

# UNIVERSITY MENTAL HEALTH CHARTER IMPACT EVALUATION

## FINAL REPORT

**Authors:**

Dr Alan Farrier

Lucy Cross

Emeritus Professor Mark Dooris

Dr Jean Duckworth

Charlotte Smith

Dr Jennifer Kurowski

Professor Michelle Baybutt

Dr Gill Rayner

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Healthy and Sustainable Settings Unit



University of  
Central Lancashire  
UCLan

An initiative by  
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University  
Mental Health  
Charter



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### About Student Minds:

Student Minds empower students to build their own mental health toolkit to support themselves and their peers through university life and beyond. We challenge the higher education sector, health sector, and government to make student mental health a priority. Together, we're improving university communities so that no student is held back by their mental health.

### About the Healthy and Sustainable Settings Unit:

Established in 2001, the Healthy and Sustainable Settings Unit aims to support the holistic and integrated development of healthy settings. We acknowledge that many health challenges are interrelated and can be best tackled through comprehensive, integrated programmes in the contexts and places where people live their lives. Bridging research, policy and practice, the unit has a global reputation and is concerned to facilitate ecological approaches to health and wellbeing within and across a diversity of organisational and geographical settings – and to increase understanding of 'what works and why' in different contexts.

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## EXECUTIVE SUMMARY

### INTRODUCTION AND AIMS OF EVALUATION

This report documents an evaluation of the University Mental Health Charter (UMHC) Programme and Award, funded by Student Minds from 2022-2024.

The UMHC Framework provides a set of evidence-informed principles to support universities to adopt a whole-university approach to mental health and wellbeing. The UMHC Programme brings together universities committed to making mental health a university-wide priority to share practice and create cultural change. The UMHC Award is a voluntary accreditation scheme that supports universities to understand areas of strength and development to inform ongoing improvement in mental health and wellbeing, recognising good practice along the way. The evaluation sought to explore the impacts of the UMHC Programme and related Award on participating UK universities and the higher education sector more generally. The overarching aims of the evaluation were to:

- understand the impact of the University Mental Health Charter Programme and Award on university culture, policies, process and practice and the lived experiences of staff and students
- understand the facilitators and barriers to change in university culture, policies, process and practice
- accurately describe the mechanisms through which participating in the UMHC Programme and Award can change university culture, policies, process and practice
- understand the impact of the UMHC Programme and Award on sector level discourse, practice, policy, research and other forms of enquiry.

### METHODS

The evaluation was designed to capture ‘broad-brush’ data from across all institutions participating in the University Mental Health Charter Programme at the time the evaluation began (programme year 2021-2022) (n=42); and, alongside this, interviews, focus groups and other data collection was conducted in case study sites (n=5) which were programme members at varying stages of the Assessment Process. Methods included:

- **Online Surveys:** sent to staff and students at case study sites, focusing on the experience and understanding of mental health and wellbeing services.
- **Online Semi-Structured Interviews:** informed by survey responses, follow-up interviews were held online with Staff and Student Leads at each of the case study sites. Interviews were conducted with Vice-Chancellors (or other Executive Representatives) within the case study universities, to examine and better understand the characteristics of strategic commitment and high-level leadership.
- **Visually-Triggered Online Focus Groups:** Online discussions were facilitated using photo elicitation to enable primary stakeholders (staff and students) within the case study universities to explore their own views and experiences in an interactive context.

- **Documentary Analysis:** Individual secure Microsoft Teams were set up with Staff Leads and Student Leads in the five case study sites to enable the sharing of relevant documentation pertaining to their participation in the UMHC Programme and Award.

## FINDINGS

### Surveys

**Staff - Demographics:** 67% of the respondents were Professional Support Staff, with 59% of total being Professional Support Staff with roles directly related to mental health. Most of the respondents (78%) were working on full-time contracts and on permanent or open-ended contracts (88%). The respondents were aged from 20 to over 65, with the highest category of respondents being the 40-44 range. 90% of respondents were women and respondents were also mainly white British (79%). 29% of respondents had an impairment, health condition or learning difference that had a substantial impact on their ability to carry out day to day activities. Of these respondents, the most frequent condition was a mental health condition (43%).

**Staff – UMHC and related mental health services awareness:** The majority (77%) of staff said they were aware of policies, strategies and plans relating to mental health at their university. 63% felt that their university had strengthened its policies, processes and practices in relation to mental health in the last few years. 89% said that if a student came to them in distress, they would know where to refer them, and 73% said the same with regards to staff. Most staff had attended training or development on supporting mental health for students (59%), with 21% saying they had been given the opportunity but had not yet done so. The figures were slightly lower with regards to the same training in support of staff (49% having attended, 8% having had the opportunity to do so). 40% of respondents thought that additional support was needed in responding to students' mental health needs, with an even greater number (52%) thinking this with regards to staff.

**Students – Demographics:** 65% of the respondents were on Undergraduate degrees, with the remainder on Foundation or Postgraduate degrees. Most of the respondents (85%) were studying full-time and were primarily face-to-face learners (92%). 78% lived away from campus, with 16% living in student accommodation near or on campus. The respondents were aged from under 19 to 64, with the highest category being the 20-24 range. 71% of respondents were women. The respondents were also mainly white British (34%). 34% of respondents had an impairment, health condition or learning different that had a substantial impact on their ability to carry out day to day activities. Of these respondents, the most frequent condition was a mental health condition (31%).

**Students – UMHC and related mental health services awareness:** 46% of students said they were aware of policies, strategies and plans relating to mental health at their university. Approximately half this number (23%) were aware that their university had signed up to the UMHC Programme, although 33% felt that their university had strengthened its policies, processes and practices in relation to mental health in the last few years. 41% said that they were aware of what services are available to support student mental health at their university and how to access these services, and 33% said they had actually accessed or tried to access such services. In general, students felt connected to their university, with only 14% feeling not at all connected.



## Focus Groups and Interviews – Key Thematic Findings

The following five key themes emerged from the thematic analysis of the qualitative data from the interviews and focus groups conducted with staff and students from the five case study sites and the key external stakeholders focus group.

- **Restructuring of existing mental health frameworks:** Universities chose to participate in the UMHC Award based on pre-existing histories of mental health initiatives. The UMHC Framework helped highlight and cement what was already present and plot a clearer path forward for the universities. This involved building an evidence base, thinking about the whole student experience and restructuring provisions and support, and having the opportunity to work differently regarding mental health. It was emphasised that this is a continuous process that must continue after the Charter is awarded.
- **Adopting a whole-system approach:** Universities had a clear vision that health and wellbeing requires a whole-system approach, and that students' wellbeing is everybody's business. However, there was a recognition that, historically at least, mental health may have been considered in isolation within the university services and campus. The UMHC Programme helped staff recognise how mental health permeates many facets of the student and staff experience. A more holistic approach enabled reflections on aspects of the university experience that might impact on mental health which previously hadn't explicitly focused on this area. It was also highlighted that good practice was often focused on students. The splitting of the UMHC Framework in the five domains (learn, support, work, live, and enabling themes) enabled Leads to see connections in their university regarding mental health.
- **Flexibility in approach to UMHC Staff and Student Leads:** Whilst all Staff Leads were professional support staff, the number of staff dedicated to the role varied between one and three, and this was not necessarily in relation to the size of the university. Regardless of this, Leads were connected to a network of other key personnel. The challenge of implementing the UMHC Student Lead Role was highlighted. As with the Staff Lead roles, different approaches were used as to how many individuals to recruit (one or two students), but the temporary role of the students at the universities made continuity difficult. This was exacerbated by the rapid pace of change within the university sector meant that those new into the role found it difficult to get up to speed with the current situation of the university compared to existing staff.
- **Experiences of the Assessment Process:** The Assessment Process was experienced differently in different cases. One site had achieved Award Status during the COVID-19 pandemic, and this was done remotely. Two sites that had not achieved UMHC Award Status from the initial Assessment, and this was done on-campus. One reported that this was a constructive experience which they had learned a great deal from. For the other site the experience was less positive, with a perception that the agenda of the Assessor was not in keeping with the ethos of the UMHC as a whole. However, after communication with Student Minds these issues have been resolved and the recommendation given were ultimately helpful in getting this particular university to rethink elements of their approach. The other sites had yet to experience the Assessment.
- **Choice vs. Mandate – why universities become members of the UMHC Programme:** Out of a total 285 UK higher education providers, 42 eligible UK universities were members of the UMHC Programme. This number had more than doubled by the end of the evaluation with the impetus to become a member largely due to individual circumstances at universities. In most cases, the VC was instrumental in encouraging their university to apply for a UMHC

Award. Despite the differences in organisations, there was an overarching sense of a collective goal for those who volunteered to participate. During the evaluation the Conservative Government addressed all UK university VCs urging UK universities to sign up to the UMHC Programme and warning of possible changes to licensing conditions if they fail to comply. Towards the end of the data collection some participants voiced concern that this was somewhat at odds with the initial aims of Student Minds.

### **Visually-Triggered Focus Groups - Key Themes**

Each participating group of staff and students from the Case Study sites were shown a series of ten images focused on particular aspects of their university campus and participants invited to 'free associate' about the images. Images of central campus, social spaces, libraries, and designated green spaces on campus had positive responses, invoking feelings of pride, inclusion, safety, calmness and comfort. Lecturing and teaching rooms and halls of residence had a more mixed response with the quality of the spaces being variable. Examination halls had largely negative responses, provoking feelings of anxiety. Local transport links and green spaces outside of the campus were often unrecognised or unused.

### **CONCLUSION AND PRIORITIES**

Given the current financial challenges that many UK universities are facing, the value of participating in the UMHC Programme and Award for university staff is clear. Further thinking is required to cross the divide between staff and students. If not being undertaken already, staff and students should be educated about Mental Health Services during induction. Both may also benefit from peer support strategies with training on what to do in the event that mental health services are needed by the self, students or staff.

For universities that are newer UMHC Programme Members, a patient approach is needed with staff and the shifting of organisational cultures. The UMHC Framework has clearly proved valuable in catalysing and enabling universities to think and work holistically across the five domains, to develop a whole-system/whole-institution ethos, and to join up and strengthen their mental health services.

The key priorities for Student Minds for the future comprise:

- Awareness and understanding of the UMHC Framework amongst staff at UK universities through training: 'buy-in' needs to be organisation-wide
- Appreciation of differences in organisations across the sector: some are currently facing more challenges which may affect their ability to successfully apply
- Top-level support: VC/Senior Level Staff need to be engaged in order to gain access to appropriate staff time and resources to make an UMHC Award application successful
- Student Minds to encourage consistency amongst Assessors: making the Assessment Process for an UMHC Award more equitable
- Student Minds to continue allow membership to grow organically in each organisation in order to effectively achieve a whole-system ethos.

## 1. INTRODUCTION

This report documents an evaluation of the University Mental Health Charter (UMHC)<sup>1</sup> Programme and Award, funded by Student Minds from 2022-2024. The UMHC was created by thousands of staff and students to shape a future in which everyone in higher education can thrive.

### UMHC Framework

The UMHC Framework provides a set of evidence-informed principles to support universities to adopt a whole-university approach to mental health and wellbeing. A whole-university approach must include both adequately resourced, effective and accessible mental health services and proactive interventions to support good mental health and wellbeing.

### UMHC Programme

The UMHC Charter Programme brings together universities committed to making mental health a university-wide priority to share practice and create cultural change.

### UMHC Award

The UMHC Award is a voluntary accreditation scheme that supports universities to understand their areas of strength and development to inform ongoing improvement in mental health and wellbeing, recognising good practice along the way. The role of Student Minds is to assess how well the university is currently working towards the principles of good practice in the Charter Framework and whether its progress to date, honest awareness and future plans merit accreditation.

The evaluation sought to explore the impacts of the UMHC Programme and related Award on participating UK universities and the higher education sector more generally. Data collection has comprised: an online survey of Staff and Student Leads at universities currently participating in the UMHC Programme; follow-up interviews with Staff and Student leads at five case study universities; a focus group with 'high-level' stakeholders from sector-related organisations; an online survey of Staff and Students at case study universities; visually triggered focus groups with staff and students at case study universities; interviews with Vice-Chancellors (VCs) and senior-level staff at case study universities; and a second round of interviews with Staff and Student Leads at case study universities.

## 2. BACKGROUND AND CONTEXT

The incidence of mental health problems (MHPs) in the higher education student population was already elevated and continuing to increase in 2011<sup>2</sup>. By 2023, the House of Commons Research Briefing, 'Student mental health in England: Statistics, policy and guidance'<sup>3</sup> reported a seven-fold increase in students in England disclosing a mental health issue to their university. It is stated that this figure fails to represent the real numbers, as when the student mental health charity Student

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<sup>1</sup> <https://hub.studentminds.org.uk/university-mental-health-charter/>

<sup>2</sup> Royal College of Psychiatrists (2011). The mental health of students in higher education. <https://www.rcpsych.ac.uk/publications/collegereports/cr/cr166.aspx>

<sup>3</sup> Lewis, J., Bolton, P. (2023) *Students mental health in England: Statistics, policies and guidance*. House of Commons Library. <https://researchbriefings.files.parliament.uk/documents/CBP-8593/CBP-8593.pdf>

Minds conducted their own survey 'Being Well, Doing Well' 57% of respondents reported a mental health issue, whilst 27% disclosed a diagnosed mental health condition<sup>4</sup>.

The reasons for the poor mental health reported are multi-factorial and can involve experiences prior to starting university, including the focus placed on academic achievement at the expense of other elements of the curriculum, competition amongst peers, and wider economic cuts and austerity in society<sup>5</sup>. When starting university, the transition can be difficult, and students can feel unprepared for their new lives. Student Minds found that 59% of students were stressed about managing money 'often' or 'all the time' with 83% concerned about the cost-of-living crisis with 41% saying this negatively impacted their wellbeing<sup>4</sup>. Students were also concerned about doing well in their academic studies, keeping up with their studies, managing their time, and managing their paid employment with study. Students may also be impacted by no longer having their childhood friends and family nearby for support. Overall, students have a lower average life satisfaction score than the adult population in Great Britain.

A quarter of the student population lack awareness of where to find mental health support at university should they need it<sup>3</sup>. Students are more likely to tell family, partner, close friends at home and university about their mental health issue. The consequences of mental health for students range from poor academic performance and dropping out of university, to self-harm and suicide<sup>4</sup>. Poor mental health is given as the most common reason for wanting to drop out of university.

Securing and promoting mental health and wellbeing represents a key challenge for higher education – as made clear by the work of the Mental Health in Higher Education Advisory Group and policy-level engagement of Government departments, regulatory and funding bodies and other organisations. The 2019 publication of the UMHC Framework<sup>1</sup> marked an important landmark and complements sector developments such as the Okanagan International Charter for Health Promoting Universities & Colleges<sup>6</sup>, UUK's Stepchange<sup>7</sup>: the Mentally Healthy Universities Programme<sup>8</sup>, HEFCW's Wellbeing and Health Strategy Funding<sup>9</sup> and OfS's Mental Health Challenge Competitions<sup>10</sup>. It offers an evidence-informed framework to support UK universities in adopting and implementing a settings-based approach to improving mental health and wellbeing of both staff and students – informed by whole-university, whole-sector and whole-system perspectives. Building on this, the 2021 launch of the University Mental Health Charter Programme<sup>11</sup> and Award<sup>12</sup> represents a significant step forward, as

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<sup>4</sup> Student Minds (2023) *Student Minds Research Briefing – February 2023*.

[https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/student\\_minds\\_insight\\_briefing\\_feb23.pdf](https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/student_minds_insight_briefing_feb23.pdf)

<sup>5</sup> Thompson, M., Pawson, C., Delfino, A., Saunders, A. & Parker, H. (2022) Student mental health in higher education: the contextual influence of 'cuts, competition & comparison'. *British Journal of Educational Psychology*. Vol 92(2) p.e.12461

<sup>6</sup> <https://www.healthpromotingcampuses.org/okanagan-charter>

<sup>7</sup> <https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/stepchange-mentally-healthy-universities>

<sup>8</sup> <https://www.mind.org.uk/workplace/mentally-healthy-universities-programme/>

<sup>9</sup>

[https://archive.hefcw.ac.uk/documents/working\\_with\\_the\\_providers/equality\\_and\\_diversity/HEFCWs%20Well-being%20and%20Health%20in%20HE%20Policy%20Statement%20Nov2019%20English.pdf](https://archive.hefcw.ac.uk/documents/working_with_the_providers/equality_and_diversity/HEFCWs%20Well-being%20and%20Health%20in%20HE%20Policy%20Statement%20Nov2019%20English.pdf)

<sup>10</sup> <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/>

<sup>11</sup> <https://hub.studentminds.org.uk/university-mental-health-charter/charter-programme/>

<sup>12</sup> <https://hub.studentminds.org.uk/university-mental-health-charter/charter-award/>

indicated by the enthusiastic sign-up of universities and the ongoing support and endorsement of sector bodies. The Charter Programme and Award provide supportive resources, a community of practice and an accreditation scheme aimed at catalysing and fostering cultural change across the 18 inter-related themes that constitute the UMHC's Framework (Figure 1). In this framework, Student Minds have mapped the 18 themes against four key domains (learn, support, work and live) and a fifth 'enabling themes' domain including whole-university enablers (leadership, research and innovation, inclusivity, data/information sharing and co-production) set out in Universities UK's Stepchange: Mentally Healthy Universities model<sup>13</sup>. To date, there are 96 universities participating in the UMHC Programme, with 10 having already achieved the UMHC Award<sup>14</sup>.



Figure 1: The UMHC Framework

Across the duration of the project (January 2022-July 2024), the research team:

- worked collaboratively with Student Minds, case study universities and other relevant stakeholder organisations
- designed and undertook a holistic three-year evaluation of the University Mental Health Charter Programme and Award, examining institutional and sector-wide impacts and exploring process
- took account of the contextual specificity of different universities while generating learning that allowed comparison across the sector and an appreciation of sector and wider policy-level changes
- used multiple methods (including surveys, one-to-one interviews and focus groups) to advance learning and capture a diversity of staff and student voices from participating universities and sector-related bodies.

### 3. THE EVALUATION: AIMS, CONTEXT AND METHODS

#### 3.1 Aims

The overarching aims of the evaluation, as specified in the tender call, were:

- to understand the impact of the University Mental Health Charter Programme and Award on university culture, policies, process and practice and the lived experiences of staff and students
- to understand the facilitators and barriers to change in university culture, policies, process and practice

<sup>13</sup> <https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-07/uuk-stepchange-mhu.pdf>

<sup>14</sup> <https://hub.studentminds.org.uk/university-mental-health-charter/charter-award-holders/>

- to accurately describe the mechanisms through which participating in the UMHC Programme and Award can change university culture, policies, process and practice
- to understand the impact of the UMHC Programme and Award on sector level discourse, practice, policy, research and other forms of enquiry.

## 3.2 Project Leadership and Governance

The project was initially led by a core team of two UCLan researchers sharing PI/Lead duties (Emeritus Professor Mark Dooris and Dr Alan Farrier), responsible for overall project management, planning and guiding the research, securing ethics approval and undertaking data collection, analysis and interpretation, with support from a Research Assistant (Dr Jenni Kurowski)

During Year Two (August 2022-July 2023), Dr Alan Farrier continued the PI/Lead role. Due to retirement, Prof. Mark Dooris was replaced by Professor Michelle Baybutt (oversight, troubleshooting, report reviewing and quality control). Further additions to the team were made: Dr Jean Duckworth conducted a contextual literature review and Associate Professor/Reader (Dr Gill Rayner) provided expert mental health guidance and final report reviewing. The core team was supported by a Healthy University Co-ordinator (Charlotte Smith) and Research Assistant (Lucy Cross), who analysed data collected during the evaluation. Additionally, the core team members have met with colleagues from Student Minds, who have provided general guidance, advised on sampling, and facilitated both recruitment of participants from the case study universities and the distribution of surveys to the wider group of participating universities. The PI/Lead has also been in regular communication with the staff leads from the case study universities, and other members of staff from these universities with regards to specific elements of the data collection (e.g. focus groups).

Data is stored securely, according to UCLan research governance guidance. For organisations taking part in surveys (see Section 3.3), anonymity of participants was assured, with no quotes being attributed to individuals. Those involved with the five selected case study sites are identified by role, with the option of ‘member checking’ (reviewing attributable quotes) given to participating VC/Senior Management. Approval to work with the five case study sites was given at VC/Senior Management level in each site.

## 3.3 Evaluation Study Design and Methods

### 3.3.1 Overview

In liaison with Student Minds, it was agreed that the evaluation should be designed to capture ‘broad-brush’ data from across all 42 institutions participating in the University Mental Health Charter Programme at the time the evaluation began (programme year 2021-2022)<sup>15</sup> (see Interim Report#1); and, alongside this, conduct interviews, focus groups and data collection in five case study sites which were programme members at varying stages of the assessment process – enabling more in-depth learning about how and why multi-faceted, complex, whole-institution programmes work or don’t work in different contexts (offering specific insights from individual institutions while also generating cross-case learning). Additionally, it was agreed that the views and perspectives of stakeholders from

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<sup>15</sup> In programme year 2022-2023, membership increased to 61 members. In 2023-2024 this further increased to a total of 96 members. For the purposes of this evaluation, it was agreed with Student Minds that we would conduct the evaluation with the universities which were part of the study from the beginning.

key sector-related organisations should be explored, enabling insights into how the UMHC is impacting the higher education sector more widely. This final report contains findings from the case study sites as well as a discussion of the findings from the overall UMHC evaluation. Data was collected from April 2022 to December 2023 and is summarised in Figure 2. Section 4 gives an overview of the findings from each of the case study sites.

### **3.3.2 Online Surveys (Staff and Student Leads)**

Online surveys were designed for Phase 1 of the evaluation in liaison with colleagues from Student Minds. This survey was intended to explore engagement with, perceptions of and reflections on the UMHC Programme and Award among individuals involved in its leadership and co-ordination within universities to all Staff and Student Leads of all 42 universities who were participating in the UMHC Programme at the time the evaluation began (2021-2022) (n=84 – including the five case study sites). Findings from this survey are reported in Interim Report#1.

### **3.3.3 Online Surveys (staff and students – case study sites)**

Online surveys were sent to staff and students at the case study sites. This differed depending on the circumstances of each individual site (Site C declined to take part in this element of the study, with Site D and E focusing only on staff or students respectively). Online surveys focused on the experience and understanding of mental health and wellbeing services in the case study sites, from the differing perspectives of staff and students.

Site A: Staff and students

Site B: Staff and students

Site D: Staff

Site E: Students

### **3.3.4 Online Semi-Structured Interviews (Staff and Student Leads, VCs/Senior Executives – case study sites)**

Informed by survey responses, follow-up interviews were held online with Staff and Student Leads at each of the five case study sites (depending on the Staff and Student Lead setups in the participating universities, these were with one or two people). In Phase 1, four one-to-one and four two person interviews were held online with a total of 12 stakeholders. In Phase 2, follow-up interviews were conducted with three participants (sites A and B only):

Interviews were conducted with Vice-Chancellors (or other Executive Representatives as directed by Staff Leads) within the case study universities. These interviews were conducted to examine and better understand the characteristics of strategic commitment and high-level leadership.

Site A: Staff Lead, Student Lead (Phase 1 and Phase 2), Senior Level / VC

Site B: Staff Lead (Phase 1 and 2), Student Lead (Phase 1), Senior Level / VC

Site C: 2 Staff Leads, two Student Leads (Phase 1), Senior Level / VC

Site D: Two Staff Leads, two Student Leads (Phase 1)

Site E: Staff Lead (Phase 1), Senior Level / VC

### **3.3.5 Visually-Triggered Online Focus Groups**

Online discussions were facilitated using photo elicitation<sup>16</sup> to enable primary stakeholders (staff and students) within the case study universities to explore their own views and experiences in an interactive context. The focus groups used carefully selected photographs of locations from each of the case study universities related to the UMHC Framework's domains and themes to elicit more creative responses. These participants were invited by the nominated UMHC Staff Leads at each specific institution. Focus groups can provide richer contextualised data than can be obtained from surveys or interviews – thereby enhancing understanding of 'what's going on' and of opportunities for and challenges to shifting institutional culture, provision and practice. and serve as visual triggers to discussion.

All interviews and focus groups were audio recorded and were transcribed verbatim by a professional transcriber who signed a confidentiality agreement. All the transcripts were subject to a two-stage manual thematic analysis<sup>17</sup> using a common thematic coding framework by the research team using NVivo software. One member of the research team identified themes within the raw data by using a line-by-line analysis of verbatim transcripts and interpreting their implications in relation to the aims of the research<sup>18</sup>. Initial analysis and coding was cross-checked and refined by other members of the research team to produce the analysis. VC / Senior level participants were be offered the opportunity of 'member-checking' quotes to be used in the final report for accuracy and, in some cases where data was deemed by the research team to be sensitive, other participants were also consulted<sup>19</sup>.

Key thematic findings are presented in Section 4. As VC/Senior Executives would be more identifiable by role, they were offered the option to partake in 'member checking'. This means that they were given the opportunity to check their own quotes that feature in this final report, for potential clarification.

### **3.3.5 Documentary Analysis**

Individual secure Microsoft Teams were set up with Staff Leads and Student Leads in the five case study sites to enable the sharing of relevant documentation pertaining to their participation in the UMHC Programme and Award (e.g. minutes of relevant meetings, monitoring and evaluation reports, presentations, self-assessments). It was suggested to us by one participant that Staff and Student Leads have separate Teams pages as there may be information they wish to share with us but not necessarily with each other, so each site had two separate Teams pages. However only one stakeholder uploaded any information (Staff Lead (Site C)). Other sites were encouraged to add material to the Teams pages, but the lack of material from other sites meant that this aspect became unfeasible as the project progressed.

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<sup>16</sup> In order to preserve the anonymity of the case studies, we are unable to reproduce images in this report as originally intended.

<sup>17</sup> Braun, V. and Clarke, V. (2021) *Thematic Analysis: A Practical Guide*. Sage. London.

<sup>18</sup> O'Leary, Z. (2004) *The Essential Guide to Doing Research*. Sage, London.

<sup>19</sup> Birt, L., Scott, S., Cavers, D., Campbell, C. and Walter, F. (2016) Member Checking: A Tool to Enhance Trustworthiness or Merely a Nod to Validation? *Qualitative Health Research*, 26(13), 1802-1811.



	Role and number of participants											
	Qualitative								Quantitative			
Data Collection Site	UMHC Staff Leads	UMHC Student Leads	Focus Group	Senior Level / VC	UMHC Staff Leads	UMHC Student Leads	Staff Focus Group	Student Focus Group	Staff Leads	Student Leads	Staff	Students
	PHASE 1			PHASE 2					PHASE 1		PHASE 2	
Site A	1	1		1	1	1	9	6	1	1	N=2	N=11
Site B	1	1		1	1		7	5	1	1	N=60	N=33
Site C	2	2		1					1	1		
Site D	2	2					13	8	1	1	N=11	
Site E	1			1				6	1	1		N=107
External Stakeholders			8									
UMHC Participating Universities									17	3		
Totals	7	6	8	4	2	1	29	25	22	8	73	152

Figure 2: Summary of data collection

### **3.3.6 Case Studies**

In the initial study design, it was intended to name case studies in the final report. However, due to issues discussed in data collection and after consultation with the Student Minds steering group, it was decided to anonymise the case studies in order that more sensitive topics be included in the report and to present the findings thematically alongside other data sources (e.g. the External Stakeholders).

In many of the elements of the evaluation, Site A was the first case study site in which data was collected. All proposed data collection was completed. Site B asked to delay the collection of some of the data until the academic year 2023-24, pending the result of their UMHC Award submission. Site C had made the decision to not take part in the surveys and visually-triggered focus groups of staff and students due to a delay in application for a UMHC Award. This is a result of other factors affecting the university. Some data has been collected from this site and the Staff Lead is willing to participate in the follow up interviews in Autumn 2023. Therefore, Site C lacks some of the detail of the other case studies. In Site D, most of the data collection was completed in the original proposed timescale. Data collection for Phase 2 began at Site E slightly later than the previous two sites (July 2023).

## 4. FINDINGS

The findings are based on a mixture of qualitative and quantitative data. Broad data was being captured from across the institutions participating in the University Mental Health Charter Programme, while key staff at the case study sites gave in-depth insights. This section presents the survey results first before discussing the key themes which arose from the thematic analysis of key staff.

### 4.1 Surveys

73 staff and 152 students responded to the surveys which were each distributed in three of the case study sites (Site A, B and D for staff; Site A, B and E for students (Figure 2)). The quantitative data presented in this section derives from responses to questions in the case study surveys of staff and students, with the core themes coming from deductive coding).

#### 4.1.1 Staff – Demographics

The majority (82%) of staff who responded were from Site B (with 15% from D and 3% from A). 67% of the respondents were Professional Support Staff, with 59% of total being Professional Support Staff with roles directly related to mental health (Figure 3).

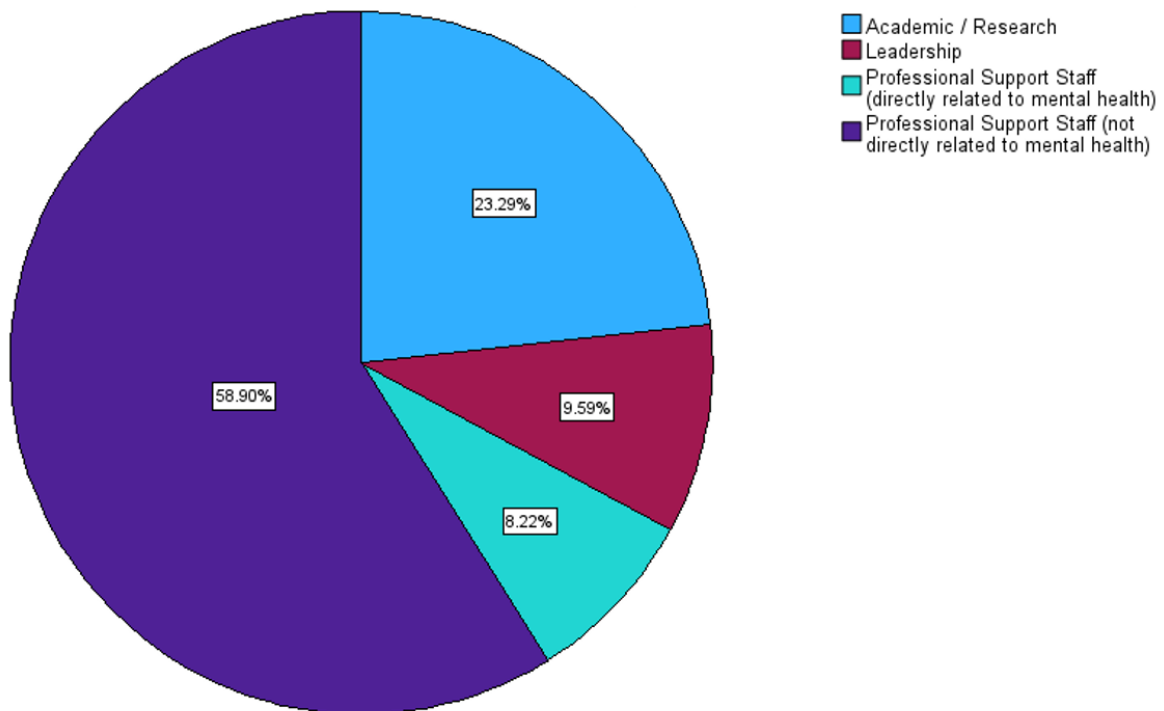


Figure 3: Current staff role

Most of the respondents (78%) were working on full-time contracts and on permanent or open-ended contracts (88%). The respondents were aged from 20 to over 65, with the highest category of respondents being the 40-44 range (Figure 4).

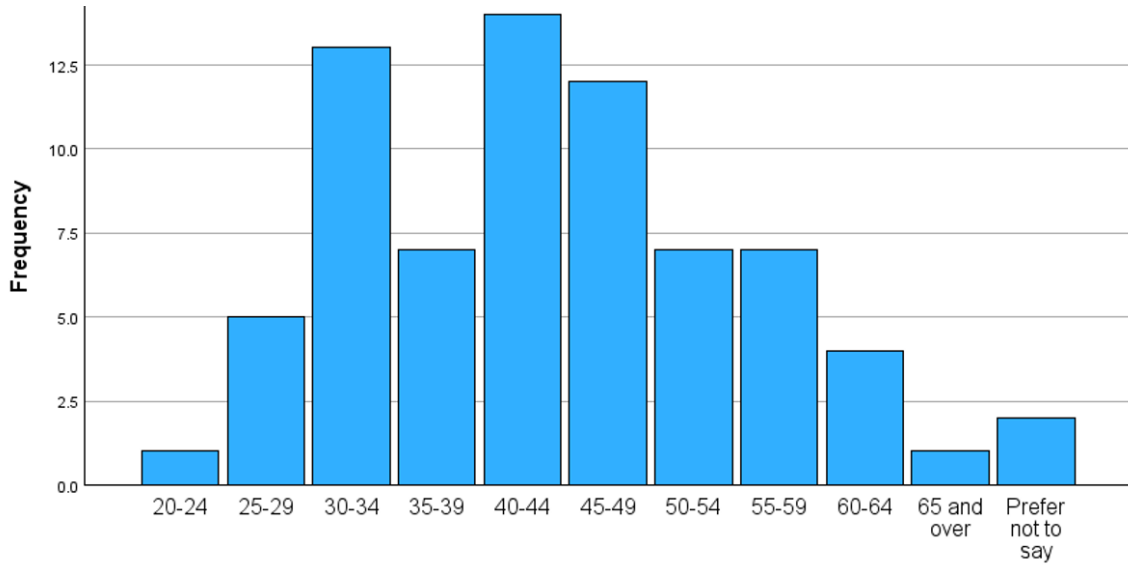


Figure 4: Age of staff

An overwhelming 90% of respondents were women, with 7% men and 1% non-binary. The respondents were also mainly white British (79%) (Figure 5).

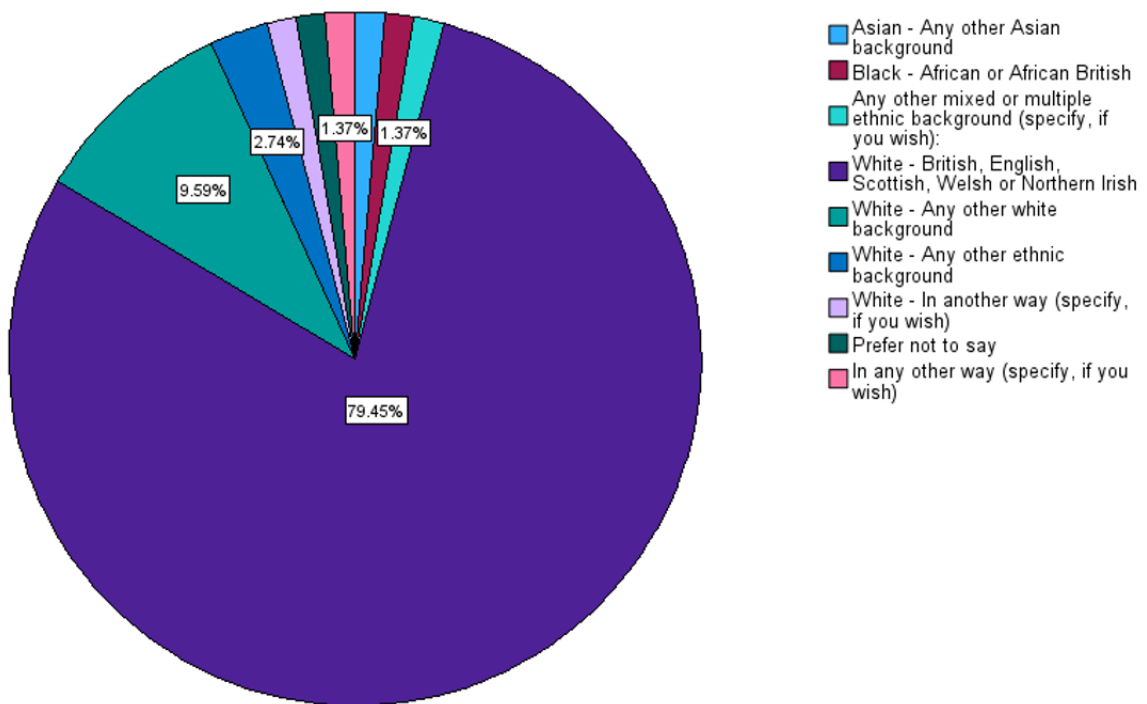


Figure 5: Ethnicity of staff

29% of respondents had an impairment, health condition or learning difference that had a substantial impact on their ability to carry out day to day activities. Of these respondents, the most frequent condition was a mental health condition (43%) (Figure 6).

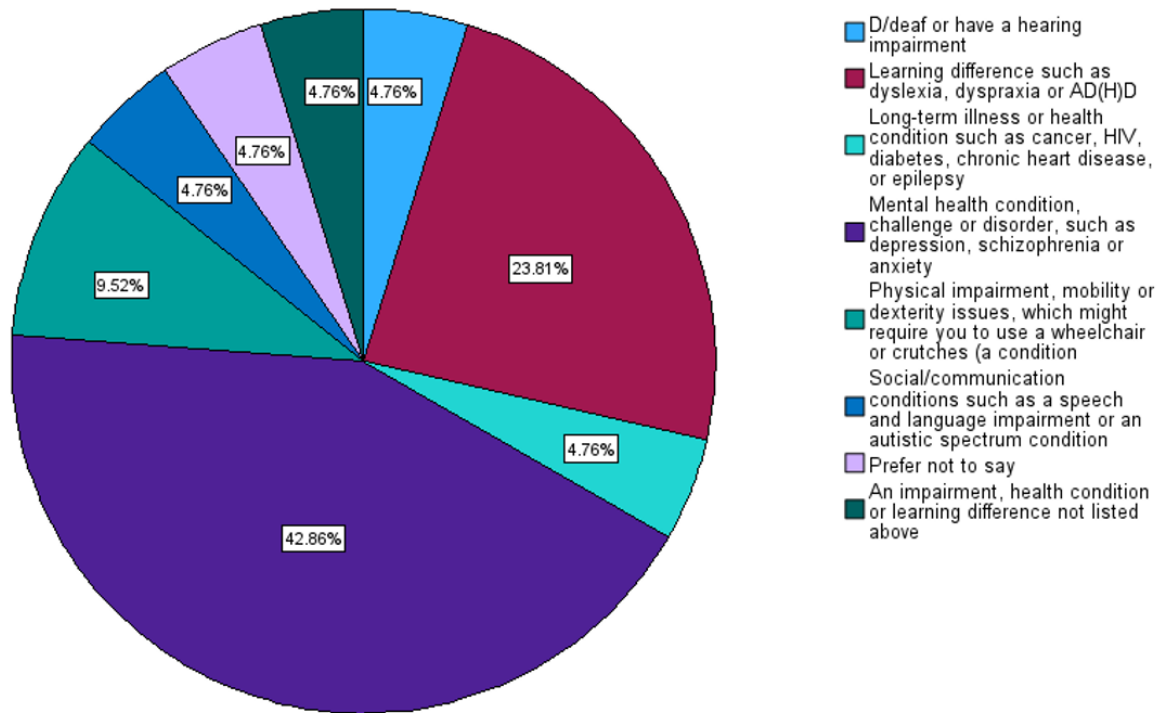


Figure 6: Impairments, health conditions and learning differences of staff

#### 4.1.2 Staff – UMHC and related mental health services awareness

The majority (77%) of staff said they were aware of policies, strategies and plans relating to mental health at their university. However, a substantially lower proportion (45%) was aware that their university had signed up to the UMHC Programme. Despite this, 63% felt that their university had strengthened its policies, processes and practices in relation to mental health in the last few years. 89% said that if a student came to them in distress, they would know where to refer them, and 73% said the same with regards to staff, although confidence levels in providing support to staff were higher than giving the same response to students (Figure 7 and 8).

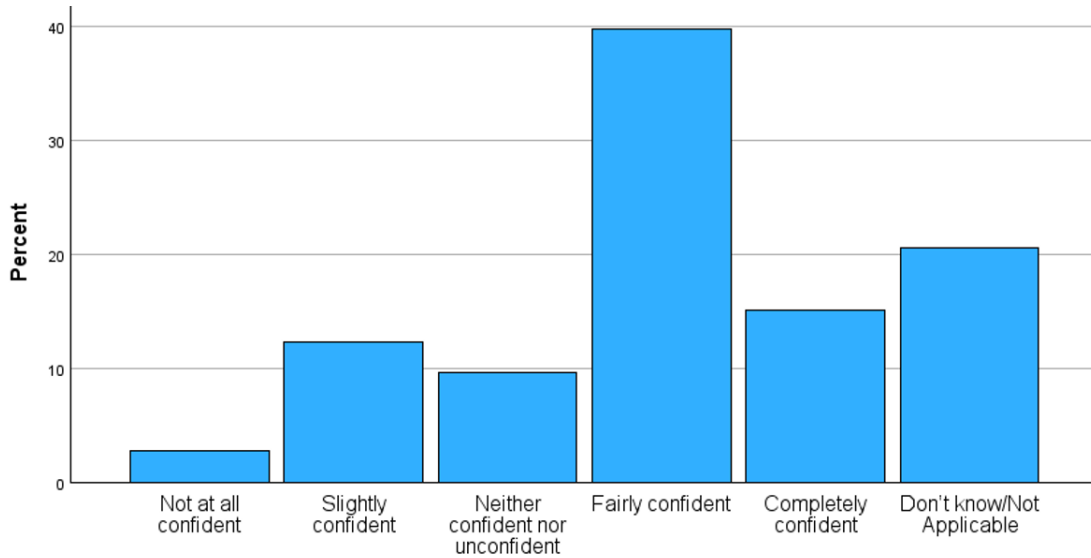


Figure 7: Staff confidence level in providing mental health support to students

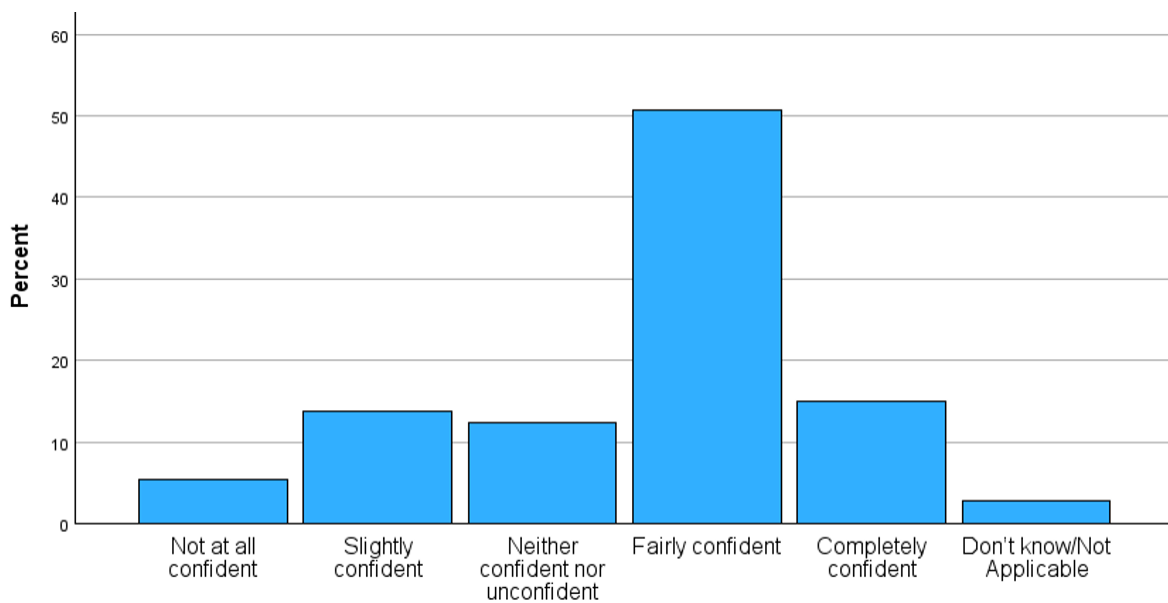


Figure 8: Staff confidence level in providing mental health support to staff

Most staff had attended training or development on supporting mental health for students (59%), with 21% saying they had been given the opportunity but had not yet done so. The figures were slightly lower with regards to the same training in support of staff (49% having attended, 8% having had the opportunity to do so). A sizable number of staff believed that such training for supporting students (21%) and staff (8%) was not applicable to their role. 40% of respondents thought that additional support was needed in responding to students' mental health needs, with an even greater number (52%) thinking this with regards to staff.

### 4.1.3 Students – Demographics

The majority (70%) of students who responded were from Site E (with 22% from Site B and 7% from Site A). 65% of the respondents were on Undergraduate degrees, with the remainder on Foundation or Postgraduate degrees (Figure 9).

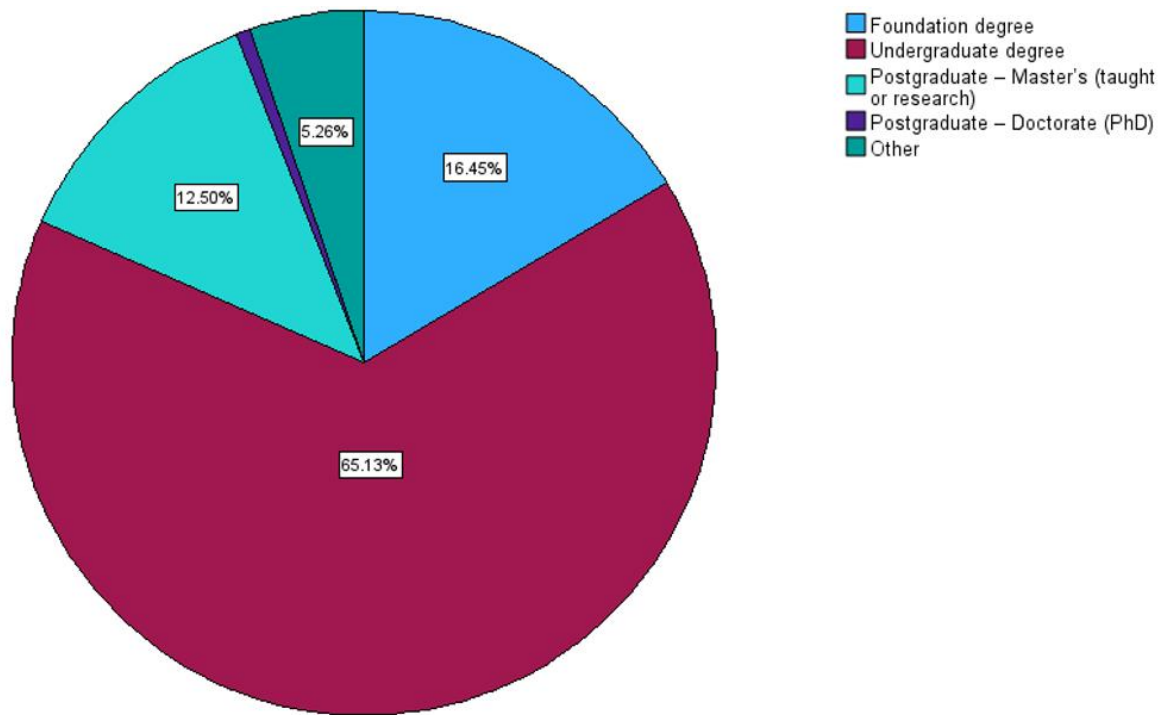


Figure 9: Level of study of students

Most of the respondents (85%) were studying full-time and were primarily face-to-face learners (92%). 78% lived away from campus, with 16% living in student accommodation near or on campus. The respondents were aged from under 19 to 64, with the highest category being the 20-24 range (Figure 10).

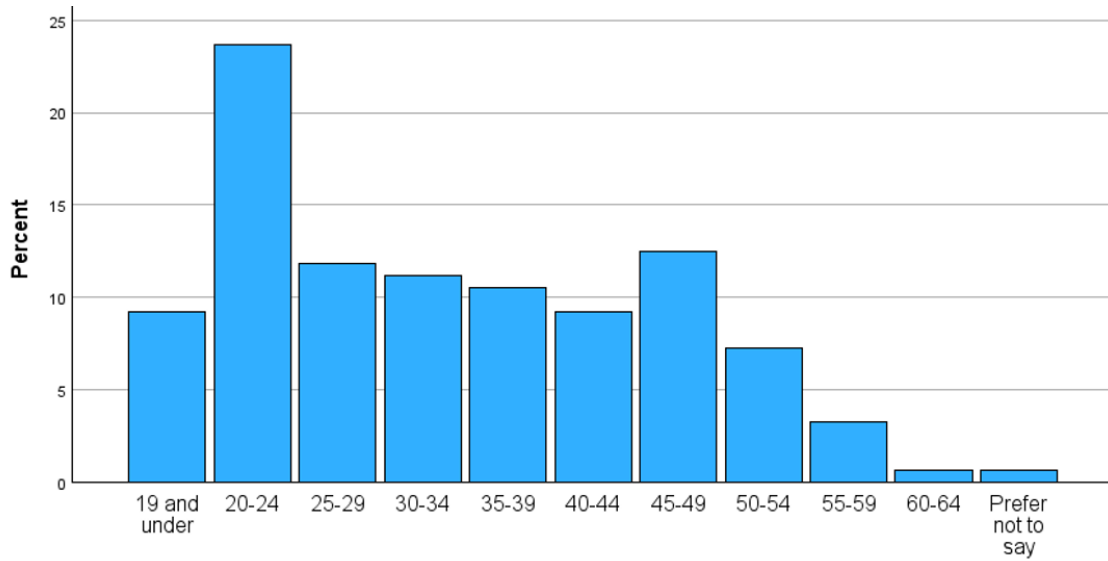


Figure 10: Age of students

71% of respondents were women, with 23% men and 3% non-binary. The respondents were also mainly white British (Figure 11).

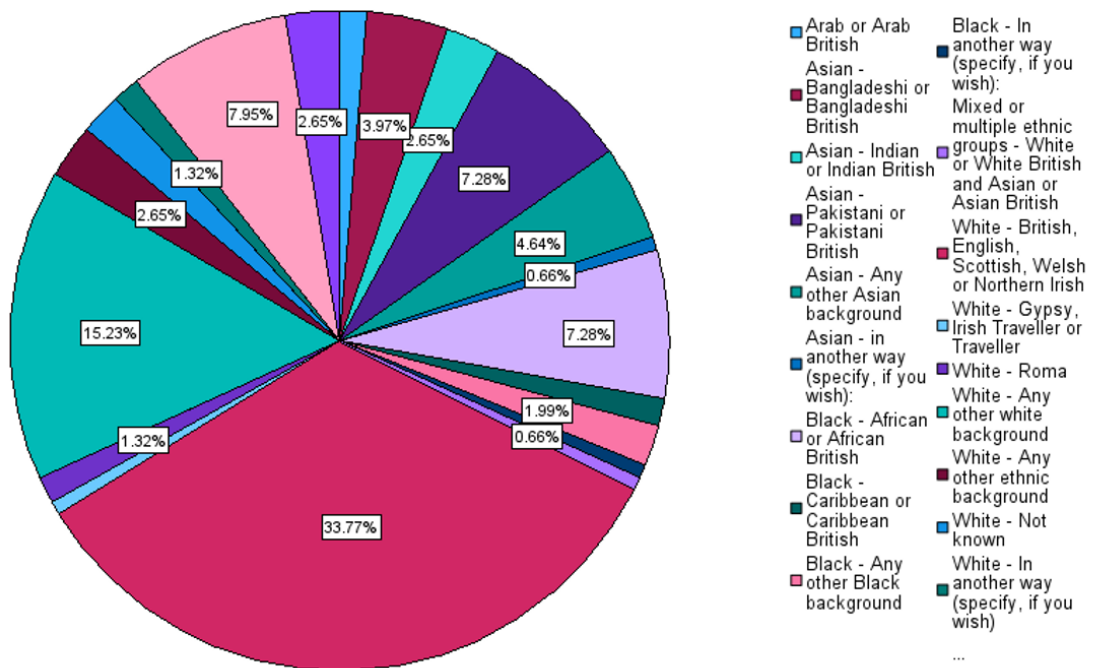


Figure 11: Ethnicity of students

34% of respondents had an impairment, health condition or learning different that had a substantial impact on their ability to carry out day to day activities. Of these respondents, the most frequent condition was a mental health condition (31%) (Figure 12).



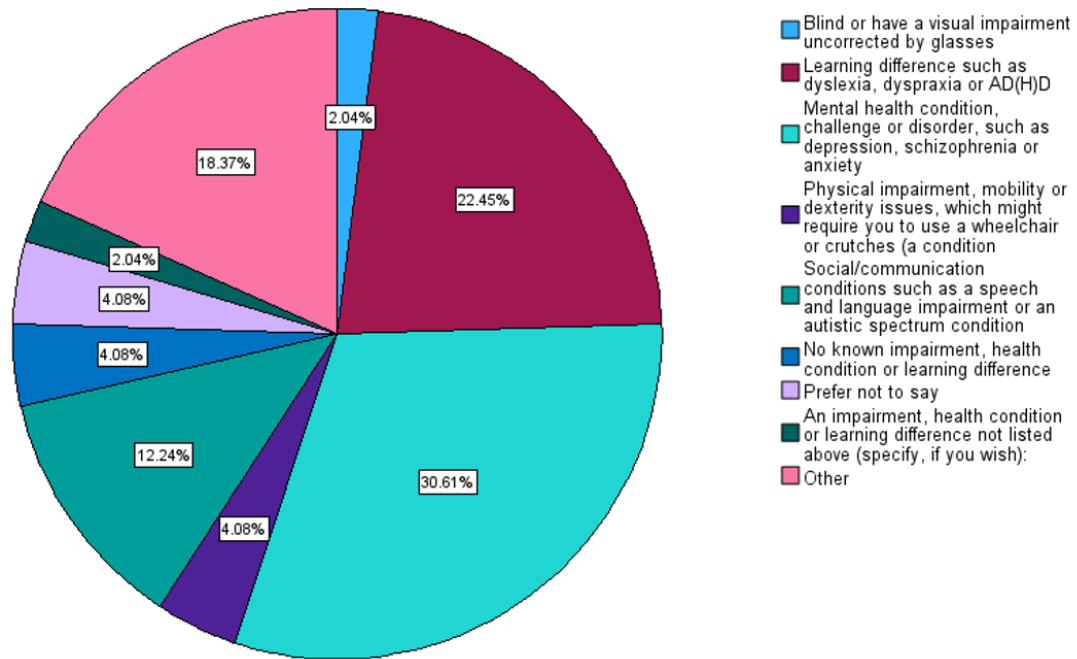


Figure 12: Impairments, health conditions and learning differences of students

In addition to this, 45% of respondents said they had personal experience of mental health issues (Fig. 13). 36% defined the issue as anxiety, 32% as depression, 13% as eating difficulties, 5% as personality disorder, 4% as OCD, 3% as psychosis and 2% as bipolar.

Mental Health Issue	Percent of Cases from all respondents (n=152)	Percent of Cases from all respondents who said they have personal experience of mental health issues (n=68)
<i>Depression</i>	31.6%	70.6%
<i>Anxiety</i>	35.5%	79.4%
<i>Psychosis</i>	2.6%	5.9%
<i>Eating difficulties</i>	12.5%	27.9%
<i>Personality disorder</i>	4.6%	10.3%
<i>Bipolar</i>	2.0%	4.4%
<i>OCD</i>	4.0%	8.8%
<i>Prefer not to say</i>	2.0%	4.4%

Figure 13: Percentages of students reporting mental health issues

#### 4.1.4 Students – UMHC and related mental health services awareness

The minority (46%) of students said they were aware of policies, strategies and plans relating to mental health at their university. Approximately half this number (23%) were aware that their university had signed up to the UMHC Programme, although 33% felt that their university had strengthened its policies, processes and practices in relation to mental health in the last few years. 41% said that they were aware of what services are available to support student mental health at their university and how to access these services, and 33% said they had actually accessed or tried to access such services. Students were most comfortable in discussing mental health with lecturers and academic staff and least comfortable with Security staff (Figure 14).

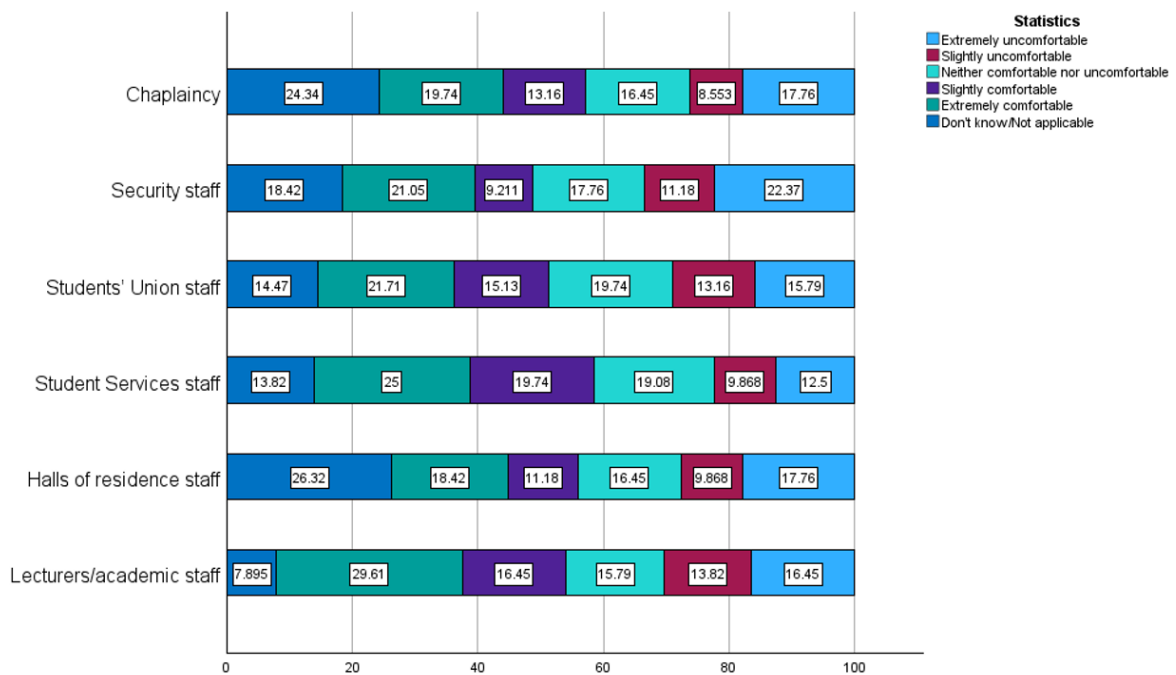


Figure 14: Discussing mental health with different staff roles

Students are more confident in supporting their fellow students with mental health concerns than being effectively supported by the university regarding their own mental health concerns (Figures 15 and 16).

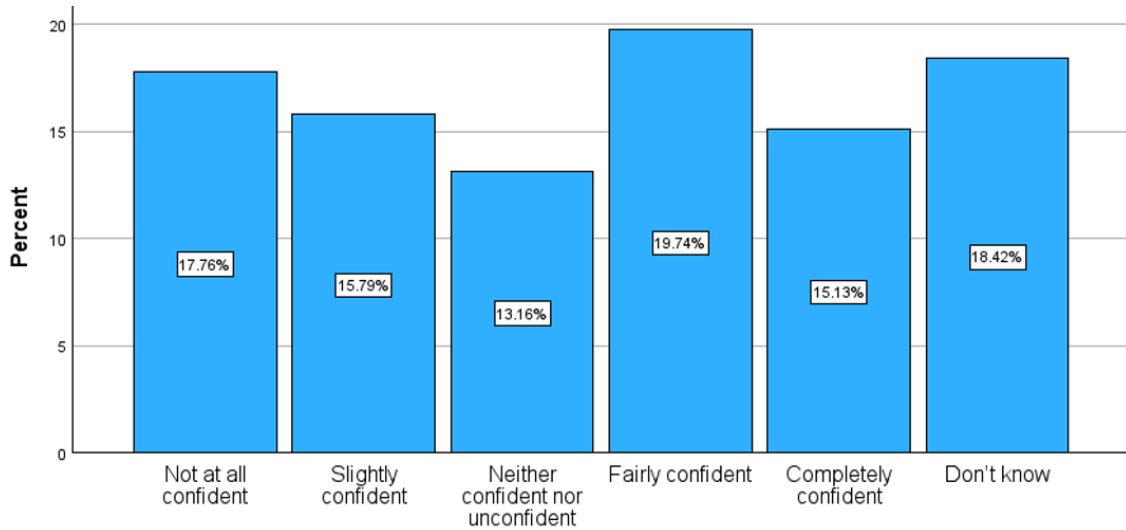


Figure 15: Student level of confidence that mental health concerns would be supported effectively

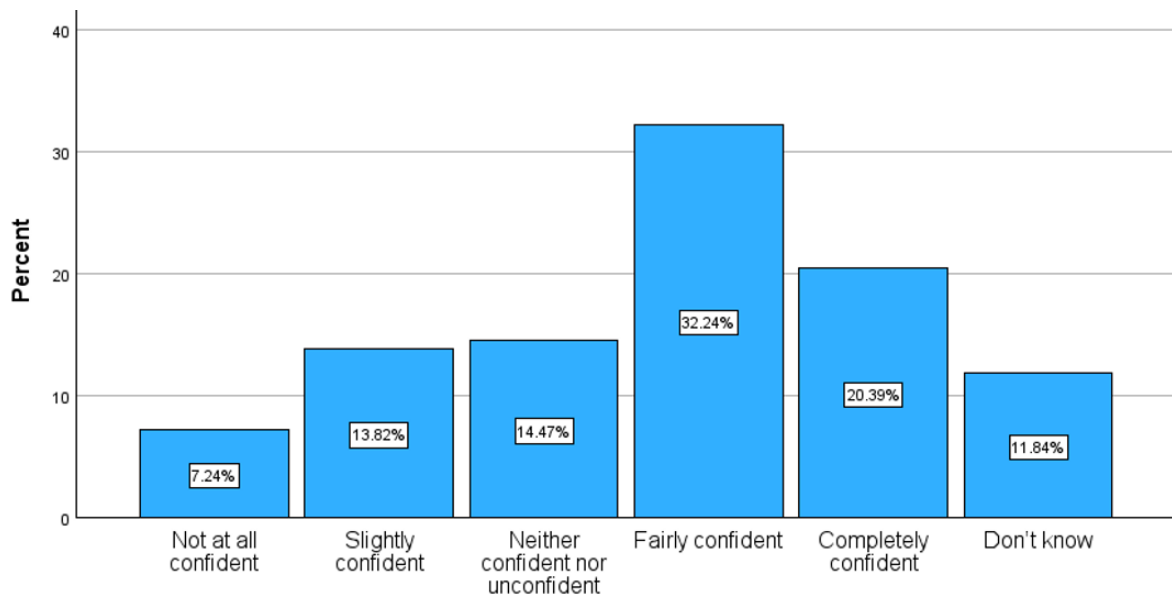


Figure 16: Confidence level in supporting fellow students with health concerns

In general, students felt connected to their university, with only 14% feeling not at all connected (Figure 17).

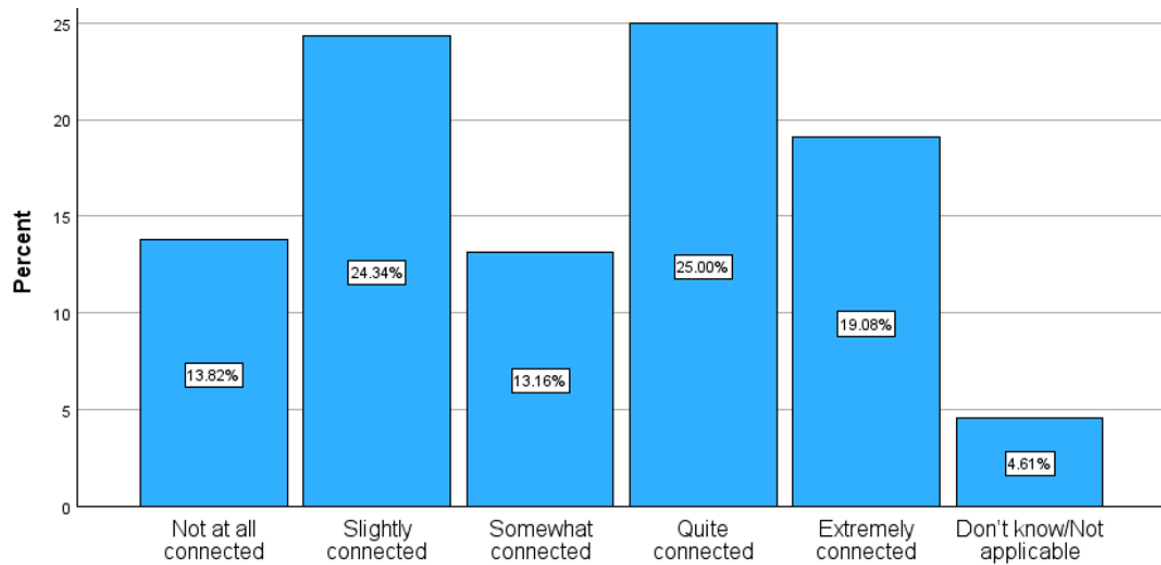


Figure 17: Student feeling of connectedness at university

10% of respondents said they had experienced bullying, harassment or discrimination at their university. Of this group, 73% said the experience affected their mental health.

## 4.2 Focus Groups and Interviews – Key Thematic Findings

This section presents the findings from a thematic analysis of the qualitative data from the interviews and focus groups conducted with staff and students from the five case study sites and the key external stakeholders focus group. The themes were derived through inductive coding. Four members of the research team initially generated 172 thematic codes, which were then refined during the analysis, resulting in the following five key themes.

### 4.2.1 Restructuring of existing mental health frameworks

Universities that chose to participate in the UMHC Award process arrived at this decision based on pre-existing histories of mental health initiatives at their organisations (e.g. Stepchange; the Healthy Universities Framework). In one example, tragic incidents at the university were also a contributory factor:

*We were, to be honest, really worried. We'd had four suicides in the preceding eighteen-month period and when the fourth landed, I mean of course it's devastating for the community and those involved, but at that point I think we quite rightly as an institution said, we've really got to get underneath this and understand and learn from this and invest where we need to. (Site C – Senior Level / VC)*

However, the UMHC Framework was often described as helping to cement what was already present at the case study sites to a certain extent, to plot a clearer path through what can be a challenging area:

*It was really about this will give us a roadmap [...] it did allow us to kind of put a framework around it and [...] a lot of the stuff we were already doing. (Site A - Senior Level / VC)*

*I think the charter has been really, really helpful because it's provided [...] structure [...] you can see where your university fits into each bit [...] Sometimes you can see frameworks and it's vague [...] I think [the UMHC Framework is] really clear in saying "we need to consider not just within staff mental health but it's like how staff feel in the workplace, like how supportive they are. Are they supported in supporting students, are they supported in supporting colleagues?" So it's got those kind of like pointers that you need to think through, how it looks for you. (Site A - Staff Lead)*

Another Staff Lead commented on how the UMHC Framework had helped their university build an evidence base of existing mental health provisions:

*I think [...] it's more structured, in terms of what's outlined within the Charter. And I think we've got a bigger focus on evaluation and evidence because sometimes it's difficult to kind of prove the effect that these initiatives or these schemes are having. And so I think we're kind of focusing more on how can we evidence what we're doing. (Site D - Student Lead)*

A further example in how the UMHC Framework had helped is in enabling universities to think about the whole student experience and restructure provisions and support accordingly:

*We looked at things from pre-arrival, what kind of information we sent students to when they are here, but all throughout their time here and after they leave. And it helped us pull everything together [...] there [was] no single access point for all sort of support. And I feel like the University Mental Health Charter [Framework] has helped us to think about that and move towards that way. (Site B – Student Lead)*

There were different perspectives offered regarding to what extent a cultural shift was needed at universities, and whether the UMHC Programme and Award could offer this. Some felt that it did represent a move away from previous ways of working:

*By having a whole-university approach historically, it seems like whenever there's a mental health or a wellbeing issue, it's the job of the counselling service. If there's a problem with a student you've got to deal with it, you're liable, it's very much, and if something goes wrong it's very much a blame culture and leads to staff feeling defensive or undervalued. But having a whole-university approach and then having a charter with domains that reflect that, it opens up the conversation and so it feels non-threatening. And it feels like it is collaborative and it is everyone's responsibility. (External Stakeholder)*

However, others felt that it the UMHC Programme and Award was more of an add-on to existing mental health provision and it was less easy to see which actions were a result of using the UMHC Framework or whether it more a case of highlighting already existing work and adding to it:

*I think that's going to be quite hard to unpick because I don't see that the Charter has changed anything, apart from it's helped us, you know, when push comes to shove [...] we've signed up for the Charter [...] so it's about keeping it profiled, which I think it would [be] anyway, but it just helps to add another reason. (Site C - Staff Lead)*

The impact of the COVID-19 pandemic was frequently mentioned by a variety of stakeholders as something that had both affected and increased the need for mental health provision and something which the Charter had helped the sector recover from:

*We didn't really have any other frameworks before and I think we have grown our staffing and resource around mental health really significantly during the pandemic. When I look back to the*

*level of resource that we had previously I'm like "wow, how actually did we work with that?" Now I do think [...] institutions are dealing with unknowns at the moment as in what's coming through from schools because of the COVID impact. So, Student Minds, the Mental Health Charter Framework is what we've adopted really to give us a path forward. (External Stakeholder)*

A word of caution was given that whatever framework or approach is used to tackle mental health and wellbeing challenges in universities, it is a process that must be worked at continuously and is not finished when the Charter is awarded:

*There's always a danger, isn't there, that you go, "oh yes, we've done two years, look at all these lovely things that we've got in place, job done". And of course, my view is that we're nowhere near job done, we're never going to be done to be frank. I think we can always continuously improve and there are big challenges still. Culture is probably the biggest challenge still if I'm honest. (Site C - Senior Level / VC)*

#### **4.2.2 Adopting a whole-system approach**

All of the case study sites had a clear vision that health and wellbeing at university requires a whole-system approach, and that students' wellbeing is everybody's business:

*I think it's helping colleagues understand, irrespective of their disciplinary background, if they're an academic or whether they're a professional services colleague or whether they work in our kind of estates and support team, whether they're in the sports part, whether they're in catering, that they all have a part to play, it is everybody's business. So I think it's about helping colleagues, which I think partly aligned quite nicely if I'm honest with sort of my portfolio kind of objectives, which were about we are all important, we all contribute to the student experience. And, you know, therefore we all contribute to the student's mental health and wellbeing whilst having their experience with us. (Site C – Senior Level / VC)*

There was a recognition that, historically at least, mental health may have been considered in isolation within the university services and campus (and the student body in particular):

*I feel like it's opening up conversations that perhaps we didn't have before because services or departments might have felt a bit more defensive or not really like it was their responsibility, because that's a mental health thing, that's support services. So it feels a lot more collaborative, non-threatening, and just an opportunity to share best practice as well. (External Stakeholder)*

Part of the value of being a member of the UMHC Programme was in recognizing how mental health permeates many facets of the student and staff experience. The more holistic approach enabled reflections on aspects of the university experience that might impact on mental health which previously hadn't explicitly focused on this area:

*We can't silo mental health and we have to recognise that our own educational process, it could be assessment load or our own admin processes, might impact on mental health because they're not supportive enough, they might be too challenging to get through. And that's not that we have to [...] relax standards but we have to think about the impact of what we do and how we do it. So, I would say that focusing of attention is really beneficial to us as an*

*organisation and we've now, we have pulled a group together that is looking at this. [...] I can go, right, okay, we are on this journey, we've got a bit of a framework for how we're approaching this. So that puts us not in a perfect place, but in a strong place around this agenda. (Site E – Senior Level / VC)*

It was acknowledged that where good practice was to be found, it was often focused on students and not staff:

*The Charter is [...] a very traditional model of what a charter is, in that it highlights practice that you need to be thinking about in order to make a change happen. And I think what this Charter does in particular, is challenge your assumptions on what you need to do and what things you need in place in your institution in order to create a safe, healthy university community for both staff and students. Although I think, you know, we do talk about it in relation to students a lot more but it is a holistic view. (External Stakeholder)*

Staff reflected how, prior to involvement with the UMHC Programme, their organisation was working towards a coherent joined-up approach to tackling mental health issues, but going for the Award helped them achieve this aim:

*I think a lot of it was that [...] there was good work going on, but I think we didn't necessarily have the [...] systems in place, but we were looking towards newer systems. And there were a lot of decisions that were getting there and I think [...] for me what was useful about this process is it was I suppose accelerating some of that, getting everyone to commit to it. (Site E - Staff Lead)*

Others felt that more could be done in this area:

*I think, I really like the [UMHC] Framework. I think if it could integrate with other frameworks a bit more explicitly [...] if you're taking a whole institution approach across both they are going to like, they will kind of interlink and like, what's the word I'm looking for, like benefit each other. (Site A - Staff Lead)*

In the wider External Stakeholders focus group, one participant commented that they weren't sure if the shift towards looking at universities holistically could be attributed to the UMHC Programme or was a result of earlier initiatives:

*I've noticed and I don't know whether it's a result of the Charter. It's probably, I don't know if it's chicken and egg and [...] there are other initiatives here as well, not least the Healthy Universities Framework. But I think, you know, the notion of whole provider approach [...] in terms of this is a whole-university's business and so those domains touch on everything. And it's the whole student journey, the workforce journey, the workforce cycle, the business as usual of a university [...] a whole-university approach. (External Stakeholder)*

The splitting of the UMHC Framework in the five domains (learn, support, work, live, and enabling themes) enabled Leads to see connections in their university regarding mental health:

*As one of the Student Leads working on the University Mental Health Charter Award, essentially this is how we organise the majority of the work that we do. So, yes, one of the things that we have to do as Student Leads is [...] do a student submission on kind of just the things that [the university] are doing, as we approach a whole-university approach to student mental health and wellbeing. And I think that this is a very good way of doing it because you begin to kind of see and understand how all the different areas actually contribute to student*

*mental health and wellbeing. And then I guess that's a good way of [...] making sure that we're covering all the areas but also being able to organise the evidence of us doing these things. Yes, so we've definitely [...] used the domains to help organise the work that we're doing. (Site D - Student)*

Whilst it was felt that the whole-university approach was understood within the sector, the next challenge lay in getting wider understanding from the wider public:

*When we're talking about sector level discourse, of course, is the public understanding of this [...] we need to be concerned about whether or not there is a broader understanding outside the sector with the press, with the general public as well, of what we're trying to achieve here. (External Stakeholder)*

#### **4.2.3 Flexibility in approach to UMHC Staff and Student Leads**

In amongst the five case study sites, there were a variety of different approaches to how the organisations decided upon Staff and Student Leads for the UMHC and to implement the preparation for their UMHC Award. Whilst all Staff Leads were professional support staff, the number of staff dedicated to the role varied between one and three, and this was not necessarily in relation to the size of the university. Regardless of this, Leads were connected with a network of other key personnel:

*We use Teams a lot. So we've got the bigger kind of steering committee Teams site, which we use. [...] I'm a member of so many different little groups, but actually I think probably one of the most active ones is the one between [the Staff Leads] who are also kind of part of the little strategy team. So there's a lot of sharing that goes on there as well. We're in contact pretty regularly throughout the week really as well. (Site D – Staff Lead)*

A recurring theme across the case study sites was the challenge of implementing the UMHC Student Lead Role. As with the Staff Lead roles, different approaches were used as to how many individuals to recruit (some chose a pair of students, others had sole students in the role). What the sites had in common was that the students came from elected roles via the Students Union. In some cases, the Student Lead was part of another role the students were elected to take. These roles are re-elected on an annual basis, in some cases it being explicitly stated that the same student could not nominate themselves for the role twice, or twice being the maximum one could run for the same post. This meant that from the beginning to the end of the data collection for this study, all Student Leads had changed. This illustrates the challenges to those in the role regarding the scale of their knowledge of the UMHC:

*Yes, well, you know, in terms of being sort of temporary staff, coming into it, it could be quite daunting if all of the staff know what they're working towards, they know what they're doing, it's the work that they do every single day. Whereas I'm not somebody that studied in the health profession [...] so I don't have any background knowledge of health and wellbeing. It was just the policy area that was allocated, which I wanted and I'm passionate about working towards, but I don't know anything on a professional scale like the actual staff do. (Site A - Student Lead)*

This was exacerbated by the rapid pace of change within the university sector meant that those new into the role found it difficult to get up to speed with the current situation of the university compared to existing staff:



*It's quite difficult because being in a job for a year it seems like there has been massive changes in every single area. Whereas for staff that have been there longer, maybe they see it more spaced out. (Site A - Student Lead)*

#### **4.2.4 Experiences of the assessment process**

Amongst the case study sites there was a variance in the stage the universities were at in relation to their Charter Award status. Two were at the early stages of their application, one had received the Award, and two had not achieved the Award at the initial stage but were in the process of resubmission. The assessment process was experienced differently in different cases. The case study university which has achieved the UMHC was assessed during the COVID pandemic and their assessment was done online:

*COVID just came [...] it was supposed to be [...] onsite visits where they would come and do focus groups and then we couldn't do any of that [...] we did our self-assessment and then we did a points of clarity A4 document because we were getting [...] questions from Student Minds so we thought we would do that. And then we gave additional documents [...] and then our onsite like visit was online, so we just did online focus groups, but our campus was closed at that point anyway. (Site A – Staff Lead)*

However, for the two sites that had not achieved UMHC Award status from the initial assessment, this was done on-campus. One reported that this was a constructive experience which they had learned a great deal from:

*We haven't been awarded the UMHC [Award] but what we have got is a really rich set of information about what we do and how we do it and some very clear guidance about things that we need to do going forward. I mean it is hugely detailed because it covers everything that we do as an institution. I do think that the staff that were leading this were a bit like "oh, did we do this before we were ready?", whilst I've been really positive about that: "You did it because you thought it was a good thing to do and it was a good thing to do. We've got some really positive things...we've got a really clear direction, let's just focus on that". (Site E - Senior Level / VC)*

For the other site which had been through the assessment process, the experience was less positive, with a perception that the agenda of the assessor was not in keeping with the ethos of the UMHC as a whole, leading to some differences of opinion in whether or not the university in question met the requirements of the UMHC Award:

*Right from the point when [the assessor] arrived they were quite closed in their room and they [...] didn't want to talk particularly to me about what they were doing or how it was going. They didn't want me in any of the sessions and they were quite clear that [...] they were sort of separate. And it was quite hard to get a sense from them about, it didn't feel very collaborative. [...] It felt quite distant and quite challenging. Some of the staff that came out of the sessions were quite upset. They felt that the sessions had been quite antagonistic, quite confrontational. That they felt they had been misinterpreted or that they had somehow or other ended up saying something that they didn't really mean to say during the session and that was quite difficult [...] It's led to a lot of stress with the senior managers within the counselling services and some difficult relationships between me and them because I've had*

*to force them into moving faster than they would like against their own professional expertise*  
(Site B – Staff Lead)

However, after communication with Student Minds these issues have been resolved and the recommendation given were ultimately helpful in getting this particular university to rethink elements of their approach:

*It actually became quite an exciting opportunity because it has allowed us to develop a framework that has a theoretical basis which it is robust and Student Minds are quite interested in it. And it also gave us a chance to reflect on and consider the evidence we provided. We did strengthen our submission [...] when we resubmitted because I felt like actually we had probably undersold ourselves because we were worried already about whether they would only focus on clinical outcomes.* (Site B – Staff Lead)

#### **4.2.5 Choice vs. Mandate – why universities become members of the UMHC Programme**

At the beginning of the evaluation, out of a total of 285 higher education providers, 42 eligible UK universities were members of the UMHC Programme. This number had more than doubled by the time we finished the evaluation. Some of the impetus to become a member was due to individual circumstances at universities.

*The Vice-Chancellor's [formed a] taskforce [as] a response to [...] a series of student suicides, and that was before my time. [...] We got investment that has allowed us to do a lot of stuff [...] I think it kind of shocked the campus, very much so. I don't know [...] how much investment and priority mental health had before that, but it's definitely meant that we've had a lot of progress in the last few years.* (Site C – Staff Lead)

In most cases, the VC was instrumental in encouraging their university to apply for a UMHC Award. Despite the differences in organisations, there was an overarching sense from the case studies of a collective goal for those who volunteered to participate. This was observed by a member of the external stakeholders group:

*This has been a space I've occupied for a while, in trying to [...] encourage all universities to put mental health and wellbeing at the centre of their strategic thinking. [...] But all universities are autonomous, all universities are different, and all of them will come at this from a different starting place. And my guess is they will need to think through very carefully how best to support staff and students in this space.* (External Stakeholder)

As detailed in the context section of this report, during the evaluation the Conservative Government addressed all UK university VCs urging UK universities to sign up to the UMHC Programme by September 2024 and warning of possible changes to licensing conditions if they fail to comply. Towards the end of the data collection some participants voiced concern that this was somewhat at odds with the initial aims of Student Minds:

*I really respect Student Minds [...] I think they're doing a fantastic job, but they have to be given the resources to be able to do what's now being asked of them. [...] the plan that Student Minds have developed was I think over a ten year period they would cover all the universities that*

wanted to engage and that would have been a significant number [...] They'd got a timetable and a plan and it was about building a learning community that would continue to enhance and develop, would continue to share, continue to evolve and where possible develop ideas about how we would work with others beyond Student Minds. [A mandate] takes away I think the essence of what Student Minds were about in the first place, which was in your institutions work it out for your students and you, co-create, develop, codify it, publish it, you know, all of those things. And then work with us on a journey so we learn together, we evaluate, we identify best practice, we share it, all of those things, but it's got to be embedded in a way that allows continuous improvement. (Site B – Senior Level / VC).

### 4.3 Visually-Triggered Focus Groups - Key Themes

A discreet element of the focus groups with Staff and Students from the Case Study sites was a visually-triggered part of the session. Each group of staff and students that participated were shown a series of ten images that were of their university campus and which were available in the public domain, taken from university websites and from google searches about the particular university, including: building interiors and exteriors, local green spaces, parks and urban areas. Each image was displayed to the group and participants invited to 'free associate'<sup>20</sup> about the images – how they make them feel, whether they remind them of anything from their experience, whether they have any particular anecdotes they would like to share related to the images. When this was exhausted the next image was displayed. Although the images were different for each university, they were thematically similar. Below is a summary of the main reflections on each type of image:

- *Central campus*: Positive responses for students who frequently visited (feelings of pride at being a student at the university, liking the design of buildings and the openness of the space); lack of familiarity for those who studies or worked at satellite campuses or remotely.
- *Social spaces*: Feelings of inclusion and safety in social spaces (positive memories of spending time with friends, post-lectures).
- *Lecture and teaching rooms*: Positive responses from students about good quality teaching but criticism that rooms not always adequate for number of students and new technology; feelings of disconnection from staff who have done online teaching post-COVID pandemic.
- *Libraries*: A largely positive response. These are spaces in which participants spend a lot of time (especially students) and are considered to be calm and comfortable environments.
- *Halls of residence*: Mixed responses, some negative (small sizes, expensive rents) but positives regarding convenience and friendliness.
- *Examination halls*: Negative responses concerning anxiety about forthcoming exams (“a nightmare”), suggestions that such examinations were out of date and irrelevant, with experiences of online examination mentioned.

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<sup>20</sup> A technique derived from psychoanalysis and originated by Sigmund Freud.

- *Local transport links:* Students and staff mostly didn't use public transport (regardless of location of university), some students did not recognise local train stations.
- *Local green spaces:* Designated green spaces within campus were well used by students and staff, particularly in good weather. However, local green spaces around the campuses were mainly unrecognised by students and staff. There were discussions of how hectic schedules make it difficult to explore green spaces around campus, although one member of staff mentioned going on walks around campus with students who were reporting that they were stressed.

## 5. DISCUSSION AND CONCLUSIONS

### 5.1 Case study surveys – staff and student comparisons

Most staff respondents were women (90%), with the majority of these respondents being Professional Support Staff. Most student respondents were also women (71%). Without the gender demographics of the specific case study sites' student populations, it is difficult to draw any conclusions to this, beyond the fact that the survey was voluntary, with a self-selecting population. In both staff and student cohorts, the majority of respondents were either working (78%) or studying (85%) full-time.

As might be expected due to length of time of service and nature of roles, staff in the universities surveyed had a greater awareness of the UMHC than students (45% as opposed to 23%). This was also the case for awareness of policies, strategies and plans related to mental health at their university (77% compared to 46%). The majority of staff (63%) felt that the university had strengthened its policies, processes and practices in relation to the last few years, but only the minority of students (33%) felt the same. However, as the survey was open to all students, some had potentially not been studying at the university to a sufficient length of time to observe any changes, so this lower percentage is understandable.

Most staff (89%) said that if a student came to them in distress, they would know where to refer them. However, only 41% of students said they were aware of what services were available to support mental health, suggesting that there remains some communications work to do regarding accessing services. This correlates with students being more confident in supporting their fellow students with mental health concerns than being effectively supported by the university regarding their own mental health concerns (with 53% being fairly or completely confident with themselves supporting fellow students as opposed to 35% fairly or completely confident in their university supporting them).

### 5.2 Interviews and focus groups - thematic analysis

The thematic analysis of interviews and focus groups with staff and students touched upon several thematic areas related to health and wellbeing within universities. Reflecting on the five key thematic areas (see 4.2), it appears that becoming a member of the UMHC Programme both acted as a catalyst

for good practice around mental health and wellbeing being conducted at the case study universities and built on and encouraged the further evolution of existing good practice from other frameworks (such as Stepchange and the Healthy Universities Framework).

More so than previous approaches, the universities were finding that the UMHC Framework is drawing vital component parts of the university together, it is enabling universities to apply a clearer mental health framework more holistically throughout the campus and into the wider local community. The 'Domains' model of the UMHC Framework aids in thinking about the whole-university and its approach to mental health.

Although the UMHC Framework was argued to be clearly set out appeared to be widely understood, as the study unfolded it became apparent that each case study university adopted a different approach as to how they staffed the UMHC roles. In some universities, one staff member was Lead, in others it was a team. However, a shared commonality was a branching out to many other colleagues (often with a use of IT which was noted several times to have increased post-COVID epidemic). The turnover of Student Leads (which was related to the SU-related roles the students had at the university) meant that no student could be in the role for more than two years. This creates obvious issues in terms of continuity of the role and pressures it may create for students. Student Minds have identified the value of peer mentoring for students involved in university mental health and wellbeing roles, especially in reducing stress and anxiety and increasing a sense of belonging<sup>21</sup>.

Throughout the duration of the data collection (April 2022-December 2023), the research team observed changes within staffing with key contacts in the case study universities, and also a turnover of staff within the research team and Student Minds. This led to the realisation that although the Student Lead role has a pre-defined short-termism, the rapid nature of change in the sector affected staff in all roles connected with the UMHC on the whole.

One of the biggest variations in how the sites experienced the Charter Assessment Process, with some online and some on-site, due to COVID restrictions. Perhaps more markedly was one site's experience of the Assessment itself which they felt was at odds with their understanding of a whole-university approach to mental health. These issues were resolved through communication with Student Minds and an eventual resubmission for the UMHC Award, but staff involved felt that this did create an undue amount of stress, which is obviously at odds with the Charter's ethos. It was suggested that some Assessors are confusing their individual understanding of the UMHC with Student Minds' approach. It was also suggested that the process of addressing mental health and wellbeing in universities is an ongoing (and perhaps never-ending) process, of which achieving UMHC Award status is a step in the right direction.

Due to the steady increase in UMHC Programme membership since the beginning of this evaluation, Student Minds recruited 23 more Assessors by the end of 2023, more than doubling the total number of Assessors to 45. Large-scale training and learning from the Assessments which have occurred to date is required and Assessor CPD is planned for November 2024 for all Assessors.

### 5.3 Reflections on the UMHC ToC Model

When analysing the data through the lens of Student Minds' Theory of Change (Figure 18) the general trend across the case study universities is aligned with this model. The main addition that

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<sup>21</sup> Smith, J., Hughes, G. and Spanner, L. (2024) The role of student peers in HE student mental health and well-being. In *Mental Health and Social Inclusion*, Vol 28(3) pp. 195-207.

the evaluation data suggests is that there may be a value in adding a suggested timeframe to this process of change. Although this is also a challenge, given the different resources, sizes of organisation etc., some of the universities which took part in the study talked about how the process had taken several years. Therefore, it may be helpful to emphasise this, even if it is only approximate, based on the experience of universities who have already achieved the UMHC Award. Recent Governmental statements have urged all English universities to sign up to join as UMHC Programme Members by September 2024. This ‘shotgun’ approach creates a considerably different environment for the UMHC Programme Members that are ‘newcomer’ universities, which risks the impact being vastly different than the organic way it has developed and the development of a two-tier level of UMHC Framework incorporation in universities who chose to participate versus those who were urged to with concern (whether legitimate or not) of the risk of penalties if they do not do so.

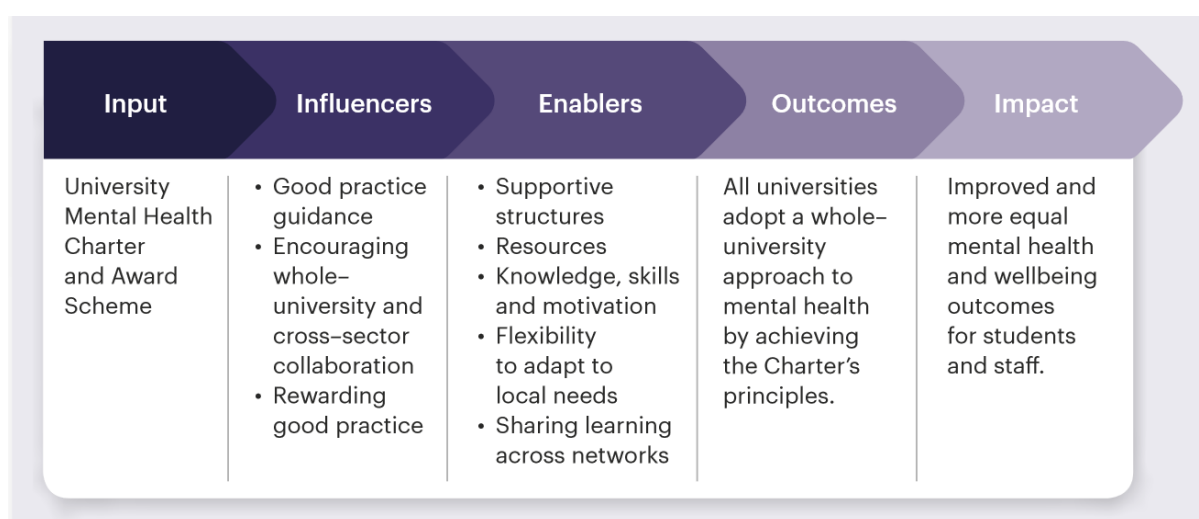


Figure 18: Student Minds' UMHC Theory of Change Model

Despite these issues, the responses from the multiple perspectives of participants at the case study universities, as well as key stakeholders from external organisation, is broadly positive towards the UMHC Programme. Reflecting the Theory of Change, it has helped, and is still helping, organisations develop whole-university, whole-community and whole-sector approaches to issues of mental health and wellbeing. Mental health has never been higher on the agenda for UK universities and so the value of the UMHC Programme is understood and appreciated.

#### 5.4 Recommendations and next steps

Given the current financial challenges that many UK universities are facing, the value of participating in the UMHC Programme and Award for university staff is clear. Many examples were given of staff supporting each other at the case study sites, and the qualitative results showed that the confidence of staff was greater in supporting colleagues than students (just as students were more confident in supporting other students in terms of mental health). Perhaps further thinking is required to cross the divide between staff and students. If not being undertaken already, staff and students should be educated about Mental Health Services during induction. Both may also benefit from peer support strategies with training on what to do in the event that mental health services are needed by the self, students or staff.

For universities that are newer UMHC Programme members, the evaluation indicates that a patient approach is needed with staff and the shifting of organisational cultures. Many universities are currently in turbulent times and adding pressure to force through an application for an UMHC Award if the site is not ready is likely to be unsuccessful. The UMHC Framework has clearly proved valuable in catalysing and enabling universities to think and work holistically across the five domains, to develop a whole-system/whole-institution ethos, and to join up and strengthen their mental health services. A shift towards making the UMHC Programme membership mandatory poses the risk of reducing this to a benchmarking or box-ticking exercise which will not address the fundamental issues of health and wellbeing in modern university life.

### **Key Priorities**

The key priorities for Student Minds for the future comprise:

- Awareness and understanding of the UMHC Framework amongst staff at UK universities through training: buy-in needs to be organisation-wide.
- Appreciation of differences in organisations across the sector: some are currently facing more challenges which may affect their ability to successfully apply.
- Top-level support: VC/Senior Level Staff need to be engaged in order to gain access to appropriate staff time and resources to make an UMHC Award application successful.
- Student Minds to encourage consistency amongst Assessors: making the Assessment Process for an UMHC Award more equitable.
- Student Minds to continue allow membership to grow organically in each organisation in order to effectively achieve a whole-system ethos: whilst there may be concerns of Governmental 'penalties' for non-compliance with becoming a member of the UMHC Programmes, Student Minds will only be encouraging universities to apply for an UMHC Award when they believe they are ready.

### **Dissemination**

The Principal Investigator (AF) will work with Student Minds to identify helpful, appropriate opportunities to disseminate the findings of this evaluation. The wider research team aim to disseminate findings in peer-reviewed publications and at future relevant national conferences, e.g. the forthcoming International Health Promoting Campuses Conference (June 16-19th, 2025, University of Limerick, Ireland).