

Students' Mental Health: Designing Support Through Co-Creation. *A Practice Report*

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Abstract

Students who are first-in-family to attend university, and those who are otherwise without family support, are reported to be at increased risk of social isolation, poor mental health and non-continuation through transition points in their higher education journeys. Three London-based universities and a specialist National Health Service mental health provider combined expertise for a two-year project aimed at designing, delivering and evaluating a package of psychoeducation interventions. Co-created and co-designed with students, the project provided innovative transition support including accessible face-to-face workshops, drop-in sessions and an online resource package to maximise flexibility for students. The project combined education and health expertise to strengthen and protect mental health of students who are particularly vulnerable to the stressors that arise at the frequent transition points in a university career. Key outcomes focus on the importance of co-creation, flexibility and collaboration between education and healthcare providers to meet the growing needs of students.

Keywords: Student mental health; psychoeducation; co-creation; transitions.

Introduction

Concerns about the wellbeing of higher education students abound. Levels of wellbeing are known to affect student achievement, retention and engagement (Pascoe et al., 2019) and are particularly important at key transition points in determining the success of a student's journey (Dias et al., 2023). There are compelling reasons to prioritise attention on the wellbeing of potentially vulnerable students in higher education, such as first-in-family (FIF) students and those without family support. FIF students, many of whom are from lower socioeconomic backgrounds, are less likely to have successful university careers than their peers (Jenkins et al., 2013), with lower retention rates compared to other students, and increased vulnerability to mental health challenges (House et al., 2019; McFadden, 2016). Being the first in family to attend university is a significant



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barrier to university participation and graduation, over and above other sources of disadvantage (Henderson et al., 2020; Smith & McLellan, 2023). These students can benefit from social integration programmes at university (Begum et al., 2024). For other students studying without various forms of familial support, such as care leavers and estranged students, financial and academic barriers have been similarly reported. These students may experience higher concerns relating to debt or homelessness, particularly in the transition between academic years where funding may not be available to cover their needs, and they may struggle to find a sense of belonging with peers as they may face barriers to engaging in social activities due to financial constraints or often being older in age (Stevenson et al., 2020).

In particular, at key transition points, self-efficacy and a sense of belonging are important. Less confident students who are not proactive are more likely to encounter challenging situations during moments of transition (Azmitia et al., 2018). A student's sense of belonging being positively correlated with academic motivation and enjoyment in their studies (Pedler et al., 2022) and with social integration is a particular concern for students at risk of poor mental health (Thomas, 2012: 6). Focusing on transition points (Cage et al., 2021) we started the two-year 'Mind the Gaps!' project, an innovative collaboration between three contrasting universities in London and a specialist mental health provider, to develop sustainable support for the mental health of FIF students and those studying without family support. This group encompassed care leavers, students estranged from their families, refugee and asylum seeker students, as well as international students who were living away from home, coping with a new country and culture during their studies.

The project aimed to develop, deliver and evaluate a package of psychoeducation interventions, co-designed and co-delivered with students with lived experience. The interventions included a programme of face-to-face workshops and drop-in sessions in each of the three universities, as well as a shared online resource package to allow students to engage flexibly with different aspects of the programme based on their specific needs and while balancing other responsibilities. The project was structured in three main phases. Firstly, the co-design and development phase included a needs analysis with a focus group of students, baseline data gathering and analysis, co-creation of resources and workshop materials, and initial recruitment to the project. Secondly, the psychoeducation programme—four interventions scheduled at likely moments of significant transition—was delivered in each of the three universities over one academic year, together with an online resource package. This provided rich insights into student engagement, peer support and impact of in-person sessions and online resources. The final stage of the project focused on an evaluation of impact and dissemination of findings, as well as planning for the future sustainability of the programme in each university.

Methods

A distinctive feature of the Mind the Gaps! project was the inclusion of students in the co-design and co-delivery of the psychoeducation interventions, aligning with research and guidelines in the field of co-creation and participatory approaches (Hayes & Serbic, 2024; Leask et al., 2019; Pascoe et al., 2022, Piper & Emmanuel, 2019). Indeed, one student researcher was fully embedded in the project team from its inception to the final evaluation as part of an internship programme, sharing the leadership of the co-production activities. A realist evaluation approach was adopted, building on models of context-mechanism-outcome that have been designed to evaluate complex interventions in complex systems, such as the Nielsen and Abildgaard (2013) framework which includes macro and local contexts, alongside the process of designing and delivering interventions and monitoring outcomes.

Co-Production Activities

Students were invited to apply to be collaborators in the project. Recruitment of student collaborators for these paid roles was via each university's existing systems and involved an application form and an interview. Students were signposted to the extensive student services departments within the three universities if additional support was deemed necessary. The recruited students (n=18) alongside the embedded student researcher took part in the co-production activities over a period of six months. Students were invited to participate in a face-to-face interview and/or focus group to share their experiences of wellbeing during transition points. These interviews were used to identify and prioritise key self-management skills to guide the workshops. The themes were then taken to a member-checking workshop where students were able to define these further, in collaboration with the mental health experts. Following this, students then iteratively provided input into the development of the materials through feedback via online forms or video calls on the learning objectives and session plans, as well as sharing lived experience stories to inform examples to be included. Once the materials had been developed, students were invited to attend a pilot workshop with a selection of activities from the different workshops and online materials, where they were able to trial the activities and provide pre-and-post session feedback. Students were also invited to attend a student training session, focusing on signposting, listening, and coaching skills to support them to co-deliver the sessions.

Psychoeducation Workshops and Online Resources

Originally, the interventions were planned to include full-day workshops and drop-in sessions, but after the first session these were shortened to two-hour workshops with the inclusion of an enhanced online resource component, in response to student feedback that our target group would have additional responsibilities out of university and therefore less time available. Student collaborators identified potential barriers to engaging in drop-in sessions so informal opportunities for students to discuss challenges or raise questions were integrated at the beginning and end of the workshops.

Students participating in the intervention sessions were invited to complete a pre-intervention questionnaire to provide baseline data, with additional questionnaires after subsequent workshops aimed at monitoring changes over time. The questionnaires included the Warwick Edinburgh Mental Health Wellbeing Scale, the UCLA Loneliness Scale, and the Brief Resilience Scale. Follow-up interviews also asked, “What impact has the project had on your student experience, including wellbeing, belonging, and academic experience?” and “What barriers, if any, did you find when engaging with the workshops or online materials?” as open-ended questions can provide more nuanced responses.

Initial interviews were analysed through thematic analysis (Braun & Clark, 2006), questionnaires and final interviews used a content analysis approach since input was much briefer or based on less complete data (field notes, etc.).

Findings

Eleven student collaborators attended a pilot of an online version of the workshop which included four mini-teach and activity sessions on the following themes: managing stress, procrastination, roadmap to success, and navigating wellbeing and support services. These students were invited to complete a pre- and post-workshop survey on their confidence and awareness of different aspects of wellbeing, and coping tools and strategies. All the students completed the pre-survey, and seven students completed the post-survey; 100% of the post-survey responses somewhat or strongly agreed that they felt more confident about ways to access support services at university, as well as having increased awareness of different strategies and tools to support their wellbeing and mental health. This pilot phase as part of the co-production process affirmed the relevance and satisfaction of the planned workshop interventions.

The project was aimed at FIF students and those without family support. However, the demographic data of participants was based on self-disclosure by students, either formally in the evaluation questionnaires or informally within the intervention activities. Where students did not disclose personal information, the project team did not seek to secure the data through any other means, such as university records, in accordance with data protection protocols. Overall, close to 100 students participated in the project as collaborators, workshop attendees or through access of online resources. Among these students, at least eleven students identified as FIF, with four others citing additional caring responsibilities while studying at university. This limited demographic data could be considered a limitation of the project, but the overall student feedback indicated that the interventions were of relevance for all students, including the target group.

As is often the case in university-based mental health interventions with students (Dias et al., 2023; Wavehill, 2024), the number of students who completed the planned pre- and post-intervention questionnaires was low. In part, this was due to the varied and flexible approaches through which the students engaged with the intervention, with some joining one or more workshops sessions, some accessing materials online on a regular or intermittent basis, and some students engaging with the psychoeducation interventions but not completing any evaluation questionnaires. As a project team, we chose to prioritise flexibility and accessibility for the greatest number of students over evaluation data for the first iteration of the project but recognise that this means we are unable to report impact over time, such as longitudinal monitoring of a student’s responses throughout the life of the project for example. Clearly, this had an impact on any potential quantitative analysis, but the project team drew on substantial qualitative and experiential data which proved helpful in mitigating the limitation and evaluating the project’s intended aims. The co-production activities with the 18 student collaborators provided rich qualitative feedback on the programme through focus groups (n=17), member checking meetings (n=8), and a feedback questionnaire (n=7) at each stage of the programme development, as well as interviews (n=2), a qualitative questionnaire (n=3) and a further evaluation workshop (n=5) at programme completion. In addition, the research lead from the mental health partner took copious field notes with observations and reflections of intervention delivery for further in-depth analysis.

This mental health intervention project was successful at many levels. Strong collaboration and participation among the three contrasting universities and the mental healthcare provider was a strength throughout, allowing for rich and varied experiences to be shared and to inform learning through emerging challenges. Despite the lack of robust data about the student participants noted earlier, there was a varied representation from different groups within our target population, including FIF students, care

leavers, mature and international students and those with additional caring responsibilities. The co-creation of mental health interventions was informed by a combination of lived experiences of student collaborators, sector research on engagement and related barriers, published research on student mental health, and the experience of project team members as well as colleagues working in student support in the university and healthcare sectors.

The initial stages of the project focused on the gathering of extensive data on the experiences of students studying without family support at different transition points, with some useful additional insights from the COVID-19 pandemic. This initial phase, although time-consuming, made certain that students' experiences were central to the project designing a tailored programme to meet the needs of the students at key transition points. While the topics and content of the intervention sessions were designed to meet the needs of our target group, the project team also triangulated with published literature and available mental health support packages that would benefit students more widely.

Student Engagement

Full use was made of university systems to recruit student collaborators and to promote the psychoeducation sessions across the wider student body in the three universities, but student engagement proved a constant challenge. This is not uncommon in university mental health intervention and support programmes and is likely to have reduced the potential impact of the project. For example, there was limited male representation in the student collaborator and participant sample. Male students are often harder to reach in these kinds of interventions (Sagar-Ouriaghli et al., 2020), and this placed limits on our ability to gain valuable input and insights to reach and benefit male students more effectively.

The feedback from students was overwhelmingly positive and they appreciated the highly flexible approaches to engaging with the mental health interventions. However, as noted above, the flexibility significantly affected the planned evaluation methodology with students in a consistent manner over time. Participants welcomed the informal and interactive nature of the face-to-face workshops in particular, as it provided a safe space for open conversations. Again, feedback from the core group of student collaborators was helpful in terms of issues around student engagement, as they shared their own barriers to engaging fully with the project, including other paid employment, caring responsibilities and pressures of assignment deadlines. The importance of a structured, but flexible, approach was considered essential, together with frequent communications, as a crucial factor in maintaining student engagement.

A range of international students accessed the programme and field notes collected during the workshops identified a number of recurring themes: the value of a space to share their concerns and experiences about moving to the UK for their studies, visa and financial issues, lack of access to healthcare, challenges of making new friends, integrating into a new culture and studying without close or any familial support. Although the project had not originally intended to focus on international students, it became clear that this group often lacked family support and welcomed the opportunity to participate in the mental health intervention programme.

Project Outcomes

The perceived value of the psychoeducation interventions was rated highly after the workshops, with 95% of respondents somewhat or strongly agreeing that the programme was a useful approach to supporting student mental health, and 89% of respondents indicating they would recommend the activities to another student, although the response rate (n=19) was lower than anticipated.

The project offered valuable insights into the students' perceptions of the impact of the programme on their wellbeing through qualitative data analysis. Qualitative data provided rich insights into the experiences of participants and final student collaborators' feedback. Students highlighted feeling more confident in understanding their needs and recognising their personal values, strengths and boundaries, as well as how to seek additional support if needed. They were able to articulate specific strategies or aspects of their mental health and wellbeing that were a priority as a result of participation in the intervention sessions. For example, one student reported: "Identifying values can help in motivating oneself to complete tasks. Making sure there is enough time for different aspects of life is very important for wellbeing" and one student planned to, "Rethink my expectations and goals for the academic year, taking personal and health circumstances into account." Some participants commented on the benefits of specific activities, such as, "The stress bucket ... has really helped me to manage my stress and also just understand if this is something I really need to be stressing about". Another student referred to the resources used in the workshops and available online: "The reflective worksheets have really helped me personally. I keep them in my room and go back to them on the online resources as a reminder. I will keep using them in the future, too". There is no doubt that the interactive and engaging sessions, with plenty of time for discussion and sharing views with peers and workshop facilitators, contributed to the meaning making of lived experiences for many students.

Collecting data on mental health and wellbeing outcomes as originally intended was not possible due to the flexible way in which students engaged with the interventions. This highlights the need for further research to identify appropriate reporting mechanisms to enable the impact of flexible mental health interventions to be measured in meaningful ways.

Discussion

Three key themes emerged which are of relevance to higher education institutions globally.

Co-Creation

Co-creation proved a particular highlight of the project, ensuring valuable skills development and experience for the student collaborators. The financial remuneration for student collaborators was important in recognition of their expert contributions, but also to maximise the insights from their experiences for the programme design and delivery. Feedback from the student collaborators was positive, including references to the flexibility offered to participants within the programme, but also recognising the sense of belonging engendered through their involvement in the project: “I also thought it was helpful to have a mix of students from different years of study as students from other years can share their experiences with new starters and provide reassurance or advice, for example”. Student collaborators reported the benefits of their involvement in the co-delivery of sessions, too, citing the importance, “as students might feel more comfortable sharing their difficulties with us than when a member of staff is involved” and:

Getting to lead the sessions as well is motivating because you see how everything comes to fruition ... It really helps people to be recognised for what they’ve done which I think is going to motivate a lot of students who would sign up in future.

It is important to note, however, that the success of the co-production approach was driven by ensuring extensive resource allocation towards this as part of the project. Students highlighted that having regular contact, a clearly structured approach for engagement, and support from the team were crucial to their involvement and to feeling genuinely heard. The extensive co-production period for this project was in itself a strength that may not always be available due to funding and timeline constraints.

Flexibility

Flexibility of provision emerged as a vital ingredient for the success of the mental health interventions. Only one student engaged with all four workshops, with the others engaging in different ways, either through attending one or a couple of specific workshops of interest and parts or all of the online resources. As one student commented: “Tailoring it through the students’ ... academic calendars really helped.” In terms of the timing of the workshops in relation to different transition points, 88% of participants strongly agreed that the programme for the intervention sessions was well timed. This has significant implications for the scheduling of workshops and the workload of facilitators in the face-to-face sessions, as well as challenges with regard to the involvement of student collaborators in the co-delivery of the programme. Although a challenge, maintaining this flexibility of approach is essential to sustain the momentum of the mental health interventions, particularly with target group of students who are less likely to engage in or receive support for their wellbeing.

Each of the three universities, working closely with the mental health provider, took a personalised approach to meet the needs of their own students while maintaining the overall integrity of the mental health intervention project. For example, the smallest university achieved the highest engagement in face-to-face workshops, relying on a personal and intentional approach—peer-to-peer recruitment—to inviting students to participate in sessions, whereas one of the large universities opted successfully for a targeted approach to placement students who might be experiencing particular transition issues. The highest engagement with the online resources was from students at the largest university, operating across split campuses and a large geographical area, suggesting that an online platform of resources could be a more effective approach in this context.

Some students commented that participation in the sessions might have a knock-on effect to accessing other services, as they may share the information with their peers or have an increased awareness of mental health and wellbeing that might motivate them to seek further support when needed. University student services are under increasing pressure and student mental health will need to be a priority for university budget planning to meet the likely demand.

Collaboration

Collaboration between universities and mental health experts proved invaluable, drawing on experience and creative, solution-focused thinking between organisations. Effective partnership working, both as partner institutions and with student

collaborators, has been a key success of the project. The opportunity to engage with and learn from a mental healthcare provider added considerable value to the project and underlines the importance of a more coherent approach to meeting the wellbeing needs of university students. One example illustrates the point well: concerned with the lack of male participants in the intervention sessions, a long discussion as a project team led to a change of title from “Wellbeing” to “Stress Management” as a change of emphasis in the title of sessions to target the development of more practical self-management skills, time management, problem solving, and procrastination for example – rather than focusing on mental health, have been suggested to improve attendance by male students (Sagar-Ouriaghli et al., 2020). Similarly, students informed the change from intervention-focused language to workshop-focused language, citing that the more clinical language initially used by the mental health providers felt alienating to some student groups.

To overcome barriers in student participation, the project team took a flexible approach to the engagement of students and evaluation of the programme, including online surveys, focus groups and one-to-one calls. The continuous reflective processes led to iterative improvements to the programme which would have been less likely with a single university with a small team offering the provision alone.

Conclusion

Offering a practical system of ongoing mental health support that mix the formal and the informal, the expert professional and the peer-led, the face-to-face and the virtual, with both group and individual action, can be a useful approach to help students. Engaged students can draw on consistent ongoing support across academic transitions and build a strong sense of belonging and togetherness. Our project is one of a growing number of initiatives across the partner universities aiming to put mental health and intersectionality at the forefront of students’ minds and conversations. The key to sustained success of the project lies in the ability of the separate universities involved in the project to embed the intervention workshops and online materials into existing systems and structures, including within the curriculum and personal tutoring support, and the wider student wellbeing services. In future, exploring options to include the mental health intervention programme as a non-credit bearing but recognised programme for students, or as part of student services as a self-help tool alongside the other support provided, would add value for students and allow for a more longitudinal evaluation of the impact of the programme. A joined-up approach, grounded in the lived experience of students, is essential if the students, especially from more vulnerable groups, are to receive bespoke and targeted support through the many and varied transition points during their university careers. With co-ordinated and consistent action, we hope to contribute to future celebrations of those who were first in family to attend university and have made significant impacts on society: <https://100faces.universitiesuk.ac.uk/>

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