
Article:
Broglia, E. orcid.org/0000-0003-2137-8187, Nisbet, K., Bone, C. et al. (5 more authors) (2023) What factors facilitate partnerships between higher education and local mental health services for students? A case study collective. BMJ Open, 2023 (13). e077040. ISSN 2044-6055

https://doi.org/10.1136/bmjopen-2023-077040

BMJ Open

What factors facilitate partnerships between higher education and local mental health services for students? A case study collective

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To cite: Broglia E, Nisbet K, Bone C, *et al*. What factors facilitate partnerships between higher education and local mental health services for students? A case study collective. *BMJ Open* 2023;**13**:e077040. doi:10.1136/bmjopen-2023-077040

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (http://dx.doi.org/10.1136/bmjopen-2023-077040).

Received 23 June 2023
Accepted 13 December 2023

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ABSTRACT

Background Higher education institutions face challenges in providing effective mental health services for diverse student needs. In the UK, discrepancies between healthcare and education service provision create barriers for students and require stronger alignment through partnerships.

Objectives This study aimed to identify risks, barriers and enablers to developing service partnerships between universities and the National Health Service (NHS) in England. It investigated existing partnerships and strategies that facilitate effective collaborative working.

Design and setting A case study approach was employed, including coproduction and stakeholder involvement with staff and service users, to gather information from eight English universities developing regional student mental health hubs. This research received appropriate ethical approval.

Participants In total, 27 professional staff from counselling, mental health, disability and well-being services participated and represented their respective services.

Outcome measures Descriptive information was collected from service websites, handbooks, reports and 11 focus groups using a standardised data collection template. Inter-rater reliability was used to determine the agreement between coders and finalise focus group themes. EQUATOR (Enhancing the QUAlity and Transparency Of health Research) Standards for Reporting Qualitative Research were adopted.

Results Using inductive thematic analysis, five themes were identified for developing partnerships: building blocks, facing barriers, achieving positive outcomes, shaping student services and developing coordinated care. Fleiss' kappa showed strong agreement between raters regarding the partnership factors (k=0.84 (95% CI 0.81 to 0.87), p<0.0005). Effective communication, shared understanding and trust were essential. Barriers included restrictions to information sharing and incompatible data infrastructures between services.

Conclusions Stronger partnerships between universities and NHS are needed to meet increasing student mental health demands. Addressing barriers and implementing strategies to develop partnerships can enhance student services.

Preregistration https://osf.io/u54qk/

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ The case study approach yielded rich, context-specific insights into partnership structures and allowed for comparisons to find effective collaboration strategies.
⇒ Diverse data sources, comprising service websites, reports, handbooks, stakeholder input and staff discussions, offered a comprehensive view of partnerships.
⇒ The research has led to an open-access toolkit facilitating and evaluating partnerships between higher education and local mental health services, fostering knowledge exchange and potential impact pathways.
⇒ The study concentrated on service-level strategies for partnerships and limited insights into individual student needs or staff perspectives.
⇒ Data collection took place during the COVID-19 pandemic which prevented engagement with National Health Service services and therefore only one side of the partnership dynamic has been captured.

INTRODUCTION

Higher education (HE) institutions face the challenge of providing effective and responsive mental health services that meet the diverse needs of students.[1] In the UK, discrepancies in service provision across sectors create barriers for students, and universities have been working to bridge these gaps.[2] The demand for mental health support has increased, and the needs of students and young adults have become more complex.[3–6] To address this issue, greater alignment between healthcare and education sectors is needed, along with service partnerships to streamline mental healthcare for students. Determining the risks, barriers and enablers

to developing these partnerships is also necessary to evaluate and contribute to the evidence base.

While the majority of students may not require clinical intervention, a significant number declare disabilities, with mental health being the second most common disability.[7] However, the actual need may be greater as many students do not disclose their mental health conditions, and disability services are often underutilised.[8 9] There has also been an increase in young people seeking National Health Service (NHS) services for mental health issues, with a notable rise in referrals between 2016 and 2018, and further increases observed since the coronavirus pandemic.[4–6 10] These trends indicate a greater need for clinical interventions among young adults, including university students, and emphasise the importance of identifying risks and opportunities of connecting services to meet this growing demand.[11]

Partnerships between universities and NHS services have been a strategic priority, with universities developing pathways and collaborations to address emerging student needs.[1] Some universities have established links with NHS-employed psychiatrists and dedicated student psychiatric clinics to respond to the increasing psychiatric morbidity among students.[12] New service pathways have also been created to address the specific needs of disciplines such as medical and dentistry students, who face additional help-seeking barriers due to fitness to practice concerns.[13] Notably, positive outcomes have been documented from these pathways, including increased referrals, higher service satisfaction and improved student functioning post therapy.[14]

Current healthcare policies in the UK aim to facilitate mental health service partnerships, with investments allocated to close the gaps between the NHS and HE.[10] The NHS Long Term Plan, in collaboration with Universities UK, seeks to enhance university services by improving student access to specialist therapies.[11] Without such commitments, access gaps for students persist, including delays in transitioning between services, transferring appropriate information and navigating complex referral procedures. These challenges are compounded by the transient nature of the student population and their unique needs, such as requiring access to General Practitioner (GP) surgeries in both their home and university areas. The efficiency and effectiveness of services are further compromised when partnerships between providers are weak and can compound issues with student access and transitions.[15]

Policy frameworks and evidence-informed recommendations assert improving university services through cross-sector partnerships.[1] The recent University Mental Health Charter echoes this vision, emphasising the need to connect support services and promote cross-sector collaboration to enhance timely access.[16] However, developing such partnerships is a relatively new concept in HE, and there are gaps in understanding the factors that facilitate partnership working, as well as the associated barriers and risks. Researching these partnerships is further complicated by the presence of local-specific service structures and diverse models of partnership working implemented throughout the country. Researchers argue that universities should lead in developing these partnerships, considering contextual factors, academic learning and the trust and belonging students have with their institution. The same research advocates the establishment of guidelines that set standards for coordinated care and promote culturally relevant, accessible and proactive student services.[17]

Student perspectives align with research and policy recommendations, highlighting the need for sufficient funding for in-house services and increased access to external services.[18 19] Students also call for simplified access to the NHS and information tailored to their needs.[3] However, increasing access to external services while ensuring adequate resources for internal services requires careful research and consideration. The involvement of staff working within professional services is crucial, as is understanding the impact of service changes on their workload and environment.[20] It is also essential to base service delivery on a robust evidence base, incorporating appropriate evaluations and research-informed staff training.[21] Therefore, a cautious approach is needed to research and develop partnerships, as the impact on student risk needs to be clarified, and evidence of partnership working in the UK is limited.

Examples from other countries demonstrate the benefits of partnership working, such as the transformation of mental health services in Canadian universities, leading to improved outcomes and student satisfaction.[22–24] UK universities can learn from these initiatives, especially given the current investment and political attention on student mental health.[1] The first step is to understand and evaluate existing partnerships between student mental health services and identify procedures that enable distinct yet complementary services. The current study aims to address this need by focusing on service-level information and the strategies used to develop partnerships and providing recommendations for developing coordinated care pathways for students within the HE landscape. The study does not specifically explore service-user needs or personal staff views.

METHODS

Design and setting

A case study approach was adopted to gather rich information on the structure and development of partnerships for student mental health services across eight universities in England. The research was part of a larger project funded by the Office for Students, aimed at developing student mental health hubs through partnerships between HE and NHS services. The universities included in the present study were selected based on their involvement in the larger project and their investment in developing partnerships. The study comprised eight universities in Bristol, Liverpool, London, Manchester and Sheffield.

The campuses of the participating universities were predominantly urban (n=6) or urban and suburban (n=2). The support services offered by the universities included counselling or equivalent, disability, health and well-being services.

Pathways to impact

Findings from this research have been used to produce a toolkit for service leads to develop and evaluate their partnerships with local mental health services called Student Services Partnerships Evaluation & Quality Standards.[25]

Data collection and processing

Data collection occurred between December 2019 and August 2020, encompassing various methods. Scoping exercises were conducted to gather descriptive information from service websites, materials such as annual reports, and semistructured group discussions and follow-up interviews with staff from support services. Discussions with staff were in person, except when online video conferencing software was used due to lockdowns during the coronavirus pandemic. An evaluation proforma was used with semistructured question sets to guide the discussions and standardise data collection. Researchers summarised written information from service websites and materials and added it to the relevant sections of the evaluation proforma. Handwritten semistructured discussions by two researchers were also included in the proforma, along with information from the scoping exercises. No personal information of the staff was collected. Service and institution names were noted in the proforma to facilitate information validation across various sources. After validating the data, information from all services was consolidated.

Data access and open science

An anonymous copy of the data and question set can be accessed via the Open Science Framework page (See https://osf.io/u54qk/.). The EQUATOR Standards for Reporting Qualitative Research[26] have been adopted to enhance the transparency and replicability of this research (see online supplemental materials).

Participants

The study involved professional staff in counselling, mental health, disability and well-being services from the eight universities. All eight universities' services participated in the study, represented by their leads and/or directors, as well as at least one practitioner nominated by the service. Participants were instructed to provide information that reflected the collective goals of their service and clinical teams rather than their individual personal opinions. The participants included directors of support services, managers, heads of service, clinical staff and health professionals such as well-being advisors. The focus groups included 3–4 participants from each university, and a total of 27 staff members across 11 focus groups participated. Written and verbal informed consent was provided by participants before the discussions. The study did not collect demographic information from staff and data collection was primarily descriptive of the service structure and strategies.

Patient and public involvement

The research integrated patient and public involvement through student collaboration and engagement with both service users and potential users within universities and local mental health services (eg, the NHS). A team of eight undergraduate students from five universities played a pivotal role in developing, collecting, and analysing data for the study. They interacted with diverse user groups, crafted questions, advocated for marginalised students, and contributed to final themes. Academic and practitioner contributions were provided from all eight universities and facilitated by regular in-person meetings to shape the research aims, methods and the subsequent Student Services Partnerships Evaluation and Quality Standards toolkit.[25]

Analytic strategy

The data collection phases and validation checks are summarised in figure 1. Stakeholder engagement with professional staff and student coproduction was used to establish the credibility and trustworthiness of the data. Inductive thematic analysis was conducted by the research and student teams to gain an in-depth understanding of factors that contribute to partnerships. A constructivist approach was used to generate theories from the varied sources of data. SPSS statistics package (V.27) was used to calculate inter-rater reliability with the Fleiss Kappa method to determine the agreement between coders. NVivo (V.12) software was used for qualitative analysis.

The research team and reflexivity

Thematic analyses involved a reflexive effort across the research and student teams, which included students, academic staff, and professional staff with expertise in HE, healthcare and student mental health. Themes were developed iteratively and reflexively through regular meetings and researcher triangulation. Observations were made independently by ensuring that raters coded their transcripts separately and before group discussions, using the same number of mutually exclusive categories. Confirmability of analyses was achieved by involving a team member who was blind to the initial themes to assess their fit and interpretation with the original data. The final themes were approved by the research team and student representatives.

Thematic analysis

Inductive thematic analysis[27] was led by three coders with expertise in student mental health, HE and public healthcare. A latent and constructivist approach was employed to interpret the underlying meanings in the data and the analysis involved familiarisation, coding sections of the text, generating themes, reviewing themes against the original data, and defining themes and their relationships.

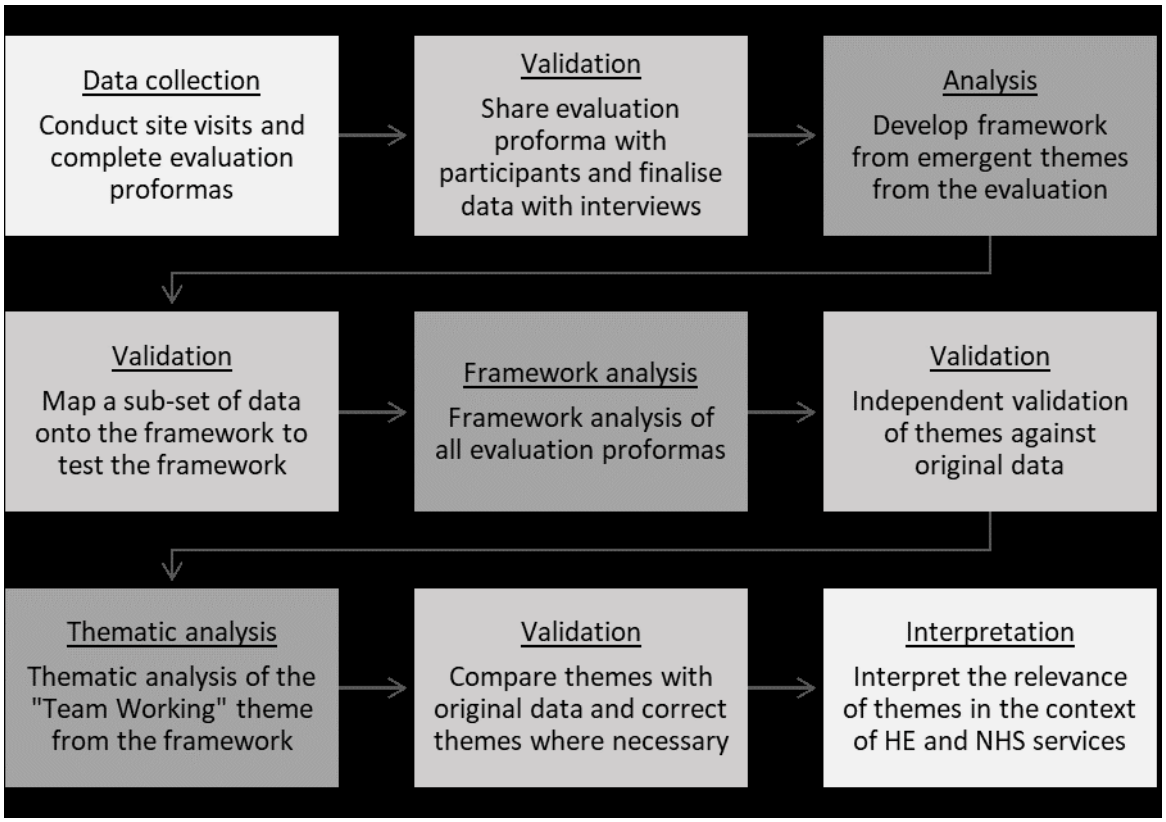

Figure 1 Summary of data collection phases and validation checks. HE, higher education; NHS, National Health Service.

The final themes and their implications were approved by the wider research and student teams.

RESULTS

Thematic analysis

Using inductive thematic analysis, the research team identified five themes that underpin partnership working: (1) building blocks for developing partnerships, (2) barriers to developing pathways and partnerships, (3) achieving positive outcomes from partnerships, (4) factors shaping student services and (5) towards coordinated care for students. Figure 2 illustrates the hierarchical structure of these themes and their contributions to future services. Critically, these themes concern two core components that highlight cross-cutting factors across the themes including investment in *services* and the *staff* who work in them. Further discussion follows in the next section. Cross-cutting factors have been identified throughout the themes to resemble critical factors required for partnership working.

Inter-rater reliability

Fleiss' kappa was used to determine agreement between researchers' judgments on the factors that contribute to partnership working including barriers, building blocks, service factors, future goals and outcomes. Three raters (EB, KN, CB) independently coded text extracts. Fleiss' kappa showed very good agreement between researchers' ratings, k=0.84 (95% CI 0.81 to 0.87), p<0.0005.

Theme 1: building blocks for developing partnerships

Partnership building blocks were identified as early intentions and activities that laid the foundation for partnership working. Staff emphasised the importance of having dedicated individuals with existing links to other services rather than recruiting a specific role to foster relationships:

> Communication can be dependent on having consistent relationships between dedicated staff rather than a well-established pathway or role (ID 72).

Regular communication between different teams played a vital role in building partnerships, and institutions employed various approaches:

> We have informal case management meetings between the campus GP and student services (ID 23). There is a monthly practice liaison forum that brings together NHS and university counselling services (ID 24).

Effective communication between services was a crucial cross-cutting factor that necessitated a shared understanding of their purpose and staff roles. It also involved joint discussions among professionals from different sectors to reach a consensus on the best course of action:

> Meeting with key people in the NHS and university aids discussion on what university services can and can't do to contain the work (ID 82). Managers come together to discuss complex cases and clarify a course

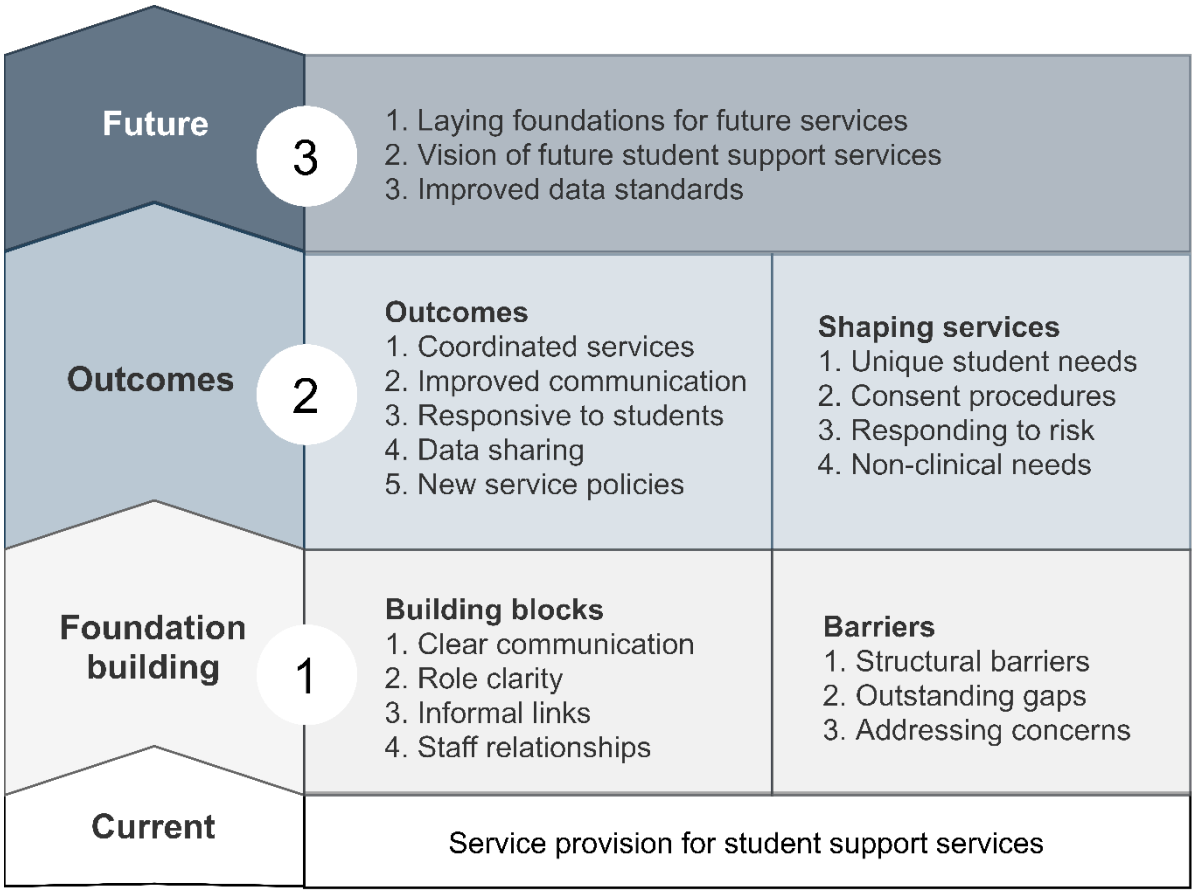

Figure 2 Hierarchical structure of the themes and activities that underpin partnership development.

of action, which helps to debunk false assumptions of either service (ID 36).

Identifying primary contacts within the university, across academic faculties, and with external services was crucial. These primary contacts highlight another cross-cutting factor that facilitated partnership working by providing a supportive network and connected staff who would otherwise be isolated. Examples of potentially isolating roles included a sole mental health advisor embedded into an academic department or a clinical psychiatrist within student support services. This network extended from frontline service providers to senior leaders involved in service development and policy:

> We have staff based across the institution who are informed, supported, and connected to services and are not isolated (ID 82).

Theme 2: barriers to developing pathways and partnership working

Barriers hindered the development of service pathways and created gaps between services, especially during student transitions. Information sharing was a prominent cross-cutting factor that provided challenges to partnership working both internally and externally with local services:

> Different people [within the university] involved in the student's care open a new case each time and the information is unlikely to be linked (ID 61). Information is not always shared with university services when students are discharged from NHS services and local hospitals (ID 29).

Infrastructure issues and data compatibility problems hindered access to relevant data, limiting the ability to inform referral decisions and evaluate important service outcomes such as effectiveness and impact. Staff explained that the determinants of successful service outcomes tended to focus on the number of students seen, and how soon, with little support for them to use the data collected routinely by their service to demonstrate their effectiveness and contribute to the evidence base:

> Different systems are used across the university, making data requests and outcomes evaluation time-consuming and difficult (ID 73).

Incompatible datasets and limited communication across sectors were substantial cross-cutting factors that prevented service development and hindered insights into students' unique needs. Differences in service structures and provision across sectors further caused delays in students accessing NHS services:

> It's 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 (ID 58). Students referred to specialist external services experience long waiting lists, while the university counselling service maintains contact without providing immediate support (ID 59).

High staff turnover, service restructuring and reliance on temporary contracts significantly hindered relationship building and contributed to service gaps. Having unclear roles for risk management and the lack of discussion among service leads led to uncertainties and defensive work practices, which could create tension between teams:

> Changing staff roles in HE and NHS, especially during partnership development or when a key staff member leaves, weakens or delays partnerships (ID 39). Not all staff doing the triage have an extensive mental health background, resulting in inaccurate referrals or holding onto students with risk instead of appropriate referrals through a fear of getting it wrong (ID 29).

Theme 3: achieving positive outcomes from partnerships

Staff described several tangible achievements that resulted from partnership working and provided positive cross-cutting developments that enabled services to be more responsive and 'joined-up'. Benefits of partnership working included cross-cutting factors such as building formal long-term relationships with local GP surgeries, new streamlined referrals into partner services, quicker assessments and shared decision-making between different services and professions:

> Having good relationships with the GP service means that we have direct referrals and same-day mental health assessments (ID 43).

Staff felt that partnerships between services enabled universities to better respond to students' mental health needs, offering a wide range of support options that promote choice, empower students and minimise resource duplication:

> [We] work actively with NHS mental health services [to] either offer the help or work out how else they might get help to ensure continuity of care and to avoid duplication of service provision (ID 29).

Developing partnerships also benefitted staff by improving their knowledge and communication across services, developing shared approaches to managing risk, and understanding what different services can offer:

> Regular case conferences [enable] joined-up thinking about risk and learning from incidents together… working with NHS staff brings this knowledge into university services and NHS services become more attuned to student need (ID 39).

Staff viewed partnerships as a long-term commitment with the potential to shape new policies to improve mental health provision for students. University services committed to partnership working have been paving the way for coordinated student care and have been preparing for this vision:

> [We're] working with CCGs to recognise that students are a distinct population. For the first time these partnerships have brought together commissioners and service leads (ID 66). [There is] dedicated student mental health liaison in the NHS to support risk management and provide a point of contact for university services (ID 43).

Theme 4: factors that shape student services

Factors that shape service provision encompass the unique characteristics of university services and how they respond to students' mental health needs within the HE context. University services stand out for their ability to implement cross-cutting activities that enable integration with wider structures that affect student mental health by working with faculties and residences. By recognising students' distinct needs, staff explained how these services strive to be flexible, responsive and accommodating, offering various support options. Timely access to support was prioritised through cross-cutting initiatives like daily drop-in appointments, free counselling with local charities, paid private counselling, single-session counselling, psychoeducational workshops and pathways to local psychological services:

> We are well integrated into wider structures—we liaise actively with schools, faculties, and residences—and so the wider university has direct experience of working well in partnership with the service (ID 64)

Managing risk was a key driver for partnership formation, with protocols and strategies in place such as:

> GPs and mental health nurses based in the University Health Service offer daily mental health sessions for students"(ID 43). An at-risk register is held with the GP and reviewed during practice liaison meetings… the onsite GP facilitates risk management (ID 66)

These collaborative approaches fostered staff expertise in student mental health and enabled comprehensive and cross-cutting risk management protocols. Staff also explained how consent procedures play a pivotal role in shaping services, with institutions implementing varied procedures to facilitate partnerships:

> Broad consent procedures mean that services can share essential risk information more easily [which allows staff to] discuss concerns with the GP that are covered by consent (ID 36). It's important that services are transparent about what data is being collected and who it is being shared with to build trust with students (ID 70)

Theme 5: towards coordinated care for students

University staff described a long-term vision for student mental health services, encompassing cross-cutting factors specific to regions and guided by national enablers. These enablers primarily included improving data collection and reporting standards for student services and implementing medium-term activities to achieve this goal. The vision involved simplified pathways into local Improving Access to Psychological Therapies services, now rebadged as NHS Talking Therapies for Anxiety and Depression, that align with academic timescales, increased integration between services within institutions to manage the full student journey, and collaborative efforts with the NHS to improve transitions between services. Staff highlighted the importance of these initiatives:

> So that being registered at one GP wouldn't prohibit students from going to another GP at university (ID 24). To create a shared discharge plan so that universities can support students once they have been discharged from an NHS service (ID 70).

Data collection and sharing policies were crucial cross-cutting requirements of new risk management protocols and informing clinical decisions. The vision emphasised the need for:

> Shared and trusted assessments with IAPT (ID 21). More flexibility and support from the NHS surrounding data sharing (ID 59). NHS services to consistently collect student status and institution [to prevent] confusion when discharging students from inpatient care. (ID 78).

The vision centred around supporting students and empowering them to access services responsibly, with data-sharing policies driven by student consent. Integrated systems and tracking the student journey were identified as priorities:

> Track the student journey to allow services to respond more quickly [and] improve the flow through of students from schools to services (ID 70).

In addition to data sharing and communication, staff outlined plans for developing new pathways into the NHS to offer specialised support beyond university services:

> A DBT pathway at primary care level that the GP can refer into (ID 66). A clear referral pathway for students waiting for NHS services to ensure they are supported whilst on the waiting list (ID 58).

DISCUSSION

The current study aimed to gain rich insights into the development of partnerships between UK universities and local mental health services, focusing on the underlying enablers for effective collaboration. Two key areas of partnership working were identified: building relationships between staff and optimising infrastructure to facilitate responsive mental health services. Establishing relationships across services and sectors was crucial in navigating difficult conversations and delineating service boundaries. This required implementing mechanisms for regular communication, appropriate data-sharing policies and transparent guidelines on staff roles and responsibilities.

Trust and confidentiality play a pivotal role in successful partnerships. Strategies that enabled cross-service staff to meet regularly and discuss cases in a safe and confidential space were found to foster trust, debunk false assumptions about each service and clarify staff roles. This finding aligns with previous research in healthcare settings, emphasising the importance of shared understanding between interdisciplinary teams.[28] Successful partnerships were viewed as opportunities for shared learning, leading to staff expertise in student mental health and this benefit has been documented in other healthcare settings.[29]

Our findings extend the evidence into developing interdisciplinary services and have important implications for university leaders. Empowering staff to define their roles and hold boundaries when working with distressed students is critical for strengthening service partnerships and yet staff are often overlooked when researching student mental health. The clarity of staff roles in the present study mitigated tension between teams, prevented defensive working and reduced situations where staff held onto high-risk students. Similar patterns have been found when researching the behaviours of academic staff who frequently report feeling on the 'invisible front line' for supporting distressed students.[30 31] Our findings extend this knowledge and imply that institutions would benefit from reviewing the feasibility of implementing staff policies on managing student risk across the university to support a holistic approach to mental health.[1]

Mapping services and data flow played a prominent role in improving access and coordination of student care. By mapping services, institutions gained a high-level perspective of students' journeys through services, which helped identify transition gaps, delayed referrals and breakdowns in communication. Mapping data flow also highlighted the barriers that university services faced in accessing necessary data, which delayed clinical decisions and prevented services from demonstrating their effectiveness and impact; both areas are key drivers for informing funding decisions and protecting service provision. These findings align with recommendations to improve data-sharing agreements between universities and the NHS while upholding information governance and consent standards.[11] Our findings emphasise the critical role of involving students in the decision-making processes for processing their mental health data. These findings are consistent with previous and extend the knowledge base by demonstrating how student involvement in service and data development is essential to maintain trust and transparency.[3]

Due to the COVID-19 pandemic, our data collection faced limitations with restricted engagement from NHS staff, primarily capturing experiences of professional staff from UK universities. While universities are recommended to lead partnership developments,[17] optimal collaboration relies on mutually beneficial goals between industry, academia and universities.[32] To fully understand the partnership dynamic, capturing the experiences and priorities of NHS staff is crucial. Despite the need to explore partnership models from the NHS perspective, the current study highlights the importance of building relationships to ensure responsive mental health support services for students and foster effective collaboration. Trust, confidentiality, staff empowerment and student involvement are key factors in successful partnerships, enabling universities to provide culturally relevant, accessible, evidence-based services and set new standards for student care.

Cross-cutting factors that contribute to partnership development

Across the themes, it was apparent that several cross-cutting factors facilitate partnerships and represent elements that were pivotal for successful collaboration between universities and mental health services. While relatively simple, critical aspects of building partnerships rely on bringing together willing and dedicated individuals from university and NHS services and protecting time for them to foster relationships, have regular communication and support networks. Practical challenges to achieving partnerships included gaps in information sharing (eg, inconsistencies in protocols and data security between university and NHS services), staff turnover and unclear roles or boundaries.

However, these challenges can be addressed in time and some of the partnerships involved in the current research have shown early signs of positive outcomes. Examples included piloting streamlined referrals and a commitment to update service protocols to facilitate service partnerships. The potential of such partnerships includes developing tailored services for student needs that are integrated within broader structures and complementary risk protocols that support students' transitions between services and sectors. Long-term visions drive coordinated care through improved data collection, simplified pathways and collaborations to empower students and develop innovative pathways to mental health services. These overarching factors illuminate the trajectory towards cohesive, student-centric mental health support systems through concerted efforts and comprehensive strategies.

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Collaborators Universities UK https://www.universitiesuk.ac.uk/ and Student Minds https://www.studentminds.org.uk/ were collaborators on this research.

Contributors EB led the research, conception, interpretations of the data and writing. KN, CB, MS-B, LK, GH, LG and MB contributed to the conception, data interpretations and writing. All authors provided final approval of the version to be published. EB is the guarantor responsible for the work and conduct of this study.

Funding This work was supported by the Office for Students see https://www.officeforstudents.org.uk/advice-and-guidance/promoting-equal-opportunities/effective-practice/collaborative-approaches-between-higher-education-and-the-nhs-to-support-student-mental-health/

Competing interests None declared.

Patient and public involvement Patients and/or the public were involved in the design, or conduct, or reporting, or dissemination plans of this research. Refer to the Methods section for further details.

Patient consent for publication Consent obtained directly from patient(s)

Ethics approval This study involves human participants and was approved by University of Sheffield, Department of Psychology, Research Ethics Committee (reference 032406). Participants gave informed consent to participate in the study before taking part.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data may be obtained from a third party and are not publicly available. Anonymised data can be accessed from the Open Science Framework page: https://osf.io/u54qk/

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REFERENCES

1 Universities UK. Stepchange: mentally healthy universities [Resource Document]. 2020. Available: https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2020/uuk-stepchange-mhu [Accessed 4 Dec 2023].
2 Taylor A. Overstretched NHS services are sending suicidal students back to universities for help. *BMJ* 2020;368.
3 Batchelor R, Pitman E, Sharpington A, *et al*. Student perspectives on mental health support and services in the UK. J Furth High Educ 2020;44:483–97.
4 NHS Digital. Mental health services monthly statistics: final August, provisional September 2016. 2016. Available: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/mental-health-services-monthly-statistics-final-august-provisional-september-2016 [Accessed 4 Dec 2023].
5 NHS Digital. Mental health services monthly statistics: final August, provisional September 2017. 2016. Available: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/mental-health-services-monthly-statistics-final-august-provisional-september-2017 [Accessed 4 Dec 2023].
6 NHS Digital. Mental health services monthly statistics: final August, provisional September 2018. 2016. Available: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/final-august-provisional-september-2018 [Accessed 4 Dec 2023].
7 UCAS. UCAS end of cycle report 2019. 2016. Available: https://www.ucas.com/file/292716/download?token=Q9ctjA-F [Accessed 4 Dec 2023].
8 Abreu M, Hillier A, Frye A, *et al*. Student experiences utilizing disability support services in a university setting. *Coll Stud J* 2017;50:323–8.
9 Thorley C. Not by degrees: not by degrees: improving student mental health in the UK's universities. London, UK IPPR; 2017.
10 NHS England. NHS helps record numbers of young people with their mental health as students return to universities. 2022. Available:

https://www.england.nhs.uk/2022/10/nhs-helps-record-numbers-of-young-people-with-their-mental-health-as-students-return-to-universities/ [Accessed 4 Dec 2023].
11 NHS England. NHS long term plan. 2019. Available: https://www.longtermplan.nhs.uk/ [Accessed 4 Dec 2023].
12 Waller R, Mahmood T, Gandi R, *et al*. Student mental health: how can psychiatrists better support the work of University medical centres and University counselling services. Br J Guid Counc 2005;33:117–28.
13 Shahaf-Oren B, Madan I, Henderson C. A lot of medical students, their biggest fear is failing at being seen to be a functional human": disclosure and help-seeking decisions by medical students with health problems. *BMC Med Educ* 2021;21:599.
14 Jacob R, Li T-Y, Martin Z, *et al*. Taking care of our future doctors: a service evaluation of a medical student mental health service. *BMC Med Educ* 2020;20:172.
15 Dunn V. Young people, mental health practitioners and researchers co-produce a transition preparation programme to improve outcomes and experience for young people leaving child and adolescent mental health services (CAMHS). *BMC Health Serv Res* 2017;17:293.
16 Hughes G, Spanner L. *The University Mental Health Charter*. Leeds: Student Minds, 2019.
17 Duffy A, Saunders KEA, Malhi GS, *et al*. Mental health care for university students: a way forward. *Lancet Psychiatry* 2019;6:885–7.
18 Baik C, Larcombe W, Brooker A. How universities can enhance student mental wellbeing: the student perspective. High Educ Res Dev 2019;38:674–87.
19 Priestley M, Broglia E, Hughes G, *et al*. Student perspectives on improving mental health support services at University. *Couns and Psychother Res* 2022;22.
20 Randall EM, Bewick BM. Exploration of counsellors' perceptions of the redesigned service pathways: a qualitative study of a UK University student counselling service. Br J Guid Counc 2016;44:86–98.
21 Barkham M, Broglia E, Dufour G, *et al*. Towards an evidence-base for student wellbeing and mental health: definitions, developmental transitions and data SETS. *Couns and Psychother Res* 2019;19:351–7.
22 Malla A, Iyer S, McGorry P, *et al*. From early intervention in psychosis to youth mental health reform: a review of the evolution and transformation of mental health services for young people. *Soc Psychiatry Psychiatr Epidemiol* 2016;51:319–26.
23 Malla A, Iyer S, Shah J, *et al*. Canadian response to need for transformation of youth mental health services. *Early Interv Psychiatry* 2019;13:697–706.
24 Vallianatos H, Friese K, Perez JM, *et al*. ACCESS open minds at the University of Alberta: transforming student mental health services in a large Canadian Post-Secondary educational institution. *Early Interv Psychiatry* 2019;13 Suppl 1:56–64.
25 Broglia E, Nisbet K, Chow H, *et al*. Student services partnerships evaluation and quality standards (SPEQS) toolkit, . 2022Available: https://drive.google.com/file/d/1lA_AMr2spLfz31JLpenG-pwLhHswl9k4/view
26 O'Brien BC, Harris IB, Beckman TJ, *et al*. Standards for reporting qualitative research: a synthesis of recommendations. *Acad Med* 2014;89:1245–51.
27 Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol 2006;3:77–101.
28 Ferlie EB, Shortell SM. Improving the quality of health care in the United Kingdom and the United States: a framework for change. *Milbank Q* 2001;79:281–315.
29 Mangold K, Denke NJ, Gorombei D, *et al*. Principles of successful partnerships. *Nurs Adm Q* 2014;38:340–7.
30 Morrish L. *Pressure Vessels: the Epidemic of Poor Mental Health Among Higher Education Staff*. Oxford: Higher Education Policy Institute, 2019.
31 Hughes G, Panjwani M, Tulcidas P, *et al*. *Student Mental Health: the Role and Experiences of Academics*. Student Minds, 2018.
32 Perkmann M, Salter A. *How to Create Productive Partnerships with Universities*. MIT Sloan management review, 2012.