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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

Final Report January 2024

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Acknowledgements

We would like to thank the many individuals who gave their time to assist in the evaluation, all of whom were important in the writing of this report. This evaluation would not have been possible without all of these contributions.

List of abbreviations

Academy of Contemporary Music Guildford	ACM Guildford
Autism Spectrum Condition	ASC
Black Students Mental Health Project	BSMHP
Department for Health and Social Care	DHSC
Data Protection Impact Assessment	DPIA
Equality of Opportunity Risk Register	EORR
Further Education	FE
The General Belongingness Scale	GBS
General Data Protection Regulation	GDPR
Higher Education	HE
Higher Education Statistics Authority	HESA
International Early Psychosis Association	IEPA
Independent Higher Education	IHE
Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual or other	LGBTQ+
London South Bank University	LSBU
Mental Health Funding Competition	MHFC
Mental Health Challenge Competition	MHCC
National Union of Students	NUS
Office for Students	OfS
Open University	OU
Student Mental Health Ambassador	SMHA
Short Warwick-Edinburgh Mental Wellbeing Scale	SWEMWBS
The Ambassador Platform	TAP
University College London	UCL
University of Central Lancashire	UCLan
United Kingdom Council for International Student Affairs	UKCISA
University of the West of England Bristol	UWE Bristol
University of West London	UWL
Virtual Reality	VR

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1. Introduction

The Mental Health Funding Competition (MHFC) is a programme funded by the Office for Students (OfS) that supported higher education providers [1] to use innovative and intersectional[2] approaches to target mental health support for students.

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

1.1 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 supported 18 projects across England led by higher education providers. The approaches to supporting students varied across the projects, but all funded projects targeted at least one of the following priority groups:

- Particular groups of students with characteristics identified as increasing the risk of poor mental health (e.g. ethnicity, socioeconomic background).
- Groups of students who might experience barriers to accessing support due to their course, mode of study, or other characteristics (e.g. those on placements as part of their course, commuters, mature students, part-time students, postgraduate taught students, international students, first-generation students, carers, care leavers, LGBTQ+ students).

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[1] In this report, 'higher education provider' refers to any institution that provides higher education courses, including both universities and further education colleges. Later references will be made to 'provider' for succinctness.

[2] Intersectionality is a theoretical framework with roots in Black feminist thought, first defined by Kimberlé Crenshaw, intended to support understanding of how an individual's social and political identities interact and create specific experiences of discrimination and/or privilege. See Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics, available at http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8.

The supported projects were awarded funding beginning in two phases (July 2021 and August 2021), and most projects commenced delivery at the beginning of the 2021/2022 academic year.[3] All projects completed between March and September 2023. This final report explores lessons learned from the programme in delivering intersectional and innovative mental health projects and explores the impact of the project.

An interim report provided an in-depth look at co-creating intersectional mental health initiatives for students,[4] which identified areas of effective practice for involving specific student groups in co-creation and the challenges encountered.

Co-creation was a significant feature of design and delivery across all projects in the first year of the funding. The focus on co-creation in this report will be limited to consideration of impact on student co-creators to avoid duplication of evaluation findings published in the interim report. Where student engagement is discussed in this report in relation to the approaches taken by projects, this refers to the engagement of students as part of the delivery of intervention rather than in co-creation.

This £3 million investment complemented £6 million previously invested by the OfS to support all students through the Mental Health Challenge Competition[5], which commenced in 2019 and concluded in 2022.

More information regarding the MHFC programme, including key partner organisations, can be found on the OfS website.[6]

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[3] With the exception of the project led by the University of Roehampton, which commenced in January 2022.
[4] Evaluation of the Mental Health Funding Competition: Co-creating intersectional student mental health initiatives, available at https://www.officeforstudents.org.uk/publications/evaluation-of-the-mental-health-funding-competition-co-creation/.
[5] Mental health Challenge Competition: Achieving a step change in mental health outcomes for all students, available at https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/student-mental-health/funding-for-student-mental-health/mental-health-challenge-competition-improving-mental-health-outcomes/.
[6] Mental health funding competition: Using innovation and intersectional approaches to target mental health support for students, available at https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/student-mental-health/funding-for-student-mental-health/mental-health-funding-competition-using-innovation-and-intersectional-approaches/#projects.

1.2 Programme overview

The programme awarded funding to 18 projects through a competitive bidding process, which aimed to:

- Support the development and testing of **innovative and intersectional approaches** to supporting student mental health;
- Develop **strategic, collaborative partnerships** between providers and other stakeholders;
- Generate evidence of **'what works'** that can be disseminated across the sector; and
- Provide learning in relation to the role and impact of **student co-creation** in developing intersectional 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.[7]

In their bids, lead-providers had to set out in detail how they aimed to address the priorities of the programme; bidding for funding between £70,000 to £200,000, with appropriate co-investment committed. They also had to show how they would meet the key criteria which included demonstration of a whole-provider strategic approach, delivery of value for money, collaborative partnerships, development of new and innovative approaches, genuine co-creation with students, a rigorous approach to design and evaluation, and a focus on connectivity between health and HE sectors.

1.2.1 Priority groups and project activities

The funded projects include initiatives that provided targeted support for a **range of student groups**. The projects took different approaches to supporting student mental health and address the barriers faced by target groups, **with a wide range of key activities and approaches piloted**.

Table 1.1 lays out the commonalities of priority groups and approaches among funded projects, which are identified by their lead higher education provider. It should be noted that some projects targeted multiple groups or delivered more than one intervention type.

Please note that within this report projects are referred to by the name of the lead institution, however many projects worked very closely with other institutions in delivery. This is outlined in more detail in Section 4.1.3 on Strategic Partnerships.

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[7] Office for Students - Funding competition: Using innovation and intersectional approaches to target mental health support for students (OfS 2020.14), available at https://www.officeforstudents.org.uk/media/89ac0b1d-febe-46be-bb7e-301eaaa3d931/mhfc-bidding-guidance.pdf.

Table 1.1: Table showing the commonalities in target groups and activity types among projects

Project lead provider	Target groups addressed by projects								Activity types delivered by projects				
	Autistic students	Black, Asian & Minority Ethnic students	Care-experienced students	First-generation students	LGBTQ+ students	Mature students	Part-time, distance and commuter students	Placement students	Peer Support or Mentoring	Online toolkit, platform or app	Awareness-raising campaigns, workshops and student/staff training	Virtual reality technology	Linking to NHS or local health services
Academy of Contemporary Music Guildford (ACM Guildford)		✔				✔			✔				
City of Liverpool College						✔							✔
Coventry University		✔											✔
De Montfort University		✔											✔
London South Bank University (LSBU)		✔							✔				
Newcastle College University Centre							✔		✔				
St Mary's University Twickenham			✔	✔					✔	✔	✔		✔
The Open University							✔		✔				
University College London (UCL)		✔			✔				✔				
University of Bradford		✔									✔		
University of Bristol	✔										✔		
University of Central Lancashire (UCLan)					✔				✔		✔		
University of Chester	✔										✔		
University of Liverpool								✔				✔	
University of Roehampton			✔								✔		
University of West London (UWL)		✔											✔
University of Westminster				✔								✔	
University of Wolverhampton								✔		✔			

1.3   Logic model

Figure 1.1 demonstrates the simplified logic model for the MHFC programme. An interim (unpublished) report to the OfS considered the intermediary stage of the model, namely the co-creation and co-design of services with particular demographic groups, which was a key focus for many projects in the first year of delivery. This was also the focus of a separate published report on co-creating intersectional mental health initiatives[8] for students as part of this programme.

This final report considers the approaches taken to meet the needs of students with increased risk of poor mental health or who face additional barriers, and the outcomes and impacts of the funded projects on students.

Figure 1.1: Programme logic model

Students from target groups are at increased risk of poor mental health or face additional barriers to accessing support.

Providers need to identify effective practice to meet the needs of different groups of students around mental health to ensure students from target groups have access to support that is appropriate to their needs.

→

Through co-creation and co-design provider mental health support can be better targeted towards the needs of particular demographic groups by identifying new and enhanced services to support students when facing mental health challenges.

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Outcomes and impacts for students are enhanced because they are able to receive the right support for their mental health needs.

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[8] Evaluation of the Mental Health Funding Competition: Co-creating intersectional student mental health initiatives, available at https://www.officeforstudents.org.uk/publications/evaluation-of-the-mental-health-funding-competition-co-creation/.

2. Evaluation aims and method

Wavehill were commissioned in September 2021 to conduct a programme-level evaluation of the MHFC programme. This section summarises the aims of the evaluation and the data collection activities from which the evidence in this report has been drawn.

2.1 Evaluation aims

The evaluation seeks to address how effective the programme has been in meeting its aims and priorities whilst also addressing the following specific evaluation aims:

1. **Impact on students** – Assess the outcomes and impact on students of the individual projects and the programme as a whole to understand the benefits of co-ordinated activity and funding.
2. **Effective practice and evaluation** – Identify effective practice in student mental health, including approaches, methodologies and specific activities, which can be disseminated across projects and more broadly across the sector. This includes how wellbeing and mental health measures are used to evaluate positive impact on participants.
3. **Value for money –** Assess the value of the individual projects and the programme as a whole to the HE sector, including exploration of what the programme has enabled projects to deliver and the benefits of the individual interventions.
4. **Sustainability and scalability –** Assess sustainability and scalability/replicability of the individual projects.
5. **Partnership –** Identify the effectiveness, challenges and opportunities presented by collaborative working, including within providers, with external organisations and with student partners.

2.2   Evaluation questions

The following table sets out the research questions for the programme evaluation. Also shown is the section of the report where each question is addressed.

Evaluation Question	Report Section
What are the barriers to support faced by the target groups?	Section 3
How has the MHFC addressed these barriers? • What approaches have been developed as part of the MHFC to address these barriers? • What approaches have been effective/less effective? • What enabling factors have underpinned or facilitated these approaches? • What has been challenging in developing or implementing these approaches?	Section 4
What impact has the programme had? • The impact on support for students from target groups • The impact on funded partners activities, institutions and staff	Section 5
How could approaches like these be adopted by other providers and how could they be sustained?	Section 6
What barriers remain, and what more does the HE sector need to do to address barriers that affect target groups?	Section 7
Conclusions and recommendations	Section 8

2.3   Evaluation methods

The information used to inform this evaluation has been drawn from the following activities:

Primary Data Collection	
	Scoping interviews with all project leads (n=18) These were conducted on a one-to-one basis via video call in December 2021.
	Interviews with key project staff and partners (Year 1 n=33, Year 2 n=34) These interviews were conducted via video call on a one-to-one basis at the end of the first and final year of delivery, with staff members identified by project leads.
	Interviews with local and policy stakeholders (n=12) These were conducted via video call on a one-to-one basis at the end of the final year of delivery, with stakeholders identified by projects, the OfS and Wavehill.
	Student co-creation survey (Year 1 n=110, Year 2 n=85[9]) An online questionnaire shared with students (via project leads) involved in co-creation as part of the projects, conducted at the end of the first and final year of delivery.
	Partnership assessment survey (Year 1 n=41, Year 2 n=34) An online survey of delivery staff and partners, at the start and end of the programme.
Secondary Evidence Review	
	Literature and policy review This reviewed a range of policy and research reports on student mental health support to aid the identification of analysis themes.
	Project-level evaluation reports All projects were required to provide project-level evaluations of their intervention.
	Analysis of monitoring reports submitted by funded projects This included reviewing project monitoring reports submitted to the OfS.
	Attendance at Programme Network meetings Wavehill attended Programme Network meetings throughout the programme to identify informal lessons learned. This informed the lines of enquiry developed throughout the evaluation.

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[9] Whilst the total response for Year 2 was 85 students, 20 of these responses were 'partial responses', where less than 50 per cent of the survey was answered. Where evidence from this survey is presented in the report, the base figure for the relevant question is provided.

2.3.1 Data collection purpose

The purpose of the data collection activities listed above depended on the phase of research and the intended audience. In the first year of delivery, research tools were focused on understanding the baseline status of partnerships and the role of, and impact on, students working in co-creation to develop interventions. This first phase also informed the research tools for the final phase of the evaluation.

During the final phase of research, the interviews with key project staff and partners were used to capture key lessons learned from the projects, with reference to what has or has not worked in delivery. For stakeholders, interview schedules focused on understanding the value of the programme and how it developed innovative practice and improved support for priority groups. For students, the second wave of the co-creation survey sought to understand the development of student co-creation activities in the second year of delivery and the impact on the students involved.

Collating secondary data through project-level evaluation reports informed our understanding of the strength of evidence behind the findings. Projects were provided a template and guidance for these reports by Wavehill, which included sections on methodology, limitations, profile of student participants, impact, and lessons learned.

2.3.2 Data analysis approach

Qualitative and quantitative data collected through the activities listed above have been triangulated to form the evidence for the findings of this evaluation. Due to the range of student groups targeted and the activities delivered, a cautious approach was taken when collating common findings across projects.

- Where required, aggregate datasets have been developed from individual project evaluation reports. Calculations on programme reach, for example, were carried out by drawing together data from the various project reports.
- Descriptive statistics have been used to analyse quantitative data.
- Qualitative data has been analysed using a thematic approach to identify common themes and patterns in responses.

The partnership assessment survey and student co-creation survey were anonymous to ensure staff and students felt able to respond freely. Effort has been made to ensure that, where quotes have been included from these data sources, the organisation or individual is not identifiable. Due to survey anonymity, the two waves of the survey do not have comparable samples, and as such there has not been direct comparison between Year 1 and Year 2 data.

2.4   Limitations

There are several limitations that may have impacted the data collected and findings drawn. These are described in this section.

- Involvement in the partnership assessment survey was coordinated through project leads, who were responsible for circulating the survey among their teams and selecting staff and partners to be involved in interviews. As a result, there is a risk that individuals with more favourable views were selected to contribute.
- Student engagement with the co-creation survey was also coordinated through project leads, who were responsible for circulating the survey among the relevant student creators. As such, we are not clear as to how many students this was shared with and, as above, there is a potential risk that individuals with more favourable views may have been selected for involvement.
- The extent of engagement by projects in this programme evaluation varied. Whilst all projects have contributed to staff interviews at some point over the course of the programme, neither the partnership assessment survey nor the student co-creation survey secured responses from all projects. This means there may be some evidence which has not been captured by the programme evaluation, (although it may be disseminated by projects themselves through their own evaluations).
- There are challenges in estimating the reach associated with the programme, which means current figures may be inaccurate.
    - Whilst efforts were made to ensure monitoring data was consistent on a programme level, numbers inputted by projects were subject to project interpretation. For example, in some cases it is not clear where figures reported for multiple years include duplicate individuals.
    - The figures provided to estimate reach gave a headline estimation based on what projects reported. This does not account for the considerable variation in the nature of these engagements; some may have attended one drop-in session or mentoring session, whilst others may have engaged with interventions on multiple occasions.

- For the project-level evaluation reports, guidance was given to projects throughout the funding period, as well as ongoing support from Wavehill as the programme evaluators. This included specific guidance (an evaluation report template, guidance, and training on use were provided by Wavehill) and general advice, including the OfS' standards of evidence[10], which was designed to enable projects to clarify the claims that can be made when reporting the results of the project-level evaluations. With this in consideration:
    - Projects faced a range of challenges associated with collection data from students, with many limitations noted in project-level evaluation reports.
    - For activities or approaches which were suggested to be **less** effective, the **evidence of this is often weaker** due to challenges sustaining engagement with students and capturing evaluation data. Equally, where evidence for a particular approach is limited, this does not necessarily imply that this activity is less effective, but that evidence isn't available to confidently make a judgement. An effort has been made through this report to clarify the strength of evidence alongside assertions made.

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[10] Standards of evidence and evaluation self-assessment tool, available at https://www.officeforstudents.org.uk/advice-and-guidance/promoting-equal-opportunities/evaluation/standards-of-evidence-and-evaluation-self-assessment-tool/.

3. What are the barriers to support faced by target groups?

The development of the MHFC was prompted by the growing body of evidence highlighting the influence of some characteristics on academic outcomes and support for students including on continuation, completion, attainment and progression rates for those reporting a mental health condition as a disability. An Insight brief published by the OfS in 2019[11] explored the outcomes and needs of specific groups who have reported mental health conditions, based on OfS access and participation data and on wider research. Equally, the OfS' Equality of Opportunity Risk Register (EORR)[12] identifies mental health as a sector-wide risk that may affect a student's opportunity to access and succeed in HE and is important because of its potentially negative impact of equity and equality of experience for students.

Data collected through this evaluation of the MHFC programme sought to outline the specific barriers faced by different groups of students. An initial survey of students involved in co-creation activity (n=101), interim interviews with staff and stakeholders, and review of project evaluation reports identified the nature and detail of the barriers faced by students in accessing student mental health support. These were then followed up in later stages of the evaluation work to identify how they had been addressed by the MHFC programme delivery and what lessons could be learnt from them to shape wider intersectional student mental health delivery. The findings from this work was published in an interim report focusing on co-creation with students, published in December 2022.[13]

The barriers summarised in this section are often mutually reinforcing, and students across target groups may experience multiple barriers to accessing support. An intersectional approach to programme design and delivery should recognise that no demographic group will be homogenous in their experiences, or in their needs from services. Members of the same group will have vastly divergent experiences and face different barriers to accessing support that are related to their individual identities. An intersectional approach to service delivery should also ensure that the engagement and support of target groups account for these differences, seek to actively address the societal barriers faced by these groups, and aim to generate equitable outcomes and impacts.

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[11] Mental health: Are all students being properly supported?, available at https://www.officeforstudents.org.uk/media/b3e6669e-5337-4caa-9553-049b3e8e7803/insight-brief-mental-health-are-all-students-being-properly-supported.pdf.

[12] Equality of Opportunity Risk Register, available at https://www.officeforstudents.org.uk/advice-and-guidance/promoting-equal-opportunities/equality-of-opportunity-risk-register/.

[13] Evaluation of the Mental Health Funding Competition: Co-creating intersectional student mental health initiatives, available at Evaluation of the Mental Health Funding Competition: Co-creating intersectional student mental health initiatives - Office for Students

The evidence gathered has been considered alongside, and triangulated with the, wider literature to identify the following barriers which students at risk of poor mental health or with specific barriers to accessing support may face:

Barriers identified by MHFC programme students

- **Perception that their problem 'isn't serious enough'** was common amongst students responding to the Year 1 co-creation survey, 42 per cent (42/101) of whom suggested this barrier had prevented them from accessing support for their mental health or wellbeing when they needed to. Feedback from student co-creators through project-level evaluation reports also suggest this was a particular barrier for first-generation students. First-generation students often face imposter feelings, lack of belonging and social anxiety. They may need to work to support themselves, creating differences in how they spend their time compared to their peers (Universities UK, 2018).[14]

- **Concerns around confidentiality** are more prevalent among placement students (particularly healthcare students), disabled students, care-experienced students, international students and Black, Asian and minority ethnic students, according to the co-creation survey. The Year 1 co-creation survey suggested that around a quarter of students had concerns around confidentiality (24 per cent or 24/101 students). For health care students, this is often associated with concerns that disclosure may affect their career prospects or may be associated with stigma around mental ill-health in a medical profession (NHS, 2019).[15] For care-experienced students, concerns around confidentiality appeared relating to their status as 'care-experienced' as opposed to their mental health (University of Roehampton project evaluation report).

- **Financial pressures and time constraints were consistently evident across student groups involved in the co-production work**, with the need for part-time jobs in particular impacting students' mental health. The cost of living crisis exacerbates these challenges.

- **Fear of stigmatisation or apprehension about whether facilitators or counsellors will understand their needs** may inhibit students from being open about problems they are facing. Nearly a third of students surveyed as part of the co-production survey suggested this had prevented them seeking support when they needed it (32 per cent or 32/101 students).

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[14] Minding our future: Starting a conversation about the support of student mental health, available at https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-07/minding-our-future-starting-conversation-student-mental-health.pdf.

[15] NHS staff and learners' mental wellbeing commission, available at https://www.hee.nhs.uk/sites/default/files/documents/NHS%20%28HEE%29%20-%20Mental%20Wellbeing%20Commission%20Report.pdf.

> '[I didn't access support due to] concerns that the support wouldn't suit my needs and I would come away feeling more frustrated.' **Student co-creator**
>
> 'Black individuals cannot just assume a supportive service.' **Student co-creator**

Concerns that staff will not understand their experiences and circumstances and may be dismissive were prevalent among LGBTQ+ students, autistic students, disabled students and Black, Asian and minority ethnic students. Mistrust of services and hesitancy to disclose mental health challenges was also evident in open text responses and data provided by project-level evaluation reports. For some target groups, this may have been due to previous negative experiences accessing support for mental health, or from stigmatising experiences from wider figures of authority; care-experienced students in particular had high levels of mistrust in services, often due to being 'let down' in the past by social workers (University of Roehampton project evaluation report; Ofsted, 2022[16]).

> 'Previous negative experiences with mental health professionals [prevented me accessing support at university].' **Student co-creator**
>
> 'Tutors at the university vary depending on who you talk too. I have previously reached out to tutors about my health conditions and I felt like I was a problem.' **Student co-creator**

- **The physical location or timing of existing services** is likely to be a barrier particularly for students on placements, mature students and commuter students.
- **Specific accessibility barriers to support** posed challenges for some students. For example, autistic students may struggle navigating complex processes involved in accessing support due to the level of executive functions needed for form-filling and deadlines (University of Chester project evaluation report). The lack of connection between different services, the administrative systems and the need to 'self-advocate' are also likely to have a large impact on autistic students (Elias and White, 2018).[17]

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[16] Figure 6: 35 per cent of care leavers 'never' or 'hardly at all' felt cared for by social workers (n=179), https://www.gov.uk/government/publications/ready-or-not-care-leavers-views-of-preparing-to-leave-care, Ofsted, 2022.

[17] Autism goes to college: Understanding the needs of a student population on the rise, available at https://doi.org/10.1007/s10803-017-3075-7.

Barriers identified in the literature

- **Lack of diversity and cultural competency within counselling services** may lead to students feeling dismissed or lead to a mistrust in services. Existing research has shown that the perceived lack of diversity and cultural competency[18] among counselling practitioners is a barrier to accessing services for Black, Asian and minority ethnic (Arday, 2018)[19], LGBTQ+ (Smithies & Byrom, 2018[20]; NUS, 2014)[21] and international students. For Black students, experiences of racism, microaggressions and overt discrimination have a considerable impact on student mental health (Arday, 2018[22]; project evaluation report), and can pose a barrier for Black students in accessing mental health services at university.
- **Cultural norms and perceptions around mental health** may pose significant challenges for many students, particularly Black, Asian and minority ethnic and international students (United Kingdom Council for International Student Affairs, UKCISA, 2017)[23]. In some communities, mental ill-health may be associated with shame or embarrassment, and this stigma may discourage students from seeking help (Grey et al. 2013).[24]

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[18] Culturally competent support refers to the ability of mental health services and professionals to effectively understand and respond to the unique needs and experiences of individuals, with respect to ethnicity, nationality or religion, as well as a person's sexuality or gender identity.

[19] Understanding mental health: What are the issues for black and ethnic minority students at university?, available at https://www.mdpi.com/2076-0760/7/10/196.

[20] LGBTQ+ Student Mental Health: the challenges and needs of gender, sexual and romantic minorities in Higher Education, available at https://kclpure.kcl.ac.uk/portal/en/publications/lgbtq-student-mental-health-the-challenges-and-needs-of-gender-se.

[21] Education beyond the straight and narrow: LGBT students' experience in higher education, available at https://www.nusconnect.org.uk/resources/education-beyond-the-straight-and-narrow-2014.

[22] Understanding mental health: What are the issues for black and ethnic minority students at university?, available at https://www.mdpi.com/2076-0760/7/10/196.

[23] Research into the international student experience in the UK 2015-16, available at https://www.ukcisa.org.uk/resources_download.aspx?resourceid=135&documentid=237.

[24] Mental health inequalities facing U.K. minority ethnic populations, available at https://onlinelibrary.wiley.com/doi/abs/10.1002/jpoc.21080.

4. How has the MHFC addressed the barriers to mental health support among target groups?

This section provides an overview of the ways in which the programme has addressed the barriers to mental health support amongst target groups. It considers:

- **Effective practice for four cross cutting themes** relevant to all projects: Student co-creation, Engaging with students, Strategic partnerships, and Project-level evaluations;
- **Effective practice for each target group** that was the focus of one or more projects. This includes a consideration of 'what worked' based on the interventions trialled as well as approaches that were found to be less effective in addressing the barriers to support for target groups;
- The **challenges** experienced across projects.

Evidence for these findings have been drawn from a range of sources, including the interviews with staff and stakeholders, the two waves of the partnership assessment survey, the two waves of the student co-creator survey, and the project-level evaluation reports. This data has been triangulated with existing research to understand 'what works' to support student mental health.

4.1 Effective practice: cross-cutting themes

4.1.1 Student co-creation

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.** Student involvement had helped project staff to improve their understanding of the barriers facing students and enabled staff to challenge assumptions about what students genuinely want from their institutions.

There were many examples from across the programme of where student involvement had resulted in meaningful change to project design or implementation, including the purpose of the app developed by the University of Bradford, the focus of staff training at the University of Bristol and the language used in resources for London South Bank University (LSBU).

This highlights **the importance of early student involvement to ensure that developed initiatives are more reflective of student interest:**

> 'Students have felt more confident to come forward with concerns or issues, whether that be directly to the mental health services or other avenues of support. Students feel that something is being done for them based on the experiences they shared and their ideas for improvements. We continue to work on the output resources, and these will be available on a wide platform for easy access, so I look forward to seeing the further impact it has in the future.' **Student co-creator**
>
> 'I think it made students feel safer and heard. It also made mental health services feel more accessible for everyone and better designed for students' needs, since it was actual students and their experiences involved in the making.' **Student co-creator**

The MHFC has also generated a range of knowledge regarding how to effectively engage different target groups in co-creation activity. This is synthesised in the report: 'Evaluation of the Mental Health Funding Competition: Co-creating intersectional student mental health initiatives'[25] which identified a range of factors that underpin effective co-creation delivery, including:

- **Developing 'closed spaces' for participation** that are available to students who share similar characteristics or lived experiences, to mitigate concerns about stigma that may otherwise prevent students from speaking up within mixed groups. This appeared particularly important in the context of developing targeted support for LGBTQ+ students and Black, Asian and minority ethnic students;
- **Involving staff with a shared background in the facilitation of co-creation opportunities,** as they may be able to encourage participation from students who may feel that staff without similar lived experiences will not understand their experiences;
- **Fairly compensating individuals for participation,** which appeared to be of greater importance for enabling participation from first-generation students, international students, and Black, Asian and minority ethnic students.

In the final year of delivery, examples of good practice for working in co-creation were where co-creation activity was sustained throughout the delivery of interventions, with students contributing to decisions as to how projects were operationalised in practice. This ensured that student perspectives were embedded in all aspects of project delivery.

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[25] Evaluation of the Mental Health Funding Competition: Co-creating intersectional student mental health initiatives, available at https://www.officeforstudents.org.uk/publications/evaluation-of-the-mental-health-funding-competition-co-creation/.

Where engagement with student co-creators was sustained successfully, this was enabled by:

- **Early consideration of student turnover**, in recognition that in a new academic year some students may finish their studies or be unable to participate for other reasons. Where projects had over-recruited or had additional rounds of recruitment in the second year of delivery, the impact of students dropping out of co-creation activities would have been partially mitigated;
- **Clear expectation-setting in the first year of delivery** of co-creation exercises. This was important across target groups and intervention types, both to ensure students remain engaged across the course of the project and to maintain trust with students.
  - Expectation-setting was found to be particularly important for projects targeting autistic students; for example, the University of Bristol found that clarity on expectations and timelines was important for students to prevent anxiety related to uncertainty around their role within the project.
  - Equally, a key theme that emerged from co-creation at the University of Wolverhampton was a need to form 'pacts', so that at least one tangible change that the student co-creators had recommended would be delivered during their time in the project.

'When you are creating that space, it's about expectation-setting, so you're not inviting ideas and then telling them you don't have the time and resource for those.' **Staff interview**

'There have been moments where we have had to take a step back and think about what we're really trying to achieve, particularly as the scope starts to change when you are working with students, and then you have to bring it back to the aims.' **Staff interview**

4.1.2 Engaging with students

Projects used a range of approaches to engage with students in their target group(s) for the interventions piloted, and these were often informed by co-creation activities. This should be distinguished from engagement with student co-creators and instead refers to the ways students are engaged in the project activities or interventions offered. Equally, not all projects directly engaged with students as part of interventions, and some projects included workstreams which were not student-facing; for example, the University of Bristol designed and delivered training for staff, and one aspect of Coventry University's project involved improving referral pathways with NHS services.

For engaging with specific target groups, **tailored outreach which addressed the particular barriers students faced to accessing mental health support appeared to be the most effective approach**. For projects targeting multiple groups of students with different characteristics, a tailored approach for each target group was useful, whilst still recognising the intersectionality of both student demographics and experiences.

Specific examples of effective practice tailored to the barriers faced by target groups included the following:

- Through completing a data protection impact assessment (DPIA) as part of its legal compliance[26], De Montfort University were able to access the email addresses of all students for whom the relevant characteristic data was collected. This helped the project to reach all students in qualifying groups (Black, Asian and minority ethnic and those in lower socio-economic groups (POLAR Quintiles 1 and 2[27])) to have a chance to have their voice heard and to engage in initiatives that the project delivered following student feedback/discussions. Project staff highlighted that this had enabled them to avoid dilution of the message and support the project aimed to deliver to typically less supported students. However, they also warned that setting up the DPIA was time consuming and would need to be factored into future use of DPIAs.
- Interviews with staff from the University of Chester found that **effective engagement with autistic students was centred around targeted, proactive and consistent communication**.
- University of Central Lancashire (UCLan) suggested in their project evaluation report that initiatives with a **visible and meaningful student presence in engagement activities were an important aspect of building trust and authenticity with LGBTQ+ students**. For example, taster sessions were a low-commitment way of students engaging before committing to being involved.

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[26] See When do we need to do a DPIA? | ICO for more details around the compliance aspects of these activities.

[27] This is a measure - participation of local areas (POLAR) - devised by the OfS that classifies groups of areas across the UK based on the proportion of young people who participate in higher education. Quintiles 1 and 2 represent the areas with the lowest participation levels. Further detail can be found at: https://www.officeforstudents.org.uk/data-and-analysis/young-participation-by-area/about-polar-and-adult-he/.

> 'The students from the POLAR quintiles[28] were hard to target other than through an email to those groups; there isn't an obvious forum for these groups. Whereas our international students, we have an international support service who have good engagement so we did do things like ask them to share sessions with their distribution list, so it was coming from them and that helped.' **Staff interview**

Using appropriate or tailored language to describe the service was vital as reported by many project staff in interviews, as shown in the following quotes. Language should reflect the barriers faced by the target group, the nature of the service or intervention, and the provider context. Staff highlighted that their delivery experience had shown that:

- **Using over medicalised language was found to serve as a barrier** for students to engagement, particularly for care leavers or first-generation students, who may not self-identify with the demographic targeted or may perceive their problem to be 'not serious enough'.
- **Framing interventions positively** in this respect was useful for student engagement, with ACM Guildford adapting their messaging following feedback from student co-creators, including positive language such as 'be brilliant this year', and replacing the word 'mentor' with 'buddy'.

> 'We have used 'Help' rather than social prescription to avoid medicalising the service or focusing on mental health – this has allowed the new service to capture student needs that were not previously being supported.' **City of Liverpool College project evaluation report**

> 'I think that the uptake on it hasn't been as great as they had hoped it would be and I'm not sure what the reasons are for that… maybe because people aren't quite clear who can access it, and if it's for them.' **Student follow up interview**

Involving students in 'snowball' approaches using student co-creators, where they could share opportunities with their wider networks, appeared to be particularly effective. Feedback provided by students showed that this could help to encourage participation, particularly where students may have concerns that their provider may not listen to them or understand their concerns.

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[28] POLAR is a measure used by OfS to classify geographical areas based on the proportion of local young people who participate in higher education. For more information see young people participation by area, available at https://www.officeforstudents.org.uk/data-and-analysis/young-participation-by-area/about-polar-and-adult-he/.

For example, a student involved in one project found that some of their peers from Black, Asian and minority ethnic groups were initially reluctant to get involved as some of their experiences had related to racial prejudice, and they did not feel the group would enable them to talk about these experiences. However, another student who had been attending was able to encourage their participation by assuring them that the space was open to all student concerns, also by emphasising the supportiveness of the project team.

Through trialling engagement approaches, staff provided feedback in interviews on approaches which were found to be less effective:

- **Non-targeted but face-to-face engagement with students yielded mixed responses**, with some smaller providers noting that direct interaction on campuses like the use of Student Mental Health Ambassadors (University of Bradford) was effective because they were readily able to move around campus to interact with students, and others highlighting challenges around multi-campus universities (Coventry University) requiring careful thought around the location of engagement activities.
- **Engagement through academic channels** (e.g. lecture shout-outs) **may not be appropriate for those with characteristics identified as increasing the risk of poor mental health** – a number of projects highlighted that disengagement with university life was a key indicator of poor mental health.
  - However, engagement through academic channels was considered to be more effective when targeted to groups of students who face **barriers to accessing mental health support due to their course mode**, such as placement students.
- **Mainstream online marketing activities were considered, consistently across the anecdotal feedback received through evaluation interviews, to be the least effective at engaging students from target groups.** Whilst it is useful to have an online presence with information on the project interventions for students, institution-wide marketing or promotion was not considered by those interviewed to be effective at engaging target groups.

'Our target group is very hard to reach, and it's often hard to reach groups that have the lowest engagement with university life e.g. low attendance in lectures.' **Staff interview**

Further detail on challenges associated with engaging students as part of interventions can be found in Section 4.3.3.

4.1.3   Strategic partnerships

The ongoing development of strategic partnerships was reported to be a key enabler of success across the programme, including partners both internal and external to the lead institution.

Purpose and roles of partner organisations

> 'Where I saw things working well was where the collaboration was successful. People knew what their areas of expertise were and where they needed to bring in others.' **Stakeholder interview**

Across the 18 projects, a total of 83 different partners were involved in the design or delivery of interventions as well as the 18 host institutions. The 83 partners included 27 universities, 17 further education (FE) colleges, 15 NHS organisations or representatives, seven student unions or student union representatives, and a range of other third sector, private sector and public sector organisations.

Contributions were made by national organisations including Student Minds, Mind, Independent Higher Education (IHE), the Association of Colleges, the National Autistic Society and the Care Leaver Association, as well as local organisations such as West Cheshire Autism and Aimhigher London. External organisations played a number of roles, including:

- Contributing expertise around target groups including best practice for engagement and service delivery;
- Leading the delivery of aspects of the interventions or student co-creation;
- Developing digital workstreams, for example developing digital tools, apps and virtual reality initiatives.

Through the partnership assessment survey, projects were asked to reflect on the purpose, the operations and the outcomes of their partnership.

- **Purpose:** 97 per cent (33/34 organisations) agreed or strongly agreed that their partnership had a clear vision, shared values and agreed service principles.
- **Operations:** 91 per cent (31/34 organisations) agreed or strongly agreed that there were clear lines of accountability for the performance of their partnership as a whole.
- **Operations:** 18 per cent (6/34 organisations) disagreed or strongly disagreed that their partnership was not dependent on its success from a few skilled individuals. This suggests that for a minority of projects, partnerships were heavily reliant upon a few individuals.
- **Outcomes:** 71 per cent (24/34 organisations) agreed or strongly agreed that benefits derived from the partnership are fairly distributed across partners, with 15 per cent (five organisations) disagreeing, one organisation strongly disagreeing and four organisations 'not sure' in response to this statement.

- **Outcomes:** 91 per cent (31/34 organisations) agreed or strongly agreed that the partnership was achieving its aims and outcomes.

This suggests there was strong strategic alignment between partners, good levels of commitment, and an understanding of roles and responsibilities. The only area where some partnerships appeared to require further development work was in relation to the **risk of single points of failure which may have been exacerbated by staff turnover across partner organisations**. Equally, a few organisations felt that benefits from the partnership weren't fairly distributed across partners.

'Guidance and feedback from select partners has been offered or sought and this has been thoroughly helpful and monumental in moving our strand of the project forward.' **Partnership assessment survey**

'I think this project is an excellent example of how collaborative work and partnerships can be effective in creating meaningful change.' **Partnership assessment survey**

Overall, the survey data, alongside feedback from staff interviews, suggests that partnerships have been a key area of success, and projects should be encouraged to continue to build on these strong foundations.

Enablers of effective partnerships
Key enablers to success for strategic partnerships included the following:

- **Early engagement with project steering groups** with representation from across academic and non-academic departments and local NHS services. This allowed sharing of best practice and challenges from the outset, and ensured the project was aligned to wider strategy of the lead provider.
- **Consideration on where projects or workstreams were 'hosted' within institutions** (i.e. student or wellbeing services, academic departments, or student unions).
    - For example, LSBU found that through co-creation activity they understood the centralised role that the Students' Union played in the student communities such as the Black Student Network and the Afro Caribbean Society. They recognised that the Students' Union were well positioned to deliver their mentoring programme and changed their project plan accordingly.
    - Equally, UCLan reflected that students have barriers to access to support to do with stigma, and having a project or intervention separate from a wellbeing or counselling service may support some individuals to engage with those services.

Challenges encountered by partnerships

Overall, project partners were confident they knew and understood the principal barriers to successful partnership working (97 per cent or 33/34 partners agreed or strongly agreed). In open text responses to the survey, the barriers to successful partnership working identified by projects included the following:

- **Challenges associated with single points of failure** (as outlined above).
- **Imbalances in student engagement across projects when delivered across multiple institutions** led to varying benefits to organisations.
- **A limited time to establish partnerships for projects allocated funding in the second wave of the programme**.
- **Challenges in relation to navigating the differing pastoral systems across institutions.** As highlighted in the following quote, this could itself pose a challenge to students as well as partnership working.

> 'It was very difficult to discover who was responsible for pastoral support at the other institutions, or to find central contacts to access these networks. If it is difficult for external researchers, this may also be difficult for students who need support, which is something which providers in general should reflect on.' **University of Bristol project evaluation report**

The case studies below are examples of partnership approaches to project design and delivery. These demonstrate the range of contributions provided by partner organisations and highlight examples of effective practice which contributed to these partnerships. Evidence for these case studies has been drawn from across data collection, including interviews with staff and project-level evaluation reports.

Positive Digital Practices: The Open University

The Open University (OU) collaborated with the University of Warwick, the University of Bradford, Student Minds, Jisc and the University Mental Health Advisers Network to develop digital resources to support **part-time, distance and commuter students**. The primary output was a resource hub with online modules, videos, podcasts and other materials to support mental wellbeing literacy. The partners contributed valuable sector expertise.

The success of the partnership was aided by independent work packages. This structured approach adopted by the project divided the workload into three distinct work packages, each led by a different partner institution, allowing each partner to have a leadership role but still contributing to a consistent comprehensive output.

The project's impact extended beyond its partner institutions, with several other providers adopting its resources and strategies. This demonstrated that effective partnership working can ensure projects are relevant to a range of institutional contexts and can support with the scalability of interventions.

Many Hands: ACM Guildford

The Many Hands project was a collaborative initiative led by ACM Guilford in partnership with The Ambassador Platform, Applied Inspiration, Independent Higher Education (IHE), SAE Institute, Futureworks, Matrix College of Counselling and Psychotherapy, Regent College London, Richmond American University London and Tavistock and Portman NHS Trust. The project delivered an online peer mentoring service that provides wellbeing support to students from partner institutions across the UK, with specific focus on underrepresented groups.

The partnership's success can be attributed to several key factors. The project fostered a culture of collaboration and knowledge-sharing through the establishment of a centralised knowledge hub to share best practices and research. Regular meetings and open communication channels among all partner staff also played an important role in this, with the discussion of challenges, shared experiences and brainstorming solutions playing a key role in addressing issues as they arose.

4.1.4   Project-level evaluations

This sub-section considers effective practice across project-level evaluations and the types of evidence used to demonstrate impacts and outcomes of projects.

Project-level evaluations were a valuable tool for assessing the impact and effectiveness of funded projects as they allowed for a more customised assessment of each project, contributing to evidence-informed practice. Since a core aim of the programme is to pilot interventions, the quality of evidence related to the outcomes achieved by projects is crucial.

Projects were offered evaluation guidance throughout the funding period. This included specific guidance such as the provision of an evaluation report template, and general guidance such as the OfS' standards of evidence.[29]

The types of evidence that projects were able to generate varied depending on the project's aims, methods and data sources. Most of the projects used a combination of qualitative and quantitative methods to collect and analyse data, including surveys, interviews, focus groups, case studies and app analytics.

Effective practice

There were some examples across the programme where projects have conducted quality evaluations and generated robust, meaningful insights based on data collected. The factors which enabled projects to generate stronger evidence included the following:

- **Embedding evaluation practices across all activities**. Where evaluations were built into the fabric of what was delivered, the data collected tended to be of higher quality and greater coverage, and more likely to generate useful insight.
- **Using clear indicators and outcomes.** Projects which had a clear logic model and associated indicators were best able to demonstrate the impact and learning generated by their interventions, particularly those with consideration of short, medium and long-term impact.
- **Taking a mixed methods approach.** Qualitative and quantitative approaches were widely employed by projects, thereby mitigating the limitations of either data source. Qualitative, experiential data provided detailed insights into the process and practice of delivery whilst also being important to overcome limited sample sizes within target groups and in supporting the interpretation of quantitative data.
- **Collecting data in a way that accounted for failure.** Successful data collection methods were those which were useful in isolation as well as complemented by future waves of data collection or data collected through alternative methods.
- **Having a designated evaluation lead or using external evaluators.** This ensured there was sufficient, ring-fenced resource allocated to evaluation activities.

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[29] Standards of evidence and evaluation self-assessment tool, available at https://www.officeforstudents.org.uk/advice-and-guidance/promoting-equal-opportunities/evaluation/standards-of-evidence-and-evaluation-self-assessment-tool/.

In addition, some projects took the opportunity to involve student co-creators in evaluation activity. Providing that these students were given the training and support to contribute to the evaluations, this may have had a positive impact on the students' skills development. It also may have contributed to evaluations collecting appropriate and relevant evaluation data.

<u>Challenges encountered for project-level evaluations</u>
There were limitations associated with project-level evaluations which were common across a number of projects:

- **Low student engagement** posed a challenge for the programme and the project evaluations, which **limited the sample size** of students participating in evaluation activities and the generalisability of the findings. In limitation sections of evaluation reports, projects suggested there were high levels of survey fatigue amongst students, particularly amongst marginalised groups.
- **Inconsistent sampling in longitudinal surveys** – collecting baseline and follow-up data is crucial for evidencing change, however a lack of consistent matched samples and meaningful attribution of outcomes to the intervention undermined the robustness of findings.
- **Data quality and consistency**, another challenge highlighted by some projects, was limited by the availability of disaggregated institutional data, the variation in data collection platforms and policies across partner institutions, and the disruption to data collection methods caused by the Covid-19 pandemic.
- **Delays in project delivery and the extension of some projects** beyond the deadline for project-level evaluations limited some projects' ability to collect robust evidence and assess the impact within the timeline. Equally, for some projects this meant the evaluation data collection periods were no longer aligned with academic terms or exam periods.
- **Short timelines made it difficult to assess the long-term impact of interventions.** Many of the outcomes for projects will be realised beyond the end of project funding and were therefore not captured in project-level evaluation findings.

4.2   Effective practice: target groups

The interim report focused on effective practice in developing intersectional and targeted support for student mental health[30] which centred on the co-creation in the design of interventions and resources. In this report, this sub section identifies **how the approaches developed and trialled by projects have addressed the barriers to accessing support in practice for each target group or developed targeted support for student groups who are more likely to experience poor mental health.**

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[30] Evaluation of the Mental Health Funding Competition: Co-creating intersectional student mental health initiatives, available at https://www.officeforstudents.org.uk/publications/evaluation-of-the-mental-health-funding-competition-co-creation/.

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. Additionally, there is significant diversity within the target groups, and findings are not necessarily generalisable to all individuals or communities within each group. As such, 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 their specific needs.

4.2.1   Autistic students

Two projects focused on addressing the barriers to accessing mental health support for autistic students.[31] The University of Bristol designed and piloted training for staff, whilst the University of Chester developed a suite of resources targeted to autistic students which focused on preventative strategies to support the mental wellbeing of autistic students and other stakeholders (including parents, carers, employers). As such, both projects sought to reduce the information gap around the support needs of autistic students, and therefore 'to cultivate a more positive autism environment for students' (University of Chester evaluation report).

Staff training
Training for staff may be an effective way of reducing barriers faced by autistic students considering that poor support and stigma from staff is likely to have a significant impact on mental health (Section 3), and staff in interviews suggested that the need to 'self-advocate' might be a particular barrier for autistic students who may have challenges around communication.

The content and the scope of the training developed by the University of Bristol was highlighted as being effective in providing comprehensive training for staff , particularly through its development in co-creation with autistic students. Interviews with staff as part of the project-level evaluation also suggested that staff who were already knowledgeable felt they had learnt something from the training.

 The pre-and post-training questionnaires delivered through the project-level evaluation showed no significant differences in staff knowledge as a result of the training. However, this questionnaire was an existing measure and was not tailored to the course content. The evaluation report notes that many of the staff who volunteered to participate in the training had a high level of knowledge before the course began, and so this result may also be due to ceiling effects.

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[31] The University of Chester's project sought to engage students with Autism Spectrum Condition (ASC), not only those diagnosed with autism, however for consistency we use the terms 'autism' or 'autistic students' throughout the report to discuss this target group.

Interview responses showed that the depth of the course content ensured staff developed nuanced, in-depth knowledge of the different ways autism can present, and the interaction between autism and mental health behaviours. There was good evidence that this was effective at improving staff understanding.[32] The project's monitoring report also highlighted that the training had a direct impact on staff practices improving their interactions and engagement with the group and utilising more online approaches to aid facilitation including through signposting to online blogs/vlogs or infographics.

> 'Students can now access support through staff members much more efficiently, since the staff now know what types of questions to ask and can be a lot more proactive in giving support.' **Staff interview.**

Whilst improving the systematic barriers faced by autistic students is important (Gurbuz et al., 2019)[33], the approach taken by the University of Bristol also prioritised allowing deeper relationships between staff and students to facilitate understanding of their circumstance and their needs/preferences for support. The online training module developed moved beyond general awareness of support needs to a practical understanding of how to meet these needs. Staff interviews suggested the uptake of the online learning module was facilitated by it being 'Recommended' for staff, one category below 'Mandatory' learning.

Empowering students through access to information
The University of Chester developed an autism toolkit with students as the primary audience, with additional information for parents, carers and employers. The toolkit can be found online.[34] The toolkit was designed in collaboration with Autism Hub West Cheshire, with feedback from autistic students during its development. The National Autistic Society suggests that **advance information** (which the online toolkit provides) **can be important for autistic people, who may be able to navigate challenging social and sensory environments and manage anxieties better if they can prepare in advance.**[35] Equally, wider research suggests that parents, carers and other stakeholders are important mediators or 'information seeking proxies' for their autistic children (Bilal, 2010)[36], thereby suggesting that the inclusion of resources targeted at wider stakeholders may be a useful contribution to reducing the barriers faced by autistic students.

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[32] Supporting the mental health of autistic students: What we found, available at https://smhas.blogs.bristol.ac.uk/what-we-found/.

[33] University students with autism: The social and academic experiences of university in the UK, available at https://link.springer.com/article/10.1007/s10803-018-3741-4.

[34] Autism toolkit, available at https://www1.chester.ac.uk/student-support-and-wellbeing/our-services/disability-and-inclusion/autism-toolkit.

[35] Accessible information guide, available from https://www.autism.org.uk/advice-and-guidance/topics/autism-friendly-guide/accessible-information.

[36] The mediated information needs of children on the Autism Spectrum Disorder (ASD), available at https://www.researchgate.net/publication/257985024.

The toolkit's main strength lies in its usability and universal applicability, evidenced by its widespread utility with over 11,200 views by September 2023, however whilst data on user volumes and time spent on toolkit pages was available, further information on the number of unique users could not be identified. Whilst it is hosted on the University of Chester's website, it was not designed to be specific to the University of Chester and will continue to be available online to other institutions throughout the UK after the funding has ended. An important aspect of the toolkit is providing information to help prepare students for joining university, and includes information on the familiarisation of campus sites, accommodation, transport and access to support. However, to effectively meet the information needs of autistic students (as outlined above), online toolkits may need to be highly tailored and specific to institutional context.[37]

Research findings provided emerging evidence that **workshops or awareness-raising activities can be effective for autistic students if they are supported through their attendance/engagement by staff to feel more empowered.** The University of Chester delivered a series of employability and life skills workshops for students**.** Although there is limited evaluation evidence to suggest the effectiveness of this type of intervention due to challenges with student recruitment, findings from interviews with staff at the University of Bristol illustrate the potential utility of bridging academic and social aspects of university life in this way. The interviews identified that the intersectional nature of autism and mental health is often due to the 'disabling' impact of some aspects of university life (see Section 3), while the wider literature suggests that social functioning is one of the biggest challenges autistic students face at university (Gurbuz et al., 2019).[38] As such, workshops or awareness-raising activities may also empower autistic students to develop self-advocacy skills, to support them to communicate their needs effectively, however there was not data in the project-level evaluation to support this conclusion.

Interviews with staff from University of Chester suggested that **effective engagement with autistic students was centred around targeted, proactive and consistent communication.** Equally, the University of Bristol successfully recruited co-creators by working with trusted, existing networks such as student societies. It should be noted that the University of Chester also supported students to create a society for autistic students in response to feedback from students (project evaluation report). There is also strong evidence elsewhere to suggest that peer-to-peer information transfer is highly effective for autistic people (Crompton et al., 2020).[39]

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[37] See more information on tailoring autism toolkits see Autism & Uni, available at https://www.autism-uni.org/toolkits/.

[38] University students with autism: The social and academic experiences of university in the UK, available at https://link.springer.com/article/10.1007/s10803-018-3741-4.

[39] Autistic peer-to-peer information transfer is highly effective, available at https://journals.sagepub.com/doi/10.1177/1362361320919286.

In summary the effective practice identified by the evaluation for this group included:
- 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.

4.2.2   Black, Asian and minority ethnic students

Seven projects had some element of their approach focused on addressing barriers faced by Black, Asian and minority ethnic students. Within this broad category, these projects engaged a combination of intersectional student demographics.

Awareness-raising programmes
Previous sections have shown that working in co-creation with students was a key enabler of success across all target groups (see Section 4.2.1). Results from the evaluation on projects working with Black, Asian and minority ethnic students identified that the inclusion of authentic student voice in developing and delivering preventative and early intervention was effective in improving the cultural competency of the support offer and levels of student trust in services.

Both the Black Students Mental Health Project (BSMHP) led by LSBU and People Like Us led by University of West London (UWL) delivered projects designed to improve the cultural competency of support services, and raise awareness of services to encourage early intervention and preventative approaches to supporting mental health.

The digital resources developed through the BSMHP's co-creation activities[40] document perspectives on and experiences of various support services including mental health and wellbeing. The LSBU project evaluation report suggested that these co-created resources have fostered a sense of trust and credibility, increasing the likelihood of students actively seeking help and engaging with the material created. This is reinforced by experiential data from students; a longitudinal survey[41] found an 11.1 percentage point increase in students expressing confidence in accessing mental health and wellbeing services from 2021 to 2023, which project staff suggested was likely to improve access to early intervention.

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[40] The Black Students Mental Health Project, available at https://www.good-thinking.uk/students/LSBU-black-students-mental-health.
[41] This data comes from LSBU's project evaluation report. Two questionnaires were distributed to students at the start and end of the project (n=1012 unique students), with a response rate of 11 per cent (2021) and 8.5 per cent (2023) of the total population of Black students enrolled at LSBU.

Experiential data from students in project evaluation reports indicated that interventions delivered through a peer-to-peer or mentoring approach may have helped to address barriers in relation to cultural competency, trust in support services and fear of stigma for Black, Asian and minority ethnic students. Peer-to-peer approaches were delivered differently across the relevant projects:

- University College London (UCL) piloted a remote peer support model for target groups based on a peer research project developed through a University of the West England Bristol (UWE Bristol)-led partnership project funded by the MHCC.[42]
- LSBU delivered a one-to-one peer support approach through the Students' Union.
- ACM Guildford delivered an online peer mentoring service via The Access Platform.
- The University of Bradford refined the scope of their Student Mental Health Ambassador (SMHA) role following feedback from students in co-creation activity, with the role evolving to deliver initiatives, workshops and resources to peers.

Feedback from the pilot of the peer support model by UCL suggested that cultural competency training for those delivering support was preferable from a user perspective to making changes to the core peer-to-peer model piloted across all students, being mindful to not make assumptions or over-essentialise the experiences of Black, Asian and minority ethnic groups.

There is no one-size-fits all approach to the delivery mode of peer mentoring projects with projects overall suggesting a hybrid (online and face-to-face) and flexible approach was most appropriate for Black, Asian and minority ethnic students. However, some projects found that delivering activities face-to-face was considered most effective to reduce barriers for students around trust and isolation.

> 'The online sessions had more of a limited impact. They just didn't have the same level of cultural competence as the face-to-face sessions with the peer mentor. There needs to be an actual conversation in order to break down barriers surrounding mental health.' **Staff interview**

ACM Guildford's evaluation report gave detail that they established during their trial of the digital mentoring platform The Ambassador Platform (TAP) that mentees preferred to communicate with mentors in a mode which suited them best including a combination of face-to-face, phone, WhatsApp and Zoom. For both ACM Guildford and UCL, the engagement and matching of mentors and mentees were online, whilst the interventions themselves were delivered flexibly.

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[42] IMPACTS peer research project, available at https://www.ucl.ac.uk/pals/psychology-informing-university-practices-wellbeing/impacts-peer-research-project.

For further detail on challenges around digital resources and apps, please see .

Importance of facilitators who share lived experience with students

Across intervention types, **some students preferred having access to support that was delivered by facilitators with shared lived experience or from the same cultural background.** This can help to foster trust and show students they are not alone. It can also help to break down hierarchical boundaries between staff and students, as by sharing their own experiences, staff may be able to build common ground with students. Examples of how this was implemented included the targeted recruitment of staff from a Black, Asian or minority ethnic background, or where projects added staff profiles onto booking systems for counselling services to enable a student to make an informed judgement on which counsellor they may wish to engage with.

LSBU's project evaluation report highlighted that **representation is important at all levels of the institution.** The project had an occupational requirement for the project officer to be a Black LSBU graduate through the officer. The project evaluation report suggested that this representation has helped increase students' sense of belonging to the institution, although feelings of belonging were not investigated directly through evaluation activity.

A project supporting students from a range of ethnicities found that some students felt it unnecessary for facilitators to come from the same ethnic group, but they did need them to understand their needs.

The importance of lived experience to students/users extended to peer mentors and student ambassador roles. These student mentors or ambassadors felt they could add value as their lived experience would help to 'normalise challenges and create a comfortable space for students'.

> "It has been a judgement free space to discuss life experiences inside and outside of uni with someone who has a shared experience to me. A space to be vulnerable, and let go of some of the stresses I'm holding in." **Student peer mentor**

In summary the effective practice identified by the evaluation for this group included:
- 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.

4.2.3   Care-experienced students

One project led by the University of Roehampton focused on piloting an approach to supporting care-experienced students, particularly during their transition into HE. Low engagement numbers with the project led to multiple adaptations to the project design which meant the evidence as to how to address barriers to accessing mental support in university is predominantly experiential. The project highlighted several important lessons learnt from project delivery, including the factors driving engagement challenges and student drop-out from ongoing activities.

Consistent delivery of services

A key insight from the project was that when delivering activities with care-experienced students, it is important that activities are **well-funded and consistently delivered,** with a focus on direct contact and relationship building between university staff and students. Staff interviews highlighted particular barriers for care-leavers due to mistrust, based on previous negative experiences of unfulfilled promises by statutory services in their childhood. The project evaluation also identified that students reported feeling dismissed in the past or given significantly long waiting times, which meant that they often had to navigate decisions about university on their own. Building trust through both consistency and setting expectations is likely to be important to overcoming this barrier.

'All of this is however with hindsight about trust, consistency and acknowledging practical needs of student participants; e.g. having to make a choice between earning money during holidays or attending [project activities].' **Partnership assessment survey**

The University of Roehampton found **that group sessions or workshops may be an effective way to addressing the feelings of not belonging at university for care-leavers.** However, these activities were found to be most effective when delivered flexibly, considering the **importance of establishing confidentiality from staff and amongst peers early on within the project** (University of Roehampton project evaluation report)**.** Wider evidence indicates that group sessions may also promote positive wellbeing and improved mental health outcomes for students, as belonging is positively associated with wellbeing and mental health (Fletcher, 2015).[43]

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[43] Wellbeing: the importance of belonging - Summary Report, available at https://www.barnwoodtrust.org/wp-content/uploads/2017/08/Importance_of_Belonging_Summary_v12-web.pdf.

The project did not have a sufficient engagement with students to generate evidence on effectiveness of the ongoing workshop activities delivered. However, interviews with staff suggested that **taking a holistic approach to mental health which recognised the challenges that care-leavers may have in terms of independent living** was felt to be an enabler of success for students.

The project aimed to support the development of care leavers' personal and social skills, lifestyle management, academic proficiency, employability skills, supportive networks and succession planning. Interviews with staff suggested that framing these activities as 'independence sessions' rather than as activity targeted to care-leavers may improve perceptions amongst the target group; the University of Roehampton's project evaluation report highlighted that some students held feelings of shame about their circumstances and were often deterred by projects with the word 'care' in the title.

In summary the effective practice identified by the evaluation for this group included:
- 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.

4.2.4   First-generation students

Two projects, delivered by St Mary's University Twickenham and the University of Westminster, had a specific focus on first-generation students.

Preventative transition support
There is emerging evaluation evidence that psychoeducation interventions[44] to support periods of transition can be effective practice for these students: interviews with staff at St Mary's University Twickenham found that framing interventions around transition periods rather than mental health may have improved confidence in accessing support. This is important as the independent student co-creation survey found that 50 per cent (16/32) of first-generation students said they hadn't accessed services before because they 'didn't think their problem was serious enough', compared to only 29 per cent (12/42) of students who weren't first in their family to go to university.

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[44] These are a form of support that uses elements of therapy, education, and information that enable those supported to understand more widely the nature of their illness, treatment and support options to support more holistic work with health professionals or other support staff. Further details can be found in Morgado, T. et al. (2022).

As with care-experienced students as reported in [Section 4.2.3](#), emerging evidence suggests that workshops or training which take a holistic or preventative approach to supporting students in university or college life can be effective for supporting the mental health of first-generation students, however there was not a sufficient sample size nor comparability of samples to make confident claims around the efficacy of the workshops. Staff did note however that through their delivery of peer-to-peer workshops and support sessions student participants and co-creators identified the importance of having accessible information about the financial and accommodation aspects of university, city adjustment advice, and healthcare or GP access advice.

Additionally, a balance of blended sessions (online and face-to-face, with an online resource pack) appeared to work well when delivering services. Staff interviews highlighted that when sessions were self-contained or delivered as standalone sessions not requiring attendance to all sessions, this allowed students to engage flexibly. This may have supported students to balance other responsibilities including paid work.

Virtual reality intervention

In order to address social anxiety in first-generation students, the University of Westminster developed a virtual reality (VR) based intervention, using VR simulations of potentially anxiety-invoking university-based situations that were adapted using graded exposure techniques[45]. As of the end of the funding period, August 2023, the intervention had not been trialled on a substantial number of students and evidence on the effectiveness of this intervention was not available for the purposes of this evaluation; a randomised control trial of the intervention commenced in September 2023[46].

Co-creation activity contributed to the early stages of the project, in particular the development of content for the virtual reality scenarios. For example, staff in interviews reported that the coproduction group helped to develop the reference images for the safe space, drawing on their experiences of anxiety to develop a hierarchy of experiences. Staff interviews suggested there were emerging findings that virtual reality approaches helped to reduce stigma[47] associated with mental health support as it sits outside traditional modes of clinical support.

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[45] This form of psychological treatment where individuals can be exposed to something that they are fearful or anxious about in a safe environment in a graduated way using a fear hierarchy that ranks the experience according to difficulty for the individual. More details can be found at https://www.apa.org/ptsd-guideline/patients-and-families/exposure-therapy

[46] Results were not available within the evaluation timescale.

[47] As outlined in [Section 3](#), first-generation students often held the perception that their problem 'wasn't serious enough' to seek support.

'It's also a context specific approach – we've found that a lot of the students, especially first-generation students, aren't socially anxious all the time just in certain university environments so being able to experience it virtually first should really help.' **Staff interview**

In summary the effective practice identified by the evaluation for this group included:

- 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.

4.2.5   LGBTQ+ students

One project had a core focus on addressing barriers faced by LGBTQ+ students, led by UCLan, which harnessed creativity (theatre production, video, podcasts, workshop activities working with arts and creative subject students) with the aim of reducing barriers and stigma around mental health. LGBTQ+ students also featured as one of multiple target demographics for UCL, however there was limited evidence of effective practice generated by this project which can be disaggregated for LGBTQ+ students.

Group activities in 'closed spaces'

Interviews and survey responses from UCLan staff suggested that group activities delivered in 'closed spaces', where sessions were only open to students sharing lived experience or particular demographic characteristics, were an important driver of success for UCLan's Creative Mental Health Framework project.

'We have created safe, open spaces for everyone to connect, share and reduce stigma. Feedback has shown students feel supported and more at ease when talking to their peers rather than a more 'professional' setting.' **Partnership assessment survey**

There was limited robust evidence that this led to a reduction in mental health stigma amongst students. Experiential data however set out in UCLan's evaluation report suggested that students particularly valued the peer-to-peer element of the project, with 75 per cent of students feeling more connected to other people at the university following the sessions. However this was based on a survey with a limited sample size (21 students).

The evidence also reflects key findings from our report 'Co-creating intersectional student mental health initiatives'[48], that **'closed spaces' for co-creation activities have been highly valued by students**, and may contribute to mitigating concerns about stigma that can prevent students from speaking up in front of peers who are not from a similar background.

These findings are important as they highlight emerging support for the concept of 'chosen family' amongst LGBTQ+ communities as a mechanism of seeking support. Existing research explores the nuanced ways in which examples of 'chosen family' functions in terms of care regarding health and illness, specifically navigating medical systems, leaning on each other, and mutual aid (Jackson Levin et al., 2020).[49] The positive student feedback on the targeted peer-to-peer element of UCLan's Creative Mental Health Framework in their project evaluation report (as outlined above) may demonstrate the value in relation to student mental health amongst LGBTQ+ students, potentially reducing feelings of isolation and a fear of stigma. However, stronger evidence is needed to understand the role in which this plays in reducing mental health stigma and feelings of isolation amongst LGBTQ+ students, and if it is generalisable to other demographic groups.

Where 'closed spaces' or group activities exist, UCLan's evaluation report suggested that a key lesson learnt was that **allowing the opportunity for self-referral was an important aspect of the 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. There are related, broader limitations in using administrative data for targeted recruitment and engagement of any groups who are more likely to have negative experiences of institutions and services, such as Black and South Asian communities.[50] Students who are concerned about the use of their personal data may choose not to disclose relevant demographic information.

Free text responses to a survey from staff in UCLan's evaluation report suggested **the focus on creativity may have also enabled positive engagement with students** and may have gone a certain way to raise awareness of, and destigmatise, mental health. Evidence exists elsewhere on the role of creative interventions in mental health care,[51] however the effectiveness of the creative approach was not tested in the project evaluation specifically for LGBTQ+ students.

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[48] Evaluation of the Mental Health Funding Competition: Co-creating intersectional student mental health initiatives, available at https://www.officeforstudents.org.uk/publications/evaluation-of-the-mental-health-funding-competition-co-creation/.

[49] "We Just Take Care of Each Other": Navigating 'Chosen Family' in the Context of Health, Illness, and the Mutual Provision of Care amongst Queer and Transgender Young Adults, available at https://pubmed.ncbi.nlm.nih.gov/33050069/

[50] What it means to be seen: Closing gaps in patient data for Black and South Asian communities, available at https://understandingpatientdata.org.uk/news/bringing-together-our-work-equitable-data-collection-black-and-south-asian-communities.

[51] The art of social prescribing: Informing policy on creative interventions in mental health care, available at https://iccliverpool.ac.uk/?research=the-art-of-social-prescribing-informing-policy-on-creative-interventions-in-mental-health-care.

In summary the effective practice identified by the evaluation for this group included:
- '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.

4.2.6   Mature students

Two projects focused on mature students as a target group, emerging learning from those projects that engaged with them suggested that **they benefitted from a peer-to-peer approach, connection with other family members, and connecting with peers of a similar age to identify support.** This approach that had been identified as effective by Student Minds (2014)[52] and emerging evaluation evidence highlighted how students appreciated having a mentor who could relate to their life experience.

ACM Guildford included mature students as part of their target group. Data provided in the project's evaluation report was not able to be disaggregated by student demographic, which means there are minimal claims which can be made based on survey data. However, reflecting on data from a non-participant survey sent to students across institutions who didn't engage with the project, project staff suggested that mature students may be more likely to make use of existing family support structures or local NHS services because they provide the 'safe space' experience valued by many students facing mental health challenges.

Several projects highlighted that mature students were likely to experience multiple barriers to accessing support, including living off campus, or managing part-time work or care-giving responsibilities. For example, the Higher Education Social Prescribing project delivered by the City of Liverpool College targeted students studying HE courses in FE settings, where a high proportion of students were also mature students. Whilst there is experiential evidence from students in the evaluation report which suggests mature students valued the social prescribing approach, there is limited evidence as to the effectiveness of this for addressing the barriers to support for mature students.

In summary the effective practice identified by the evaluation for this group included:
- 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.

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[52] Peer Support for Student Mental Health, available at University Peer Support - Student Minds

4.2.7 Part-time, distance and commuter students

Four projects specifically targeted part-time, distance and commuter students. These were led by the University of Wolverhampton, Newcastle College University Centre, University of Liverpool, and The Open University. Key aspects of emerging practice in supporting these students included targeted resource development; and out of hours counselling services.

<u>Development of resources</u>

A number of resources and toolkits were developed to address barriers to accessing mental health support for part-time, distance and commuter and students who may face barriers due to their mode of study. Resources developed for practitioners by The Open University for their project Positive Digital Practices demonstrates good practice by embedding positive pedagogy approaches in their work supporting practitioners to support students who may experience barriers to accessing mental health support due to their mode of study. It also provided resources to support the development of emotional intelligence, tackle feelings of insecurity around particular aspects of learning such as maths, groupwork, writing, presentations or speaking, and signposting online communities for support.

The project created a digital toolkit of forty resources to facilitate the practitioners who teach and support these groups of students to **embed wellbeing considerations throughout their programmes and institutions.** The project evaluation report suggested that staff responded positively to the resource, with over two thirds suggesting it was 'very helpful' (64 per cent or 26/40 of surveyed staff) and over three quarters saying they would use the resource to inform their own practice (76 per cent or 30/40 of surveyed staff). Feedback indicated that students have different learning preferences and that a diverse set of tools would be more effective in reaching and engaging a broader audience.

Staff interviews suggested this approach positively moved away from the deficit model of placing the responsibility for wellbeing on students themselves, and may provide a scalable and sustainable solution to addressing barriers to support for these student groups.

> 'It offers practical suggestions to mitigate poor digital literacy which is often associated to diminished wellbeing with a friendly voice and tone. It is a positive support, at the students' fingertips.' **Staff response to evaluation survey, The Open University evaluation report**

The Positive Digital Practices Resource Hub[53] consists of resources in three areas:

- Positive learner identities, including emotional awareness, encouraging help-seeking behaviour, recognising achievements and valuing learning opportunities.
- Positive digital communities, that support students' sense of belonging and purpose, provide informal peer support and facilitate meaningful connections that do not rely on a campus environment.
- Positive pedagogies that support learners to take part in and demonstrate technology-enhanced learning in a way that is inclusive and supports mental wellbeing.

Twilight Counselling service

For commuter students in particular, one aspect of the intervention delivered by Newcastle College University Centre was their Twilight Counselling service, which delivered **remote counselling outside of traditional working hours**. This also provided a zero-cost placement for the college's counselling students, and as such can be considered a peer-to-peer intervention. This approach aimed to address the barriers identified for commuter students around access to preexisting counselling services or mental health provision; however, there is limited evidence as to whether this has increased the numbers of commuter students accessing services due to challenges collecting data for the project-level evaluation.

In summary the effective practice identified by the evaluation for this group included:

- 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.

4.2.8   Placement students

Subject specific resources

Tools to support the mental health of placement students were developed through the University of Wolverhampton's PACE project, which developed **subject-specific resources for placement students to support their mental health.** Designing these resources in co-creation with placement students highlighted the difference of need based on subject specificity and the need for resources tailored to the institutional context and course mode.

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[53] Positive Digital Practices Resource Hub, available at
https://positivedigitalpractices.weebly.com/resource-hub.html.

Subject specificity was recognised in the following:
- Placement type (e.g. in healthcare settings, in industry, or otherwise).
- Placement length (e.g. short-term placements of less than two months, or placements lasting a whole academic year).

'We sometimes miss that step of asking students what is helpful help, and taking that course based approach has showed that students both value and need course based help.' **Staff interview**

Details from the project's monitoring report to the OfS outlines the context at the University of Wolverhampton, where the profile of students varies considerably between course type. Staff suggested in interviews that understanding the profile of students, without making assumptions about their experiences, was important to understand what students have been navigating and in taking an 'intersectional lens'. Staff interviews also emphasised the importance of avoiding a deficit-based lens in this regard, highlighting how they focused on three groups of students within course areas of nursing, primary education, and engineering. In each, the monitoring reporting identified how they sought to focus on the demographic groups on these courses and how their journey to join the course and the gender and ethnic backgrounds of the students would help to then tailor support to address mental health needs that might emerge. This led to the University of Wolverhampton introducing designated learning days to allow placement students to consolidate their learning more effectively, supporting nursing students to celebrate their placement achievements with peers, and the earlier initiation of field and industry exposure for engineering students.

Virtual reality intervention

The University of Liverpool aimed to develop and evaluate a virtual reality (VR) environment to support mental wellbeing for students attending remote clinical placements. The environment, accessed through headsets, comprised of an interactive tropical island location with bespoke audio mindfulness resources, customisable avatars and a range of options for accessing peer and tutor support. The project aimed to reduce feelings of anxiety and depression in students who would otherwise be at risk of mental illness due to isolation, shiftwork, remoteness from friends and family, and loneliness.

The project faced challenges in recruiting student participants during the funded period, and as a consequence, there is limited evidence regarding effective practice for this approach. However, the project evaluation report highlighted that a key aspect of the developed environment was the use of avatars which ensured anonymity. Experiential data from students who participated suggested they valued this aspect of the VR environment.

In summary the effective practice identified by the evaluation for this group included:

- 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.

4.3   Challenges encountered by projects

This section explores challenges in delivering interventions which were identified in interviews with staff and stakeholders and drawn from project evaluation and monitoring reports.

4.3.1   Developing and embedding digital resources

The guidance to bidders noted that the DHSC (which provided £1 million of investment for this programme through the OfS) was 'particularly interested in bids that demonstrate innovative and technological approaches' to mental health and improving mental health support[54]. Consequently, many of the funded projects included digital workstreams, for example developing digital tools, apps and virtual reality initiatives. These typically involved providers working with third-party private providers who were able to provide technical knowledge to develop such tools.

This did, however, bring about a number of challenges across a range of projects:

- **Digital development was more intensive and time-consuming** than some providers had anticipated.
- **There were challenges aligning timescales** between digital providers, HE staff and students, which made getting all key stakeholders in a room challenging.
- Feedback from some student co-creation activity suggested that following online learning during the Covid-19 pandemic **there was a general perception of 'fatigue' around online service delivery.**

'It was challenging to have the digital lens as well as the inequality lens…. There was tension on do we shift away from the digital focus of the project to deliver what students are telling us they want and need.' **Stakeholder interview**

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[54] Office for Students - funding competition: Using innovation and intersectional approaches to target mental health support for students, available at https://www.officeforstudents.org.uk/media/89ac0b1d-febe-46be-bb7e-301eaaa3d931/mhfc-bidding-guidance.pdf.

The University of Bradford had initially included the development of an app with mood tracking functionality within its project, however the following issues informed a decision not to implement the mood tracking element of the app:

- The nature of mood tracking raised concerns around information security, data access and support, which would have increased the complexity of the work.
- There was a recognition that the private sector already offered tools that provide this functionality and there was risk of duplication.

Equally, the City of Liverpool College delivered a multi-agency project bringing together 10 FE colleges in the North-West to develop and implement a social prescribing approach to improve mental health outcomes for HE students in FE settings. Embedding a digital solution through the 'Elemental' platform was intended to accelerate change through the simplification of access to these services, however the project encountered several challenges which led to a decision to use existing college systems to refer students:

- **Gaps in functionality between the new platform and existing platforms** used by colleges meant staff were often duplicating work and using both platforms. This also affected the ability to collect consistent data across all 10 FE partners.
- **Limited staff capacity and high turnover of staff** in the FE colleges along with the necessary training requirements to use the platform formed a barrier to embedding the use of the platform across all partners.

UWL also encountered challenges with their external online platform Workspace, which was designed to deliver peer-led workshops. This involved technical difficulties in its development but also around the timing and accessibility of the platform. The sessions were then hosted on the online site Blackboard instead, where the project would appear alongside module content. **Staff suggested that this presented challenges due to student concerns around confidentiality, and perceptions of Blackboard as a formal platform.**

'I think aside from the cultural barriers, they maybe didn't want other students to know they were accessing this support or see it on their Blackboard. It would appear as a module so it made it feel quite academic rather than something they were doing for their personal development.'
Staff interview

Finally, **ACM Guildford's trial of the digital mentoring platform The Ambassador Platform (TAP) suggested that the app may not be suitable for peer mentoring**; there was strong feedback from mentors that using TAP was a significant barrier to connecting with mentees. Whilst the platform was designed to be discrete and anonymous with consideration of safeguarding embedded in the approach, staff found this didn't suit the purposes of mentoring, where students were encouraged to build rapport over multiple sessions.

4.3.2 Data collection, consent and sharing agreements

Across the programme, projects experienced a range of specific challenges relating to data collection and data sharing for student engagement and intervention delivery.

- One project which sought to develop a partnership model with the NHS found that despite establishing data sharing consent, they experienced reluctance on the part of NHS staff to share the relevant information.
- The length of the process to complete a DPIA to process the relevant personal information for students from target groups introduced delays in engaging with students.
- For projects with multiple partners, there were sometimes inconsistencies in the way data was collected about student demographics, which meant not all partners could take a targeted approach to engagement.
- A number of projects experienced challenges relating to data collection for their project-level evaluations, limiting the evidence which was available to demonstrate the effectiveness of interventions. Mitigations and learning drawn from the evaluation addressing these are outlined in Section 4.1.4.

4.3.3 Engaging with students in interventions

Eleven staff members across eight projects reported that they had encountered challenges engaging with students. This was one of the most prominent challenges/concerns raised by projects across both co-creation activity and intervention delivery. In the interim phase of the programme, staff highlighted that some challenges with engagement were related to the Covid-19 pandemic[55]; however, this was not considered to be a specific influence in the final year of delivery.

Low levels of student engagement were identified as a key threat to the success of projects, as project staff recognised that the involvement of students was a critical factor to enable them to pilot interventions and generate evidence on the effectiveness of support provision.

In many cases, this was found by projects to be associated with the extrinsic nature of the barriers faced by the specific student groups targeted by projects:

- A stakeholder interview highlighted that groups of students considered 'hard-to-reach' are considered so because they often have the lowest engagement with student life, including attendance at lectures or participation in student societies, in particular first-generation students.

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[55] Some projects reported engagement challenges related to the COVID-19 pandemic. This included having to adopt online project activity between September 2021 – March 2022 due to restrictions that were in place at the time, and lower levels of engagement from students influenced by reduced numbers of students on campus.

- Many students in the target group(s) are more likely to have employment or caring responsibilities on top of their studies, in particular mature students[56] and first-generation students.[57]
- A project targeting autistic students noted challenges around the steps needed for students to engage with the project, including direct contact and consent forms, which posed an accessibility barrier.

'As students were asked to contact us directly, in order to protect their identity under [General Data Protection Regulation] GDPR, this may have presented an additional executive functioning burden which was a barrier to them taking part. This is something for future studies to reflect on and look for alternative ways to reach out to impacted students who have no previous direct contact with the project.' **Staff interview**

Project staff identified the challenges of tailoring communications to specific target groups, while simultaneously recognising the diversity of identities and experiences within target groups. Using a universal approach to engagement was viewed as insufficient when targeting a diverse student population.

'Students at our partner institutions are diverse. Some are mature, creative, some Global Majority, and some facing specific barriers to engagement. It was difficult to find a messaging approach, and an offer, that addressed all of these factors.' **Project evaluation report**

Examples of strategies that had helped projects to mitigate challenges in engaging with students include:

- **Diversifying recruitment approaches** to include lecture shout-outs, and methods that personalised the project such as videos from project staff, or attending halls of residence to speak to students. Although these maybe less effective for students with risk factors associated with raised mental health needs such as those with caring responsibilities, or additional learning needs and more relevant for placement students.

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[56] Forgotten Learners: building a system that works for mature students, available at https://www.millionplus.ac.uk/policy/reports/forgotten-learners-building-a-system-that-works-for-mature-students.

[57] Experiences of first-generation scholars at a highly selective UK university, available at https://www.berghahnjournals.com/view/journals/latiss/14/2/latiss140202.xml.

- **Working with student representatives, societies or networks** to broaden reach – building relationships with these groups can also be beneficial for signposting students to other opportunities to engage with students with similar lived experience.
- **Working with trusted students, staff members or departments** to advertise opportunities.
- **Dedicated resource towards the start of project delivery to 'build community'** (LSBU project evaluation report) which supports student buy-in and 'generates momentum'.
- **Adopting one-to-one engagement approaches**, particularly where group work has been challenging to engage students.

4.3.4   Staff turnover and retention

Across the programme, projects struggled with staff turnover both within lead institutions and with project partners. In some cases this was due to temporary employment contracts linked to project timeframes, but for some partner organisations the factors driving the staff turnover were unclear. For lead institutions this presented challenges around continuity of delivery, limited relationship building with partners and delays to project timelines. Where staff turnover occurred in partner organisations, this impacted on the partner's ability to contribute to the project and on levels of buy-in and commitment.

> 'We first need to look at why staff are leaving roles and why the staff turnover at the Students' Union is so high. Once we figure this out we can create a project where key staff won't leave after it gets underway.' **Staff interview**
>
> 'There has been fluctuation in the engagement in the partnership by individual organisations over the course of the project. This has often been dependent on staffing and competing demands in [partner organisations].' **Partnership assessment survey**

4.3.5   Low levels of staff diversity

Whilst only reported by a small number of projects, low levels of staff diversity were in some cases felt to be a barrier that could undermine the efforts of the project team. For example, one project aiming to improve support for Black, Asian and minority ethnic students had low levels of ethnic diversity within the staff team, which had led to internal criticism.

Additionally, as outlined in Section 3, students highlighted the importance of lived experience and representation of the student body (and society) amongst facilitators, staff and consellors. For example, one student who noted that their project was making positive steps in supporting students reported they were still unlikely to engage with student support as they did not feel a service (that was made up of predominantly white counsellors) would be able to understand their needs. This emphasises the importance of work across the sector to diversify staff teams, including within student support.

4.3.6   Meaningful and intersectional support for target groups

Staff and stakeholders shared a range of general and specific challenges relating to the delivery of support to targeted groups, including aspects of co-creation, engagement with students and project delivery.

- One project identified a phenomenon they described as the 'inclusion dilemma', whereby to make support services more inclusive they identified the need to learn and understand more about systemic patterns linked to identities and experiences, **whilst simultaneously not making assumptions about any particular person's experiences**.
- The categories or demographic groups for some projects were very broad and associated **challenges with intersectionality were not able to be explored over the course of the project**. Projects also noted examples of where many students didn't fit or want to be grouped, preferring fluidity in identity and finding commonalities in lived experience.
- **Some staff expressed caution around the fragility of the trust between students and staff.** They were conscious that support which was inconsistently delivered or didn't deliver on the promises made at the outset had the potential to be counterproductive and exacerbate students' mistrust of services.

5.   What impact has the MHFC had?

This section explores the impact of the MHFC programme. It considers the reach of the programme activities through the number of individuals engaged, including students, student co-creators and staff where they were trained through project activities. It also assesses the impact on students involved in co-creation activities and students engaged in interventions, as well as the impact on staff, partners and funded institutions.

5.1   Programme reach

The programme was successful in engaging a large number of students in co-creation and in project interventions. These figures are collated from a range of data provided by projects.

Figure 5.1: Number of individuals engaged through project activities

3,241 students
received support
from the programme

1,057 students
involved in co-
creation activities

316 staff members
received training

Source: MHFC Project-level evaluation reports, 2023[58]

Number of students receiving support through interventions
The numbers of students engaged in support varied across projects, with a range of 6 to 711 students being engaged in support on each project.[59] This reflected the range of interventions piloted, with some projects delivering more intense support to fewer students, whilst others ran group sessions with more participants.

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[58] There are challenges in estimating the reach associated with the programme, which means figures may be inaccurate. Whilst efforts were made to ensure monitoring data was consistent on a programme level, numbers inputted by projects were subject to project interpretation. For example, in some cases it is not clear where figures reported for multiple years include duplicate individuals. The figures provided to estimate reach gave a headline estimation based on what projects reported. This does not account for the considerable variation in the nature of these engagements; some may have attended one drop-in session or mentoring session, whilst others may have engaged with interventions on multiple occasions.

[59] Where one project only engaged six students, this was due to both delays in the development of the intervention and the nature of the project, which involved delivering a trial with a small sample of students.

The programme achieved strong participation from Black, Asian and minority ethnic students, who together accounted for over half (63 per cent) of students engaged in support. This is likely to have been influenced by the proportion of projects (6/18) that are specifically seeking to improve support for these ethnic groups. In addition, Black, Asian and minority ethnic groups may be disproportionately represented among some of the other student groups targeted by MHFC projects. For example, Black and minority ethnic groups are more likely to fall under the category of 'first-generation student.'[60]

Female students were disproportionately represented on the programme, with over three quarters of students (77 per cent) engaged in support identifying as female. Data from the NHS shows that the majority (55 per cent) of those aged over 18 accessing mental health support were female in 2022/23.[61] Therefore whilst females are typically more likely to access mental health support in the general population, they are particularly prevalent within MHFC projects.

The evaluation identified the following demographic features of MHFC delivery:

- While HE institutions reported having a higher proportion of female students in the 2021/2022 academic year, accounting for 57 per cent of HE students, this does not explain the overrepresentation of female students on the programme.[62]
- Given that there is a consistently higher proportion of male care leavers than female[63], the lack of male participants does perhaps raise questions as to whether this cohort faces any additional barriers or challenges to participating in transition and other university-based supportive programmes.
- Wider research indicates that male students often exhibit more unfavourable views on engaging with psychological services in comparison to their female counterparts, and are less inclined to actively seek out mental health support.[64] This suggests that there remains a need to work towards destigmatising topics surrounding mental health and a targeted approach specific to male students.

Number of students engaged in co-creation

All projects worked in co-creation with students, with a range of 3 to 307 students engaged to design and implement each project, reflecting the range of co-creation activities and the type of co-creation activities delivered.

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[60] For definition see: First-in-Family Students, available at https://www.hepi.ac.uk/wp-content/uploads/2022/01/First-in-Family-Students.pdf.

[61] Mental Health Bulletin, 2021-22 Annual report 24 November 2023. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-bulletin/2021-22-annual-report

[62] Who's studying in HE?: Personal characteristics, available at https://www.hesa.ac.uk/data-and-analysis/students/whos-in-he/characteristics.

[63] Children looked after in England including adoptions, available at https://explore-education-statistics.service.gov.uk/data-tables/permalink/63a56da0-6772-4015-b6ef-08dbfa51496d.

[64] Engaging male students with mental health support: a qualitative focus group study, available at https://doi.org/10.1186/s12889-020-09269-1.

For students engaged in co-creation, there was a disproportionate number of female participants compared with male, with 83% of those for whom their gender was disclosed identifying they were female.

In line with the profile of students engaged in interventions, the programme has shown high levels of participation from Black, Asian and minority ethnic students overall, who together account for over three quarters (77 per cent) of students engaged in co-creation activity. When compared to the broader student population, where Black, Asian and minority ethnic students represent just over a quarter (27 per cent) of HE student enrolments in 2021/2022, this suggests the programme has effectively engaged some communities within this target group (see Table 5.1). It is however interesting that students falling into the categories of 'Mixed/Multiple' or 'Other' ethnicities were slightly under-represented. Some projects targeted specific ethnic groups (e.g. LBSU's programme focused on Black students, and the University of Bradford's on South Asian students), but none sought to target students belonging to other groups outside of these ethnic groups. Given the considerable heterogeneity of experiences across Black, Asian and minority ethnic communities, project findings are not generalisable to all of these groups.

Table 5.1: Student co-creators and overall student population by ethnicity

Ethnicity	Student co-creators	Overall student population (HESA Data, 2021-2022)[65]
White	23%	73%
Black	54%	8%
Asian	20%	12%
Mixed/Multiple	2%	5%
Other ethnic groups	1%	2%

Source: MHFC Project evaluation reports 2023 (n=1,057 students) and Higher Education Statistics Authority data 2021/2022 (n=2,182,560 students)

Projects supporting autistic students tended to have engaged lower numbers of students, which may be driven by the fact that the population of eligible students is likely to be relatively small in contrast to other target groups. Around 18,800 registered HE students reported having a 'social communication/autistic spectrum disorder' in the 2021/2022 academic year.[66]

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[65] Who's studying in HE?: Personal characteristics, available at https://www.hesa.ac.uk/data-and-analysis/students/whos-in-he/characteristics.
[66] ibid.

316 staff members were reported to have received training as part of the MHFC programme on a range of different topics, including the training to improve inclusion of autistic students in HE by the University of Bristol. The true number is likely to be higher than this, as many projects mentioned that some or all staff had undertaken some form of training as part of the programme but did not always specify the number of staff trained.

5.2   Impact on students

A key aim of the programme-level evaluation was to assess the outcomes and impact on students of the individual projects and the programme as a whole to understand the benefits of co-ordinated activity and funding.
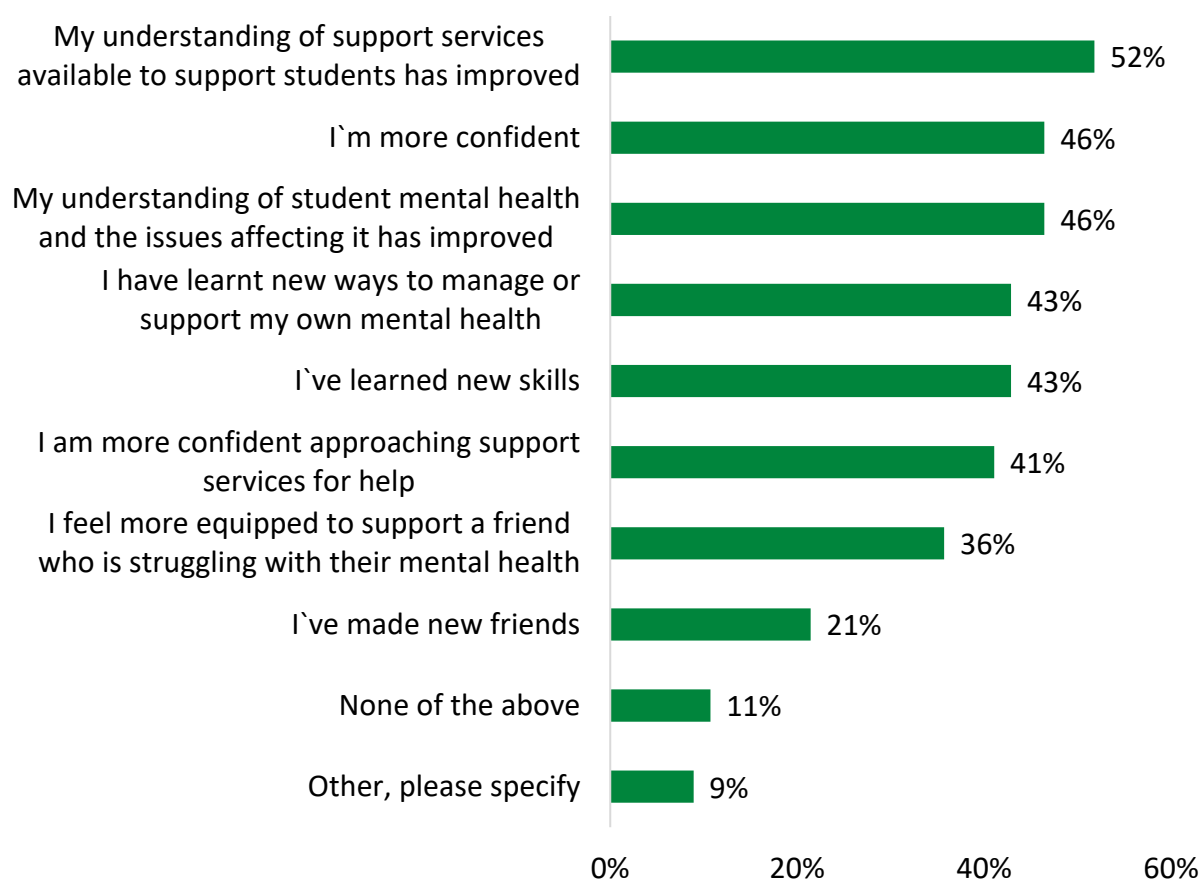
5.2.1   Impact on student co-creators

Both staff and students highlighted the considerable impact of the student co-creation activities on the students involved, particularly where this involved students in roles which were embedded in the projects.

The impact on student co-creators in the first year of the programme is outlined in the interim report[67] on co-creating intersectional student mental health initiatives.

In the year 2 survey, **89 per cent (49/56) of students involved in co-creation activities identified at least one type of impact arising from their engagement**. The self-reported impacts were relatively diverse with 70 per cent (39/56) of students citing at least two impacts arising from their engagement. As outlined in Figure 5.2, around half of students reported that engaging in co-creation activities through the project has contributed to their own understanding of mental health and the issues affecting it, has contributed to their understanding of support services available to students, has supported them to improve their confidence and has supported them to learn new skills. .

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[67] Evaluation of the Mental Health Funding Competition: Co-creating intersectional student mental health initiatives, available at https://www.officeforstudents.org.uk/publications/evaluation-of-the-mental-health-funding-competition-co-creation/.

Figure 5.2: Student co-creators' experiences and self-reported impacts of the programme

Response	Percentage
My understanding of support services available to support students has improved	52%
I`m more confident	46%
My understanding of student mental health and the issues affecting it has improved	46%
I have learnt new ways to manage or support my own mental health	43%
I`ve learned new skills	43%
I am more confident approaching support services for help	41%
I feel more equipped to support a friend who is struggling with their mental health	36%
I`ve made new friends	21%
None of the above	11%
Other, please specify	9%

Source: Student co-creation survey Year 2 (n=56)

This is consistent with the themes identified in the evaluation of the MHCC programme[68], further evidencing that co-creation can play a valuable role in student development and developing student knowledge in relation to mental health.

In addition, involvement in co-creation appears to be having a positive influence on student levels of confidence accessing support for their mental health/wellbeing at university/college. Responding to a retrospective baseline question, 54 per cent of students reported that they felt comfortable accessing mental health and wellbeing support through their university/college before they had taken part in co-creation. After taking part in co-creation, this had risen to 86 per cent.

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[68] Evaluation of the Mental Health Challenge Competition: Final reports, available at https://www.officeforstudents.org.uk/publications/evaluation-of-mental-health-challenge-competition-final-reports/.

Figure 5.3: To what extent do you agree with the following statement? "I felt comfortable accessing mental health and wellbeing support through my university/college"
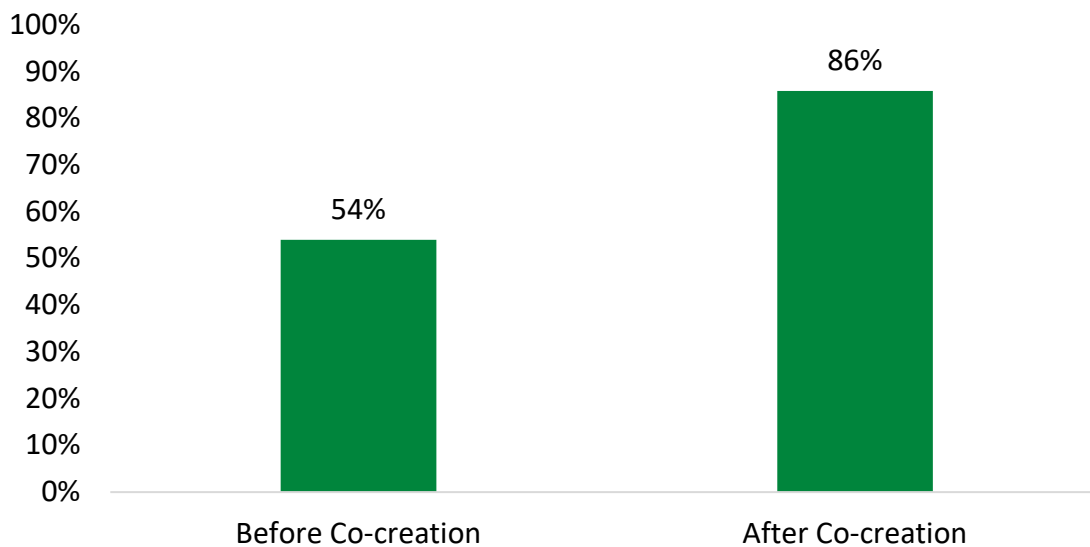
Source: Student co-creation survey Year 1 (Base=99-100)

A range of other impacts were identified for student co-creators in both project evaluation reports and in staff interviews, including:

- Staff involved in facilitating co-creation activities reported that **co-creation gave students the opportunity to share similar experiences within a safe space**, encouraging the understanding that students were not alone in their experiences. This may support a reduction in perceptions that their problems 'weren't serious enough.'
- **Students identified that they felt that barriers to support had been lessened by the co-creation work undertaken.** This was in part owing to the inclusive environment created, which placed value on student voices and the importance of understanding their experiences. This may have a positive impact on student trust in services.

'I worked alongside tutors and there weren't any barriers put up and I was only made to feel completely valued and validated. It too was a great way for me to be able to view my past painful experiences in a positive light, since I was putting my experience and knowledge to good use.' **Student co-creation survey**

'I now know more about how to deal with things and how they impact me, and can give ideas on how to help with these.' **Student co-creation survey**

'[I now have] greater confidence and trust in these support services to the point where I am more likely to reach out for support should I need to and more likely to refer a friend.' **Student co-creation survey**

5.2.2   Impact on students engaging in interventions

Collating findings from project-level evaluation reports suggests that the programme has, in the short term, had a **broadly positive impact on students engaged in interventions**.

This section is set out in line with the evaluation report template and guidance offered to projects. This considers examples of the following impacts on students:

- Changes in mental health or wellbeing outcomes.
- Closure of equality gaps in relation to access to services**.**
- Improvements in student confidence to disclose to the institution.
- Improvements in student awareness of services.
- Improvements in student perception that they have access to culturally appropriate or culturally competent services and support.
- Experiential data from students.

This section relates to projects which delivered student-facing support and does not provide detail on projects which developed toolkits or training for staff, where the impact on students was indirect and will become apparent in the longer term.

Where projects sought direct impact on students through their engagement in interventions, the nature of the impacts being pursued by project differed depending on the specific barriers faced by their student groups.

Changes in mental health or wellbeing outcomes
Where projects sought to improve mental health or wellbeing outcomes for students, it was recommended that substantiated scales were used (such as Warwick-Edinburgh Mental Wellbeing Scales - WEMWBS[69], or ONS Wellbeing Questions[70]), with data collection with students before and after interventions with choices of measure being based on the particular focus of delivery. Examples of where projects gave evidence on these impacts across intervention types included:

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[69] Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), available at https://www.corc.uk.net/outcome-experience-measures/short-warwick-edinburgh-mental-wellbeing-scale-swemwbs/.
[70] Personal well-being user guidance, available at Personal well-being user guidance - Office for National Statistics (ons.gov.uk)

- For first-generation students, the University of Westminster's VR intervention showed early findings of a positive effect on anxiety in students, however this was only tested with two students before the deadline for providing data for the programme evaluation. Further data on both the effectiveness and the impact of this intervention is expected following a randomised control trial commencing in September 2023.
- For placement students using resources designed by the University of Wolverhampton, there were small (statistically insignificant) increases in (a) mental health and wellbeing (SWEMWBS[71]) and (b) belonging (GBS[72]) scores following the intervention. Comparator groups who did not receive the intervention experienced (a) a small decrease in wellbeing and (b) a lower increase in belonging compared with the intervention group. Whilst the impact of the intervention was small and the changes in scores did not achieve statistical significance, the quality and robustness of the evaluation approach taken means we can be confident of the claims made about the impact on the wellbeing of placement students.[73]
- For Black, Asian and minority ethnic students targeted by UWL's 'People Like Us' project, there was a statistically significant increase of 3.04 (p<0.01) in wellbeing levels (SWEMWBS[74]) of students who attended the People Like Us activity.

Closure of equality gaps in relation to access to services

Evidence to demonstrate the closure of equality gaps relied on institutions collecting participation data relating to provider services, which proved challenging due to inconsistent approaches to disaggregation of data. For example:

- The University of Bradford's project identified an access to services gap for South Asian students with the Counselling and Mental Health Service, which they sought to address through the University of Bradford/Well app and Student Mental Health Ambassadors. They found that:
  - Whilst South Asian students made up 58.5 per cent of the student body, they only accounted for 39 per cent of the users of campus-based mental health services in 2019/2020.
  - Comparing this with data following the intervention in 2022/2023, the evaluation report included counselling access data on the Asian/Asian British ethnic group as a whole, rather than comparable figures for South Asian students specifically.

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[71] Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), available at https://www.corc.uk.net/outcome-experience-measures/short-warwick-edinburgh-mental-wellbeing-scale-swemwbs/.
[72] The General Belongingness Scale (GBS): Assessing achieved belongingness, available at https://www.sciencedirect.com/science/article/pii/S019188691100482X.
[73] This evidence was generated using a pre- and post- intervention survey (n=127, n=124) with coverage across Nursing, Primary Education and Engineering courses.
[74] Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), available at https://www.corc.uk.net/outcome-experience-measures/short-warwick-edinburgh-mental-wellbeing-scale-swemwbs/.

Therefore:

- o It was not clear whether any observed differences (positive or negative) controlled for changes in the number of Asian/Asian British students studying over the time period.

Improvements in student confidence to disclose they are experiencing poor mental health to their institution

There was a range of evidence demonstrating improvements in student confidence to disclose to the institution, which was predominantly collected through experiential data from students. Examples where projects gave evidence on improvements in student confidence to disclose included:

- UWL found that the 'People Like Us' community contributed positively to an increase of the use of wellbeing and counselling services, with a survey finding that there was an increase in the number of students who would be likely to seek help from the UWL Wellbeing Team and NHS mental health professionals, with 13 and 17 percentage point increases, respectively.[75]
- At the conception of the project, Black students at LSBU were seen by mental health services proportionate to the student population. However, they were less likely to self-refer for support and were overrepresented within the university's crisis referral pathways, including through 'Fitness to Study' procedures. Following the project, there was a 7 percentage point decrease in the number of Black students referred through 'Fitness to Study' at LSBU; however this could not be attributed directly to project activities.
- ACM Guildford found improvements in student confidence to disclose to their institution, with 53 per cent of student survey respondents confident to disclose prior to involvement and 80 per cent confident post-enrolment. However, these were not matched samples of students and the post-intervention survey had considerably lower response volume, so results should be treated as indicative.[76] Interviews with ACM Guildford staff pointed towards increases in students presenting to services and suggested that peer-to-peer or group sessions had given some students the space to discuss challenges they were facing.

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[75] It was unclear whether this data referred to a matched sample of respondents who respondent to both surveys (n=33) or all respondents to the survey (pre n=80, post n=38).
[76] (Pre n=55, post n=10).

'Students felt that they could for the first time share, and that they felt safe to do so.' **Staff interview**

'I think having a peer that they can talk to and that they can relate to has had a huge impact – they would be more reluctant opening up to someone they didn't really see themselves in.' **Staff interview**

Improvements in student perception that they have access to culturally appropriate or culturally competent services and support

There was evidence that this barrier had reduced across several projects through the co-creation survey (see Section 4.2.2) highlighting how student trust in the process was enhanced because of the co-creation activity. Evidence in project evaluation reports suggested the projects may have also contributed to student perception of staff awareness and enhanced competency in supporting LGBTQ+ students. For example:

- For UCLan, who delivered activities to reduce mental health stigma for LGBTQ+ students, an online survey for students attending workshops (n=21) showed that:
  - Before the intervention 87 per cent of these students agreed that the university was responsive about the needs of LGBTQ+ students, rising to 100 per cent following the intervention.

  However:

  - Whilst these figures show improvements in student perception, it could be interpreted that the pre-intervention perception was relatively high.
  - These figures should be interpreted with caution due to the limited sample sizes (n=21).

'At a high level we have managed to reduce that stigma. There is more openness and feeling it is safe to talk.' **Staff interview**

Surveys and interviews with student participants additionally explored what students thought of the interventions that have been funded and delivered, including the content of interventions and the impact of being involved.

This was the most common type of evidence generated by projects, and provided a range of quantitative data supported by more detailed self-reported qualitative impacts including **increased confidence, increased sense of belonging and a more positive perception of university wellbeing services.** For example:

- For the Open University's Positive Digital Practices project, a survey was carried out with students[77] at the University of Warwick (a partner organisation) on their perceptions of the 'Student Digital Journey Map', with 71 completed surveys. The data showed that:
    - 56 per cent strongly agreed that the style and format of the resource was suitable for its audience, with a further 39 per cent somewhat agreeing (a total of 95 per cent agreeing or strongly agreeing).
    - 63 per cent strongly agreed that the content of the resource was appropriate, with a further 32 per cent somewhat agreeing (a total of 95 per cent agreeing or strongly agreeing).
    - 49 per cent strongly agreed that the resources enhanced or supported their wellbeing, with a further 31 per cent somewhat agreeing (a total of 80 per cent agreeing or strongly agreeing).

'I am a part-time, mature student and it was a welcome surprise to find this resource. Simply the fact that someone thought about us in this way made me a bit emotional.' **Student quote from project evaluation report**

Due to both challenges in engaging students and the pilot nature of projects, activities were predominantly delivered to small cohorts of students. As such, **there is limited evidence on the impact on the wider student population or target groups within funded institutions**. Equally, until activities are delivered over a number of years, we cannot make assertions as to their long-term impact.

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[77] The demographic of students who completed this survey was not provided in the evaluation report, however the results from this survey will contribute to a paper for publication in the Journal for Social and Emotional Learning: Research, Practice, and Policy.

5.3 Impact on staff, partners and funded institutions

The MHFC has led to a range of impacts on staff involved in the delivery of projects, on partner organisations and on funded institutions. Student co-creators were asked of their perceptions of changes amongst staff in their institution. Just 7 per cent (4/56) felt there to have been no impact within the nature of perceived impacts relatively well dispersed across the answer options.

Figure 5.4: Student co-creators' perceptions of changes relating to staff in their insitution

55% of students agreed that staff have a better understanding of the needs of students
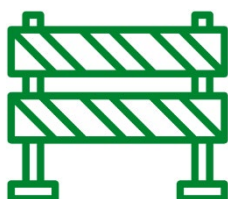
57% of students agreed that staff have a better understanding of the barriers that prevent some students from seeking support for their mental health and wellbeing

64% students agreed that there is support available that is more relevant to students needs

Source: Student co-creation survey (Year 2, n=56)

5.3.1 Impact on staff

The projects have had a positive influence on the knowledge of project staff and partner organisations when it comes to the support needs of the student group(s) their project is targeting. This includes where staff training was a core aspect of delivery as well as learning acquired through developing and delivering the projects.

Figure 5.5 outlines the impact of the programme on staff involved in project delivery. To maintain anonymity, this data is aggregated across all projects and presented at cohort level. We asked staff to self-report their level of understanding of student support needs before and after the programme. It should be noted that there was an uneven balance of emphasis on support across target groups, and that proportional improvements in staff self-

reported understanding are not necessarily comparable across student groups. Furthermore many staff started from a high baseline in their understanding of student support needs.

Figure 5.5: Change in the proportion of staff who reported good or very good understanding of student support needs before and after the programme
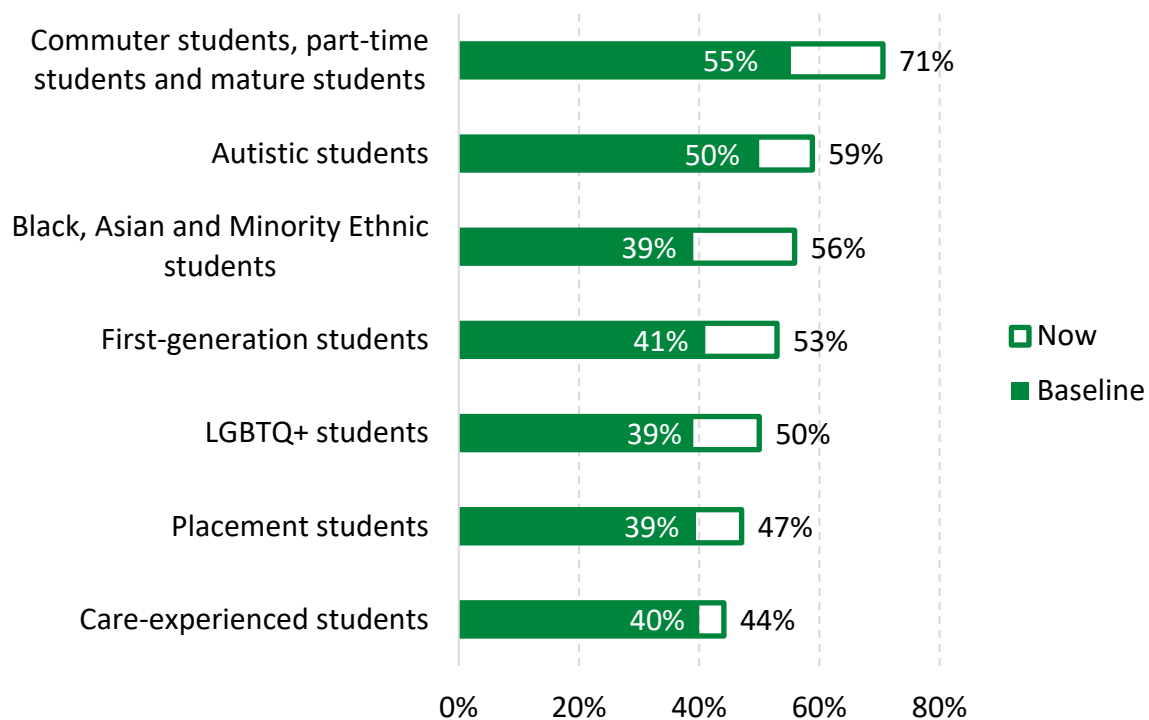
Source: Partnership assessment survey (n=34)

Central to this wider learning has been the focus of the programme on working in co-creation with students. This has been credited with helping staff to improve their knowledge and awareness of the barriers faced by students, and in turn has helped to influence the development of project initiatives.

This finding is evidenced both by perceptions from students through the co-creation survey and in self-reported metrics from staff.

- As outlined above, 93 per cent of student co-creators felt that that the projects had a positive impact on staff within their institution. 55 per cent of student co-creators agreed that staff have a better understanding of the needs of students (31/56 students), and 57 per cent agreed that staff have a better understanding of the barriers that prevent some students from seeking support (32/56 students).
- Over half (54 per cent or 18/34) of staff responding to the partnership assessment survey felt they had a good or very good understanding of the support needs of each group on average in the second year of the project, compared to 43 per cent (17/40 staff) at the baseline.

> '[It's helped with] more informed choices, opened our eyes on best practice.' **Staff interview**
>
> 'It was clear how each project was looking at specific student groups or barriers so now we're going to have more understanding of how students understand mental health access for different groups.' **Stakeholder interview**

In both examples these represent positive findings as only 8% (5/65) of responding students reported that their engagement had no impact at all. In the partnership survey no respondents said they had no understanding of support needs.

5.3.2 Impact on funded institutions and partners

Interviews with staff and feedback from project evaluation reports highlighted that the impact on funded institutions was expected to materialise beyond the end of the project. Many staff were confident that within their institutions their project had been a 'catalyst for wider conversations', but there is limited evidence of tangible changes based on this general awareness due to the short-term nature of the evaluation. However, the programme has led to a number of anecdotal impacts on funded institutions:

- Changes to the way in which data is collected on student demographics relating to wellbeing services to enable disaggregation of the data 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. In one case, staff suggested that the involvement of students in the development of strategies and service descriptions showed an ongoing commitment to incorporating student perspectives into the provider's approach to mental health.
- New or improved partnership working for projects and partners 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. Staff suggested this gave their providers exposure to a wider network of other funded organisations with whom they hadn't engaged previously.
- Creating an inclusive culture more widely in organisations for specific target groups such as LGBTQ+ and Black, Asian and minority ethnic students.

> 'Definitely contributed to conversations with central administration [on] how to implement some recommendations [for] changes from students and actually embed them in practice.' **Staff interview**

> 'We have demographic markers so now we're going to have more understanding of how students understand mental health access for different groups.' **Stakeholder interview**

> 'The project actively promoted LGBTQ+ inclusivity and acceptance. Mentors and students reported positive changes in the university culture, such as the presence of rainbow lanyards, posters promoting inclusivity and increased openness to discussing sexuality and diverse needs. This indicates progress in creating a more inclusive and accepting environment for LGBTQ+ individuals.' **Staff interview**

The impact on funded institutions has been driven by meaningful and embedded co-creation activities with students and the development of strategic partnerships. In many cases co-creation was fundamental to intervention design and direction, ensuring the projects were demand-led and that they engaged meaningfully with students.

The long-term impact on funded institutions is contingent on the extent to which effective interventions are continued and lessons learned are actioned in future work.

> '[The project] was a catalyst for making mental health and wellbeing support more prominent at [the provider].' **Staff interview**

> 'It is also about the connections that have been made as much as the outcomes that have been achieved.' **Stakeholder interview**

5.4   Sustainability of project activities

This section explores the extent to which key project activities and interventions will be continued post-OfS funding and how projects plan to do this in practice, drawing insights from project evaluation reports and discussions with project management and delivery teams. It should be noted that some projects were in the process of finalising their plans for sustaining their project at the point when staff interviews were held.

All projects have shown some commitment to sustaining their initiatives, with 12 out of 18 projects giving detail in project monitoring reports on the way in which some aspect of their support activities will continue, and the remaining six projects committing to continue hosting resources developed through the programme.

Three projects suggested they had secured funding to continue activities, with one being funded as part of access and participation funding, and two funded within other institutional budgets. One project said that a project officer post created through the project would continue to be funded by the institution to sustain some project activities.

- **All projects which developed peer mentoring programmes will continue these in some respect**, either through additional project funding or through embedding services into the core delivery of wellbeing teams.
- **Developed resources, including online toolkits and online learning modules, will continue to be hosted by institutions**, with projects committing to reviewing and promoting them. These resources have been designed to be scalable and applicable to a range of institutions which is a key legacy of the programme.
- **Virtual reality interventions will be sustained or scaled up**. The University of Westminster have an agreement from the developers of their UniVRse programme to give all UK universities a one-year free license, whilst the University of Liverpool are in the process of scaling up their virtual reality intervention with a range of local partners, including research organisations and the NHS.
- **Projects have shown commitment to sustained partnerships and ongoing collaboration**, although the nature of these ongoing partnerships is in many cases yet to be established. Internal partnerships and improved working relationships within funded institutions are expected to continue. However, it is expected that many external partnerships will become more informal as direct project delivery ends.

'I think it's also really made us see the value of mental health support and peer-to-peer support and is a model we will be continuing with.' **Staff interview**

> '[We] have dedicated and enthusiastic internal and external partners who have taken the lead in conducting workshops on various themes and activities…. Many of these partners want to continue contributing to the original aims of the [] project.' **Project monitoring report**

5.4.1   Dissemination and research contributions

A key opportunity for ensuring the legacy of the MHFC beyond the period of funding is ensuring that the project-level findings are effectively disseminated.

Project staff and stakeholders emphasised that the legacy of the programme is not just about whether the funded projects were sustained by their institutions. It is also about how the learning from those projects contributes to understanding in the sector around what can support mental health for particular groups of students, and whether this leads to effective approaches being adopted more widely or helps to prevent higher education providers from implementing activities known to be less effective. From the perspective of student co-creators, **ensuring that the learning generated through co-creation activities is acted-upon is crucial for maintaining trust with students** (see Section 4.1.1). Key examples of dissemination activities include the following:

- **Publishing or planned publishing of evaluation findings in peer-reviewed journals**. This formal dissemination channel ensures that the projects can contribute to the academic discourse, ensure greater scrutiny and add to the evidence base for effective practice. Several projects have submitted articles for consideration in peer-reviewed journals or are in the process of writing these.
- **Contributions to international and regional conferences**, including the Neurodiversity in Higher Education Conference (University of Bristol), Advance HE's Mental Wellbeing in HE conference (The Open University), Living Black at University Conference (LSBU), Universities UK Mental health and wellbeing conference (University of Wolverhampton), and the international Early Intervention in Mental Health (International Early Psychosis Association, IEPA) conference (University of Westminster).
- **Dissemination activities through publicly accessible channels**, including case studies on the OfS website[78], blogs, videos and podcasts.
- **Engagement with other providers to develop or host resources,** in particular the Positive Digital Practices resources led by The Open University, the staff training module developed by the University of Bristol and the autism toolkit developed by the University of Chester.

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[78] Mental health funding competition: Using innovation and intersectional approaches to target mental health support for students, available at Mental health funding competition: Using innovation and intersectional approaches to target mental health support for students - Office for Students.

'We plan to publish the results of the evaluation of peer support and any collaborative work comparing implementation outcomes in peer-reviewed journals.' **Open University project evaluation report**

'Our partners will continue to provide comprehensive support to sustain the program, including workshop manuals, training materials and transfer of online resources to each university's virtual learning environment.' **University of Chester project evaluation report**

5.4.2 Challenges to project sustainability

Staff and wider stakeholders frequently raised concerns regarding future funding that will enable them to sustain the momentum of project activity. This included **concerns over risks to being able to continue funding staff posts and continuing to resource roles within partnerships in the long term**.

A key risk to the legacy of the programme is **the prevailing challenge of high turnover of project staff and support staff within HE** (see Section 4.3.4), affecting the retention of skills and knowledge, and the continuation of relationships built both with students and partners. In particular, where projects have hired staff with lived experience or from a similar demographic background to the students targeted, the potential loss of these staff poses a challenge to sustaining diversity within mental health and wellbeing teams. Considering that improvements of staff knowledge on the barriers to support for target groups has been a key impact of the programme, the extent to which this learning becomes culture and embedded in training will determine the long-term impact of the programme.

Another risk identified by project staff and wider stakeholders is that **resources and toolkits produced through the programme could become outdated**. This was a particular concern where projects did not have the capacity in place to continue upkeep of the resource beyond the end of the funded project. The reach of these resources may also be limited where there is no ongoing staff member to drive the project forward and disseminate learning across the sector.

6. How can other higher education providers adopt the approaches trialled?

This section explores how different intervention types developed and trialled through the MHFC programme could be adopted by other providers and identifies the necessary resources needed sustain or embed these approaches.

Crucially, **any providers adopting approaches trialled through this programme should allow for sufficient resource during service planning**. This should consider the demand for the interventions, the needs of the target group, the existing status of partnerships and the feasibility of co-creation activity.

Providers are advised to ensure sufficient lead-in time, resource and support for students in co-creation activities. We maintain that where co-creation activities are superficial or where providers are not able to action the learning shared by students, this has the potential to be detrimental to student trust and could exacerbate existing challenges over engaging students in the future. As well as the interim report with findings on effective practice for co-creation as part of this evaluation[79], a guide for the HE sector on effective co-creation can be found on the Student Minds website.[80]

The nature of many interventions trialled means that wider implementation will not be about embedding the approaches wholesale; the **models need to be integrated within the local or provider context**. Equally, 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 these partnerships are resilient and formalised, and not contingent on individual members of staff.

> 'These projects have really shifted away from the one-size-fits all approach.'
> **Stakeholder interview**
>
> 'Provider context is really critical here – so that needs to be mapped out before starting to plan.' **Stakeholder interview**

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[79] Evaluation of the Mental Health Funding Competition: Co-creating intersectional student mental health initiatives, available at https://www.officeforstudents.org.uk/publications/evaluation-of-the-mental-health-funding-competition-co-creation/.

[80] Co-producing mental health strategies with students: A guide for the higher education sector, available at https://www.studentminds.org.uk/co-productionguide.html.

6.1   Peer-to-peer approaches

6.1.1   Importance of staff support

Projects that had implemented peer-to-peer models emphasised the importance of appropriate staff resource to support the recruitment of peer supporters as well as ongoing training and support. One of the key learnings from the implementation of the Student Mental Health Ambassador (SMHA) role at the University of Bradford related to the amount of staff time required to support the student peer supporters, which exceeded the project's expectations.

6.1.2   Resourcing student peer supporters

Both the University of Bradford and LSBU emphasised that **providing funding to ensure that student peer supporters were paid was critical to the success of their project**. Funding was reported as an integral factor in ensuring that the students who took on peer support roles were empowered, and the role supported their mental health and wellbeing by reducing financial insecurity. Both projects also emphasised that payment was likely to have been one of the factors that supported strong levels of engagement and interest they saw from students participating in these roles.

Comprehensive training for peer supporters enabled success by ensuring students were equipped to carry out their role. LSBU suggested that providing prospective student mentors with externally accredited training may also provide additional benefit to the mentors themselves through a useful qualification.

6.2   Digital resources, online toolkits, platforms and apps

6.2.1   Understanding demand for digital service delivery

Following a range of challenges encountered by projects with digital workstreams, **a number of projects halted or scaled down the use of apps, platforms or online service delivery**. We encourage providers to engage with the relevant target group to understand the likely demand for online service delivery before engaging with third-party private sector organisations. This is particularly pertinent for student-facing apps.

Where apps or platforms are designed to coordinate referral pathways or collect consistent data, it is important to map out existing processes to avoid duplication and ensure that a new app or platform adds value.

For further information, please see Section 2.3.1 on challenges associated with developing and embedded digital resources.

Wider research also highlights the importance of accounting for the 'digital divide' in educational settings, with differences in access to digital devices, technology and/or the internet, as well as in digital literacy affecting student engagement[81].

6.3   Virtual or augmented reality

All of the projects that were delivering virtual reality initiatives were working alongside third-party private organisations to deliver the technology to support the project. This brought about challenges with respect of:

- **Contractual and legal arrangements**, particularly in relation to identifying who has ownership of the intellectual property developed.
- **Troubleshooting**, as providers were reliant on external support to resolve hardware or software difficulties.

These initiatives also come with a **range of upfront and ongoing costs**, including:

- Upfront fees for virtual reality headsets – institutions had typically put in place schemes for students to rent these from the higher education provider, as students may not possess a compatible device.
- Ongoing licensing and continued costs to access the programmes that had been developed.
- The need to establish and embed robust research activities to evidence the effectiveness of this highly innovative mode of intervention.

Staff also emphasised the need for providers to stay up to date on changes happening within the virtual reality sector, as the market is fast moving, with technology continually adapting. This may require further updates to improve virtual reality programmes in line with changing practice or technology.

6.4   Awareness-raising campaigns, student training and curriculum development

6.4.1   Student engagement with awareness-raising campaigns

Awareness-raising campaigns were most effective when targeting a single demographic of student; taking this approach may improve student engagement as students are more likely to identify with engagement or promotion activities.

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[81] Digital Divide in UK Education during COVID-19 Pandemic: Literature Review. Research Report, available at https://eric.ed.gov/?id=ED616296.

Effective, targeted awareness-raising required some in-person activities or sessions, which relied on considerable staff input and an excellent understanding of the barriers faced by these student groups. Ensuring that staff are well trained on the support needs and nuances of the relevant target group was essential.

As noted in Section 4.2.3, it is important that awareness-raising activities are **well-funded and consistently delivered,** with a focus on direct contact and relationship-building between university staff and students. As with co-creation activities, building trust through consistency and setting expectations is crucial; where awareness-raising campaigns and activities are perceived by students to be superficial, this may be counterproductive.

6.4.2   Embedding and tailoring online resources developed

Online resources developed by the MHFC-funded projects have been designed with universal application in mind, and can be adapted to other providers and organisations across the mental health sector. A number of toolkits have been developed through projects focusing on and addressing the specific barriers faced by target groups.[82]

Providers are encouraged to contact the lead institutions of projects where appropriate. Embedding resources will entail careful consideration of where they are 'hosted', ensuring that staff have the knowledge and capacity to update these resources, and provide any wrap-around support or signposting where relevant.

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[82] These resources include: University of Chester Autism Toolkit, available at https://www1.chester.ac.uk/student-support-and-wellbeing/our-services/disability-and-inclusion/autism-toolkit; University of Bristol SMHAS online staff training module on supporting students with autism, available at https://smhas.blogs.bristol.ac.uk/what-was-included/; Open University Positive Digital Practices Resource Hub (for commuter, part-time and placement students), available at https://positivedigitalpractices.weebly.com/resource-hub.html.

7. What barriers remain for target groups?

This section reflects on what barriers remain for target groups, and what more the HE sector needs to do to address these barriers. This includes a number of key challenges which require sector-level solutions, as well as the effective implementation of lessons learned through the programme.

Stakeholder interviews suggested that many of the barriers that students faced were due to systemic issues related to diversity and accessibility in the HE sector:

- There is still work to be done in relation to staff diversity within student support services.
- 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.

> 'More upstream preventive work is really important. Barriers to engagement often arise because students are starting to struggle.'
> **Stakeholder interview**

Projects across the programme struggled in particular to engage with male students in both co-creation and project interventions. Whilst the specific barriers faced by men were not the focus of any MHFC-funded projects, an intersectional programme should have strategies for engaging group members with different social and political identities, including all genders. Insights across projects suggest that further research is needed to understand the factors driving this and understand the barriers to support faced by male students, particularly from the target group(s). This is critical considering that the rate for suicide for male students is statistically significantly higher than the rate for female students.[83]

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[83] Estimating suicide among higher education students, England and Wales: Experimental Statistics: 2017 to 2020, available at Estimating suicide among higher education students, England and Wales: Experimental Statistics - Office for National Statistics

Whilst addressing barriers around the cultural competency of services was a key aim of a number of projects, **cultural competency is often limited to addressing barriers related to ethnicity, with a focus on 'Black, Asian and minority ethnic students' without taking a truly intersectional approach**. This may serve to minimise the variation of individuals and communities who sit under this (often contested[84]) umbrella term and does not consider other factors such as religion, language or nationality. Barriers which may remain in this respect include, but are not limited to,

- Consideration given to the association between religion and mental health (Ibrahim and Whitley et al, 2021).[85]
- 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.
- The barriers to accessing support for Eastern European students, who UWL noted in their project evaluation report faced specific barriers which were not fully explored through the co-production activity.

Whilst improved service presentations may be a good outcome for the MHFC as it may suggest the equality gaps in service access are beginning to close, this could also result in 'bottlenecks' within support services unless services are appropriately scaled at the same time. This is particularly important in the context of increased pressures some institutions are already seeing on their student services. The importance of this in projects of this nature cannot be understated as this may be the first time a student comes forward disclosing a need for support. Therefore, ensuring that they have a positive experience will be key to retaining that student's engagement with support. Equally, perceptions that services are over capacity are likely to exacerbate students feeling that their problems 'aren't serious enough' to seek support.

Furthermore, improved service presentations do not necessarily mean that students are receiving support that meets their needs, or that all students benefit from the same positive outcomes and impacts. It is essential that providers 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.

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[84] We recognise that this terminology is reductionist and problematic to describe a population that is highly diverse. Understanding and overcoming the challenges of targeting students from under-represented and disadvantaged ethnic backgrounds, available at https://www.officeforstudents.org.uk/publications/understanding-and-overcoming-the-challenges-of-ethnicity-targeting/.)

[85] Religion and mental health: a narrative review with a focus on Muslims in English-speaking countries, available at https://pubmed.ncbi.nlm.nih.gov/32301404/.

8. Conclusions and recommendations

8.1 Conclusions

Review of the evidence collated by the evaluation highlights the following main 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'.

8.2   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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