SPEQS

Student Services Partnerships
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SUPPORTING PARTNERSHIPS BETWEEN HIGHER EDUCATION AND NHS MENTAL HEALTH SERVICES.

A practical toolkit for service managers and practitioners striving to develop partnerships to respond to diverse student mental health needs. Part of the Mentally Healthy Universities Movement.

Broglia, E., Nisbet, K., Chow, H., Bone, C., Simmonds-Buckley, M., Knowles, L., Hardy, G., Gibbon, L., & Barkham, M. (2022). Student Services Partnerships Evaluation and Quality Standards (SPEQS) toolkit.

This project was funded by Office for Students as part of the Student Mental Health Partnerships project led by the University of the West of England.

Office for Students OfS

The University Of Sheffield.

PsychUP for wellbeing

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SHARED VISION

Our vision is to empower universities to develop partnerships with local services to ensure that mental health support responds to diverse student needs and offers solutions that consider the link between mental health and academic learning.

Discrepancies in service provision across Higher Education (HE) and the National Health Service (NHS) creates barriers for students accessing and transitioning between mental health services. Access gaps have been compounded by the rise in students accessing in-house support services and requiring long-term or specialist support[1]. Policy frameworks recognise that in-house mental health services can be difficult to navigate and access to local NHS services can be met with long waiting times[2]. While university services have been "filling gaps" between sectors, service barriers can lead to students getting lost when transitioning between sectors, repeating stories and assessments, and ultimately having delayed mental health support. Effective response requires sectors to work together and build partnerships to pave the way for streamlined and coordinated mental health care for students.

The SPEQS toolkit aims to facilitate partnership development between HE and NHS services by providing research-informed strategies and good practice examples from universities that are committed to partnership working. This toolkit is part of a larger Office for Students (OfS) funded project involving 8 university partners, across 5 regional hubs in England, as well as Universities UK, Student Minds, and NHS England.

This vision is shared with the Mentally Healthy Universities Movement comprising recommendations from the Stepchange: mentally healthy universities framework, the Student Minds Mental Health Charter, and the NHS Long Term Plan. Together these frameworks are committed to supporting partnerships and sharing best practice. In the context of developing partnerships, these frameworks and the SPEQS toolkit propose that cross-sector working will enhance mental health provision for students. To achieve these goals, the SPEQS toolkit comprises 5 Domains that represent priority areas for universities to develop partnerships. Impact case studies provide good practice examples that correspond with each of the Domains. Research activities and consultations with students and staff underpin the Domains, case studies and overall toolkit.

UNIVERSITY PARTNERS

Eight universities across 5 regional hubs in England engaged with toolkit development as part of an Office for Students funded project led by the University of the West of England.

Universities UK
University of Bristol
UWE Bristol
Liverpool John Moores University
University of Liverpool
UCL
Imperial College London
Manchester 1824 The University of Manchester
The University Of Sheffield.
student minds

[1]Batchelor, R., Pitman, E., Sharpington, A., Stock, M., & Cage, E. (2019). Student perspectives on mental health support and services in the UK. *Journal of Further and Higher Education, 44*(4), 483-497.
[2]Universities UK (2020). *Stepchange: Mentally Healthy Universities*.

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THE PROJECT ON A PAGE

THE ISSUES	OUR AIMS	WHAT WE DID	SUCCESSFUL PARTNERSHIPS REQUIRE A COMMITMENT TO	WHAT WE RECOMMEND	WHERE TO START	FUTURE VISION
University students are falling through the gaps between HE and NHS mental health services. The roles and remit of HE and NHS services in supporting student mental health are unclear. Access gaps will remain unless there is a joined-up approach between HE and NHS services. **"Lack of joined-up working means there are gaps transitioning between services…"** *Staff member* **"I hate repeating my story over and over again… it definitely stops me from reaching out in future."** *Student*	1. Characterise the current state of partnerships between HE and local NHS services. 2. Identify factors and underlying activities that contribute to successful partnerships.	**Consulted staff & students** • 27 staff and 39 students • 2019-2020 **Learned from institutions** • 8 UK Universities • 5 regional hubs **Conducted research** • Systematic review • Thematic analysis	**Co-produce with students & staff** "There's limited communication about… how students impact services." **Collect & securely share data** "Universities follow-up after discharge from NHS services." **Manage risk across partnerships** "Joined-up thinking about risk and learning from incidents together." **Measure & report on outcomes** "Avoid duplication of services and resources." **Evaluate services & partnerships** "The emphasis is on 'how many, how soon'."	**Developing partnerships has potential to…** • Clarify staff roles and the purpose of services ("where HE services end and NHS services begin"). • Improve data standards and decision making to enable appropriate information sharing. • Adapt services and communication about services to be relevant to students. • Fill gaps between services and be more responsive to students' needs.	1. Map service pathways and gaps, both for students' journeys through services and where staff can/cannot access relevant data. 2. Involve students, practitioners and senior staff early, to identify priority areas to address the gaps that emerged from the service mapping exercise. 3. Provide a platform to enable cross-sector staff to meet regularly, build relationships, and share expertise and decisions about developments and cases.	**"Improve the flow-through of students from schools to universities and transitions between services."** *Staff member* **"Improve communication with NHS and information sharing when students are discharged back into university care."** *Staff member* **"Shared and trusted assessments between services… using consistent or comparable data so students do not repeat assessments."** *Staff member* **"It would be nice if records could indicate to a wide audience that this person's preferred name is this and their pronouns are this."** *Student*

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USING THE SPEQS TOOLKIT

The toolkit aims to be a practical resource to facilitate partnership working. It is not required to read the toolkit in a linear fashion and institutions are encouraged to identify a priority Domain to focus on and continue their journey to developing partnerships. Each Domain is connected and navigational links have been provided to highlight areas of related activity. The domains represent **critical factors** that are necessary to bring about change across the sector and achieve a shared vision for Mentally Healthy Universities. They facilitate the adoption of **evidence-based strategies** and **sharing good practice** for fostering mental health during, and beyond, university.

Developing and fostering successful partnerships requires universities to commit to:

CO-PRODUCE WITH STUDENTS

Involving students in the development of new services and policies, to learn and respond to their priorities for mental health services.

GO TO DOMAIN 1 ⟶

COLLECT AND SHARE DATA

Developing data collection strategies to underpin service evaluation. Enabling secure data sharing where appropriate, to facilitate decisions about student care.

GO TO DOMAIN 2 ⟶

MANAGE RISK ACROSS PATHWAYS

Ensuring that procedures are in place to manage risk when students transition between services. Ensuring staff are adequately supported to manage risk.

GO TO DOMAIN 3 ⟶

MEASURE PSYCHOLOGICAL OUTCOMES

Using relevant and consistent measures on a regular basis, to monitor outcomes for all students and determine what works for whom.

GO TO DOMAIN 4 ⟶

EVALUATE SERVICES AND PARTNERSHIPS

Creating a robust service evaluation strategy that makes use of relevant data to improve services, inform decisions, and critically appraise practice.

GO TO DOMAIN 5 ⟶

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RESEARCH & CONSULTATION UNDERPINNING THE TOOLKIT

Research and consultation activities were used to develop the SPEQS toolkit, and involved stakeholders from HE, NHS, Universities UK, Student Minds and SMaRteN.

STAGES OF TOOLKIT DEVELOPMENT

1 CONSULT

> University partners.
> Student research team.
> 'Critical friends'.

2 RESEARCH

> Systematic review of relevant evidence.
> Focus groups with students who have used HE or NHS services and those who have not.
> Focus groups and interviews with staff working in HE professional services.

3 ANALYSE

> Thematic analysis of student and staff data.
> Thematic analysis with a focus on risk.

4 SYNTHESISE

> Combine learnings from research.
> Respond to consultations.
> Develop toolkit domains and case studies.

5 SHARE

> Publish the toolkit.
> Blogs and conference presentations, research papers.

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RESEARCH AND CONSULTATION UNDERPINNING THE TOOLKIT

STUDENT VOICE & CO-PRODUCTION

A student research team from across the partnerships led 7 focus groups with 39 students from their institutions including service users, non-users, and underrepresented student groups. These activities underpin Domain 1 and the overall toolkit.

SYSTEMATIC REVIEW & SCOPING

Information was gathered from service websites and documents to complement consultations and informed Domain 2. Domain 4 was informed by a systematic review of mental health and wellbeing measures used in student services.

REGIONAL HUBS & UNIVERSITY PARTNERS

University partners were committed to developing partnerships as part of an Office for Students (OfS) funded project. Eight universities across 5 regional hubs in England engaged with toolkit development through site visits, focus groups, and regular meetings. These activities underpin Domain 3 and Domain 5.

RESEARCH & STAFF CONSULTATION

A case study approach was used to gather rich information on the development of partnerships between HE and NHS services. Eight focus groups were held with 27 staff from wellbeing, disability, and counselling services, or equivalent (e.g., mental health service).

ANALYSES & OUTPUTS

Analyses of research and consultation data were conducted to inform the toolkit domains, case studies, and recommendations. Findings have been shared in the form of blogs, conferences, research papers, and the present toolkit publication.

CRITICAL FRIENDS

Cross-sector stakeholders acted as 'Critical Friends' to comment on the toolkit. Ten critical Friends reviewed the toolkit.

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WHAT ARE PARTNERSHIPS IN THE CONTEXT OF MENTAL HEALTH?

The underlying **policies** and infrastructure of university support services have traditionally been designed to support standalone services with dedicated roles that address a discrete student area – wellbeing, disability, mental health, and **academic learning.** However, these areas are interconnected. Supporting one area will affect other areas and together they impact students' ability to **thrive** at university. Today institutions increasingly strive to adopt a whole university approach to mental health and use **holistic strategies** to respond to student need. Viewing services as part of a **interconnected** support system, each with a dedicated purpose, is necessary to achieve this goal. This requires developing services that consider the entire **student journey.**

> **[Coordinated care means] services work together to support student physical, mental and psychological health [and] share the common goal of promoting the wellbeing of students.**
> *Staff member*

WHY DEVELOP PARTNERSHIPS TO ENHANCE MENTAL HEALTH PROVISION?

Without partnerships, gaps remain in service provision…

Duplicated care and resource

"Different people involved in the student's care open a new case each time and the information is unlikely to be linked."
Staff member

Missing information on impact

"Lack of access to comparable datasets means that evaluation across services is difficult… it's hard to determine whether the partnerships are having an impact."

Limited service evaluation

"Support services must request data on a case-by-case basis and this is time consuming [so] evaluation data are hard to obtain."

Unknown student outcomes

"Information is not always shared with university services when students are discharged from NHS services."

Students repeat stories

"You've got to keep repeating yourself with different people… it can be traumatic at times if you've got to keep repeating something big that's happened to make you feel that way."
Student

Students struggle to navigate services

"I didn't know at the time when I was having the problem who to call for… I didn't know whom to seek help with."

COORDINATED CARE HAS POTENTIAL TO:

1. **Enable access to appropriate data to make informed decisions** more quickly and with input from related services. Here, transparent consent procedures and student safety are at the heart of data sharing.
2. **Report on outcomes for all students** irrespective of their journey through services.
3. **Save time and resource** by preventing duplicated care across services.
4. **Offer rapid access** to the appropriate service for students at that time based on need instead of available services.

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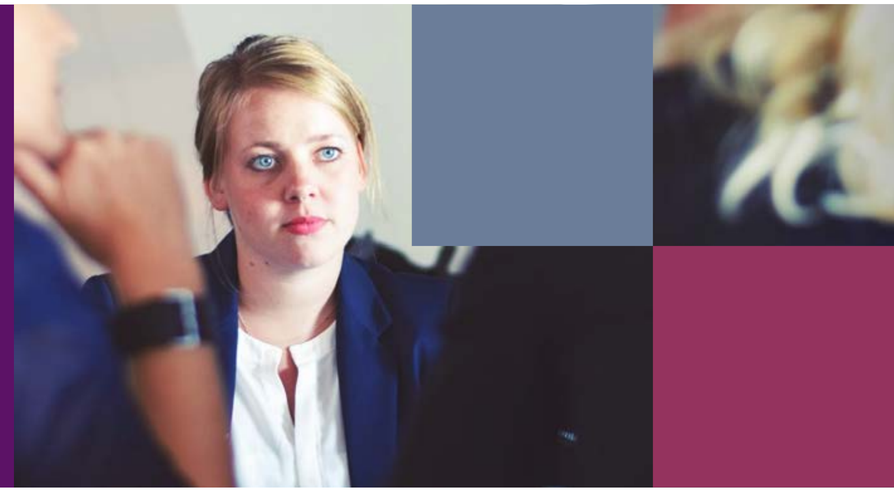
SPEQS APPROACH TO PARTNERSHIPS

The Stepchange Framework, Mental Health Charter and NHS Long Term Plan recommend the development of partnerships between university and NHS services. These frameworks share a vision to fill gaps for students transitioning between services, improve access, and ultimately ensure that effective policies are in place to enable students and staff to thrive.

WHERE DOES SPEQS FIT IN?

These frameworks, while distinct, require a cross-cutting approach to connect sectors and deliver a holistic approach to student mental health support. The SPEQS toolkit supports the Mentally Healthy Universities Movement, aims to provide specific advice about how to develop cross-sector partnerships and fill gaps between services.



STEPCHANGE: MENTALLY HEALTHY UNIVERSITIES (2021)

A refreshed strategic framework for adopting a whole university approach to mental health.

The framework:

1. **Aligns** with Minding our future and the NHS Long Term Plan, which share a commitment to student mental health.
2. **Encourages** universities to build effective and strategic partnerships with local NHS services to contribute to local initiatives.
3. **Recognises** the need for partnerships to enable secure information sharing between HE and local NHS services to facilitate student care.
4. **Suggests** working with local NHS services to fill gaps between services, improve access, and offer coordinated care.

THE UNIVERSITY MENTAL HEALTH CHARTER (2019)

A framework and programme of work that rewards universities for good practice supporting mental health and wellbeing.

The charter:

1. **Outlines** evidence-based principles to support mental health and wellbeing during university.
2. **Proposes** that cross-cutting and collaborative working is necessary to bring together experts from across the sector to address complex problems.
3. **Encourages** institutions to adopt whole community approaches to mental health by working with local NHS and third sector services.
4. **Believes** that effective mental health service provision includes offering services that meet the needs of the local community.

NHS LONG TERM PLAN (2019)

Includes a commitment to fill gaps for students transitioning between mental health services.

The plan:

1. **Recognises** that primary care for students is fragmented and that the university context creates challenges for students accessing mental health services.
2. **Identifies** information sharing between HE and NHS services as a distinct barrier that puts students at risk, but which can be addressed through partnership working.
3. **Aims** to reduce pressure on HE services by improving student access to NHS services.
4. **Focuses** on improving access for students who are too critical for HE services and require support that falls outside the remit of HE mental health services.

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DOMAIN 1

CO-PRODUCING MENTAL HEALTH PARTNERSHIPS WITH STUDENTS

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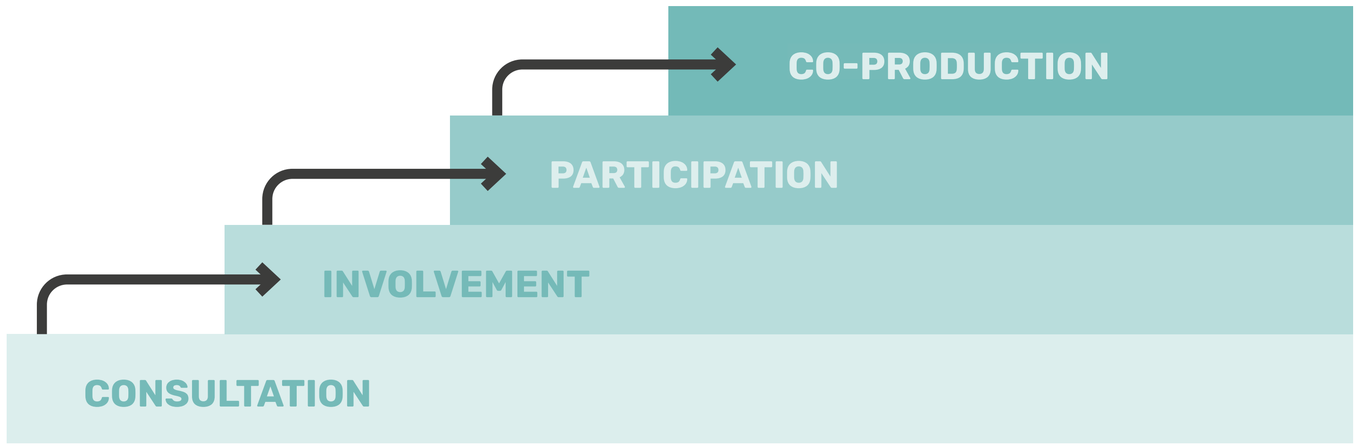
WHAT IS CO-PRODUCTION?

Student Minds describe **'co-production'** as an overarching term for actively involving students in strategy development, service design, or research projects. Students can be involved through giving brief feedback on a particular issue ('Consultation'), taking an **active role** in organising engagement activities ('Involvement'), having a defined role like leading engagement activities with other students ('Participation') or having **equal decision making** power with institutions in strategy or service development ('Co-production').

In this way, students become more than users of a service, but instead become active partners in service development.

Collaborating with people who are 'experts-by-experience' is a recommended practice across health and social care sectors[3]. **Democratising decision-making** processes provides valuable **insights** to improve the **quality**, **relevance**, and **accessibility** of services for those that need them, and can benefit service users who become involved in co-producing services by improving self-esteem and wellbeing through social interaction[4]. Staff also report benefits to collaborating with experts-by-experience such as improved dialogues between service users and professionals[5].

> **A useful resource to learn more about how to involve students is the Student Minds co-production guide.**



WHY CO-PRODUCE MENTAL HEALTH SERVICES WITH STUDENTS?

Universities UK and Student Minds suggest involving students in developing partnerships because this can:

- **Ensure** services cater to and respond to student needs.
- **Identify** gaps in service provision and policy.
- **Identify** ways to improve wellbeing across the student population.
- **Open** a dialogue that empowers students, to spread awareness and positive messages about mental health across university communities.
- **Provide** opportunities for students wishing to get involved in co-production and community initiatives.

[3] National Institute of Health Research. (2021). *Briefing notes for researchers – public involvement in the NHS, health and social care research.*
[4] Omeni, E., Barnes, M., MacDonald, D., Crawford, M., & Rose, D. (2014). Service user involvement: impact and participation: a survey of service user and staff perspectives. *BMC Health Services Research, 14*(1).
[5] Mockford, C., Staniszewska, S., Griffiths, F., & Herron-Marx, S. (2011). The impact of patient and public involvement on UK NHS health care: a systematic review. *International Journal For Quality In Health Care, 24*(1), 28-38.

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HOW OUR STUDENT RESEARCH TEAM CONTRIBUTED TO THE TOOLKIT

Our student research project aimed to explore students' **perceptions of partnership** working between HE and NHS mental health services. Co-designed by Hannah Chow, the project involved five student representatives leading two focus groups each at their university. One with student service users and the other with students with lived experience of mental health difficulties who were also from a group under-represented in services. Using their own experiences, the team could reflect on topics for discussion in focus groups, how best to reach students at their university, and develop recommendations in line with **student perspectives**.

HOW OUR STUDENT RESEARCH TEAM CONTRIBUTED TO THE SPEQS TOOLKIT

GOAL	OUR STUDENT TEAM
Design a co-production project	• **Shaped** the study methods and aims • **Identified** recruitment avenues • **Championed** underrepresented groups relevant to their own experiences including: 1. Men and non-binary students 2. Black, Asian and minority ethnic students 3. Chinese international students 4. Students eligible for disability support
Facilitate co-production activities	• **Led** online focus groups with students • **Collected** feedback from students on a peer-to-peer level, fostering trust
Interpret student feedback	• **Informed** thematic analysis of focus groups • **Interpreted** findings from analysis

Hannah
Student Fellow who co-designed the SPEQS student research (University College London).

Alex
Student Engagement Assistant (University of Liverpool).

Anvita
Student Research Partner (University of Manchester).

Tobi
Medical student (University of Manchester).

Holly
Welfare Officer (University of Sheffield).

Marie-Clair
Student Fellow (University College London).

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OUR FINDINGS: WHAT DO STUDENTS THINK OF PARTNERSHIPS BETWEEN UNIVERSITY & NHS SERVICES?

Thematic analysis of data from student focus groups and consultations revealed a range of student perspectives and priorities for developing partnerships. Students thought that partnerships between HE and NHS services could:

1. **Streamline** access
2. **Reduce** waiting times
3. **Improve** links between services and ensure better communication about their support
4. **Share** best practice
5. **Offer** evidence-based care

While views about cross-sector partnerships were predominantly positive, students wanted a say in how these partnerships worked.

The student research team make suggestions for how to address particular concerns raised in the focus groups.

STUDENT CONCERNS

1. **Maintaining confidentiality when sharing mental health data.**
2. **Whether academic staff will have access to their mental health data.**
3. **Doubts about available resources for effective partnerships.**
4. **Not knowing where the responsibility lies between services.**

> **"There was possibility of missing my lectures to deal with my mental health. If they had a direct link [between] the University and my GP they could have bypassed me.**

> **"I would worry about confidentiality because sometimes you might not want certain things disclosed to the university, or vice versa.**

STUDENT RESEARCH TEAM RECOMMENDATIONS

Provide transparent opt-in processes for data sharing between services, with student input with who and what will be shared, and why.

Ensure information about a student's mental health is not shared with academic staff, except with students' explicit consent.

Review and clarify decisions about data sharing to ensure that students are at the heart of decisions.

Ensure adequate funding, resources, and staff time are allocated to partnership development.

Develop clear communication between services and students about roles and responsibilities, to manage expectations.

Critically, student concerns about data sharing are mirrored by concerns raised by professional staff. Both groups also agreed about potential solutions – a promising first step for addressing such important issues.

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CASE STUDY

USING A PEER RESEARCH APPROACH TO IDENTIFY SYSTEMIC ISSUES

The IMPACTS peer research project explores barriers to students accessing mental health support, and their experience of care when they do access support.

Implementation:

The project is supervised by an appropriately qualified researcher. Within this structure, BSc and MSc psychology students lead on their own projects: selecting a group of students to focus on, designing and conducting their own interviews with students, and thematically analysing interview data.

Factors to consider:

- Requires collaboration with an academic psychology department to design the project, and to provide research training and supervision to students.
- Psychology students are trained in the skills needed to conduct this kind of research. This makes them good candidates to conduct peer research, avoiding common pitfalls (for example, issues with quality).
- Combining a structured 'umbrella' project with a clear aim (e.g., understanding barriers to accessing services), within which students have a lot of autonomy to lead on their own projects, can provide the 'best of both worlds'.

PsychUP for wellbeing

Outcomes & impact:

- Students have control over the questions they think are important to research, foster trust with student participants, and develop student-led recommendations.
- Peer research can foster trust with student participants.
- Findings can be translated into practice (e.g., PsychUP for Wellbeing peer support initiatives)

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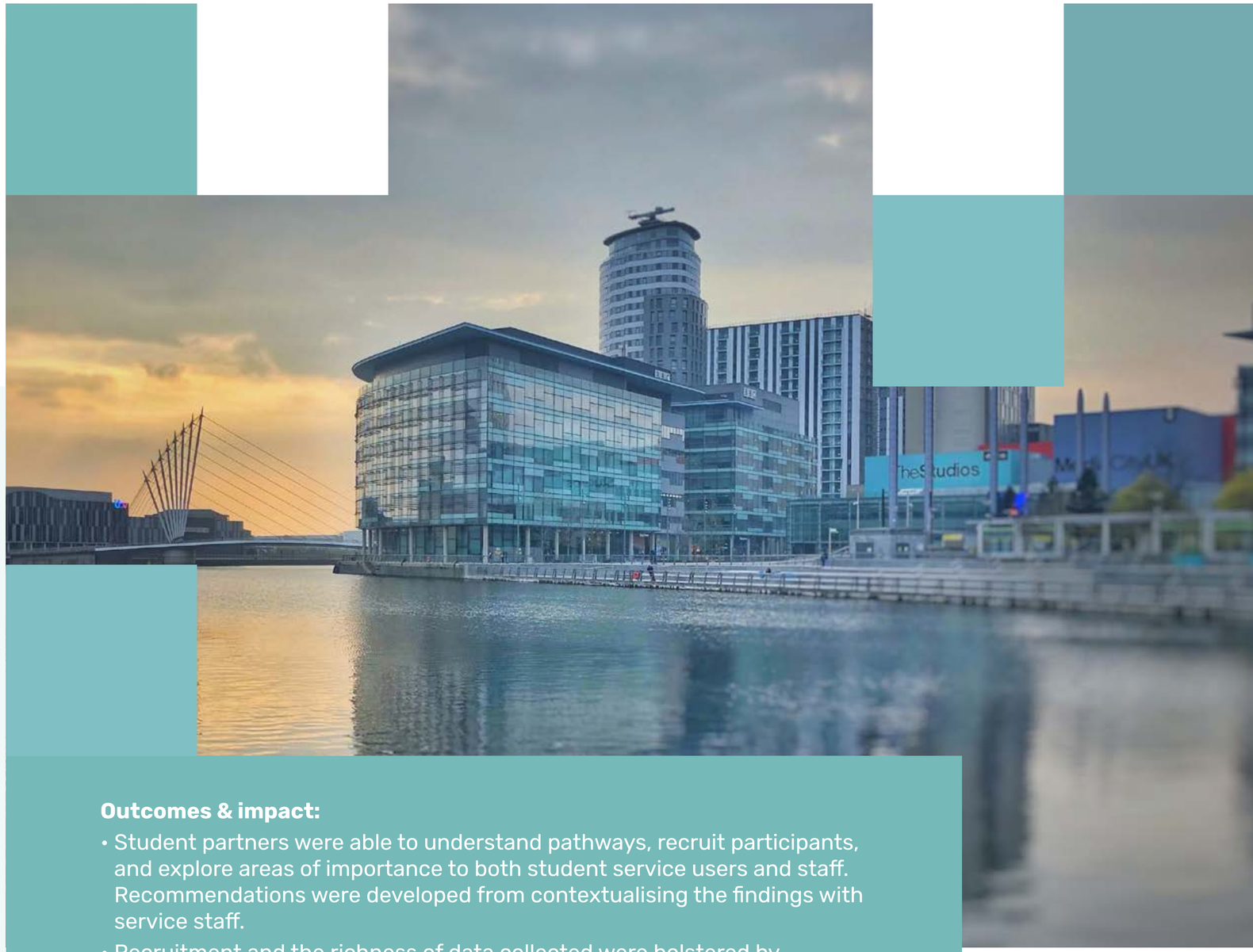
CASE STUDY

USING STUDENT-LED EVALUATION TO SHAPE SERVICES – GREATER MANCHESTER

Eleven student partners from across the 5 HE institutions in Greater Manchester evaluated students' experiences of using the Greater Manchester Universities Student Mental Health Service.



Implementation:

Student partners were recruited and supported by an Evaluation Coordinator. They came from different disciplines and backgrounds, bringing multiple perspectives and skill sets. Student partners were given the required support and training to take ownership of the service evaluation, to lead project decision making at all stages, and to work in partnership with service providers and HE institution staff.

Factors to consider:

- Building a fully resourced team and going from project ideation to final outcomes takes time, and this process may be more resource intensive with a peer-led project.
- However, a peer-led approach leads to rich data focused on student priorities. Building common ground with service staff allows learnings to be shared as the project progresses.

Outcomes & impact:

- Student partners were able to understand pathways, recruit participants, and explore areas of importance to both student service users and staff. Recommendations were developed from contextualising the findings with service staff.
- Recruitment and the richness of data collected were bolstered by emphasising the role of the student partners, and empowering student service user participants.
- Creative outlets such as podcasts, iPoems, and blogs were used to offer in-depth insights into the experiences of student service users and the student partners.

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DOMAIN 2

COLLECTING & SHARING DATA BETWEEN SERVICES

Information on how services function is produced from routine practice and can be used to inform decisions about student care. The term “data” can refer to information from clinical practice (e.g., outcome measures) or service metrics (e.g., waiting times), and there are also other types of valuable data that can be overlooked (e.g., referral data). This domain is based on research and consultations with staff members from university partners. It describes ways in which data can inform decisions about student care.

COLLECTING & USING DATA IN STUDENT SERVICES

WHAT CAN DATA SHOW US?	HOW MIGHT WE USE THE DATA?	HOW TO COLLECT AND REPORT
Processes and procedures (e.g., referral pathways – where students came from and where they go).	• **Map** service pathways and gaps • **Identify** staff training needs (e.g., for incorrect referrals). • **Obtain** accurate and complete data to capture the student journey.	• **Record** standardised appointment outcomes across all services. • **Consult** with service leads to identify how referral outcomes are recorded and how cases are closed. Work with clinical teams to develop strategies to ensure referral outcomes are reported and are consistent across services and systems.
Service outputs (e.g., how the service is functioning – how many students felt better/worse after using it).	• **Demonstrate** service quality and impact[6]. • **Clarify** and communicate the purpose of services to manage expectations. • **Benchmark** with other institutions and sectors.	• **Assign** a dedicated member of staff to regularly review data and provide updates in staff meetings. • **Link** with academics for support with data processing or analysis (e.g., SCORE project).
Students' needs and preferences (e.g., demographic data – the person behind their presenting issue and their experience of care).	• **Gain** a holistic picture beyond symptoms. • **Recognise** patterns in unique student groups. • **Identify** needs for specific student groups.	• **Develop** a method to collect student user and non-user feedback (e.g., student committees). • **Consult** with students and staff to identify what information is helpful and relevant.

CHALLENGES AND SOLUTIONS TO SHARING DATA BETWEEN SERVICES

Structural **barriers** and **underdeveloped partnerships** prohibit information sharing between services, which can have potentially dangerous consequences for student care and safety. Access to necessary data can improve clinical decisions, streamline triage and assessments, avert crisis, monitor progress to adapt interventions, facilitate preventative measures, and improve outcomes[7]. It is necessary to be **cautious** when deciding whether to share data, when and with whom. Being clear about the **purpose** is essential – ensure that student **safety** and transparent **consent** procedures are at the heart of decision making. The intention is not to share all and any data, but to ensure that appropriate procedures are in place to allow professional staff to access necessary data that could improve **clinical decision-making** about student care and risk. Making the right decisions about data can have a big impact on service users.

[6] Broglia, E., Ryan, G., Williams, C., Fudge, M., Knowles, L., Turner, A., Dufour, G., Percy, A., Barkham, M., & on behalf of the SCORE Consortium. (2021). Profiling student mental health and counselling effectiveness: lessons from four UK services using complete data and different outcome measures. *British Journal Of Guidance & Counselling,* 1-19.
[7] Martínez, C., & Farhan, I. (2019). *Making the Right Choices Using Data-Driven Technology to Transform Mental Healthcare.* Reform.

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CHALLENGES TO SHARING DATA

University support staff described numerous restrictions to data sharing with NHS services including issues with data access, quality, and consistency. Overarching challenges include:

1. ORGANISATIONAL AND STAFF CONCERNS

Balancing the need to uphold confidentiality whilst working together to support students is a challenge.

2. DIFFERENT POLICIES AND PROCEDURES

NHS and university services have different clinical policies and procedures (e.g., action taken to manage risk), which can create tensions for sharing data.

3. STUDENT CONCERNS

Students will have different views about their data being shared with other services, so intelligent systems are needed to record consent.

4. INCOMPATIBLE SYSTEMS

Different computer systems create practical barriers to accessing and sharing information.

5. MISSING DATA

Recording of student status in NHS services can be limited or unreliable. This can make it difficult to determine when students are being seen by multiple services at the same time.

OVERCOMING CHALLENGES

1. COMPARE PROTOCOLS & POLICIES

Look for areas of synergy where procedures and documents (e.g. regarding consent) can be aligned. Ensure that support staff are aware of the areas where synergy is not possible to help manage expectations during partnership working.

2. CO-PRODUCE CONSENT PROCEDURES

Work with students to develop nuanced consent procedures that allow students to 'opt-in' to what data is shared and with which services.

3. KEEP STUDENTS ON THE NHS AGENDA

Ensure student status is recorded on NHS systems to improve data quality and transparency. Continue to discuss limitations to data collection and sharing in joint meetings involving both university and NHS staff.

Critically, staff concerns about data sharing are mirrored by students' concerns and together they agree on how to respond to these joint and noteworthy concerns. Having agreement between students and professional staff on this matter highlights a promising start to rectifying the issues.

There are many case studies from other healthcare sectors that demonstrate the potential for sharing data to improve outcomes for clients including sharing data to improve general practice[8], developing a data sharing framework[9], and going beyond data sharing between GP surgeries[10]. Our university partners described ways in which they were working towards a long-term goal of sharing relevant data to inform student care including securing an NHS email account, developing new policies for data sharing, updating and standardising consent procedures, and facilitating conversations about complex cases through practice liaison forums.

[8] Fisher, R., Thorlby, R., & Warburton, W. (2018). *Sharing to improve: four case studies of data sharing in general practice.* The Health Foundation.
[9] Higgins, E., Taylor, M., Lisboa, P., & Arshad, F. (2014). Developing a data sharing framework: a case study. *Transforming Government: People, Process And Policy, 8*(1), 151-164.
[10] Fisher, R. (2017). Collaborating for care: Harnessing the power of data sharing across GP practices. *The Health Foundation.*

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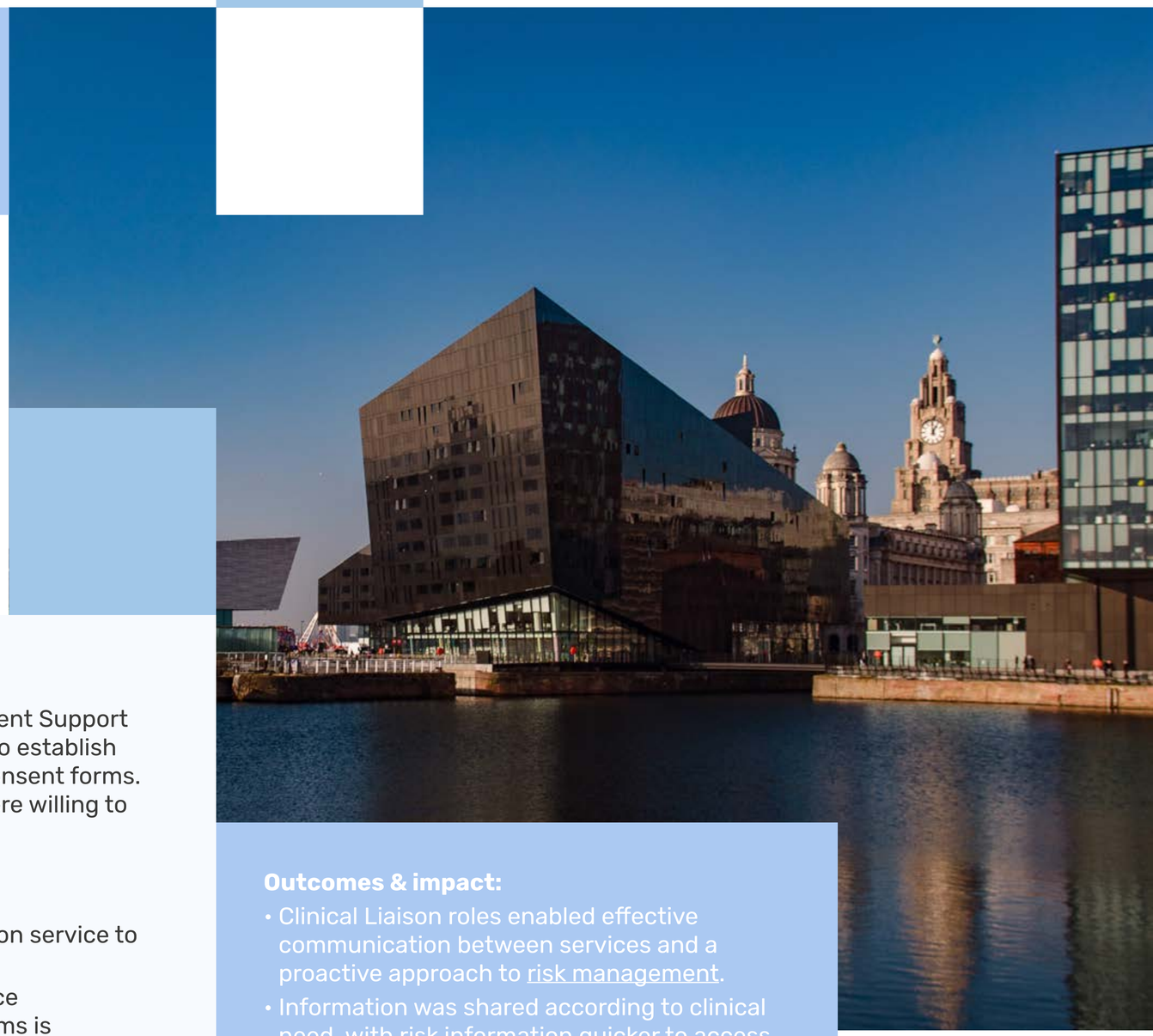
CASE STUDY

SHARING DATA TO ENSURE SUPPORT IS INTEGRATED – LIVERPOOL

A Student Liaison Service was established for high-risk students, connecting the University of Liverpool and Liverpool John Moores University internal support services and Mersey Care NHS Foundation Trust Urgent Care Services. The service comprises NHS mental health nurses and clinical practitioners communicating with University service staff via multidisciplinary team meetings. The Liaison team also offers follow-up contact and short intervention to students presenting at NHS crisis services or University services. A standardised consent procedure was implemented across all internal services and the NHS Mersey Care Trust mental health services. The shared forms asked students to consent to their information being shared between services, where necessary.



Implementation:

Standardising procedures required support from the Universities Director of Student Support Services, heads of each internal service and Mersey Care NHS Foundation Trust, to establish the Liaison Service data sharing agreement and agree on the language used in consent forms. This relied on having good communication, strong relationships, and staff who were willing to work across service boundaries.

Factors to consider:

- Requires resources to set up a Liaison Service with NHS staff providing the Liaison service to students and supporting multidisciplinary team meetings with university staff.
- Requires services to agree on using the same consent procedures. However, once such agreements have been made, implementation of standardised consent forms is straightforward.
- Use of NHS email addresses assists with secure sharing of data; this may require university staff to have honorary NHS contracts and access to specific technology, e.g., encrypted laptops. However, multidisciplinary team meetings facilitate information sharing while digital systems are being established.

Outcomes & impact:

- Clinical Liaison roles enabled effective communication between services and a proactive approach to risk management.
- Information was shared according to clinical need, with risk information quicker to access. This enabled more appropriate decisions about student care and joint decisions about how to respond to risk.
- Students had quicker access to the most appropriate support.

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DOMAIN 3

MANAGING RISK ACROSS PARTNERSHIPS

During the development of partnerships and pathways between HE and NHS services, it is critical to **clarify staff roles** and ensure there is mutual understanding about risk management protocols. Observations from professional staff working across university partners suggest that tensions can arise and **gaps** may occur when responsibilities are unclear. Institutions and service managers can clarify roles surrounding risk and **empower staff** to work within their **boundaries**. These goals can be achieved by implementing good practice that invests in professional development and adapts procedures to facilitate partnership working.

This domain is based on consultations with support staff from across the university partners who described ways in which they manage risk.

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INVESTING IN PEOPLE & PROFESSIONAL DEVELOPMENT

FOSTER RELATIONSHIPS BETWEEN STAFF AND LINKS WITH SERVICES

Create relationships and **communication channels** across pathways. Key practices:

- **Set-up** regular meetings across pathways.
- **Protect** staff time to ensure roles are sustainable.
- **Implement** good communication channels.
- **Identify** specialist service contacts.

CONSIDER THE MIX OF SKILLS & EXPERIENCE

Cultivate teams with varied skills, experience, and backgrounds to broaden understandings of risk. Key practices:

- **Promote** diversity within teams.
- **Employ** staff with experience working in external services.
- **Ensure** staff have the right skills, experience and training for the role.
- **Recognise** the added value of employing staff with professional accreditation who work to a set of standards and are accountable to professional bodies.

TAKE CARE OF TEAMS

Offer appropriate mechanisms (e.g., clinical supervision and consultancy) to support staff, clarify boundaries of the work, and cultivate psychological safety. Key practices:

- **Endorse** good leadership support and presence.
- **Support** staff and their wellbeing.
- **Foster** reflexive practice and create an atmosphere of collaborative working.

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DEVELOPING PROCEDURES TO MANAGE RISK ACROSS PARTNERSHIPS

In addition to **investing in people**, developing procedures to manage risk across **partnerships** is necessary to ensure that appropriate mechanisms and infrastructure are in place. This can be achieved with a commitment to:

DEVELOPING SHARED UNDERSTANDINGS

Approach misunderstandings of risk management by using shared terms that translate across services. Although it may not be feasible for services to use the same approaches, **standardisation** in local pathways can avoid confusion. Sharing key points on risk management policies is important – although HE and NHS services might have different policies in place, making sure that those working with students are aware of these differences will ensure greater understanding of staff roles and set expectations of how risk will be managed. This moves away from "blame culture", improves understanding, and can help to foster relationships.

KEY PRACTICES:

- **Collaborate** on standardised approaches.
- **Develop** a shared understanding about service thresholds.
- **Strive** for clarity around terminology across services.
- **Implement** models to guide joint working.
- **Form** a panel of senior staff and clinicians across sectors to regularly review procedures and work collaboratively on complex cases.

ENGAGE WITH QUALITY ASSURANCE PROCESSES

Improve practice and support effective working by engaging with quality assurance processes and evaluating the impact of pathways.

KEY PRACTICES:

- **Provide** training across teams.
- **Engage** with quality standards that span services.
- **Conduct** regular evaluation of pathways.

GOING BEYOND KEY PRACTICES

Managing risk across pathways includes ensuring that **necessary procedures** are in place to support staff and encourage **collaborative working**. These principles are not exclusive to **managing risk** and **facilitate partnership development**. Further key practices to manage risk across pathways include: managing secure information sharing and adopting shared trusted assessments.

> **[Offering] consistent training with the same language across support services would be a good thing, in terms of speed and efficiency… the right questions need to be asked at the right time otherwise someone might not get the support they need and might not be willing to try again.**
>
> *Staff member*

> **I feel like if you are a minority, you're gonna go through different experiences that may contribute to [your] mental health, and if [support staff] don't understand where it's coming from, they can't give you the adequate help that you may need… I want someone who knows what I am dealing with in terms of racial issues or family and cultural issues.**
>
> *Student*

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CHALLENGES TO RISK MANAGEMENT

1. LACK OF DIVERSITY:

and cultural understanding across services and differential access to services for students from marginalised backgrounds.

2. COMPUTER SYSTEM BARRIERS:

contribute to gaps in client records and communication issues. This is true both within institutions where systems are not linked and for across sectors.

3. STUDENT CONCERNS:

around information sharing and stigma, which may also prohibit future help-seeking.

4. STAFF CONCERNS:

from academic departments about the lack of access to student information.

5. DIFFICULT DECISIONS:

long waiting lists and service gaps lead to tensions between wanting to support students versus taking on too much responsibility.

FACING CHALLENGES

1. INCREASE DIVERSITY:

of background, skills and experience across teams. Work with students to understand the needs of different groups and how to improve their access to services.

2. CONSULT WITH HE AND NHS STAFF:

to identify a medium-term pragmatic solution to rectify system issues (e.g., obtaining an NHS email address). Addressing this challenge long-term requires substantial investment and a dedicated task force.

3. WORK WITH STUDENTS & ACADEMIC DEPARTMENTS:

to update policies on information sharing (if necessary), work on reducing stigma, and offer staff training for discussing mental health.

4. USE LEADERSHIP AND PARTNER RELATIONSHIPS:

to help clarify roles and contain the work.

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CASE STUDY

MANAGING RISK ACROSS SERVICE PATHWAYS - BRISTOL

University and NHS services have clarified roles and responsibilities related to risk management. This has been achieved through regular staff forums to foster good working relationships and inter-agency understanding of service remits and resources.

Implementation:

A monthly practice liaison forum has been set up, with members from across university and NHS services, to discuss service updates, risk management practice and capacity issues. Meetings have also been held with third sector organisations and the Bristol City Council Thrive Group.

Factors to consider:

- Protected liaison roles are required in each service to avoid reliance on particular individuals.
- Staff time is required to coordinate meetings and follow up outcomes. It may be challenging to find suitable meeting times for staff from all services to attend.
- Working in partnership in this way can be an ongoing 'work in progress', due to staff and service changes.

Outcomes & impact:

- Holding regular cross-service forum meetings builds staff confidence and relationships, clarifies roles relating to risk management, facilitates sharing of good practice, and identifies development opportunities.
- Partnership working builds inter-agency understandings of student needs; for example, NHS services' awareness of the academic context, stressors, and transition points.

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DOMAIN 4

MEASURING STUDENT MENTAL HEALTH AND WELLBEING OUTCOMES

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HOW TO MEASURE STUDENT MENTAL HEALTH & WELLBEING

In order to accurately measure the mental health and wellbeing of students attending using services, outcome measures are needed to capture specific facets of mental ill-health (i.e., symptoms) or wellbeing (i.e., wellness dimensions). Items can be scored to provide an overall picture of an individual's current state. Scores can also be compared with normative data from clinical and non-clinical samples to contextualise the extent of a student's issues.

WHY USE OUTCOME MEASURES?	PRINCIPLES OF GOOD PRACTICE
• Evaluate and protect in-house services to demonstrate effectiveness and identify development. • Capture challenges of the student population to better understand their needs. • Inform clinical decisions to improve the accuracy of referrals. • Monitor who needs more support and see whether the support is helping. • Standardise the evaluation of outcomes to allow comparisons. • Build data sets to enable larger-scale research.	1. Use standardised measures that have been validated. 2. Employ routine outcome monitoring. 3. Select a measure that is relevant to students and their mental health 4. Use the data to evaluate and improve services.

DEFINITIONS OF TERMS

Validated: A measure that is reliable, valid, sensitive to change, and relevant to the target population.

Routine outcome monitoring: Repeated measures before, during, and after treatment and use measures every session to provide outcome for all students with planned and unplanned endings.

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WHAT TO CONSIDER WHEN CHOOSING THE RIGHT MEASURE FOR YOUR SERVICE

Several measures have been developed for a range of issues related to mental health and wellbeing. No measure is going to be perfect, but it is about finding the best fit for your needs and **implementing best practice**. Important factors to consider when selecting an outcome measure(s) are shown in the table.

MEASURING STUDENT WELL-BEING

A scoping review[11] identified similar challenges to measuring student well-being, with an emphasis on use of measures in research. A SMaRteN report on measuring well-being in a student population, which was based on this scoping review[7] in tandem with stakeholder consultation on important indicators of student well-being, emphasised that well-being is multifaceted and that validated measures should be selected based on recommendations as above: the purpose of measurement, the domains to be captured, and the relevance of the measure to students.

The NHS and IAPT[12] mental health services adhere to a standardised minimum dataset, which includes using the PHQ-9 and GAD-7[13] to measure depression and anxiety.

	OUR SERVICE WOULD LIKE TO…	CONSIDERATIONS…
What do you want to measure?	Capture multiple domains of mental health or wellbeing for a **global overview** of psychological health.	Use a **multi-domain** measure that includes subscales for different domains (e.g., functioning & wellbeing).
	Understand specific areas of mental health or wellbeing in detail for a **targeted measure** of a particular issue.	Use a **single-scale** measure for one domain, either on its own or with a global multi-domain measure on a case-by-case basis.
	Capture issues that have specific impact on the mental health and wellbeing of **students**.	Use a measure designed for students or incorporates domains that are **relevant to students** (e.g., academic distress).
How much do you want to measure?	Capture **detailed information** to determine needs and inform referrals.	Use a **longer assessment** that provides information on a range of areas.
	Capture sufficient information, but is **quick to complete** with little burden*.	Use a **brief scale** that can be easily and regularly completed to increase **compliance**.
	Balance between a detailed **assessment** and **minimal** burden when used routinely.	Use tools that have **both** assessments and brief sessional versions that can be linked.
How will you collect the information?	**Administer measures** that take little **time** away from treatment sessions.	Decide whether measures should be **paper-based or online**, and whether they should be completed **before or during** sessions.
	Collect and store outcome data that can be used in a **meaningful** way.	Use a purpose-built **computer system** to **record and enable access** to data.
	Resources are limited and need a low-cost way to measure **outcomes**.	Many measures are **open source** (freely available). However, these measures have copyright and their items cannot be changed.
How do you want to use the information?	Discuss students' routinely-measured outcomes with them **during sessions** to improve overall outcomes from treatment.	Consider subscription-based measures with built in **feedback systems** to provide in-session feedback to support practice.
	Define outcomes to evaluate progress and enable **benchmarking**.	Prioritise measures with **standardised norms** for clinical/non-clinical or student-specific samples that provide e**stablished recovery criteria**.
	Compare or share data with other services and contribute to the **sector** on a **national** level.	Consider measures that provide data that contributes a **meaningful impact** in the sector.

*While it is reasonable to consider using a brief measure to save time, it is at the cost of not seeing a full profile of mental health need and having limited data to inform clinical decisions.

[11] Dodd, A., Priestley, M., Tyrrell, K., Cygan, S., Newell, C., & Byrom, N. (2021). University student well-being in the United Kingdom: a scoping review of its conceptualisation and measurement. *Journal Of Mental Health, 30*(3), 375-387.

[12] Spitzer, R. L., Kroenke, K., & Williams J. B. (1999). Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. *JAMA. 282*(18),1737–44.

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OUTCOME MEASURES COMPARISON TABLE

A non-exhaustive selection of measures commonly used in counselling services that support the four best practice principles for measuring outcomes; i) sufficiently validated, ii) can be employed as routine outcome monitoring tools, iii) appropriate for use with students, and iv) provide impactful data for the Higher Education sector.

OUTCOME MEASURE		WHAT DO YOU WANT TO MEASURE?			HOW DO YOU WANT TO USE THE DATA?			HOW WILL YOU COLLECT THE INFORMATION?		HOW DO YOU WANT TO USE THE INFORMATION?	
Measurement tool	Scale Acronym	Focus	Subscales	Assesses risk?	Items	Common use	Matched scoring versions	Access & usage	Software system	Norms (clinical cut-off)	Data impact in sector
Global multi-domain measures (pan-diagnostic)											
Clinical Outcomes in Routine Evaluation	CORE-OM	Psychological distress	Problems, Functioning, Risk & Wellbeing	Yes – 6 items	34 items	Assessment, Sessional	CORE-10	Copyright – free to use & reproduce under Creative Commons License	CORE-NET & CORE PC	UK Clinical, nonclinical & student (≥10 for OM, ≥ 11 for CORE 10)	Part of SCORE consortium
	CORE-10		Problems, Functioning & Risk	Yes – 1 item	10 items	Sessional	CORE-OM				
Counseling Center Assessment of Psychological Symptoms	CCAPS-62	Psychological symptoms & distress in students	Depression, Generalized Anxiety, Social Anxiety, Eating Concerns, Anger, Academic Distress Substance/Alcohol Use (& Family Distress - CCAPS-62 only)	Yes – 2 items	62 items	Assessment	CCAPS-34	Fee-paying membership with CCMH required	Titanium Software Inc	UK Student clinical & nonclinical (low, mild & elevated)	Part of SCORE consortium & CCMH practice-network
	CCAPS-34			Yes – 2 items	34 items	Assessment, Sessional	CCAPS-62				
Targeted measures – can be used on own or to supplement a global measure											
Patient Health Questionnaire-9	PHQ-9	Depression	Single-scale	Yes – 1 item	9 items	Screening, Sessional	No	Free to use	No	Clinical & nonclinical (offers five clinical cut-offs and >=10 for caseness)	Used by the NHS so helpful for partnership development (part of IAPT minimum dataset)
Generalized Anxiety Disorder-7 Scale	GAD-7	Anxiety	Single-scale	No	7 items	Screening, Sessional	No	Free to use	No	Clinical & nonclinical (offers five clinical cut-offs and >=10 for caseness)	Used by the NHS so helpful for partnership development (part of IAPT minimum dataset)
Warwick-Edinburgh Mental Wellbeing Scale	WEMWBS	Wellbeing	Single-scale	No	14 items	Sessional	7-item short version	Copyright – register for free license for non-commercial use	No	Student (n/a)	Widely used wellbeing measure in students

*Measures identified by a systematic review of measures used to evaluate student outcomes in routine practice.

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CASE STUDY

MEASURING OUTCOMES USING ROUTINELY COLLECTED MEASURES - SHEFFIELD

Session-by-session outcome monitoring using a standardised, validated and student-specific clinical outcome measure has been implemented service-wide.

Implementation:

All students entering the service complete the CCAPS-62[14] to provide a comprehensive assessment. The CCAPS-34[15] is completed at all subsequent sessions to monitor their progress.

Factors to consider:

- Financial resource and time are required to administer the measures.
- Requires a service culture with positive staff attitudes towards using measures.
- Students require little support to complete measures.
- Services require a strategy for extracting and using the data to improve student care.

Outcomes & impact:

- Measures aid treatment decisions and identify risk or problem areas.
- Data helps to identify impact, barriers, deterioration, and adapt treatments.
- Services can evaluate effectiveness and report outcomes for all students irrespective of ending.
- Collecting data from every session means that outcomes for all students are available irrespective of whether they had a planned or unplanned ending.

[14] Locke, B. D., Buzolitz, J. S., Lei, P.-W., Boswell, J. F., McAleavey, A. A., Sevig, T. D., Dowis, J. D., & Hayes, J. A. (2011). Development of the Counseling Center Assessment of Psychological Symptoms-62 (CCAPS-62). *Journal of Counseling psychology, 58*(1), 97-109.
[15] Locke, B. D., McAleavey, A. A., Zhao, Y., Lei, P. W., Hayes, J. A., Castonguay, L. G., Li, H., Tate, R., & Lin, Y. C. (2012). Development and initial validation of the Counseling Center Assessment of Psychological Symptoms–34. *Measurement and Evaluation in Counseling and Development, 45*(3), 151-169.

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DOMAIN 5

DEVELOPING & EVALUATING SERVICES & PARTNERSHIPS

Audit and evaluation activities are commonplace in services. In the context of mental health, an audit verifies compliance to a defined standard and ensures that services are safe, effective, and compassionate. The purpose of an evaluation is to assess the standards a service achieves in practice. Evaluating mental health services **identifies areas for development**, responds to **changing needs**, and ensures they are **high-quality**.

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WHY EVALUATE?

UNDERSTAND WHAT IS GOING ON IN YOUR SERVICE:

Ensure that services deliver what they intend to and identify the extent to which the service is achieving and identify the extent to which the service leads to improved outcomes.

IDENTIFY AREAS FOR IMPROVEMENT:

Contribute to quality improvement strategies to implement changes that improve service delivery.

CAPTURE FEEDBACK:

Provide a voice to students, service-users and staff and respond to feedback to identify priorities for service development that is responsive to key stakeholders.

SECURE LONG-TERM FUTURE:

Demonstrate the effectiveness and impact of your service to illustrate its benefit to the institution and evidence the need for resources.

SHARE GOOD PRACTICE:

Put a spotlight on your service and contribute to improving services across the sector.

HOW TO EVALUATE?

Universities UK and the Child Outcome Research Consortium have developed a tool to support universities to develop a whole university approach, as recommended by Stepchange: Mentally Healthy Universities. The tool also aligns with the Student Minds Mental Health Charter. In the context of universities evaluating their mental health services, the following stages facilitate evaluation:

PLAN

What:
Decide on specific question(s) you want to answer; evaluate i) overall service outcomes, systems or processes or ii) a specific project or improvement strategy.

TIP: Try to take a 'holistic' approach to capture the impact of the service or project.

How:
Establish a suitable design for each evaluation question and determine the systematic methods and resources required to get the data you need.

Who:
Decide i) who to involve in the evaluation and ii) allocate roles and responsibilities.
TIP: Aim to capture multiple perspectives – students, clinicians, staff, wider university or external services.

When: Identify feasible timescales for each evaluation stage.

CONDUCT

Implement the plan: collect data, or access data sources, and analyse it.

REPORT

Collate the findings into a report and highlight the key points – what works, what could be improved, what is the overall impact and any recommendations.

SHARE

Decide who needs to know about it and disseminate the findings to relevant stakeholders.

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OVERARCHING ENABLERS TO DEVELOP PARTNERSHIPS

University services employ various strategies to develop partnerships. The universities which took part in this consultation exercise used the following strategies.

PROVIDE A PLATFORM TO ENABLE REGULAR COMMUNICATION

Facilitating joint meetings between staff from HE and NHS services helps to foster relationships and share decisions. Establishing clear lines of communication are helpful for urgent conversations or topics that emerge from staff meetings. Examples include ***"daily case allocation meetings", "fortnightly meetings between in-house services and local GP surgery", and "monthly practice liaison forums"***.

IDENTIFY JOINT UNDERSTANDINGS OF SERVICE PURPOSE

Clarifying where one service ends and another begins helps to define staff roles and their boundaries. Staff recognised that **partnership** working ***"helped to debunk false assumptions of either service"*** and ***"meeting with key people in the NHS and university [aids discussion] on what university services can and can't do"***.

SHARE LANGUAGE & CLARIFY STAFF ROLES

Working with local NHS services helps to manage staff expectations of responsibility within their service remit. Bringing together managers helps ***"to discuss complex cases and clarify a course of action"***. Different **language** is used across sectors and, if not properly managed, could lead to ***"communication breakdown"*** and ***"tension between teams"***. This can be addressed by recognising that services ***"share the common goal of promoting the mental wellbeing of students"*** and facilitating communication between services and sectors.

FOSTER STAFF RELATIONSHIPS ACROSS SERVICES

Ensuring that all parties working within the partnership are **connected** and part of a larger ***"web of support"*** reduces the chance of staff being isolated. The web includes **senior leaders** being on-hand for critical **decisions** as well as **local communities** to ***"provide overall strategic direction"*** and ***"put students on the NHS agenda"***.

PRACTICAL EXAMPLES OF DEVELOPING & EVALUATING PARTNERSHIPS

Activities to develop **partnerships** can be **evaluated** in many ways and this will vary across institutions. Examples of **evaluating partnerships** include: facilitating communication between services and sectors.

		GOALS TO DEVELOP AND EVALUATE PARTNERSHIPS			
		DEVELOP CROSS-SERVICE COMMUNICATION	SHARE LANGUAGE AND CLARIFY ROLES	DEFINE THE PURPOSE OF SERVICES	FOSTER RELATIONSHIPS BETWEEN STAFF AND SERVICES
EVALUATE	PLAN	• Champion a member of staff to lead.	• Identify contacts from each service.	• Identify the scale of this activity. • Link with key services.	• Determine the scale of this activity to ensure that support is embedded into partnerships.
	CONDUCT	• Collect staff feedback. • Monitor referral data.	• Work with academics to facilitate data analysis.	• Involve students to identify priorities. • Map partnerships.	• Consider views across services. • Develop a shared vision.
	REPORT	• Summarise feedback and service data.	• Compare and contrast roles.	• Identify priority partnerships. • Update maps as services develop.	• Regularly check-in with staff and their experiences.
	SHARE	• Communicate progress with involved staff. • Distribute widely.	• Discuss findings with staff on how to address gaps.	• Update service information. • Share across the institution.	• Decide on who to inform at each stage.

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OVERCOMING BARRIERS TO PARTNERSHIP WORKING

Despite university partners and local NHS services being committed to developing partnerships, they experienced a number of barriers that hindered or delayed partnerships. Overcoming these barriers requires a commitment to:

PROTECT AND PRIORITISE TIME

Dedicating time to develop partnerships helps to address "changing staff roles" especially during early stages of partnership development.

"Communication can be dependent on having consistent relationships between staff rather than a well-established pathway or role".

SUPPORT AND EMPOWER STAFF

Enabling staff to work within the boundaries of their role and the training they have to manage student risk. To work within the boundaries of their role and the training they have to manage student risk. When staff roles are unclear, especially when working with other services, members of university staff may feel pressure to...

"Hold onto risk [through] fear of getting it wrong [and contribute to] defensive working".

"Even when University and NHS services have different procedures, at a minimum, it is important to get a shared understanding of what the expectations are".

IMPLEMENT APPROPRIATE TRAINING, DEVELOPMENT AND PROCESSES

Reviewing training and development needs with the view of partnership working enables effective management of student risk.

"It seems important for staff to have consistent training on how to discuss mental health and help them to understand where their role ends for managing risk".

CO-DESIGN POLICIES THAT FACILITATE RELEVANT DATA SHARING

Universities require internal services to work cohesively and have appropriate permissions to enable cross-service working. University staff explained that...

"Having an NHS email would permit data sharing from client notes" and university services are "not always aware of issues if the student is registered with a GP out of the area".

PILOT A MINIMUM DATA STANDARD

Working with local NHS services to ensure they reliably record student status helps to improve data quality. Ensuring that university services collect data that translate to local services also helps to compare services and outcomes. University staff explained that it is...

"Difficult to get NHS services to collect data that acknowledges clients are students and there is little to no data collected that captures students' characteristics".

DEVELOP A JOINT STRATEGY FOR BRIDGING GAPS BETWEEN SERVICES

Updating service strategies and reviewing referral pathways will help to ensure that students are sufficiently supported when they transition between services. University staff explained that...

"Students could be referred to a specialist external service, but they have very long waiting lists, and the university counselling service will 'hold' students in the meantime".

Challenges also remain for supporting students who are...

"Considered too risky or complex for university services and too risky to hold onto whilst waiting for NHS services".

Partnership working between HE and local NHS services is necessary to develop formal procedures for supporting students who fall between services.

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RECOMMENDATIONS & IMPLICATIONS FOR PRACTICE

Key priorities for implementation for each of the domains have been identified, on the basis of research and consultation with students and staff.

CO-PRODUCE WITH STUDENTS	1. **Involve** students in the development of new services and pathways to ensure that their priorities are effectively addressed. 2. **Develop** a student co-production strategy for student support services to inform service development and communications about available support. 3. **Incorporate** distress procedures to support students during co-production activities involving mental health services and risk procedures.
COLLECT AND SHARE DATA	1. **Map** existing service pathways to identify gaps in student transitions between services and barriers to staff accessing necessary data. 2. **Develop** a data strategy for university mental health services that aligns data collection across internal services and enables benchmarking with local external services. Work with service leads to rectify data inconsistencies.
MANAGE RISK ACROSS PATHWAYS	1. **Clarify** staff roles in the context of managing risk across service pathways and develop a shared understanding of the purpose of HE and NHS services. 2. **Invest** in people and their development to empower staff to work within the boundaries of their role and take care of teams managing risk.
MEASURE PSYCHOLOGICAL OUTCOMES	1. **Adopt** routine use of relevant and standardised or comparable measures that provide outcomes for all students and their journey through services; Using measures regularly (e.g., sessionally) ensures data is collected for students who have unplanned endings to treatment. 2. **Foster** a positive culture for using measures and data to inform clinical decisions and demonstrate service effectiveness.
EVALUATE SERVICES AND PARTNERSHIPS	1. **Report** beyond simple metrics that do not adequately evaluate service outcomes and ensure that data are used to demonstrate that services are effective and based on evidence – an important requirement of students. 2. **Develop** a culture of research and evaluation to inform service developments and facilitate partnership working between HE and NHS services. 3. **Improve** and move towards standarising student demographic information that captures important areas for students and their identity.

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ACKNOWLEDGEMENTS

UNIVERSITY PARTNERS AND ORGANISATIONS

Bristol Hub - The University of Bristol: David Sibley (Deputy Head of Student Counselling Service and Mental Health Advisory Service Lead), Alison Golden-Wright (Director of Student Health and Inclusion Education Services Management). The University of the West of England: Addam Merali-Younger (Student Mental Health Partnership Manager), Liz Kearton (Deputy Head of Wellbeing Service), Jamie Darwen (Equality, Diversity & Inclusion Projects Lead). **Liverpool Hub** - University of Liverpool: Caroline Roberts (Project Officer), Dr Paula Harrison (Director of Student Administration & Support), Julia Purvis (Head of Student Services). Liverpool John Moores University: Yvonne Turnbull (Director of Student Advice and Wellbeing), Elaine Smith-Freeman (Manager of Counselling & Wellbeing). **London Hub** - University College London: Dr Barry Keane (Deputy Director of Student Support and Wellbeing), Dr Sonia Greenidge (Head of Student Psychological and Counselling Services), Natalie Humphrey (Former Head of Disability, Mental Health and Wellbeing). Imperial College London: Debra Ogden (Deputy Director of Student Services), Claire Fox (Head of Student Counselling & Mental Health Advice Service). **Manchester Hub** - The University of Manchester: Anita Banerji (Evaluation Coordinator), Sarah Littlejohn (Head of Campus Life), Maxine Whybrow (Head of Counselling and Mental Health Service). **Sheffield Hub** - The University of Sheffield: Rob Barnsley (Mental Health Support Manager), Steve Race (Student Welfare and Wellbeing Lead), Cat Atkinson (Wellbeing Advisor), Michael Berry (Wellbeing Advisor), Bryan Coleman (Head of the Disability and Dyslexia Support Service).

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CRITICAL FRIENDS

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FUNDING

This project was funded by Office for Students as part of the Student Mental Health Partnerships project led by the University of Bristol.

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STATEMENTS FROM CRITICAL FRIENDS

> **The ideas on implementing models to guide joint working, and providing training across teams - These seem key to me, even when University and NHS services have different and at times incompatible procedures, at a minimum, getting a shared understanding of what the expectations are and the rationale for them will allow all working with the student clients to be informed and aware of how each staff member will deal with each risk related situation.**
>
> *Joshua Buckman, Clinical Psychologist*

> **The toolkit shows the value of including student research partners within already exiting partnerships within universities and NHS services.**
>
> *Oluwatobi Adegboye, Medical student*

The SMaRteN Network was founded with a core principle of embedding the student voice and diverse student experiences within Student Mental Health Research. Shared values and partnership working will ultimately benefit all stakeholders, including students, researchers, HE institutions and service practitioners. For this reason, we are delighted to see that a member of the SMaRteN Leadership Team has been involved in the development of such a valuable resource, which demonstrates why and how this type of student partnership working can be achieved within a local service setting.

GLOSSARY OF TERMS

Audit: Verifies compliance to a defined standard and ensures that services are safe, effective, and compassionate.

Data: The term often refers to information from clinical practice (e.g., outcome measures) or service metrics (e.g., waiting times), but there are other forms of valuable data that can be overlooked (e.g., referral data).

Evaluation: Assesses the standards a service achieves in practice.

Experts-by-experience: People who have lived experience of a particular issue. In a mental health context, this might be people with lived experience of mental health difficulties, of a particular service, or of caring for someone with mental health difficulties. In the higher education context, some may apply this to the experience of 'being a student'. This terminology is commonly used in health and social care settings such as the NHS.

Mental health: A "state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"[16]. This can range on a spectrum from having good mental health to poor mental health or experiencing mental illness.

Partnerships: Different services who commit to working together, to ensure better outcomes for people that use them.

Risk: In a mental health context, risk relates to "the likelihood, imminence and severity of a negative event occurring (i.e. violence, self-harm, self-neglect)"[17]. Within higher education, risk can also encompass negative academic events (i.e. interrupting or leaving course).

Routine outcome monitoring: repeated measures before, during, and after treatment

Validated outcome measure: A measure that is reliable, valid, sensitive to change, and relevant to the target population.

Wellbeing: This is a state that encompasses elements of mental health, but also includes physical and social wellbeing, to enable people to be well-functioning and reaching of their full potential. Mental health and wellbeing are distinct constructs and should be measured separately.

[16] World Health Organisation. (2004). *Promoting mental health : concepts, emerging evidence, practice : summary report / a report from the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne.*
[17] Department of Health. (2007). *Best Practice in Managing Risk: Principles and Evidence for Best Practice in the Assessment and Management of Risk to Self and Others in Mental Health Services.* The Government of the United Kingdom. London: Department of Health, 2007.

SPEQS

Student Services Partnerships
Evaluation & Quality Standards