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Social and economic research

Evaluation of the Mental Health Funding Competition:
Using innovation and intersectional approaches to target
mental health support for students.
Briefing Paper: Practitioners and providers of student mental health support

Background

With investment from the Department for Health and Social Care (DHSC) and Department for Education (DfE), the OfS awarded more than £3 million to higher education providers (providers) through the Mental Health Funding Competition (MHFC) programme to identify innovative and collaborative support for student mental health. The funding supported 18 provider-led projects across England with most delivery commencing at the beginning of the 2021/2022 academic year and all projects completed by September 2023. All funded projects targeted 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).; and,
- 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 leavers, LGBT+ students).

This briefing paper provides a one-page summary of learning from programme delivery that practitioners and providers could use to enhance the targeting of intersectional student mental health support in their own institution or encourage others to develop their own practice. Effective practice highlighted by the evaluation included:

- Co-creation with students is critical for support to strongly align to need.
- Tailored outreach was the most effective method to reach targeted groups supplemented through 'snowball' techniques with students.
- Describing services with positive framing and avoiding over medicalised descriptions in language tailored to targeted audiences was vital.
- Developing strategic, multi-agency partnerships internal and external to lead institutions is a key enabler of delivery success.
- Evaluation of delivery should be embedded across all project activities using clear logic model and mixed method approaches to ensure data collected accounted for failure. A designated evaluation lead is key.

More information on the findings of the MHFC evaluation covered in this briefing paper, including the 18 funded projects, can be found on the OfS website.

Effective practice for addressing barriers to support by target group:

Autistic students
- Training on presentation of autism and its interaction with mental health behaviours can help reduce barriers to support.
- Toolkits may help navigate social/sensory challenges and anxiety.
- Online toolkits may need to be tailored to institutional context.
- Ensure workshops and awareness raising sessions are adequately resourced and delivered by experienced and trained staff.

Black, Asian and minority ethnic students
- Face to face mentoring supported by tailored cultural competency training reduced isolation and developed peer to peer support.
- Staff with lived experience and use of ambassador roles helped build trust and tackle cultural stigma around mental health needs.
- Online mentoring apps and wellbeing walks and drop-in sessions may be less effective mechanisms for support provision.

Care-experienced students
- Delivery consistency and expectation setting approaches can help students overcome their mistrust of services.
- Feelings of 'not belonging' can be successfully tackled through group sessions or workshops to help create 'communities' of care-experienced students.
- Flexible, confidential delivery is key, agreeing approaches at start.

First-generation students
- Holistic and preventative workshops/training supporting the lived experience of students particularly at key transition points can be effective for these students. Virtual delivery can be helpful.
- Flexible engagement by students is key and this can be best facilitated by self-contained sessions meaning students need not attend all thus balancing other time demands such as paid work.

LGBTQ+ students
- 'Closed' space and community development approaches can help reduce the stigma of mental health needs, raise awareness of support and reduce feelings of isolation.
- Self-referral can be especially important as not all students may be 'out' in their institutions or peer groups.
- Focusing on creative engagement approaches helps raise awareness

Mature students
- Peer to peer models that supported engagement with others of similar age were particularly beneficial.
- Mature students more commonly use family support structures or local NHS services so support to improve confidence in disclosing to institutions are less appropriate to this group.
- Social prescribing approaches are useful, but effectiveness is unclear.

Part-time, distance, and commuter students
- Remote counselling and digital resource options operating outside traditional working hours can be effective in improving support accessibility.
- Addressing access challenges for this group could help improve the wider wellbeing challenges of all students helping to embed practice at and institutional level demonstrating its sustainability/scalability.

Placement students
- Online resources are very useful for placement students if tailored to their course type, nature and content of placement, and the institutional context of their studies.
- Virtual reality options can be useful for this group, particularly those working variable shift patterns enabling the provision of on-demand support.

Student co-production underpins effective project delivery where:
- There is early student involvement to ensure that developed initiatives reflect student interest.
- The impact of participant turnover in student engagement activities is considered and accounted for.
- Clear expectation-setting actions are taken in the first year to support ongoing work in future years.
- It is undertaken in 'closed, safe, spaces', where this is identified as important for student participants
- It is led by appropriately trained staff and consideration is given to when students may prefer facilitation by staff with a shared background to them
- It fairly compensates individuals for their participation and contributions.
- Evaluation begins at the outset of delivery and learning from it is used throughout to help shape changes.

Evaluation conclusions:
- Innovative approaches to mental health support are important, they should complement the effective delivery of core services.
- Understanding the barriers students face in accessing mental health support is the first step to addressing them.
- Interventions such as those piloted through the MHFC must be delivered consistently, with clear expectation-setting for students from the outset.
- 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.
- 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.

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