OfS Action learning sets on student mental health - Interim Report

Office for Students

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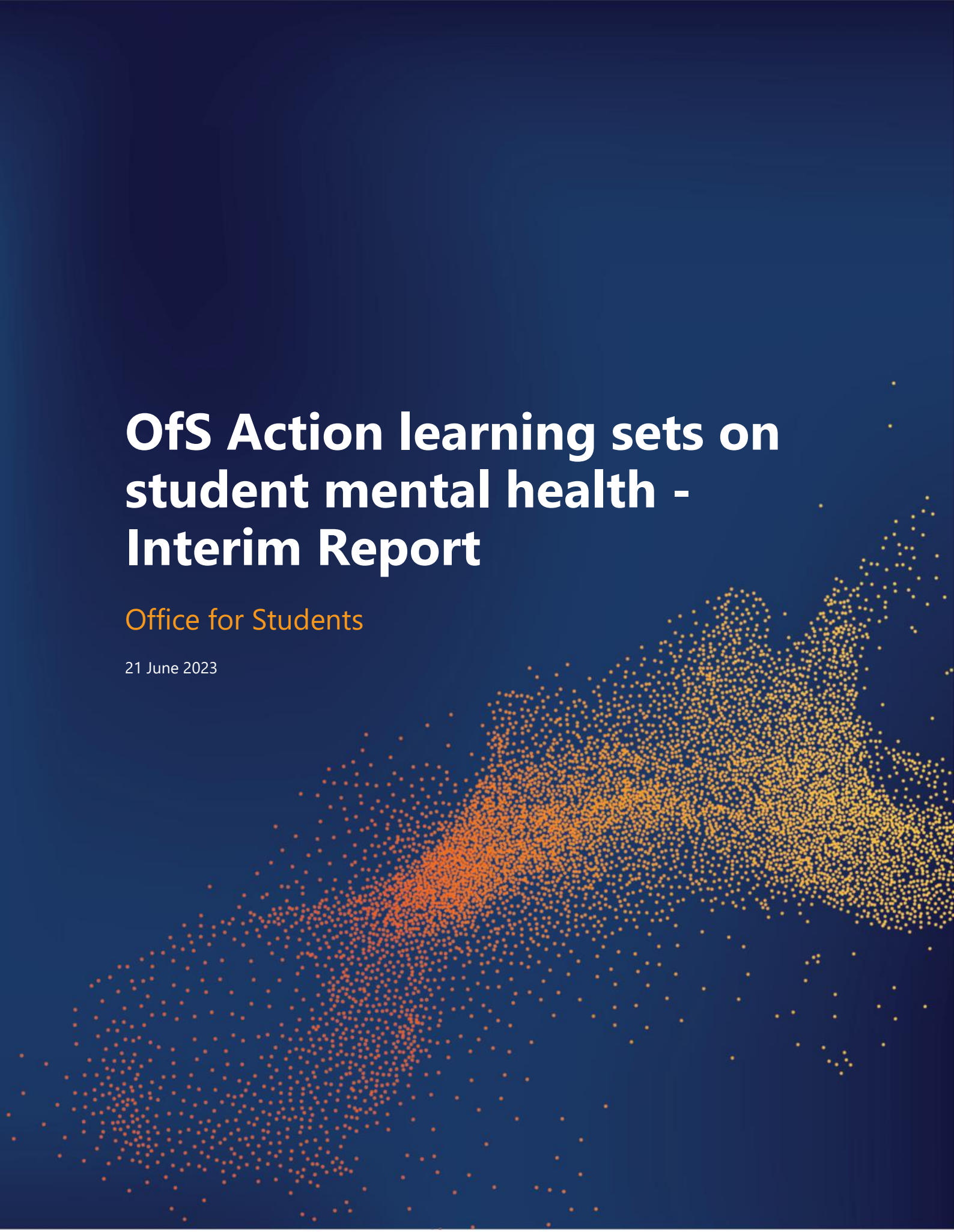

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1 Executive Summary

The Office for Students commissioned Nous Group (Nous) to facilitate action learning sets (ALS) between higher education institutions and healthcare organisations focused on improving joined up working to support student mental health. Action learning sets provide an invaluable opportunity for the higher education sector and healthcare providers to identify shared challenges and opportunities in delivering mental health services and help develop lasting and collaborative relationships that improve student mental health outcomes.

This Interim Report provides a mid-initiative summary of insights and lessons learned through and about the action learning process.

Over the first four months of this initiative, participants from healthcare and higher education institutions have engaged in monthly meetings to explore key challenges they face in joined up working. These wide-ranging topics have been clustered into four themes, which include clarifying roles and responsibilities, information sharing, addressing the diverse needs of students, and resources and supports required to facilitate joined up working. These themes are discussed in this report along with some region-specific insights where these emerged.

This interim report also explores emerging reflections about the effectiveness of action learning sets in enabling joined up working in student mental health. Throughout the Explore phase (first of two phases of the project), participants provided feedback before, during and after each meeting on the overall approach, and which has iteratively shaped subsequent engagement. Key strengths include the role of the action learning process in deepening cross-sector relationships, sharing knowledge and practice, engaging in non-judgmental, open discussion. However, limits to the effectiveness of the process have included competing priorities and demands, and constraints in resources.

The report concludes with some brief reflections about the future directions of the action learning initiative, and proposed adjustments to be considered in the context of the upcoming Develop phase (second of the two phases) of the initiative, which focuses on generating solutions towards improving joined up working.

2 Background

Higher education (HE) institutions and healthcare providers recognise the challenge of providing effective, joined-up support for students' mental health. One part of the solution to this challenge will be to develop closer collaboration between HE and healthcare providers.

On 20th June 2022, the Department for Education and the Department for Health and Social Care held a ministerial summit on joint working between the higher education and health sector to support student mental health. The summit explored new and innovative models of joined up care to support students. Attendees included representatives from the Office for Students (OfS), NHS England and from OfS-funded mental health challenge competition projects.

Arising from the summit, OfS committed to funding an innovative action learning project to encourage joint working between HE institutions and NHS partners on student mental health. Action learning sets (ALS) provide an invaluable opportunity for the HE sector and healthcare providers to identify shared challenges and opportunities in delivering mental health services, and help develop lasting and collaborative relationships that improve student mental health outcomes.

OfS commissioned Nous to facilitate this initiative. The sets bring together healthcare professionals and HE representatives from the seven NHS regions of England to help identify ways of working together better in the future. This report represents Nous' insights at the mid-project stage.

2.1 Rationale for action learning sets

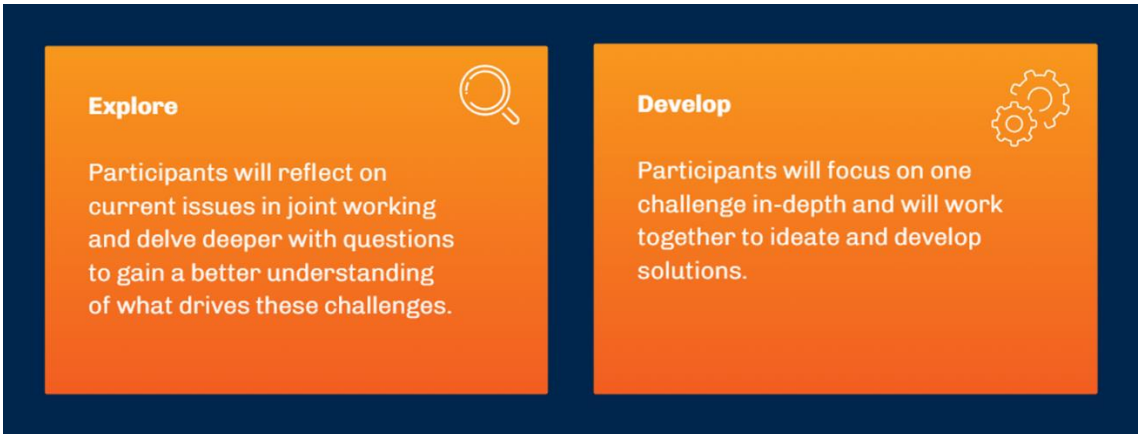
ALS provide an opportunity for the HE sector and NHS providers to identify shared challenges and opportunities in delivering student mental health services, and to build lasting, cross-sector relationships to improve student mental health outcomes.

ALS comprise a series of confidential facilitated discussions that encourage reflection through exploring new and different perspectives, create space to share leading practice and help participants develop actions that will lead to improved student mental health outcomes. ALS aim to create an inclusive and open culture, which nurtures relationships where they exist and helps build new ones.

2.1.1 Approach and delivery

The sets are organised around two distinct phases, which are summarised below in **Figure 1**. This report focuses on insights generated through the Explore phase, which took place from February to June 2023.

Figure 1 | Conceptual approach to ALS



A total of four meetings took place during the Explore phase. Each meeting followed a cyclical learning approach of observe – diagnose – act. This set structure is designed to help members collaborate and solve problems.

In this approach, action learning involves making observations about issues, forming interpretations about what is causing the issue, testing those interpretations through action, observing what happened, and refining the approach accordingly. In general, the agendas follow this common cyclical process. However, each meeting reflects the group's priorities and desired approach, and so the meetings were distinct in content and form.

The action learning sets began in February 2023. Participants met online for 1.5 hours per month after an introductory two-hour session. Each action learning set comprises eight to eleven participants, one set for six of the seven NHS regions, and a seventh group which includes participants from both South East and South West. The objective of this delivery approach is to enable co-located stakeholders in health and HE to build meaningful collaborative relationships whilst addressing the system-wide challenges of joined up working between the NHS and education partners.

2.1.2 Participant composition and onboarding

Each group commenced the action learning with between eight to eleven participants, with a small decrease in set numbers as we've progressed through the process. As demonstrated in **Table 1**, the sets are made up of majority higher education participants, reflecting challenges in engaging health partners in student mental health more generally.

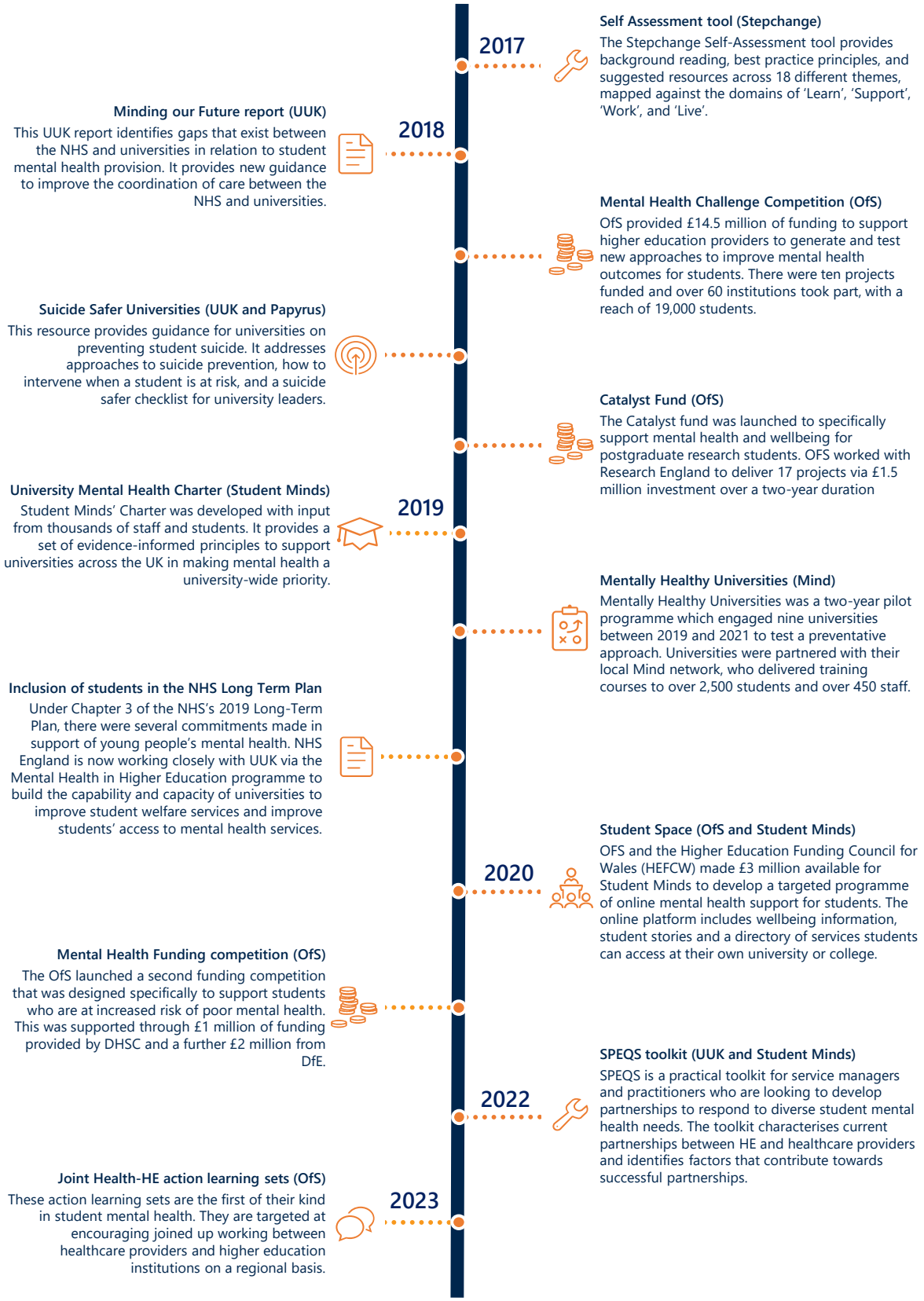
Table 1 | Participant recruitment split across the seven groups, at the outset

Region	Higher Education	Health
London	9	1
South East	4	3
South East / South West	9	3
North East	6	4
North West	7	1
Midlands	5	4
East of England	5	3
TOTAL	**45**	**19**

HE participants are mostly individuals who have oversight across student wellbeing services in their institution. Health participants are mostly patient-facing health care professionals and clinicians, supporting young people's mental health on a day-to-day basis. The approach to participant recruitment and associated challenges will be discussed in **Appendix A**.

In advance of the introductory session, Nous provided all participants with a briefing pack that outlined the aims and purpose of the action learning sets together with relevant contextual information. Given the diversity of participants within the sets, it was critical that they received common guidance and information about past development and recent initiatives. This was foundational to establishing collaborative norms and ways of working. **Figure 2** provides an excerpt from this briefing pack.

Figure 2 | A summary timeline of student mental health initiatives within the UK in the past six years



3 Emerging insights from action learning sets

This section covers common themes that have arisen across the first four months of the project on both a sector and regional level. Most themes are shared, but some challenges are more pronounced for participants within specific regions.

3.1 Key insights from across the seven sets

Over the four months of the 'Discover' phase, the seven sets have engaged in monthly meetings with similar topics discussed across all seven regions. These topics have been clustered into four themes, each of which will be explored in turn. They include:

- Roles and responsibilities
- Information sharing
- Diverse needs of students
- Resources and supports

3.1.1 Roles and responsibilities

1. **Colleagues across HE and health would like to better understand each other's service provision and ways of working.** This includes better understanding NHS referral pathways, who is the best point of contact within each organisation, and the journey students go through across university support services and NHS pathways.
2. **Colleagues highlight the need for improved coordination at the strategic and leadership level.** Front-facing staff in both health and higher education spoke about frequent changes in personnel, or initiatives that are set up to then be disbanded a few months later. Many staff spoke about their reliance on the goodwill of individuals than binding, systemic links between systems. It was expressed that coordination needs to be particularly strengthened at the level of senior leadership and those in positions of influence, who can marshal and disburse resources.
3. **HE colleagues struggle to know how to support students who are post-crisis and/or hospitalisation.** Often, HE colleagues feel that the students have been left to be taken care of by the university, despite the high level of support needed for an individual not being within the university's remit. Furthermore, while medical professionals might deem an individual safe to continue studies, the university does not always agree. This then causes confusion for the university, the student, and their next of kin. This highlights that the appropriate communication channels and practices to facilitate a considered judgement for students do not currently exist or are not operating effectively.
4. **Often, the attention that student mental health receives is largely dependent on the level of senior stakeholder engagement** (within the university, local health services, and at a wider level, within government). Colleagues struggle to push forward positive change without the right senior leaders supporting it. Participants noted that joined up working therefore happens in an ad hoc way, based on personal relationships, rather than being woven into the fabric of student support by design.

3.1.2 Information sharing

1. **Many reflect that insufficient information sharing is creating a barrier**. Colleagues would like to enable information sharing by default, in a way that overcomes the lack of shared systems, and ensures communications are consistent rather than on a case-by-case basis. They recognise that there are areas of good practice in terms of navigating the legal and consent issues associated, but these have not been adopted widely yet.

2. **Many HE colleagues feel a significant amount of pressure and responsibility to manage the wellbeing of their students**. They would like to better define the boundaries to which they can and should offer students support and make this known to all relevant stakeholders (inc. students, parents, staff, and health colleagues). Clear guidelines defining where the remit of higher education institutions (HEIs) ends and that of NHS partners begins are required for seamless joined up working.

3.1.3 Diverse needs of students

1. **Today's student population is increasingly diverse and therefore has increasingly diverse needs to be met.** These needs were recognised by both health and HE workers:

    a) '**Covid generation**' – participants noted that post-Covid, students appear to be struggling more with psychological difficulties, absenteeism, and evidencing a higher incidence of risky behaviours including self-harm, suicidal ideation, and eating disorders. This has placed both increased pressure and new demands on service delivery in health and higher education, with implications for how services are coordinated and joined up in their approaches. However, participants indicated that there had been little direction to navigate these new challenges.

    b) **International students** – there is a growing international student body which brings unique issues of culture shock, isolation, lack of preparedness for independent living abroad and cultural differences with respect to attitudes towards mental health. Furthermore, international students are not always registered at a GP and may not understand how to access NHS services. Both HEIs and health organisations can make the provision of their services more accessible including signposting pathways, and understand how the context of international students in higher education impact their ability to access health care (e.g., due to visa requirements).

    c) **Diversity of mental health needs** – universities feel they are expected to cater to the full range of needs their students might present to wellbeing services with. However, there is often not the capacity or capability to do so, and it is also often out of remit of university wellbeing services. Furthermore, an increasing number of students are presenting to university and NHS services with self-diagnoses, expecting that diagnosis to be both confirmed and supported. Channels for greater knowledge sharing between HEIs and NHS partners would go some way in surmounting this challenge. Clearer guidance relating to who holds accountability for supporting different types of mental health challenges would also give clarity in this current grey area.

3.1.4 Resources and supports

1. **Colleagues feel that many of their problems would be solved by greater funding**. As strongly expressed by staff in both higher education institutions and healthcare organisations, the student mental health crisis is exacerbating, but funding is not increasing in step. The need for additional funding is primarily to enable additional staff resource to support increasing demand.
2. **Finally, many HE colleagues are unsure how best to support students who are not viewed critical enough to receive urgent NHS care**, but have needs that are too complex for university support services. HE colleagues would like to know how these students should be best supported, managed and monitored. Designated 'bridge' staff, who sit between the two worlds to facilitate knowledge sharing and focus on escalation of cases at the appropriate point could be one solution.

3.1.5 Miscellaneous

1. **Colleagues would benefit from establishing how best to support young people as they transition from school to higher education**. This includes understanding the skills young people need to develop (e.g., building resilience), and whose responsibility it is to bridge that gap to ensure they are fully prepared for university life.

3.2 Region specific insights

In addition to the cross-cutting themes, we have highlighted some issues that are specific to regions and emerged over the course of the first four meetings. Other region-specific insights were explored in the sets. These themes include:

- **London** – universities in London face a particular challenge in that their student population is distributed across the city and subsequently, several NHS trusts. This means that university staff seldom know which NHS trust a student might belong to (if any), which adds an additional layer of complexity to joined up working. Colleagues in London also share challenges on the high number of commuter students, who might be more likely to have additional challenges such as managing caring responsibilities, and who are facing significant stress regarding the increasing cost of living.
- **South West** – universities in South West have shared staff recruitment challenges. Many universities in this region are located in remote and rural areas of the UK, and struggle to recruit staff with the appropriate level of experience for high skill roles. This places additional demands on collaboration between services, as some university wellbeing roles are either vacant or filled by staff who are underqualified for the post, by necessity.
- **North East** – like London, universities in the North East shared challenges around the high cost of living, with a particular high number of students entering university from low income households. This means there is particular need for excellent services in this region, which should include seamless joined up working practices, so that the large number of students requiring mental health support receive the help they need.

4 Benefits and challenges of action learning sets in joined up working

This section explores emerging reflections about the effectiveness of action learning sets in enabling joined up working in student mental health. Throughout the Explore phase, participants provided feedback before, during and after each meeting on the overall approach, and which has iteratively shaped subsequent engagement. Below we summarise key insights that are relevant across sets, which include:

- Deepening cross-sector relationships
- Sharing knowledge and practice
- Engaging in non-judgmental, open discussion
- Constrained by competing priorities and demands

4.1 Deepening cross-sector relationships

During the sets and through feedback forms (participants complete a short survey at the end of each set), participants highlight they have been able to foster connections with individuals that they otherwise would not have interacted with.

Higher education participants found it helpful to connect directly with health participants and understand the 'nuts and bolts' of provision of care for students and the pressures facing the system. These participants observe that they have been able to address issues that are at the nexus of health and higher education, in a way that they would not have been able to do on their own.

Health participants observed they have a much better appreciation of the complexity of needs and diversity of the student populations that engage in higher education. In the sets where health and higher education participants already have a working relationship, this process has provided space for individuals to deepen connections and working relationships. **Table 2** provides a participant snapshot of these insights.

Table 2 | Snapshot of participant observations about cross-sector relationships

"Good forum to bring together views and experiences and have a set of goals managed externally." – HE participant
"Looking at bigger picture issues at interface with health/education" – Health participant

4.2 Sharing knowledge and practice

Throughout the first four meetings, participants within and across sectors have been generous in sharing their expertise and relationships. This has manifested in a variety of ways, including participants making plans to visit each other's institutions to understand how they have organised their services, brainstorming on a collaborative resource including a directory of mental health supports, sharing good practice guides, and helping reframe current challenges, to list a few examples. The structure of the sets supported this sharing, whereby each meeting would commence with a challenge that participants would pose and invite reflections from their peers on the issues. **Table 3** describes the impact of this sharing of knowledge and practice for participants.

Table 3 | Snapshot of participant observations about the impact of sharing of practice / knowledge

"These sessions are really meaningful and I'm getting a lot out of them" – HE participant

"These sessions are really helpful, come out of things feeling better… how do you take some of the calm you find in here back outside… you walk out into carnage!" – Health participant

4.3 Engaging in open and non-judgmental discussion

For many participants, the meetings act a forum for which they can speak openly and honestly about topics which they might not be able to discuss at length with workplace colleagues. The meetings are seen as a 'safe space', and an opportunity to speak frankly about what they and their institution are facing, with the support of other participants who can emphasise. One participant said, *"I've really wanted to have these kind of discussions for years!"*. This open and non-judgemental discussion is most prevalent in the groups where stronger relationships have formed.

4.4 Constrained by competing priorities and demands

While participants consistently valued the small group nature of the discussions and the opportunity to deeply reflect on each other's experience, many expressed that there is a limit to what can be realised through the action learning process in relation to joined up working. They expressed that other barriers needed to be addressed, including resource constraints, competing demands on their time, and the scope and influence of their role. They felt there was a disconnect between what they could do as individuals through this process with the desired outcomes from joined up working. **Table 4** summarises these perspectives.

Table 4 | Snapshot of participant perspectives on competing priorities and demands

"I think participation to be extended further. A lot of the work that needs to be done can't be done with the people that are in the group" – HE participant

"It was a really good opportunity again to hear of the diverse range of projects and initiatives from the various contributors. It would be nice to have more representation from health organisations but I understand it's difficult to achieve." – HE participant

5 Next steps

The conclusion of the **Explore** phase will be marked by a cross-regional forum, taking place at the end of the June. The forum will provide an opportunity for participants across all sets to do the following:

- Explore insights in joined up working across and within regions;
- Further strengthen relationships between health organisations and higher education institutions, across diversity of providers and contexts;
- Feel valued and energised by contributions to the action learning sets process

Following the cross-regional forum, participants will commence the **Develop** phase, where they will focus on one challenge in-depth. They will generate solutions towards improving joined up working in student mental health.

In preparing for the **Develop** phase, Nous facilitators, with the support of the Office for Students will reflect on participant feedback in how sets are structured and adjust accordingly. Some sets will remain unchanged in how they are convened, while others may benefit from a change in approach (e.g., a more structured approach to facilitating meetings, or balancing sets with greater health representation). In all instances, participants will be encouraged to embrace the action learning process, while ensuring it can positively contribute to joined up working ambitions. The approach to the Develop phase will be collaboratively developed with participants including at the cross-regional forum.

Appendix A Participant recruitment

This section covers our approach to recruitment, and the corresponding strengths and challenges.

5.1 Recruitment method

Our aim was to create a diverse mix of professionals and perspectives across the seven regional groups and with equal participation from the higher education sector and NHS. We sought participants who:

- have day-to-day familiarity with student mental health (from frontline or management perspectives) and therefore have the knowledge and experience to positively contribute to the group meetings
- are willing to fully engage in the process in order to maximise the opportunity of relationship building, joined up working, and ultimately improve student mental health outcomes
- are part of an organisation that is committed to improving student mental health outcomes, and already testing improvement initiatives
- could commit to the time requirement of eight set meetings (between 1.5 – 2 hours) across February to September 2023

We took a comprehensive approach to recruitment using multiple methods. Following an initial introductory email, we directed participants to a custom-built microsite, which provided information about the programme and the ability to register. The site explained the impetus for the programme and the value of being involved for the individual.

We undertook a significant recruitment campaign over November 2022 – January 2023, which included engaging and cascading communications through NHS England, sector forums such as the National Learning Collaborative and sector agencies such as London Higher, Russell Group, Universities UK among others. We engaged in direct-reach with over 200 participants.

We anticipated a degree of participant attrition through the pre-launch period, and also after the sets began, and so set out to build sets that were not just equally representative of health and HE stakeholder groups, but had enough resilience within each cohort to remain viable if some participants were to drop out.

5.2 Strengths and challenges of the recruitment approach

The greatest strength from the recruitment approach was utilising the existing networks available to Nous and the OfS. Our email send-out to over 100 of our existing contacts – primarily HEI colleagues responsible at executive or operational level for student wellbeing - and the OfS's Linkedin recruitment post (reposted by Nous) was the source of most of our participant sign-ups. There were 218 expressions of interest from the initial sign-up form (via the microsite), which converted in to 80 'interested in participation' sign-ups, and a final 64 participants, whose availability aligned with the time slots offered.

Recruitment of health partners was more challenging than HE participants. Since this is a HE-led project, the bias towards HE interest has not been surprising. However, this also reflects the time constraints health-colleagues are under, and possibly reflects that students are just one of the many population groups they oversee leading to a lower sign-up rate.

Scheduling the sets created another barrier to participation. Finding a time that all participants could commit to on a regular basis meant that not all interested parties could participate in the sets. To maximise attendance, we chose times and dates for the different groups based on the most popular slot that colleagues confirmed they could attend. However, attendance continues to fluctuates in line with unavoidable personal and work commitments.