHFC	Effective practice identified through MHFC	Strength of evidence[2]
Mature students	• Peer-to-peer mentoring • Social prescribing	• Mature students benefitted from a peer-to-peer approach and connecting with peers of a similar age. • Mature students may be more likely to make use of existing family support structures or local NHS services, so aiming to improve levels of confidence in disclosing to the institution may not be as relevant for this student group. • Whilst there is experiential evidence from students which suggests they valued the social prescribing approach, there is limited evidence as to the effectiveness of this for addressing the barriers to support for mature students.	Limited
Part-time, distance, and commuter students	• Digital toolkit/resources development • Twilight counselling	• Supporting staff at providers to support their students may help to embed wellbeing considerations throughout programmes and institutions. • Embedding learning at an institutional level may provide a scalable and sustainable solution to supporting part-time, distance and commuter students. • Delivering remote counselling outside of traditional working hours may be effective at improving the accessibility of existing services to these student groups.	Moderate
Placement students	• Digital resource development • Virtual reality	• Online resources for placement students were most effective when tailored to the course type and the institutional context. • Virtual reality interventions may be effective for those who work shift placements to provide more flexible opportunities to receive support that work around the timing of their placement experience.	Moderate

Working in co-creation with students

All projects were required to work in co-creation with students throughout the design and delivery of the programme. In exploring what had worked, **projects frequently reported that co-creation with students had been a key success factor in the development of their approaches, and meant initiatives were more aligned to student needs.**

There were many examples from across the programme of where student involvement had resulted in meaningful change to project design or implementation. They highlighted **the importance of early student involvement to ensure that developed initiatives reflect student interest.**

The MHFC has generated learning on how to effectively engage target groups in co-creation, which can be found in an interim report here.

A range of factors enabled meaningful and embedded co-creation throughout the course of the projects:

- Developing 'closed spaces' for participation.
- Involving staff with a shared background in the facilitation of co-creation opportunities.
- Fairly compensating individuals for participation.
- Early consideration of student turnover.

Impact on student co-creators

Impacts are wide ranging with 89 per cent of student co-creators reporting impacts from their experience. The self-reported impacts were relatively diverse with 70 per cent of students citing at least two impacts arising from their engagement. Most commonly (52 per cent of students) reported an improved understanding of support services available whilst 46 per cent reported an improved understanding of mental health and that they were more confident as a result of their engagement in the programme

Impact on students engaging in interventions

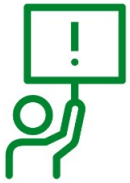
Collating findings from project-level evaluation reports suggests that:

- **In the short term the programme has had a broadly positive impact on students engaged in interventions** – including early positive improvements in mental health or wellbeing, improved equity of access to support, raised confidence to disclose and seek help for mental health issues, and improved sense of belonging and perception of support services. Longer term outcomes are likely to be achieved outside the timescale for the evaluation as practice become embedded in provider mental health support.
- Student engagement was challenging across all student-facing interventions due to various factors, including challenges associated with students being time poor, particularly those navigating caring responsibilities or paid employment, general survey/engagement fatigue amongst students from marginalised groups, and the need for highly targeted and intersectional communications for some projects.
- The impact on the wider student cohorts will depend on the dissemination of learning and the embedding of effective practice identified through the MHFC.

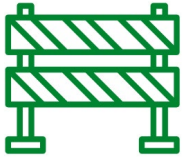
Impact on staff

The positive impact on staff involved in project delivery should be considered a key legacy of the programme. Evidence from both staff interviews and the co-creation survey with students demonstrated there has been a considerable improvement on the knowledge of the barriers faced by target groups by staff, either through facilitating co-creation activities or through receiving training.

Changes in staff understanding



55% of student co-creators agreed that staff have a better understanding of the needs of students.



57% of student co-creators agreed that staff have a better understanding of the barriers that prevent some students from seeking support.

64% of student co-creators agreed that there is support now available that is more relevant to student needs.

Source: Student co-creation survey (Year 2, n=65)

Wider impacts on funded institutions attributed to the MHFC

- Improvements to the way in which data is collected on student demographics relating to wellbeing services to enable analysis of this data to be disaggregated based on target group(s).
- Senior-level buy-in and commitments to support student mental health, evidenced by applications to the University Mental Health Charter.
- Students engaged in co-creation in other services or strategies within an institution.
- Examples of contributions to access and participation plans, mental health strategies or equality, diversity and inclusion strategies of providers.
- Improved partnership working which involved information sharing agreements or improvements to referral pathways.
- Anecdotal reputational changes for some providers due to receiving funding from a national programme, particularly for smaller providers and further education colleges.
- Taking steps towards a more inclusive culture for specific target groups such as LGBTQ+ and Black, Asian and minority ethnic students.

How can other providers adopt the approaches trialled?

- Sufficient planning resource is needed to consider the demand for the interventions, the needs of the target group, the existing status of partnerships and the feasibility of co-creation activity.
- The nature of many interventions trialled means that implementation will not be about embedding the approaches wholesale; **the models need to be integrated within the local or provider context in which they are situated.**
- Partnership approaches are by their nature not a 'one size fits all' model, and sufficient time should be dedicated to building these relationships and **ensuring partnerships are resilient and formalised, not contingent on individual members of staff, and evaluate delivery to see what is effective.**

The table below explores the different kinds of initiatives that have been funded through the MHFC programme, and explores the outcomes and impacts, and strength of evidence that has been generated in relation to these initiatives. This is intended to assist higher education providers with identifying intervention types that could be valuable within their own settings. The full report contains further detail on adopting the specific approaches trialled, including peer-to-peer approaches, digital resources, online toolkits, platforms and apps, awareness-raising campaigns, student training and virtual reality interventions.

Table: 1.2 Summary of how other providers can adopt the approaches trialled, including resource requirements

Intervention Type	Reported outcomes & impacts	Detail of resource requirements	Indicative level of resource requirement
Peer Support/mentoring approaches	• Improved confidence disclosing poor mental health to institution • Reduced stigma regarding mental health concerns • Student co-created content spoke directly to student experiences, creating culturally relevant resources which resonated with students • Wider impact beyond mentees. Mentors gained skills and wider professional experience. Mentors also reported positive impacts on their own wellbeing. • Effectiveness increased when students were matched with mentors who could relate to their life experiences.	• Ongoing staff support to assist with student training & responding to safeguarding or student safety concerns • Licensed mental health professionals who can provide supervision, guidance, and support to mentors • Payment for student roles • Continual adaptation and streamlining of messaging and matching process if appropriate	**Moderate**

Intervention Type	Reported outcomes & impacts	Detail of resource requirements	Indicative level of resource requirement
Online toolkits, platforms and apps	• Online toolkits and apps may have helped to raise awareness of different mental health services available • Some online toolkits were developed into a knowledge hub to share best practice among project partners and the wider sector. • Toolkits that had been co-produced by students with similar or lived experiences were found to be more effective, particularly when engaging specific target groups • Online toolkits were sustained beyond the funding period by being developed for universal application and by being hosted online.	• Upfront resource to work ensure digital workstreams effectively meet student need and demand, especially student-facing apps. • Time for app development in terms of software development, content creation, security of sensitive data, legal input for data sharing agreements, and ongoing maintenance • Where platforms are designed to improve referral pathways or collect data, considerable time to map out existing processes to ensure new platforms add value	**Moderate to high (high time investment)**

Intervention Type	Reported outcomes & impacts	Detail of resource requirements	Indicative level of resource requirement
Awareness raising, campaigns, student training and curriculum development	• Increased awareness of wellbeing and mental health services available within institutions and how to access them • Student training meant students may have gained understanding of how to access support. • Following student training, students felt more confident in suggesting support services to their peers and accessing services offered by the university	• Dedicated, consistent team to coordinate effectively and be student-facing point of contact • Comprehensive training for staff to understand specific barriers faced by students • Access to mental health professionals, counsellors, or psychologists who can provide oversight, guidance, and supervision for the training programme.	**Moderate**
Virtual or augmented reality	• Introduced students to a range of social scenarios. Indicative findings from student surveys show that those who participated in VR interventions displayed lower levels of anxiety post-intervention. • Participants in VR approaches found the intervention engaging.	• VR kit development and upfront fees for headsets, ongoing licensing and continued costs • Advertising and recruitment campaigns • Investment into research and development to evidence the effectiveness of this innovative intervention • Contractual and legal arrangements	**Moderate**

Intervention Type	Reported outcomes & impacts	Detail of resource requirements	Indicative level of resource requirement
Linking to NHS / Local Health Services	• Local partnerships helped raise awareness among NHS staff and university colleagues about the range of support services on offer within each setting, and the processes for referring into those services. • Staff from NHS services third sector charities reported that the knowledge gained had helped them to better understand the range of issues that may result in poor mental health among students. • Partnering with the NHS and local health services may have streamlined the process of referring students to specialised mental health services.	• Establishment of clear communication channels and protocols for sharing information and updates between university staff and NHS partners, as well as between healthcare professionals and university staff. • Resources to document the progress and outcomes of the intervention may be necessary for partnering organisations.	**Moderate**

What barriers remain for target groups?

- Projects struggled to engage with male students in both co-creation and through project interventions –there was no specific targeting of this group and more needs to be understood about the barriers to support faced by male students.
- Consideration is needed to the association between religion and mental health (Ibrahim and Whitley et al, 2021)[3] to identify why this prevents students accessing support.
- There are specific barriers relating to international students, particular those for whom English isn't their first language, for which there were limited specific findings in project evaluations.
- There are barriers to accessing support for Eastern European students, which the University of West London's evaluation report noted was not fully explored or understood.

"More upstream preventive work is really important. Barriers to engagement often arise because students are starting to struggle."
Stakeholder

Stakeholders suggested that many of the barriers that students faced were due to systemic issues related to diversity and accessibility in the higher education sector, for example:

- There is still work to be done in relation to staff diversity within student support services to ensure a wider of range of staff can support students, especially from similar demographic groups to foster trust and engagement in support.
- For autistic students, it was suggested that in some cases providers have disability policies that aren't designed with them in mind and which don't meet their needs.
- Many students face challenges around financial hardship and independent living.

Further detail on barriers can be found in the main evaluation report

[3] Religion and mental health: a narrative review with a focus on Muslims in English-speaking countries, Ibrahim and Whitley, 2021

Conclusions

Whilst innovative approaches to mental health support are important, they should complement the effective delivery of core services. Many of the barriers experienced by target groups are either caused or exacerbated by support services with limited capacity, high staff turnover, and low levels of staff diversity. Crucially, service providers do not need to 'reinvent the wheel' to effectively meet the needs of target groups.

Understanding the barriers students face is the first step to addressing them. Establishing the specific nature and causes of these barriers within the local and institution context is crucial before designing and developing any intervention. However, this should build on the wealth of existing learning and resources (as developed by projects through the MHFC and elsewhere), so as not to over-burden students. There is a high level of engagement-fatigue amongst students, particularly the target groups – continual engagement without tangible action may have a detrimental impact.

Interventions such as those piloted through the MHFC must be delivered consistently, with clear expectation-setting for students from the outset. Short-term projects, projects which are inconsistently delivered or projects that don't deliver on student expectations have the potential to be counterproductive and exacerbate students' mistrust of services.

The projects which appear to have had the greatest impact on students were those which delivered one intervention type focused on one specific barrier or target group. This enabled tailored messaging for supporting student engagement and intervention that was responsive to the specific barriers faced. However, in targeting one group, providers should be cautious not to over-essentialise or make assumptions about the experiences of students, and ensure the approach is intersectional.

Two academic years is not long enough to pilot interventions in consideration of the lead-in times for staff recruitment, developing strategic partnerships, establishing data collection and evaluation processes, and designing interventions in co-creation with students**.** Many projects delivering student-facing interventions did not have enough time to fully pilot their interventions, thereby limiting the evidence they were able to generate about 'what works'.

Recommendations

Theme	Recommendations
Addressing the barriers to support faced by target groups	• **Senior leaders** should dedicate time and resource to understanding the specific barriers faced by students in accessing MH support in their institutional context, building on the wealth of learning and resources developed through the MHFC. • **Providers** should monitor and regularly compare outcomes for different demographic groups, conducting intersectional analysis to understand the multi-layered and specific barriers faced by people who belong to multiple marginalised groups. • **National funding organisations** should dedicate funding towards specific initiatives to address the barriers to support faced by target groups. These initiatives should be delivered consistently across at least three academic years, with clear expectation-setting for students involved. • **Senior leaders and practitioners** need to take steps to diversify staff teams, as for some students the lack of a counsellor or GP with a similar background to them remains one of the key barriers to accessing support.
Co-creating mental health initiatives with students	• **Senior leaders and practitioners** should consider the findings of the interim report on co-creation, and implement the recommendations. • **Providers** should only carry out co-creation activity when they have sufficient capacity to do it to a high standard. This includes the ability to address issues raised, provision for students to be trained for their co-creation role and resource for them to be paid for their time. • **Senior leaders** should ensure that the learning generated through co-creation activities is acted-upon; this is crucial for maintaining trust with students.
Developing effective strategic partnerships in student mental health	• **The Department for Health and Social Care and the Department for Education** should consider sector-level solutions to addressing challenges relating to partnership working between the higher education sector and the NHS relating to student mental health. • **Providers and partners** should invest sufficient time and resource at the outset of any partnership development to put in place data-sharing processes and establish any relevant governance structures.

Theme	Recommendations
Designing and implementing innovative mental health projects	• **National funders** should focus on embedding 'what works', using learning from the MHCC and MHFC to sustain and scale-up improvements to student mental health provision across the sector. • **Senior leaders** should ensure their core mental health services are adequately funded. Many of the barriers experienced by target groups are driven by services which have limited capacity, the perception of which is likely to exacerbate students feeling that their problems 'aren't serious enough' to seek support. • **Practitioners** should engage with students to understand the demand for online service delivery before engaging with third-party private sector organisations to develop interventions, this is particularly pertinent for student-facing apps or other services.
Providing evidence of 'what works' to support student mental health	• **MHFC-funded projects** should ensure that project-level evaluations are published, and that any academic publications associated with the programme are publicly accessible. • **Providers** should provide dedicated resource for evaluation activity for projects supporting student mental health to ensure that there is ring-fenced resource to support the evidence of 'what works' for the sector. • **National funding organisations** should ensure that any project-based funding should be a minimum of three academic years to ensure time for the development of initiatives in meaningful co-creation with students and sufficient time/ringfenced resource for evaluation activities.
Opportunities for maximising the long-term value of the programme	• **MHFC-funded projects** should consider internal as well as external dissemination of resources and learning to avoid single points of failure regarding project knowledge and learning. • **MHFC-funded projects** should ensure that any resources or toolkits developed through the programme are kept up-to-date, and that they continue to be disseminated across the sector. • **The Office for Students** should continue to raise the profile of the resources that have been developed by the MHFC projects, to ensure that opportunities for shared learning are maximised.

Theme	Recommendations
Next steps for the sector	• **Providers, funders, and practitioners** should explore the approaches piloted through the MHFC and adopt models that may help to address challenges faced in their own setting. We advise working with funded projects when considering adopting any approaches. • **Providers** should address challenges relating to staff turnover within the higher education mental health sector to ensure consistency in the delivery of student-facing activities and to retain knowledge within the sector. • **Providers** should consider that projects across the portfolio struggled to engage with male students in both co-creation and through project interventions. Further research is needed to understand the barriers to support faced by male students and effective approaches to addressing these barriers**.** • **Senior leaders** should offer high-quality cultural competency training to all staff, including mental health practitioners, academic staff and support staff, ensuring it considers an expansive understanding of cultural competency including ethnicity, nationality and religion. For example consideration should be given to the findings of the 'Understanding and overcoming the challenges of ethnicity targeting' report by Stevenson et al. (2019) and put into practice alongside the recommendations provided in this research • **Senior leaders** should consider actions to mitigate challenges faced by care-experienced students as outlined in the University of Roehampton's CLASS project, in particular the uncertainty of residence when joining university, the lack of financial support and broader challenges navigating transitions. • **Senior leaders** should review their institutions' disability policies in relation to students with autism to ensure they are fit for purpose in recognition of the barriers to support for autistic students.

For further recommendations on improving mental health and wellbeing amongst students, higher education leaders and practitioners are encouraged to read the recommendations from Mental Health Challenge Competition evaluation which sought to achieve a step change in mental health outcomes for all students, and was completed in 2022. A number of these recommendations are also applicable to the findings of the MHFC programme.

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