



## **Mental Health Foundation**

**The Mental Health Foundation is the leading UK research and development charity working in mental health, learning disabilities and dementia. The Foundation is unique in bringing teams that undertake research, develop services, design training, influence policy, and raise public awareness within one organisation.**

**The Mental Health Foundation works across the UK and Europe, with a wide variety of partners including the voluntary sector, businesses, local authorities, health boards, national bodies and networks. This breadth means that we are ideally placed to bring a vision of the ‘bigger picture’ of wellbeing to inform everything we do.**

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# Contents

<b>03</b>	<b>Executive Summary</b>
<b>08</b>	<b>Introduction</b>
<b>10</b>	<b>Methodology</b>
<b>13</b>	<b>Findings</b>
13	Engagement with 12S
16	Overview of impact of 12S on colleges and universities
17	Aim 1: to raise awareness of mental health and wellbeing within college and university settings
17	Achievements
21	Challenges
23	Aim 2: increase partnership working and understanding including provide strategies for sharing learning across educational and health settings
23	Impact of 12S partnership working
24	Strategic factors contributed to successful partnership working
24	Examples of successful partnership working
28	Aim 3: develop expertise within local educational institutions and communities in delivering and facilitating mental health and wellbeing education and training
28	Successes
30	Challenges
31	Aim 4: to extend the network of individuals and organisations able to innovate, motivate and develop ways of working at a local level
31	Successes
<b>33</b>	<b>Going forward</b>
33	Gaps that need to be addressed
33	Priorities for future activity
35	Support required to address priorities
<b>37</b>	<b>Conclusions and Implications For Policy And Practice</b>
37	Introduction
37	What has been achieved?
37	External Facilitation
37	Partnership Working
38	A Strategic Overview
38	Building Capacity and Resources
38	Key Learning Points
39	Implications for practice and policy
<b>42</b>	<b>References</b>
<b>43</b>	<b>Appendices</b>

### Introduction

The Charlie Waller Memorial Trust (CWMT) and NHS Lothian jointly funded a Senior Health Promotion Specialist to take forward a pilot to support college and university settings in Lothian to address the mental health and wellbeing needs of their students and staff. The partnership was called '12S' because it aimed to work with all 12 colleges and universities in Lothian. The 12S pilot was implemented between 2008 and 2011. The aims of the 12S partnership were to:

- Raise awareness of mental health and wellbeing within college and university settings
- Increase partnership working and understanding including improving integrated working and partnership between NHS Lothian primary care and secondary care mental health services
- Develop expertise within local educational institutions and communities in delivering and facilitating mental health and wellbeing education and training
- Extend and develop networks within and across agency boundaries by providing strategies for sharing learning across educational and health settings
- Identify relevant learning points and good practice that can be usefully disseminated throughout Scotland's education and health communities to maximise impact

The Scottish Development Centre for Mental Health (SDC) was commissioned by CWMT to carry out an evaluation of the impact of 12S. In February 2011 SDC merged to become part of the Mental Health Foundation (MHF) and continued work on the evaluation.

The evaluation objective was to evaluate the extent to which the aims of the 12S pilot were met. This report of the evaluation findings demonstrates how well the 12S pilot aims were met; identifies the challenges faced by those involved as well as highlighting key learning and good practice examples that can be replicated elsewhere.

### Key achievements

The findings from the evaluation have shown that the 12S pilot has been successful to a significant extent in achieving progress towards meeting the partnerships aims.

#### External Facilitation

Higher education settings based facilitation by the 12S Project Lead helped mental health improvement leads and/or groups in colleges and universities identify their own specific mental health and wellbeing needs as well as gaps in their response to these. The 12S Project Lead then worked with them to plan how to address these needs. This included building on the work they had already developed and facilitating partnership working to develop further work both internally and externally. In many settings this meant the development of new internal multi-disciplinary groups to help drive work forward and create action plans.

#### Partnership Working

The 12S pilot provided opportunities for meaningful networking, and further funding to develop specific pieces of work. Through the grant system both internal and external partnership working was strengthened and colleges and universities were encouraged to innovate and the ownership of health improvement activities that emerged has set the foundations for sustaining mental health improvement work in the future. The 12S Project Lead facilitated links between settings and organisations which many people did not have the time or knowledge to do previously, this continues to be a key support area identified by evaluation participants. In terms of partnership working, key outputs from the 12S pilot were:

- The establishment of a virtual network to share learning and bring people together
- Creating opportunities such as events to bring people together to network, share learning and build partnerships
- Working in partnership with local NHS to deliver support
- Involving voluntary sector organisations in college and university life to deliver and create supports and interventions
- Taking a settings approach to mental health and wellbeing engaging staff at different levels within colleges and universities
- Using external facilitation to work as a catalyst to drive forward partnership work

- Using small grants to provide a focus for mental health and wellbeing partnership development around specific activities within colleges and universities

### **A strategic overview**

The partnership between the England based CWMT and NHS Lothian enhanced the ability of the 12S Project Lead to have a strategic overview and the authority needed to make an impact. The 12S Project Lead and the partnership group had an overview of the support and resources available across Lothian as a result of their strategic planning role within NHS Lothian and CWMT's expertise on and commitment to student wellbeing. A number of innovative activities and approaches were used in the pilot to achieve the strategic partnership aims including;

- Setting up contacts and opening new communication lines to widen joint working
- Providing access to training, networks and events
- Creating a small grants competition
- Proactively facilitating workshops and meetings

### **Building capacity and resources**

The evaluation has shown that the 12S project has been successful in supporting the development of the capacity of colleges and universities in Lothian to respond to the mental health and wellbeing needs within their settings. This has been largely achieved through the products produced as a result of the small grants projects (e.g. self harm cards), opportunities to take part in training, shared learning at events and through the 12S Network as well as participation in the 12S evaluation workshops. These activities also helped people become more aware of what their own institution was doing as well as what others are doing resulting in the sharing of ideas and planned replication of successful work. Examples of products that have resulted from the 12S pilot small grants scheme that can be replicated elsewhere include:

- Self harm posters and information cards (Heriot Watt University)
- Staff mental health and wellbeing website (University of Edinburgh)
- International student mental health awareness DVD (Edinburgh College of Art and Heriot Watt)
- Counselling service for high risk student group (University of Edinburgh)

### **Key learning points**

**The 12S pilot evaluation generated valuable learning points around building the capacity required within universities and colleges in Lothian to respond to the mental health and wellbeing needs of their staff and students, these were:**

- Taking a settings approach to mental health and wellbeing ensures that the agenda is mainstreamed within current organisational systems and structures, (taking both student and staff mental health into account) and resulting activities are more likely to have impact and be sustainable
- Principals and senior management need to take a lead in promoting mental health improvement and good mental health; this means encouraging and supporting their staff and students to understand the topic and become aware of how they can contribute but also supporting this through prioritising mental wellbeing on management agendas and structures
- External local facilitation from mental health improvement professionals (such as the 12S lead) helps drive work forward by providing information, insight, inspiration and support to get initiatives off the ground on a topic where college and university staff may lack confidence and direction
- There are a number of local free training courses on the topic of mental health improvement, mental health in the workplace and suicide prevention available in Scotland which can easily be accessed by colleges and universities. Accessing these resources can increase the knowledge of staff and students about mental health and wellbeing concepts, their ability to identify and respond to need as well as building capacity for the development and delivery of internal training courses
- There are a range of currently untapped partnership opportunities within universities and colleges, between faculties, professions and staff and students. The 12S pilot has shown that coming together through events, networks and working groups can have a greater impact overall for driving forward the mental health agenda than working in isolation and provide visible opportunities for those currently not involved to come on board

- The 12S pilot has demonstrated that it is possible to improve links between universities and colleges staff and student bodies and local health care organisations and through this set up systems that promote access to mental health support and educate about help seeking for all students and for specific high risk groups (e.g. eating disorders)
- Providing funding for the development of mental health improvement projects with tangible outputs (e.g. mental health awareness DVD) can provide a focus and incentive for wider mental health improvement activities in a college and university setting. As well as providing high quality, adaptable resources that can be replicated elsewhere, funding of this kind can improve links between higher education institutions through motivating the sharing of good practice on the mental health improvement agenda

## **Implications for practice and policy**

NHS Lothian has just published its new five year Mental Health and Wellbeing strategy which features taking forward the work of 12S and working with colleges and universities. In addition, the CWMT has decided to continue funding aspects of the 12S pilot including small grants, events and the 12S Network. The evaluation findings point towards a number of implications for taking the mental health improvement agenda forward within universities and colleges. Based on the findings of the evaluation, key areas for future action for those currently involved in 12S should include:

### **Raising awareness and education about mental health improvement:**

- To continue to develop and make accessible clear information on the mental health and wellbeing needs of students and staff, the training needs of staff, senior management and student representatives maximising the potential to replicate training, information and support resources developed during the pilot as well as innovating for the future
- Increase knowledge about the risk and protective factors for mental health focussing on key areas such as eating disorders, alcohol, drugs and stress
- Developing systems that enable universities and colleges to better understand the mental health needs of their staff and students and to track progress and impact of their mental health improvement activities

### **Developing leadership and direction:-**

Building capacity for internal and external strategic leadership to build on develop joint working, to mainstream mental health improvement within higher education utilising external sources of expertise where possible focussing on the following challenges:

- Developing clear lines on leadership and responsibility for mental health and wellbeing from the top and then throughout institutions, people and structures

- Taking a strategic overview of current activity and developing a shared direction and action plan for future sustainable activities
- Implementing a comprehensive settings approach, including policies, structures, ethos, physical environment for all staff and students, and making the case to prioritise development time for such activities
- Finding ways to involve academic staff in the mental health and wellbeing agenda; considering the development of specific roles for promoting mental health and wellbeing
- Effectively challenging cultures of ignorance and stigma, making higher education a place where staff and students living with mental health problems will want to be, be supported to stay and feel safe

#### **Increasing access to support:**

- Improve awareness of and access to internal and community based support services for students and staff with mental health problems or in distress, preventing crisis and mental ill health
- Continue to develop partnerships with community based organisations that work to promote mental wellbeing and provide support for those with mental health problems

#### **Building strong partnership working:**

- Maintaining and building on the 12S Network to provide a central forum for joint working and the sharing of good practice
- Continue 12S Network and external facilitation role, explore ways of expanding the model and replicating it elsewhere

#### **Widening support for this agenda:**

- Lobby the Scottish Government and local health boards for more national and local policy based support and resources for the mental health and wellbeing of higher and further education settings

It is also important that this evaluation is accessible to and provides insights for higher education institutions beyond Lothian as well as organisations in a range of different sectors. Practical ways in which the learning from the 12S pilot can be used to take forward work in organisations and partnerships that have not participated in the pilot include:

#### **Approaches for NHS and Public Sector Commissioners:**

- Draw on existing research and evidence or conduct a scoping exercise to assess the need, gaps and potential challenges for the pilot. Back this up with stakeholders' consultation to help shape pilot focus which will help ensure buy-in
- Take time to understand how colleges and universities are structured to inform you how best to build contacts within a setting to meet the aims of the pilot. High-level buy-in is important as well as working in a way to make work sustainable i.e. work with an established group rather than an individual who may change post or leave
- A pilot lead needs to make personal contacts and get themselves known to gain buy-in to developing work. Therefore having something to offer people to hook them in (e.g. delivering training, free events, small grants) can be helpful
- Involving organisations from all sectors helps build capacity for work
- Have a Project Lead based out with colleges and universities as it allows them to have an overview of all institutions and identify similar issues and share learning between them
- Being based within an NHS Mental Health and Wellbeing Team helps integrate work into a wider body of mental health and wellbeing work and provides access to more information and contacts. The partnership with CWMT, a UK wide voluntary organisation, also provided contacts and information and the opportunity to disseminate findings more widely
- Have an advisory group made up of a wide group of stakeholders to aid networking and partnership working
- Localising action and requiring people to take ownership for work helps make it sustainable
- Manage expectations and lack of understanding about mental health promotion and don't get sucked into only talking about mental illness
- Looking UK wide for input (best practice examples) is relevant because there are common patterns of needs and issues

### **Approaches for universities and colleges:**

The learning points section above outlines a number of ways in which colleges and universities can use the findings from the pilot evaluation to develop a mental health and wellbeing approach in their setting. The key points are:

- Taking a settings approach helps create sustainability – also in keeping with the evidence base of the WHO Healthy Settings approach
- Having high-level buy-in and champions within a college or university helps legitimise and co-ordinate work at a settings level
- Take on a mental health and wellbeing agenda not just mental illness agenda so it is inclusive of all staff and students
- Develop opportunities to improve awareness and understanding of mental health and wellbeing e.g. training, awareness activities etc
- Create opportunities for people to network and co-ordinate work across a university or college so everyone is working in a coordinated way
- Build in evaluation: intervention of evaluation helped with networks and see task ahead – what they needed to do (build in sustainability) – main way was through getting a group together a MH improvement or taking the agenda to establish groups
- Difficult to recruit students to the advisory group (transient, got own things going on) and so getting buy-in is good. Therefore understanding student structure of self support (sabbatical officers, student representatives) is important. Also being prepared to use their (student) technology (Twitter, Facebook, My Space) would be helpful (issues for this with NHS as can't access these via NHS)

### **Approaches for the voluntary sector:**

- Build relationships with colleges and universities to develop pathways for support and partnership working
- The 12S pilot has shown that charitable trusts can work effectively with the statutory sector as well as voluntary sector partners. In the future, where public services are likely to be reformed in such a way as to require close partnership working with the voluntary sector, innovations such as 12S may provide a useful model for taking this forward
- There are gaps in service provision or in promotion and prevention activities around mental health that neither higher education institutions nor statutory providers can fill alone. Therefore there is potential for the voluntary sector to play more of a lead role in partnership working and taking forward mental health improvement activities for university and college staff and students

## Introduction

### Background

The Charlie Waller Memorial Trust (CWMT) was established in 1997 in Berkshire with the aim of raising awareness within primary care and amongst young people of the signs and symptoms of depression and other mental health problems. The trust also aims to tackle the stigma associated with mental ill-health. Since establishment, CWMT has run a number of successful projects across England. In 2008 CWMT identified a need from a number of sources to develop a project in Scotland that would focus on improving student mental health and wellbeing.

In 2003 a Royal College of Psychiatrists report into mental health amongst students identified that increasing numbers of students were presenting to mental health services with mild to severe mental health problems. A key recommendation was that there should be better integration and knowledge-sharing between higher education institutions and mental health and wellbeing services (RCP, 2003). Following this, Wellbeing Scotland's report 'The Universities Scotland Report' in 2007 highlighted that student support services were at saturation point but they were not clear how to link into the NHS for support. In 2007, Edinburgh University's Student Counselling report (Edinburgh University, 2007) reported a 12% increase in the use of services by students and an increasing strain on university staff trying to support student mental wellbeing.

The importance of student mental health had been a feature of national policy for some time. In 2000, changes to the DDA meant that colleges and universities would have to make reasonable adjustments for students who were experiencing mental health problems and wanted to or were already studying. The importance of good mental health and wellbeing is recognised and well developed in Scotland's national policy agenda. One of the Scottish Government's current strategic objectives, 'National Indicator 15', is to improve Scotland's mental wellbeing by 2011.

At that time, NHS Lothian's Mental Health and Wellbeing Team had little evidence on the mental health and wellbeing needs of the student population. As a result the team suspected that this group was not being well represented in terms of service development and re-orientation. Therefore, NHS Lothian's 2005 – 2010 Mental Health and Wellbeing Strategy gave a commitment to focus on student mental health which in turn precipitated

discussions between CWMT and NHS Lothian and the initiation of the pilot.

The Scottish Development Centre for Mental Health (SDC) was commissioned in 2008 by the CWMT to undertake a scoping exercise to identify the main mental health and wellbeing issues experienced by students in Lothian and to establish any similarities and differences between different colleges and universities. They found that the pressures and demands made on students created challenges to educational institutions in implementing mental health policies that help achieve a mental health promoting environment for the whole student and staff population. Although support services existed they were not always easily accessible for students or staff, and as a result academic staff were often the first port of call for students experiencing difficulties with their mental health.

From these findings a number of recommendations were made around taking a whole settings approach to mental wellbeing in colleges and universities, creating better strategic partnerships between education and health with clear pathways to support, establishing clear roles and responsibilities and capacity building amongst staff and students.

### 12S

In response to the above, CWMT and NHS Lothian jointly funded a Senior Health Promotion Specialist to take forward a two year pilot to support college and university settings in Lothian to address the mental health and wellbeing needs of their students and staff. The project was called '12S' because it aimed to work with all 12 colleges and universities in Lothian. The 12S pilot was implemented between 2008 and 2011.

To participating organisations and institutions the Senior Health Promotion Specialist became known as the 12S Project Lead and for the purpose of the evaluation will be referred to as such. The 12S Project Lead post was based and managed within NHS Lothian's Mental Health and Wellbeing Team, within strategic partnership.

In addition to the funding for the Senior Health Promotion Specialist, the 12S partnership also made available small grants to universities and colleges to take forward mental health improvement initiatives. A total of £15,000 was made available by NHS Lothian to be disseminated to colleges and universities to develop work to promote mental health and wellbeing in their setting.

Interested universities and colleges were asked to submit an application outlining what work they would undertake with the grant. There were ten applications for the small grants fund. All bids had to show that they would support at least one of the three areas of work which were: mental health promotion; mental health inequalities; and developing partnerships. All applications were varied and six were successful across five settings – three colleges and two universities. The small grants offered up to £3000 for one years work.

To guide the pilot an Advisory Group was established made up of a partnership of representatives from Lothian universities and colleges, local voluntary sector organisations that did/could link into universities and colleges, health service and relevant national organisations such as Scotland's Colleges and NUS.

The aims of the 12S partnership were to:

- Raise awareness of mental health and wellbeing within college and university settings
- Increase partnership working and understanding including improving integrated working and partnership between NHS Lothian primary care and secondary care mental health services
- Develop expertise within local educational institutions and communities in delivering and facilitating mental health and wellbeing education and training
- Extend and develop networks within and across agency boundaries by providing strategies for sharing learning across educational and health settings
- Identify relevant learning points and good practice that can be usefully disseminated throughout Scotland's education and health communities to maximise impact

To help meet its aims the 12S partnership and Project Lead focused on developing three main work strands:

1. Mental health promotion for students and staff
2. Mental health inequalities – looking at specific needs within key population groups
3. Partnership development across the sector to develop care pathways for those students and staff who experience mental health problems and improve understanding and ways of working

## Evaluation

**The SDC was commissioned by CWMT to carry out an evaluation of the impact of 12S. In February 2011 SDC merged to become part of the Mental Health Foundation (MHF) and continued work on the evaluation .**

The evaluation objective was simply to evaluate the extent to which the aims of the 12S pilot were met. This report of the evaluation findings demonstrates how well the 12S pilot aims were met; identifies the challenges faced by those involved as well as highlighting key learning and good practice examples that can be replicated elsewhere.

The report begins with findings about the levels of engagement with and the impact of 12S. This is followed by a section focussing on the gaps, remaining challenges and implications for the future direction of the mental health improvement of universities and colleges in Lothian and 12S identified in the evaluation. The report concludes with a review of the extent to which the 12S partnership has met its aims, key learning and recommendations for going forward.

## Methodology

To evaluate the progress the 12S pilot made towards meeting the partnership aims, a range of methods were used. This ensured that the evaluation was informed from a range of perspectives including 12S partnership representatives, the 12S Project Lead, university and college staff and students and those working in partnership with them such as psychiatrists and trainers. The approach also allowed for in-depth reflection and analysis in one to one interviews, action research based activities in groups and concise quantitative data drawn from surveys.

### **Depth interviews with the 12S Project Lead**

Four face to face depth interviews with the 12S Project Lead were conducted by a MHF researcher to gather in-depth information and reflections about the process and progress of the 12S pilot at successive intervals throughout the pilot from the perspective of the implementer. This included discussing key achievements, challenges and learning from the pilot as it progressed. The interviews took place in May 2009, November 2009 (just before the 12S Project Lead went on maternity leave), February 2011 (after returning from maternity leave) and July 2011 (at the end of the pilot). Each interview lasted approximately two hours and was audio recorded and securely stored with the consent of the interviewee.

Interview schedules were prepared by MHF and signed off by NHS Lothian. The interviews were semi-structured, and reflexive; unanticipated topics that arose in interviews were introduced in subsequent interview (example questionnaires can be found in appendices 1 and 2).

### **Workshops with colleges and universities**

To gather the views of stakeholders about their involvement in and the impact of the 12S pilot on their institutions, MHF facilitated workshops with participating colleges and universities in Lothian. To organise the workshops NHS Lothian sent out an initial letter of introduction to each Principal of the 12 colleges and universities to make first contact, introduce MHF as the evaluators, legitimise the research and encourage response. The Principals then invited a range of individuals to participate, many of whom had been involved in working directly with the 12S Project Lead.

The workshops provided key contacts at the institutions the opportunity to discuss the work they had undertaken to promote and/or improve the mental health and wellbeing of students and staff during the life of the pilot. Participants were asked to think about what elements of their work had been successful and what challenges and barriers they had faced in implementing their work. This allowed colleagues to highlight gaps in their work and what still needed to be done. Participants were then able to use this information to create an action plan to take forward their mental health and wellbeing work.

The workshops took place between March and May 2011, towards the end of the pilot. A workshop plan was prepared by MHF and was signed off by NHS Lothian (Appendix 4). Each workshop lasted approximately 2.5 hours and was facilitated by MHF researchers. To set the context for the work the 12S Project Lead presented an overview of the pilot at the beginning of the workshops.

Eight institutions agreed to take part in a workshop. These were: Oatridge College; Stevenson College; West Lothian College; Heriot Watt University; Napier University; the Open University; Queen Margaret University; and The University of Edinburgh. The number of participants at each workshop varied between one and 15. In total 48 people took part across the eight workshops.

Of the four institutions that did not take part in a workshop, three of these were in the process of restructure and/or merging with other institutions and were therefore unable to participate. Edinburgh College of Art was in the process of merging with the University of Edinburgh and Jewel and Esk College and Telford College were both going through restructuring and redundancies, though both had previously been engaged in the pilot. Telford was engaged in the early stages of the pilot, before the 12S Project Lead went on maternity leave, and received support to raise awareness of mental health and wellbeing at health fairs and to support the NUS rep to run a campaign on mental health and wellbeing. In the latter stages of the pilot, once the restructuring was complete, the 12S Project Lead reengaged with the college, after the workshops had taken place. Up until the workshops, Newbattle Abbey College had not been intensively engaged with the pilot so did not feel it was appropriate to participate in a workshop. However, the contact generated as a result of setting up the workshops led to an initiation meeting with the college and the subsequent creation of work with the Project Lead.

### **Stakeholder survey**

To supplement the data gathered from stakeholders at the workshops, the views of those with whom the 12S Project Lead had worked with during the pilot was achieved near the end of the project through a short web survey. This provided an opportunity to evaluate 12S from the perspective of those who had had involvement with and/or an interest in the pilot. The survey focussed on the impact of 12S so far and priorities for future work.

MHF prepared and managed the survey using a web-based interface for creating and publishing custom web surveys called SurveyMonkey. An online survey was used because it enabled a geographically distributed and technologically literate population to access a survey at their convenience. The 12S Advisory Group and the 12S Project Lead discussed key themes with the evaluation team who then designed the survey (Appendix 5). The survey questions were discussed, mutually agreed and signed off by email by CWMT and NHS Lothian.

The 12S Project Lead provided MHF with the names and email addresses of all 12S stakeholders, that is, the 12S Network members and 12S Advisory Group. An invitation email with a link to the survey was forwarded to these stakeholders by MHF. Participants were given three weeks to complete the questionnaire. MHF sent a reminder email ten days into fieldwork and three days before the end of the survey to maximise response.

## Survey response

The stakeholder survey was sent out to 127 people. The breakdown of which institution respondents were from is outlined in Figure 1.

A total of 43 people responded, a response rate of 34%. Of all respondents, 58% stated that they worked or studied at a university or college in Lothian.

Responses were not received from the Open University, Oatridge College, Newbattle Abbey College or Telford College. Possible reasons for Newbattle Abbey College and Telford College not responding have been given above. For the Open University, because the engagement with 12S had been brief they may not have felt they had anything to feedback in the survey.

The remaining 42% of respondents to the survey were a mixture of people from the voluntary sector, statutory sector and mental health service users, a breakdown of this is outlined in Figure 2.

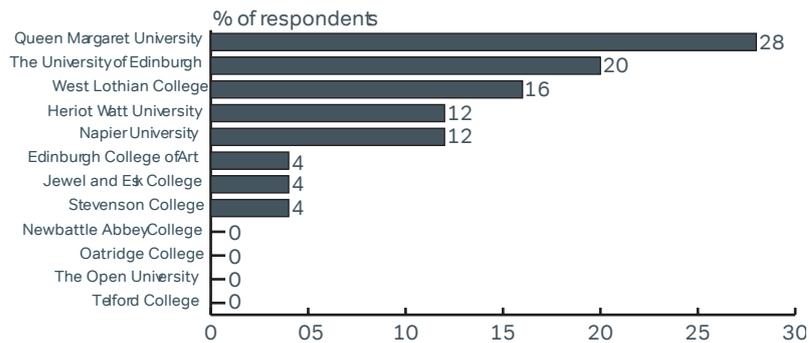
An equal number of statutory and voluntary sector employees responded to the survey in addition to mental health service users and individuals from education institutions outside Lothian or organisations including Scotland's Colleges.

### Limitations

The numbers of responses to the survey are small but respondents are from diverse backgrounds. As such the survey findings provide useful insights into the perspectives of a range of professionals and lay people but the numbers are not sufficient to draw broad generalisations.

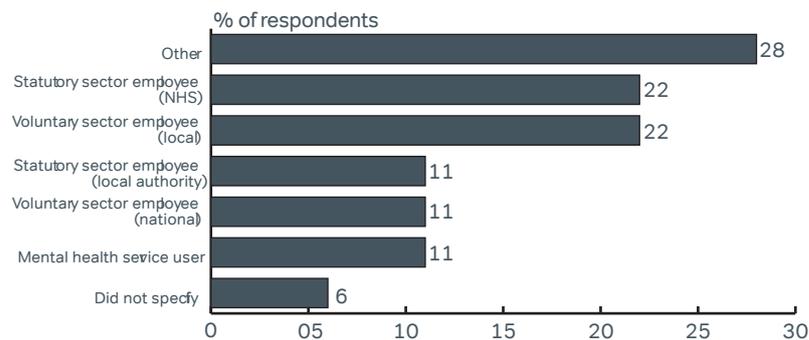
**Figure 1: Respondents who worked or studied at a college or university in Lothian**

Breakdown by institution of those who responded to the stakeholder survey who worked or studied at a college or university in Lothian



**Figure 2: Respondents who did not work or study at a college or university in Lothian**

Breakdown by institution of those who responded to the stakeholder survey who did not work or study at a college or university in Lothian



# Findings

## Engagement with 12S

Over the life of the pilot, the 12S Project Lead connected with colleges and universities through student services, equality and diversity departments, students associations and representatives and advice or counselling services. Engagement at the beginning of the pilot enabled the 12S Project Lead to gain an overview of each institution's needs (which varied in terms of location, student population, size etc) and plan how best to engage with them to address mental health and wellbeing.

Survey respondents were asked to indicate what involvement they had with the 12S pilot (see Figure 3 below).

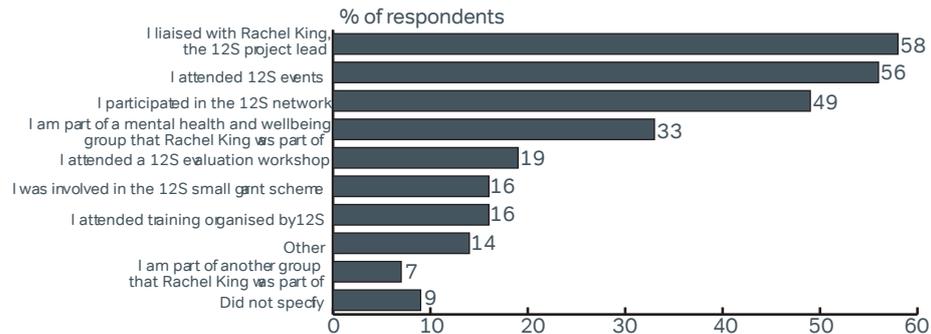
Most respondents had engaged with the 12S pilot in more than one way. More than half of the survey respondents said that they had liaised with the 12S Project Lead (58%) and/or attended 12S events (56%). Just under half of respondents said that they had participated in the 12S Network (49%) and a third of respondents said that they were part of a mental health and wellbeing group that the 12S Project Lead was part of. Attending a 12S evaluation workshop (19%) or training (16%), being involved in the 12S small grant scheme (16%) and being part of another group that the 12S Project Lead was involved in (7%) was also mentioned by respondents.

Where respondents indicated involvement under the "other" option they were referring to being part of the 12S Advisory Group or had linked in with the 12S Project Lead as part of other work she was involved outwith college and universities.

The 12S small grants initiative was particularly effective in enabling institutions become and remain engaged with the mental health and wellbeing agenda. Having the 12S Project Lead involved in a facilitating role for partnership working between colleges and universities and community resources was the other main way in which engagement with 12S occurred. Both of these forms of engagement are discussed in detail below.

**Figure 3: Involvement respondents had with the 12S Pilot**

What involvement have you had with 12S? (Please tick all that apply)



The type of engagement that universities and colleges had with 12S had to be tailored to some extent by the 12S Project Lead because of the following differences in institutional characteristics:

- Number of campuses (dispersed population e.g. communication/ access)
- Centrality of location (isolated population)
- Type of student (international, academic, vocational, residential etc)
- Size of institution (and complexity of infrastructure)
- High level buy-in / strategic approach (sustainability)
- Restructuring / redundancies

Some institutions had less engagement in the pilot than others because they were already doing work on mental health and wellbeing and felt well connected to relevant NHS or local organisations and so did not require continuous support or facilitation. In these instances the 12S Project Lead remained linked in with the institutions periodically to gather and share learning with other institutions or sat on a group in an advisory capacity.

Furthermore, some institutions who were not initially very engaged because they did not have a clear vision of what they wanted to achieve became more involved later as the 12S Project Lead helped them to think about mental health and wellbeing in a different way. Therefore, throughout the pilot the 12S Project Lead was actively engaged with approximately eight or nine but provided information to all settings.

At an early stage in the pilot it was decided by the 12S Project lead and partnership that a settings approach to mental health and wellbeing would be taken rather than working with specific student populations. This decision was made by consulting with key stakeholders and thinking about the sustainability of the project. It was felt that taking a settings approach would mean that the work undertaken in the pilot would be more sustainable as it would focus on the culture, structures and support available for students and staff in colleges and universities rather than working directly with the student population which is transient and would continue to change throughout the life of the pilot.

**“When this role was created I think the emphasis was on students...As I have developed this work it seems very clear to me that we are talking about settings. And if we are talking about settings we are also taking about staff mental health and wellbeing. Perhaps part of the need to look at staff mental health and wellbeing came out of that first three months going round and talking to people about the services that they had for both students and staff within college and university. And everywhere was, to a greater or lesser extent, trying to provide for students who were in distress and the day-to-day reality for staff was quite different I think and necessitated inclusion in this project.” (12S Project Lead)**

Therefore taking a settings approach was an effective way for the mental health and wellbeing of staff to be considered as part of the overall project. The 12S Project Lead felt that this was an area that was under-developed in many institutions and also had the potential to impact on the mental health and wellbeing of students.

However in practice, sustaining engagement with college and university staff also proved to be a great challenge. The 12S pilot project took place between 2008 and 2011 at a time when the country was in recession, the impacts of which were hitting educational institutions hard. Institutions faced staff changes, redundancies and mergers and as a result, engagement with institutions was inconsistent throughout the pilot. With economic challenges facing each setting the pilot was affected as some contacts changed role or were made redundant, work outside people's roles was de-prioritised and slow, and key contacts lacked time and/or resources to develop work individually (when there was an absence of a strategic lead for mental health and wellbeing work).

The evaluation workshops which took place at the end of the pilot helped to bring people within institutions together to take stock of and reflect on what they had achieved in terms of improving mental health and wellbeing in their institutions through 12S and other initiatives. The participants also used the workshops to refocus and think about how they could work better together and engage others to plan work going forward. Therefore, the workshops played a developmental role for mental health and wellbeing work in each institution and re-emphasised the importance of a settings approach.

**“It’s not just about this project making significant changes, but actually that being sustained much more broadly.” (12S Project Lead)**

Furthermore, it was felt that a settings approach would give ownership of the work to the institutions so they could focus on their particular needs and continue to build on the work they achieved after the pilot has ended.

**“I think it is about the setting and that even goes further than just the students and staff, doesn’t it? That is about the ethos and the policies and about the environment.” (12S Project Lead)**

A settings approach to mental health and wellbeing is in keeping with the approach being taken by colleges and universities in other parts of the UK who have signed up to the Health Promoting University or College Scheme. Furthermore, this approach is in line with the overall Scottish national policy agenda which focuses on healthy working schools and workplaces and in keeping with the model adopted by the World Health Organisation (WHO).

## Overview of impact of 12S on colleges and universities

Over the pilot, 12S has had wide ranging and significant impacts on those who have come into contact with the project. This section begins with a general overview of those impacts and then focuses down to assess in detail the impact of 12S against the specific aims of the 12S partnership.

The stakeholder survey asked respondents explicitly how 12S had supported those involved in the pilot to promote mental health and wellbeing in their settings (see Figure 4 below).

Facilitating partnership working and networking was mentioned by approximately half of respondents as a way in which the 12S pilot supported those involved in improving mental health and wellbeing in their setting (Figure 4). 54% of respondents said that 12S promoted and/or enhanced the sharing of ideas and/or joint working with others and 51% said 12S provided new and valuable contacts. Furthermore, 42% of respondents said 12S promoted and/or enhanced joint or cross-departmental working within their setting and 37% said that links with settings and local and national organisations and services were promoted and/or enhanced. Increasing partnerships and developing networks both internally and externally were key aims of the pilot and so these responses are important at illustrating how these aims have been met.

The responses to this question also show the added value that the 12S pilot provided to settings in delivering work that aimed to improve mental health and wellbeing. Just under half of respondents

said that the 12S pilot provided a focus for mental health and wellbeing activity (49%) and over a third of respondents said that 12S acted as a catalyst for the initiation of work on mental health and wellbeing (35%). The 12S pilot was therefore important for facilitating and promoting work to take place. Almost half of all respondents also said that 12S was a source for expertise and knowledge (49%) which was of support to them in taking mental health and wellbeing work forward.

‘Other’ responses given included that this question was not relevant to their role (e.g. the worked out with a college or university), and examples of how 12S facilitated partnership working or supported mental health and wellbeing activity.

**“Was a model of good partnership working for me to flag up across other regions in Scotland.”**

To gain a more in-depth understanding of the impact the 12S pilot had on promoting mental health and wellbeing work in colleges and universities the stakeholder survey asked a number of open questions about the value, learning and support respondents had gained from being involved in the 12S pilot. The responses to these questions have been used together with the evaluation workshops and depth interviews with the Project Lead in the sections below which examine how well the 12S pilot has met its specific aims.

**“12S facilitated an evaluation of the support service we offer in relation to mental health and wellbeing (staff and students).”**

**Figure 4: How 12S supported people to improve mental health and wellbeing**

In what ways has 12S supported you in your role to improve mental health and wellbeing in your setting? (Please tick all that apply)



## Aim 1

### **Aim 1: to raise awareness of mental health and wellbeing within college and university settings**

Raising awareness of mental health and wellbeing within college and university settings was an overarching aim of the 12S pilot and thus ran through all of the work undertaken in the pilot. To begin this process, at the start of the pilot the 12S Project Lead built contact with key people within each setting. The 12S Project Lead's initial contacts within settings were with support and advice services, those in equality and diversity roles or student association representatives.

#### **Starting points**

During these initial contacts the 12S Project Lead focussed on finding out about the student population and what people felt were the important issues concerning mental health and wellbeing in their setting. This process was important in terms of the equality strand of the pilot as it helped identify the need to support specific groups (such as international students) most at risk of poor mental health in each setting.

Existing awareness and understanding of mental health and wellbeing varied both by setting and within a setting (with some parts of a college or university being very aware of mental health and wellbeing (e.g. student support services) and others being far less aware (e.g. academic staff)). Early on in the pilot the 12S Project Lead found that people understood mental health in different ways. The 12S contacts in universities and colleges closely associated the term 'mental health' with mental illness.

These initial findings meant that to raise awareness and understanding of mental health and wellbeing across all higher education settings in Lothian required a range of tailored approaches. The 12S work undertaken in each setting depended on the specific needs and interests of particular institutions but also focussed on providing opportunities for networking and sharing practice, partnership working, training and building capacity.

The 12S Project Lead acted as a facilitator and a resource across the settings disseminating information, developing and supporting partnerships and providing research findings that highlighted why the mental health improvement agenda is important. The achievements and challenges of raising awareness of mental health and wellbeing within college and university settings as part of this pilot are discussed below.

#### **Achievements**

Evidence of raised awareness and understanding across college and university settings was captured in the 12S Stakeholder Survey. Participants were asked what had been the most valuable impact of 12S on the mental health and wellbeing of students and staff in their setting and what was the most important thing they have learned from their involvement in 12S. An increased awareness and understanding of mental health and wellbeing was a cited in responses to both questions. 42% of those who responded to the question about the most valuable impact of 12S on the mental health and wellbeing of students and staff mentioned raised awareness and understanding.

**“Raising awareness of the need for the university to address the mental health needs of staff and students.”**

**“Raising awareness of the amount of mental health issues staff and students are dealing with on a daily basis. Providing good and appropriate training and building links.”**

This raised awareness and understanding of mental health and wellbeing has allowed institutions to develop work based on their improved knowledge.

**“It has helped to bring these issues to the forefront and really to tackle some very difficult problems.”**

**“Focused information for students rather than just generic information on mental health.”**

Much of the work that resulted in raised awareness and understanding of mental health and wellbeing in college university settings was facilitated by the 12S Project Lead. Therefore, the 12S Project Lead's role as a facilitator was a key strength of the pilot.

The Project Lead felt that being employed within the NHS Lothian MH&WB team aided this success as it gave her access to a lot of information about what services and supports were available to help signpost institutions to.

**“Being part of the mental health and wellbeing team and being tied therefore to all the other bits of work has worked particularly well because it allows me, when I am approached with a question, then I've got access to that information, and I might not have the answer for the person asking me it, or I might not quite understand the implications for the student population but I know a person that would.” (12S Project Lead)**

The 12S Project Lead also felt that being placed within the NHS's planning structures for this pilot meant that they were able to make contact with other NHS Boards, which provided more opportunities for the pilot.

### **Mental Health Improvement Training**

Training was an obvious gap area and proved to be a successful way in which the 12S pilot could raise awareness of and develop expertise in mental health and wellbeing in college and university settings. However, with approximately 10,000 people working in the 12 higher and further education settings in Lothian, delivering training to all settings was an enormous task.

The 12S Project Lead directly delivered some training to colleges and universities in the early stages of the pilot such as Scottish Mental Health First

Aid (SMHFA). Then, to make training more sustainable the 12S Project Lead began to refer staff and student representatives to existing training resources available in Lothian, which include the package of training offered by NHS Lothian's Mental Health and Wellbeing Team. Furthermore the 12S Project Lead encouraged colleges and universities to train individuals for the SMHFA Training for Trainers course to increase capacity for internal training to be rolled out within settings. Napier University and Stevenson College already had well established internal training programmes available that acted as a good example for other settings.

Utilising existing training programmes, either internally or externally was an approach which was felt to be more sustainable and financially viable in the long run.

This capacity building approach to training enabled settings to have a raised awareness of and good access to relevant training. It also freed up the 12S Project Lead to focus on a facilitative role of identifying training needs and making settings aware of new opportunities for training via the 12S network. Training undertaken by colleges and universities during the pilot included:

- Scottish Mental Health First Aid
- Living Life to the Full
- Stress Management Courses
- A half day online course specifically developed for colleges and universities

The amount and type of training that was undertaken varied across setting. Whilst this activity has been reported at evaluation workshops and in the survey as having a positive impact as successful means of raising awareness and understanding of mental health and wellbeing, this activity is still under-developed across all sites.

### **Mental Health Improvement Events**

Events were an additional successful way in which the pilot raised awareness and understanding of mental health and wellbeing across settings in Lothian. In the life of the pilot two 12S events took place (with another planned for November 2011).

The events gave people from the 12 settings and NHS and voluntary mental health improvement organisations the opportunity to come together to showcase their work and find out about work being undertaken elsewhere. Event participants were encouraged to take learning of work back to their setting to be disseminated further and/or be replicated. Hearing about the Living Life to the Full course being undertaken by Edinburgh University inspired others to get involved with this initiative and awareness of organisations like LGBT Youth and Action on Depression has led to partnership working.

The events received positive feedback from participants and were highlighted not only as a way to raise awareness and enhance knowledge of mental health and wellbeing, but also as an opportunity to network (another of the pilot aims, see below). The first 12S event also gave stakeholders the opportunity to help set the agenda for the pilot, meet others involved and led to the development of the 12S Network.

**“There’s been a lot of positive feedback from that event [sharing practice conference], and a lot of positive feedback has been around people being able to have the opportunities to link up with other people, so I really think that that is part of the value this post adds.” (12S Project Lead)**

In addition to this, colleges and universities (e.g. Stevenson College) held internal events focussing on mental health and well-being, supported by the 12S Project Lead.

More detailed findings on the impact of events in relation to the 12S partnership aims are given below.

### **12S Network**

The 12S Network was set up early in the pilot by the 12S Project Lead (as a result of stakeholder involvement in the first 12S conference) and was another successful means through which the pilot raised awareness of mental health and wellbeing in college and university settings. The 12S Network is primarily a virtual network of over 100 people from universities, colleges, the NHS and voluntary organisations who had an interest in mental health and wellbeing in college and university settings. Through the 12S Network awareness was raised through:

- Dissemination by the 12S Project Lead of relevant research, information and resources, relating to mental health and wellbeing in education settings
- Sharing of information and learning from pieces of work that had taken place across the settings by those who had been involved
- Creation of a forum for informal discussion and networking and the sharing of ideas
- Advertisement of relevant mental health and wellbeing events and training opportunities

### **Evaluation workshops**

The evaluation and planning workshops that took place towards the end of the pilot were another way in which the 12S pilot was able to raise awareness of mental health and wellbeing across college and university settings. The workshops brought 12S Network members and other interested people within their setting together to discuss the mental health and wellbeing work that had been undertaken since the beginning of the pilot (both directly as a result of the pilot and activities out with the pilot) and to discuss ways to take forward work in the future. For many participants the workshops’ activity itself substantially raised their awareness of what was going on in their own setting, highlighting the lack of strategic overview and connectedness between pockets of good work.

Participants at the evaluation workshops gave examples to show that they and those around them had developed an increased understanding of mental health and wellbeing since the start of the pilot. Importantly participants demonstrated an understanding of what needed to be achieved by an institution for there to be good mental health and wellbeing for students and staff. This included:

- Understanding the difference between mental wellbeing and mental illness
- Having the knowledge and resources to identify and respond to needs by recognising that there are risk and protective factors for mental health, and that staff and students need to be able to comprehend signs and symptoms of mental health problems and know what action to take (participants highlighted the need for continued access to training and resources to enhance the skills of staff and students to support people)
- Working to reduce the stigma of mental health problems (the need for this seemed to differ from department to department within universities and colleges demonstrating varied levels of awareness of the issue)
- The availability and good communication of support services (internal and external and including self-help) for staff and students and how to refer to them (care pathways)
- Taking a strategic approach to mental health and wellbeing at an institutional level so that there is high level support and leadership for approaching mental health and wellbeing which is embedded in policies and infrastructure
- Good communication and collaboration across a college or university and out with the institution making best use of existing resources
- Being able to provide specialised, more or tailored support for at-risk groups and minorities (culture, inequalities, disabilities, LGBT etc)

Participants reported that whilst they were aware of what was required, they were currently few in number and although making in-roads towards achieving the above, they were very much at the beginning of a long process. Nevertheless, people felt very positive about being part of this process and felt that the evaluation meetings had helped them recognise how much they were already doing and the action plans were a practical way of helping them move forward to engage with wider internal partners.

Participants were also able to highlight how the activities they had undertaken in the life of the pilot worked towards addressing raising awareness. Key examples were:

- Providing access to support services both from internal and external sources for students and staff
- Putting various staff on mental health and wellbeing training
- Pushing for mental health and wellbeing agenda items on departmental and senior management meetings
- Providing information and access to self-help approaches such as information leaflets, bibliotherapy etc.

Much of the awareness raising work undertaken in the settings was a result of dedicated and enthusiastic staff supporting student mental health. Their impact was aided by developing links and working in partnerships with external agencies on specific pieces of work (e.g. support and training) and was developed further in settings where there was senior/strategic level support and buy-in.

Awareness and understanding of mental health and wellbeing was raised as a result of various partnership projects that occurred as a result of 12S and the small grants. Findings on this are discussed in more detail in the partnership section below.

## Challenges

### **Navigating complex institutional structures to engage staff**

Learning how to get into and navigate the complex institutional structures of colleges and universities was a challenge to raising awareness and understanding of mental health and wellbeing.

It was not always easy for the 12S Project Lead to establish appropriate contacts at each setting. Access was particular difficult in settings where there was not currently high level buy-in from senior management to the mental health and wellbeing agenda. Where this was the case, institutions did not have obvious or existing roles with responsibility to focus on mental health and wellbeing. In such circumstances, the 12S Project Lead tended to focus on those working in student support services as main contacts.

It was also a challenge for the Project Lead to engage with all parts of each setting. The Project Lead often found that the support staff in settings were involved in the mental health and wellbeing agenda but other parts of the institution, often academic staff, were not. This was noted by the Project Lead and evaluation workshop participants as a key challenge simply because academic staff have the most direct contact with students and are usually the people that students turn to when they are experiencing challenges to their mental health and wellbeing.

Academic staff reported feeling ill-equipped to deal with this. This is a challenge that most institutions were aware of and some of the settings were making progress. For example, in one of the universities the mental health nursing tutors have engaged with the pilot as they see the potential for their roles to build capacity to offer support. At the evaluation workshop this university planned to establish a group to take this approach forward.

### **Scale of task**

The 12S Project Lead was the only worker assigned to the pilot and had to engage with 12 settings whose students and staff had a combined population of approximately 75,000. Furthermore, because each setting differed in the kind of student population and resources they had, work had to be tailored. Within each setting there was also a large variety of age groups and nationalities (Over 70 countries are represented which is much higher than 2% BME overall for the Scottish population) which added greater complexity in how to both appropriately engage people to raise awareness and enhance understanding. Capacity to engage and deliver the pilot was therefore a significant challenge for the Project Lead.

### **Tackling stigma**

Raising awareness and understanding of mental health and wellbeing across all settings is something that will take time and will include breaking down stigma associated with mental ill health. When respondents to the 12S Stakeholder Survey were asked what they felt were the most significant areas of unmet needs concerning mental health and wellbeing in their setting, over a third of those who responded (35%) felt it was adequate awareness and understanding of mental health and wellbeing amongst staff and students.

**“Lack of promoting positive mental health i.e. there is support for people who are experiencing mental health problems, but there is not enough preventative work. Stigma and discriminatory attitudes are still a problem. This is especially true within staff. There is still little differentiation between mental health and mental illness. They are spoken of as the same thing.”**

Survey respondents identified that stigma was present in their institutions and needed to be tackled.

**“Resources and ideas of how to promote breaking down the stigma of mental health.”**

**“Breaking down stigma and building up awareness.”**

**“Awareness and challenging the stigma around mental ill health.”**

**“I think that there is still a feeling amongst some staff and students that they wouldn't want anyone to know that they had a mental health issue.”**

### **Lack of strategic commitment to mental health and wellbeing**

A common challenge experienced by many settings was an absence of a co-ordinated and setting-wide approach to mental health and wellbeing. Many institutions lacked an overview and awareness of what was already available in their setting and how to access to resources to develop new work. The evaluation workshops revealed that participants perceived key barriers to developing mental health and wellbeing work to be a lack of resources, particularly staff time (with competing priorities) and money.

There was an acknowledgement at the workshops that in most settings there was a reliance on key individuals to drive the work forward with little support. This presents a risk to sustainability, especially in difficult economic times when restructuring and redundancies are common. This issue arose several times in the pilot and impacted on how well a setting was able to engage with the agenda.

## Aim 2

### **Aim 2: increase partnership working and understanding including provide strategies for sharing learning across educational and health settings**

Partnership working was an important aim for the pilot. Partnership working took the following forms that involved the 12S project lead:

- Working directly in partnership with colleges and universities or other agencies
- Facilitating internal partnership working within a setting or with external organisations
- Enhancing existing partnership working within and between settings and between settings and external agencies.

**“Part of the strength of this project has been about working in partnership.” [12S Project Lead]**

**Impact of 12S partnership working** Stakeholders’ responses to the survey illustrate the success of the pilot in increasing partnership working. One respondent suggested that it is a model that other areas could benefit from.

**“It’s been a good example of partnership working to promote elsewhere.”**

Approximately two-thirds of those who responded to the survey question about the most valuable impact of the 12S pilot on the mental health and wellbeing of students and staff answered partnership working (62%). This included internal partnership working within a setting as well as external partnerships including those with the NHS.

**“Partnership working - both within the institution and externally. I discovered great work that was going on within my institution that I had no idea was taking place!”**

**“The most valuable aspect has been providing a route into the NHS services and working on the pathways and protocols issues. This is still ongoing.”**

**“Bringing NHS and educational settings together has legitimised our concerns about student mental health and emphasised the need to treat them seriously.”**

**“It has raised awareness of mental health issues and got people across the institution and externally talking and sometimes working together.”**

The value of partnership working to develop work to address mental health and wellbeing was also mentioned by 28% of respondents as the most important learning they gained from being involved in the pilot.

**“It’s reinforced the fact that successful partnership working is essential if you are going to improve the mental health and wellbeing of the student community.”**

**“Networking and the chance to work with staff from universities/ colleges to let them know about our work and contribute to their work.”**

**“Knowledge of innovative support provisions within the 12S community.”**

**“That working collaboratively can do more to help.”**

Over half of respondents said that partnership working gave an opportunity to share knowledge as well as raise awareness of other organisations that could help support mental health and wellbeing work within colleges and universities (52%).

**“The range of services and professional available to assist students in need of support.”**

**“There is a good support network in place to help.”**

**“Value of knowledge sharing across institutions.”**

**“The way NHS services are planned and structured.”**

### **Strategic factors contributed to successful partnership working**

The awareness raising activity generated by 12S and the strategic position of the 12S Project Lead's employment base helped the process of linking up existing organisations and services to create stronger and sustainable partnerships and avoid duplication.

**“Being in the NHS, in this health board...that's worked particularly well, and part of that is having access to information about all those developments, part of it is...being able to involve people from a range of different service levels, so primary care and secondary care and so on, and really get a feel for what some of those issues are, and I think that has added to being able to build partnerships and so on because people are keen to work with the NHS.” (12S Project Lead)**

The increase of partnership working as a result of the pilot has been successful in part by how the Project Lead has been funded and set up. Being joint funded by the CWMT and NHS Lothian has given the 12S Project Lead access to contacts that it would not have otherwise had access to.

Being a UK organisation based in England, the CWMT has provided the 12S Project Lead with contacts and information about relevant work happening out with Scotland which the pilot has been able to draw on. This has included Mad Student Societies and the Healthy University Scheme. Furthermore, being based within NHS Lothian's Mental Health and Wellbeing Team also provided the 12S Project Lead with a large network of contacts via wider NHS work and partners.

Many of the network contacts were local and/or national voluntary sector partners or were within the Local Authorities. This meant that the 12S Project Lead could link the colleges and universities with relevant organisations in Lothian that could offer support, expertise and services which they were not able to provide internally, thus promoting sustainability.

The 12S Project Lead felt that being based out with an educational setting was a key strength of the pilot because settings had to take ownership of their own work, whilst the Project Lead supported them to do so, making use of what resources were already available to them rather than relying on another internal worker.

**“Because I don't sit in a university or college I have an overview of what's going on at the universities and colleges and because I am in the statutory sector in the NHS it's a real benefit because I've got such wide access to so many things that are going on in terms of mental health and wellbeing and beyond...the NHS work so closely with voluntary sector projects and the council that it gives me a whole wealth of resources and information about services and ideas about taking work forward.” (12S Project Lead)**

The 12S Project Lead also felt that having the Mental Health and Wellbeing Strategic Programme Manager for NHS Lothian supporting the pilot helped give legitimacy and gained buy-in from the colleges and universities. The fact that the NHS was delivering the project, and that it was receiving support at a national level via Towards a Mentally Flourishing Scotland (TAMFS) was felt by the 12S Project Lead to have helped people in universities and colleges to see that the work they were doing was part of a wider agenda.

Partnership working included sharing learning as well as working directly on specific projects. Examples of approaches to partnership working which have been successful and the challenges experienced in developing partnerships as part of the pilot are outlined below.

### **Examples of successful partnership working**

#### **Small grants partnerships**

Partnership working has been a major strength of the 12S pilot and was vital in ensuring that there was capacity for a range of activities to take place. To promote sustainability in the work being undertaken, partnership working was necessary as it gave ownership to those involved in colleges and universities and reduced reliance on the 12S Project lead. This was part of the reasoning behind the development of the small grant scheme. NHS Lothian and CWMT were keen for colleges and universities to think about what mental health and wellbeing needs their setting had and to bid for up to £3000 to develop a project over a year.

Heriot Watt University was successful in receiving two small grants, both of which were to work in partnership. The first grant was to work in partnership with the Edinburgh Self Harm Project to develop resources for students on self harm. This was perceived by evaluation participants as an important piece of work as self harm was an issue raised as a concern at many of the colleges and universities. The resources were developed so that they could be adapted by other settings for use, promoting further partnership working and building capacity. Students were involved in the development of posters, leaflets and a z-card for students.

The second grant was for Heriot Watt to work in partnership with Edinburgh College of Art and Equally Connected to develop a DVD to help engage and support international students to seek early intervention, promote positive mental health and accessing services when needed. The 12S partnership recognised that Heriot Watt, and other institutions in Lothian had a high number of international students who may experience added stressors as a result of studying away from home and may also have different attitudes to mental health and accessing services. Equally Connected helped engage students in developing materials.

Again the DVD was made to be distributed to other universities and colleges to raise awareness. Both projects helped Heriot Watt University focus on specific mental health and wellbeing needs in their setting and acted as a catalyst for further mental health and wellbeing work. Both projects engaged with students and raised the profile of the mental health agenda and the funding made it possible for the projects to happen.

The other small grants are discussed in more detail in the developing expertise section below.

### **12S network and events**

Partnership working was also successfully facilitated via the 12S Network and events. The 12S events gave people the opportunity to meet others in the field and learn about what work was happening in other settings, opening up opportunities for partnerships developing. This was something event participants valued highly.

**“A lot of the positive feedback has been around people being able to have the opportunities to link up with other people, so I really think that that is part of the value this post adds to the whole situation.” (12S Project Lead)**

The events often showcased pieces of work happening throughout Lothian, both within and out with colleges and universities increasing learning and reducing duplication.

**“Ensuring that there are opportunities for colleges and universities to hear about what each other’s doing so they don’t just go off on their own and try and do the same thing but actually build on what we already know works. I think that is a real strength of me being in the NHS again, because you have NHS Health Scotland and other national partners who invest money in creating evidence that is then disseminated locally but not necessarily to institutions such as colleges and universities, and that’s really been a key part of my role.” (12S Project Lead)**

### **Healthy working lives and NUS**

The partnerships that the 12S Project Lead developed with other organisations were important in developing mental health and wellbeing work at colleges and universities. For example, 12S worked in partnership with Healthy Working Lives (HWL). The 12S Project Lead introduced some colleges and universities to the Healthy Working Lives Awards as a way to focus and develop mental health and wellbeing work at a settings wide level (some settings were already engaged with HWL before the pilot).

The partnership with NUS’s Think Positive Project Lead was also helpful in the early stages of the pilot. The 12S Project Lead sat on NUS Think Positive Project Advisory Board so could disseminate learning from a national level to a local level in Lothian. NUS was also a resource for information and a source of training expertise that the 12S Project Lead could direct people to.

### **Scottish Mental Health Arts and Film Festival**

An ongoing piece of partnership working is the involvement of NHS Lothian as a partner in the Scottish Mental Health Arts and Film Festival (SMHAFF). The 12S Project Lead coordinated the Lothian festival events for the SMHAFF so was able to disseminate information to settings via the 12S network and link the pilot to this work. Through this, students became engaged in SMHAFF events.

At one of the festivals during the pilot, Edinburgh College of Art (ECA) were involved in several events including students producing materials and films which were shown as part of the festival. This helped raise awareness of mental health and wellbeing amongst students and helped link settings into other pieces of mental health work being undertaken in Lothian.

As a result of engaging in the festival some students contacted local voluntary organisations involved in the festival to offer their skills to help them become involved in arts and film projects. The 12S Project Lead additionally, produced and disseminated information regarding promoting positive mental health amongst students before the festival to colleges and universities.

### **Edinburgh Eating Disorders Service**

Another successful piece of partnership working was that made between the Edinburgh Eating Disorders Services at the Cullen Centre and some of the Lothian universities. The 12S Project Lead developed this partnership as eating disorders were highlighted as an issue at almost all of the settings and a high number of referrals to the service are for students.

The Cullen Centre offers a good quality service but with such high demand there is a long waiting list. Therefore the partnership looked at ways to build capacity to support students. A pilot has now begun at the University of Edinburgh and Heriot Watt University to run an online support tool for those dealing with symptoms of bulimia who would also receive weekly support from a counsellor either by email or phone.

The aim of the pilot is to bring services to where students are, reduce waiting times for the Cullen Centre and to develop a partnership between NHS mental health services and university support services.

### **Challenges to partnership working**

Economic climate and staff changes The restructuring and redundancies that occurred during the pilot at a number of colleges and universities challenged the development of partnership working. In some cases the extra demands placed on staff as a result of restructuring and redundancies meant that work was delayed or stopped altogether.

That was the case at one of the colleges where it was originally hoped that awareness raising of diversity and equality issues could be built into a classroom based teaching programme but the work was delayed as a result of restructuring and increased work demands on staff. Staff changes had a similar impact on the pilot and the development of mental health and wellbeing work as people often took knowledge and expertise with them when they left and so work either stopped, had to be revised or had to start again.

**Need for 12S facilitation**

Where possible the 12S Project Lead encouraged other partners to take the lead on developing partnership work because of the Project Lead's limited capacity and the need to encourage initiative. However, some partnerships needed external facilitation to get started which the 12S Project Lead provided.

The 12S Project Lead gave a focus to pieces of work which allowed practitioners with competing priorities to make time to look at specific issues. An example of this is the piece of work which involved the Community Mental Health Team (CMHT) leads in Lothian and Head of Support Services at universities. They were trying to find the best way to work together to support students in crisis or with ongoing mental health issues (e.g. avoiding non-term time appointments, care pathway planning, cross-NHS Board communication).

It was the 12S Project Lead who organised the focus group for CMHT leads and the Head of Student Support at Heriot Watt to discuss how universities and the NHS could work better together. It takes time to make these cross-sector partnerships but investment in facilitation has proved valuable given the long term impacts it can lead to. A key role of the 12S Project Lead was to facilitate partnership development which has been fundamental to the success of the pilot.

**Cognisance of local systems**

A piece of partnership work that was unable to take off at any of the colleges or universities was the development of a Mad Student Society. The idea came from an existing society at Leeds University which considers the mental health and wellbeing needs of students with or without mental health problems. While the idea gained a lot of interest at one of the 12S events, a society would have to be set up and run by students who are a transient population.

The 12S Project Lead has found it difficult to keep in touch with student union sabbatical officers to try and set up a piece of work like this as their time in post is limited and they have many competing demands. There was neither the capacity or enthusiasm amongst the students or the pilot to do this nor the appropriate structures. If this work was to develop in the future the 12S Project Lead thought it may be more productive to engage with the permanent staff in posts which support sabbatical officers so they can aid the development of work.

While it has been challenging in terms of capacity to get some partnership pieces of work going, stakeholder have reported that they valued having a 12S Project Lead with awareness of the issues from the perspectives of all partners to make initial links to get work started.

## Aim 3

### **Aim 3: develop expertise within local educational institutions and communities in delivering and facilitating mental health and wellbeing education and training**

Much of the work carried out in the pilot to develop expertise within colleges and universities to deliver and facilitate mental health and wellbeing education and training, were also pieces of work that helped raise awareness of mental health and wellbeing or developed partnership working and networking. This included mental health and wellbeing training and localised pieces of work including the work the 12S Project Lead and student association representatives undertook to provide information for awareness raising campaigns and activities. Localised pieces of work helped develop expertise within individuals successfully but challenges were also faced.

#### **Successes**

One of the most successful ways the 12S pilot developed expertise locally was via the small grants fund. The successful applications engaged with students and staff, looked at sustainability beyond the pilot year, thought broadly and creatively about mental health and wellbeing and looked at particular populations of interest.

**“Part of the questions that we asked them [small grants projects] was about who else they’d involve and who else were they planning to work with. And one of the real strengths of the successful applications was that they involved the voluntary sector or other agencies and I think again looking at sustainability that’s pretty crucial.” (12S Project Lead)**

The small grants gave colleges and universities the opportunity to build internal expertise by focusing on a piece of work that would be valuable to their setting.

The University of Edinburgh were successful in gaining two small grants to develop two very different pieces of work. Both are good examples of developing expertise within educational settings. The first grant worked with the human resources team in the university to develop a one-stop website for staff to access information and support for health and wellbeing. As Edinburgh University is a large institution that employs a large number of people it was felt that relevant health and wellbeing information may be difficult to find. Therefore the website that was

developed allowed staff to access health and wellbeing information from one place making it easier to find. For example, the site has information on family friendly policies, stress management, bike to work schemes, social events and more ([www.ed.ac.uk/staff-students/staff/health-wellbeing](http://www.ed.ac.uk/staff-students/staff/health-wellbeing)). A focus on staff mental health and wellbeing was not present in the other small grants but many of the settings throughout the pilot felt that there was not enough in place, or knowledge about what was in place, to support staff. Therefore the development of this website could help inform similar work in other settings.

The second grant for Edinburgh University was to set up a dedicated counselling service at the new Vet School campus. This service was thought necessary as the new campus is out with Edinburgh City so students could find it difficult to access mainstream support services. Furthermore, there was recognition that vet students and vets have a higher rate of depression and suicide than the general population so required additional support. This project was therefore, particularly successful at focusing on the inequalities strand of work. The success of the project is currently being written up as a journal article to be disseminated more widely and brings to the attention the need to address isolated or at risk groups.

Jewel and Esk College used their small grant to take a whole settings approach. They used the grant to develop and deliver mental health and stress awareness training to all line managers. While the training focused more on stress than mental health and wellbeing, it helped develop internal knowledge of mental health and wellbeing across the institution. In addition, some of the grant was used to develop the college’s existing information bulletin ‘Respect’ to include features on mental health and wellbeing to raise awareness and understanding across the college as it is available to all staff and students.

Resources from the small grants are planned to be made available for all colleges and universities. These include the DVD for international students, and Z-Card of contacts, and self-harm information leaflets and posters developed at Heriot Watt.

Some of the stakeholders of the 12S pilot said that being involved in the small grants work was the most valuable impact the pilot made on the mental health and wellbeing of students and staff in their setting (15%).

**“So far the main impact has been the outputs of the two small grants on self harm and international students.”**

**“We were the lucky recipient of a 12S grant to develop a health and wellbeing website for our staff in order to provide a focus for the large amount of information we have on a wide range of health and wellbeing issues, the majority of which impact on mental health. The site offers guidance and information as well as directs staff to sources of support both internal to the University and out with.”**

**“Production of resources - film and self harm materials.”**

#### **Evaluation workshops**

The evaluation workshops were described by survey respondents as helping to develop expertise and raise awareness of mental health and wellbeing in their setting and thus one having a valuable impact in terms of learning for some of those involved in the pilot.

**“The importance of communicating with one another and with working together on mental health in our workplace.”**

**“Key staff with whom I can collaborate within my institution.”**

The evaluation workshops helped pull together existing work and expertise and make a case for work to be co-ordinated at an institutional level. For some settings, the workshops resulted in mental health and wellbeing groups being set up, with the potential of harnessing and developing expertise.

**“Bringing people in the University together to create a group committed to promoting mental wellbeing. Raising the profile of mental health issues with senior management, especially through the evaluation exercise.”**

**“Highlighting work done at the [evaluation] meeting to Principal thus supporting senior management commitment.”**

Working with the 12S Project Lead Being involved with the pilot was another way in which colleges and universities were able to develop expertise and capacity for mental health and wellbeing being work. The 12S Project Lead was a source of expertise and information which settings could draw on and acted as a catalyst in some settings to develop mental health and wellbeing work.

A fifth (20%) of responses mentioned that having the 12S Project Lead as a source of expertise, information and support was the most important learning they received from being involved in the 12S pilot.

**“The link with Rachel has proved invaluable in focussing on mental wellbeing and having expertise on hand to share information on best practice, etc.”**

**“The value of having an individual, a co-ordinator - i.e. Rachel, with dedicated time, to be a conduit between settings and stakeholders.”**

**“I think that our contact with 12S has given us a focus that we did not have before.”**

**“That access to mental health services is not the only issue for universities. We have a lot of resources, goodwill and energy in relation to our students’ mental health needs but we needed a focus to bring us together to talk, share ideas and devise action plans. 12S has provided that focus.”**

Additional ways in which evaluation participants reported 12S had successfully developed expertise in colleges and universities was through the partnership links made with external agencies via the 12S Network, training and events.

## **Challenges**

Lack of adequately trained staff  
Stakeholders who responded to the survey acknowledge that developing the expertise of staff was important to improve the mental health and wellbeing of students and staff. However, developing expertise within colleges and universities was a challenge because many settings found it difficult to free staff up for training in difficult economic times, especially when such training was not deemed essential. This meant that while opportunities may have been available the uptake was not optimal. Adequately trained staff, particularly managers, was felt to be a significant unmet need by over a fifth of respondents (22%).

**“Training for managers in dealing with staff with mental health issues.”**

**“Training for teaching staff to recognise signs of stress and withdrawal in a person.”**

**“Time and trained staff.”**

**“Manager training/awareness.”**

**“Training for college and university staff.”**

## **Lack of strategic leadership**

In some settings a lack of strategic co-ordination also meant that opportunities to develop expertise may not have been prioritised or well communicated across the setting. Strategic leadership was identified by respondents to the survey as an area of unmet need (17%) and something they would like to address to develop expertise and improve the mental health and wellbeing of students and staff.

**“Mental health awareness is patchy across the institution. It needs to be more embedded possibly via a ‘Healthy University’ approach. Somebody needs to lead on it - at the moment lots of individuals are doing their bit but there needs to be a decision at senior management level to make it a priority.”**

**“Leadership from senior management team to prioritise this over other business activities.”**

**“There is no centrally co-ordinated strategy to promote and support mental health and wellbeing in this organisation.”**

**“The lack of a central group within the institution to take forward mental health and wellbeing issues.”**

## Aim 4

### **Aim 4: to extend the network of individuals and organisations able to innovate, motivate and develop ways of working at a local level**

Developing networking amongst stakeholders to develop mental health and wellbeing work was a key aim of the pilot and was built in to many of the activities which were undertaken to raise awareness, promote partnership working and develop expertise amongst participating settings.

#### **Successes**

Networking with colleagues within the same institution was promoted through training and the evaluation and planning workshops which many stakeholders from both the colleges and universities valued.

**“I think that 12S provided a valuable opportunity for members of staff from around the College to sit down together and focus on how mental health issues are dealt with for staff and students, what we already do well and what needs to be improved. I think the [evaluation] meeting really helped us to analyse where we are with mental health provision, where we need to be and what obstacles we face.”**

**“Raising the profile of mental health issues within the institution. Providing an opportunity within the institution to bring together staff from a wide range of areas to focus on providing support for the mental health and wellbeing of both staff and students.”**

Internal networking made people more aware of what was happening throughout their settings regarding mental health and wellbeing and helped them plan how best to move forward and develop future work.

**“Initiating cross-college working on mental health & wellbeing.”**

**“Key staff with whom I can collaborate within my institution.”**

**“Involving students in developing campaigns and work in this area is essential.”**

#### **External networking**

External networking was promoted through small grants, the 12S Network, events and training which provided opportunities to share learning and raise awareness of what other support was available out with colleges and universities.

**“Knowledge of innovative support provisions within the 12S community.”**

**“That there are more interested and proactive people in the network, and we can learn, develop and improve through these interactions in the interests of the promotion of Mental Health and wellbeing within the University.”**

**“Getting a picture of the universities/colleges in Lothian, the services they provide, and opportunities to link in the work of my charity with their work and activities.”**

This was perceived by many stakeholders as important learning they gained from being involved in the pilot.

**“The greatest impact came via the facilitation of network development. 12S generated &/or signposted events and seminars which brought together the HE sector with statutory and 3rd sector health professionals. Knowledge and personal/professional development emerged out of these meetings for staff, which enhanced understanding & therefore improved the quality of provision for students.”**

**“That there is a will for a coordinated network on student mental health improvement, but it will not work without sustained support from the NHS and other funders like Charlie Waller.”**

12S Project Lead as external facilitator  
The 12S Project Lead was responsible for initiating much of the networking and network development, a role that was highly valued by those working to support mental health and wellbeing at colleges and universities. Thirty-nine per cent of respondents to the stakeholder survey said that the external facilitation offered by the 12S Project Lead provided the most valuable impact on the mental health and wellbeing of students and staff in their setting. For some, the facilitation helped initiate external networks and opportunities to develop work.

**“Open networks allowing people with shared interests to connect.”**

**“Rachel has been excellent in providing possible partnership working links with universities and colleges in Lothian. These have been followed up on and been productive for all parties.”**

For others the 12S Project Lead has helped develop internal networks and opportunities for working together.

**“Creating a catalyst, and providing a good foundation of knowledge and support. Rachel is wonderfully supportive and committed, and exceptionally helpful to the initiative.”**

**“The 12s team are very knowledgeable and gave me and my colleagues confidence that we can improve the way we promote positive mental health, and that it is ok to ask for expertise and admit that we could be doing better.”**

**“Supporting innovative ideas to reach students with much needed info and support.”**

## Going forward

To help plan the next stages of mental health and wellbeing work in colleges and universities both the evaluation workshops and the stakeholder survey asked people to think about:

- what gaps existed in their mental health and wellbeing work
- what action they would like to prioritise
- what knowledge and support they require to do this

This section focuses on these issues.

### Gaps that need to be addressed

While there were many things that settings could demonstrate they had done to promote good mental health and wellbeing, evaluation workshop participants were very aware of what needed to be done and how much they still had to achieve. In the workshops, participants used this awareness to help draft action plans. Common work themes outlined in the college and university action plans included:

- Taking a strategic approach to mental health and wellbeing at an institutional level, including developing a mental health and wellbeing policy and working group or signing up to the Healthy University or College Scheme or Healthy Working Lives Awards
- Improving communication and joint working across the institution on mental health and wellbeing activities and information
- Increasing understanding and awareness of what mental health is and how it differs from mental illness amongst staff and students. This would include activities focused on both promoting good mental health and recognising signs and symptoms of poor mental health, training for staff, and information about mental health problems (risk factors) and how/where to access help
- Increasing focus on staff mental health and wellbeing including communication, review and enhancement of self help and organisational support and promotion available
- Making the most of what is already available to institutions and promoting access to resources (e.g. audit resources and raise awareness of what is available and how to access it)
- Introducing measurements to show how interventions have impacted on mental health and wellbeing

In the survey, 39% of respondents mentioned that the availability of additional support for those with mental health problems was an important unmet need.

**“Support for people with eating disorders.”**

**“1. Overcoming stress and uncertainty for staff. 2. Student unemployment following graduation is a big issue.”**

**“Depression and major mental illness.”**

**“Discharge planning and liaison for students in inpatient care - there is still a need to explain the role Universities can play in this and the importance of involvement.”**

**“Within the Disability Service, the current (long) length of time for students to access support via the Disabled Students Allowance (DSA).”**

**“Helping students make the link between alcohol use and its wider impacts on mental health.”**

**“Mental Health advocacy support and awareness specific to students.”**

### Priorities for future activity

The survey asked respondents to identify how they felt future activity to improve mental health and wellbeing amongst university and college staff and students should be prioritised.

### Extending services

A third (33%) of respondents to the stakeholder survey mentioned that extending services they have to support people's mental health and wellbeing was action that they intended to prioritise in the future. This included support for specific issues.

**“Self help for people with eating disorders.”**

**“On line resources for bulimia Resources that explain the pathways been NHS and Universities for students with mental health difficulties.”**

**“Development of counselling services for both [staff and students].”**

**“Further work on peer support amongst students, both for resilience building and support for mental ill health.”**

It also included building in more capacity to take the agenda forward as a whole.

**“Support colleagues with the development of a student wellbeing resource.”**

**“If we continue to look at a whole institutional approach to health and wellbeing I would like to see a little more of a focus on staff wellbeing.”**

Taking a whole settings approach  
Approximately a fifth (19%) of respondents to this question felt that going forward it was important for their organisation to take a whole settings approach to mental health and wellbeing so work can be sustainable.

**“To participate in a Health and Wellbeing group within the institution.”**

**“The establishment of a high level working group to look at the AMOSSHE Healthy University toolkit.”**

**“Trying to become a ‘mentally healthy workplace.’”**

**“A mental wellbeing component of the ‘Health Promoting University’ concept, with institutions mapping and then leveraging their mental health impact in their staff and students but also their community.”**

### **Raised awareness and tackling stigma**

The same number of respondents (19%) also felt that raising awareness and understanding and reducing stigma amongst staff and students was work that needed to be prioritised going forward.

**“I would like to raise awareness of good and bad mental health amongst staff and students. I would hope that staff could be trained to be better able to support students experiencing mental health difficulties. Through raising awareness of mental health, I would like students to feel more comfortable to be open about experiencing mental health difficulties and know where they can find help. I would also hope that staff could feel more comfortable in being open about their own mental health difficulties.”**

**“I think we need to continue to foster the ability of staff and students to feel okay about talking more openly about mental health, and encouraging activities that will help people to help themselves and others.”**

“Promote awareness of mental health (not illness), especially within staff. Create an understanding that we all have a mental health and that it changes all the time. Also understanding that we all have a role in supporting others who are experiencing mental health challenges.”

### **Training**

Making the appropriate training available to staff and students was seen as an important part of increasing understanding and reduced stigma which was a priority identified by approximately a fifth (19%) of respondents.

“Give people time to monitor and support staff and students with mental health issues and the training and tools to carry out the processes.”

“Manager training.”

“Staff stress management: life/work balance the embedding of emotional intelligence into the curriculum for students (and staff).”

### Partnership working

Approximately a quarter (22%) of responses suggested that partnership working was something they think needs to be prioritised in the future and saw this as a role that 12S could continue to facilitate if it was extended.

“To build on the work done by 12S to raise awareness within and beyond universities about student mental health needs and services available, and to continue to develop the links that Rachel has made between university sector and voluntary sector.”

“Continued joining up of services and partnership work - but this needs someone to take the lead in doing this e.g. as per Rachel King’s post.”

Fifteen percent of respondents would also like to see a peer led or service user voice being prioritised in work going forward, both for students and staff.

“We hope to find ways to better promote independent advocacy to students.”

“Initiation and maintenance and evaluation of a peer led support service for students throughout the university developed and run by mental health students and ex-students.”

“Students and staff feeling they have genuine involvement in services that are provided and that they have a voice - user-led services and projects rather than driven by specific organisations.”

Finally, a couple of respondents felt that a needs assessment or research into the impact of existing work needed to be undertaken to help decide what work needed to be prioritised going forward as it was something that didn’t currently exist.

“12 settings need to conduct some sort of health needs assessment to prioritise actions.”

“Resources and impact of change.”

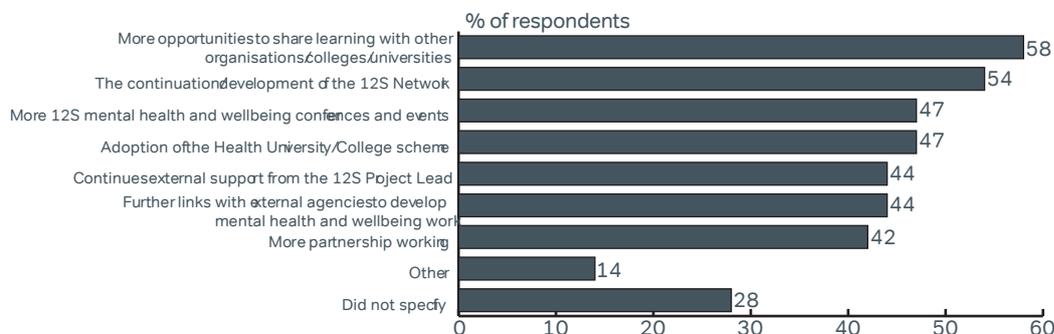
### Support required to address priorities

Survey respondents were asked to indicate what they would find useful to help them to promote mental health and wellbeing (Figure 5).

Continued opportunities to network and partnership work were clearly valued by respondents with 58% stating that they would find more opportunities to share learning useful as well as further links with external agencies (44%) and partnership working (42%). 12S has the potential to play a clear role in this as 54% said that they would find the continuation/development of the 12S Network useful, 44% saying continued external support from the 12S Project Lead would be useful, as well as 47% looking for more 12S mental health and wellbeing conferences and events. 47% also said that continued external support from the 12S Project Lead would be useful.

**Figure 5: Support that respondents would find useful**

Which of the following would you find useful? (Please tick all that apply)



‘Other’ specific things respondents mentioned they would find useful were:

“More student union involvement and mainstreaming of wellbeing.”

“Training.”

“Publicity for Advocacy organisations like VOX, CAPs etc.”

“Input (facts) from experts in mental health e.g. GPs, psychiatrists, psychologists, nurses etc.”

External support and facilitation  
58% of responses regarding the support institutions require to address their priorities related to the importance of external facilitation and support.

“Awareness raising and providing opportunities for this to bring together university services and work on mental health with existing and new services in the community. The role as a conduit for this is a very important one.”

“Access to specialist facilitators, access to ongoing theory/research in field of wellbeing so that a module covering emotional intelligence is consistent with latest thinking in health and social sciences.”

“The knowledge there was somewhere to and someone to speak to.”

“In the absence of a dedicated post, promoting, signposting and leadership.”

“Help to implement a healthy University policy.”

Some explicitly stated that the support provided by the 12S pilot was helpful and should continue.

“The expertise and focus 12s provides is crucial to keep momentum going on these specific issues.”

“12S to continue and develop as a matrix for steering and collecting the small bits of time and energy staff in institutions can spare.”

“To continue to inspire and support. Because of experience and knowledge Rachel is a huge support in pointing us in the right direction so as not to duplicate initiatives and learn from others.”

“12S liaison with clinical teams.”

### **Networking and partnership working opportunities**

A third of responses acknowledged the value of the networking and partnership working opportunities that the 12S pilot offered and felt that the continuation of these opportunities would support them develop mental health and wellbeing work in their organisation/institution.

“Continued networking opportunities and support from colleagues in educational institutions to engage with students.”

“Opportunities to network with other settings to share ideas about how to develop an effective Health and Wellbeing group.”

“Advice and guidance on how to influence changes in NHS; opportunities for workshop discussions on this.”

Some respondents had other ideas of how 12S could expand and develop.

“Additional staff would help the potential for additional interaction. Additional events to help foster better interaction between different organisations with similar issues.”

“Workshop events, other than at big events, to enable idea sharing/ problem solving across agencies.”

“Central resource bank with exemplars of support provision throughout the settings.”

“Expert help to support front line workers, like me, who have to meet with troubled staff and students.”

“A website and greater accessibility to interested parties.”

“Better use of social media to bring in wider student opinions.”

# Conclusions and implications for policy and practice

## Introduction

The findings from all elements of the evaluation have shown that the 12S pilot has been successful to a significant extent in achieving progress towards meeting the partnerships aims. The 12S pilot involved large and varied populations, with different levels of knowledge, skills and resources and levels of senior management support.

The economic recession led to restructuring and redundancies in many colleges and universities which was challenging for developing work as contacts changed and people had competing demands placed on them. Within this context, the pilot evaluation has identified a number of key learning points as well as highlighting good practice that has potential for dissemination throughout Scotland's education and health communities to maximise the impact of 12S.

This concluding section summarises the key learning points and instances of good practice as well as identifying the implications of this for future work within the pilot settings and beyond and the challenges that go with this.

## What has been achieved?

The evaluation findings have shown that the 12S pilot has been successful in making progress towards meeting its aims which were to:

- Raise awareness of mental health and wellbeing within college and university settings
- Increase partnership working and understanding including improving integrated working and partnership between NHS Lothian primary care and secondary care mental health services
- Develop expertise within local educational institutions and communities in delivering and facilitating mental health and wellbeing education and training
- Extend and develop networks within and across agency boundaries by providing strategies for sharing learning across educational and health settings
- Identify relevant learning points and good practice that can be usefully disseminated throughout Scotland's education and health communities to maximise impact

The achievements of the 12S pilot are a result of the utilisation of a range of approaches to project and partnership management and development as well as specific health promoting activities which are outlined below.

## External facilitation

Higher education settings based facilitation by the 12S Project Lead helped mental health improvement leads and/or groups in colleges and universities identify their own specific mental health and wellbeing needs as well as gaps in their response to these. The 12S Project Lead then worked with them to plan how to address these needs. This included building on the work they had already developed and facilitating partnership working to develop further work both internally and externally. In many settings this meant the development of new internal multi-disciplinary groups to help drive work forward and create action plans.

## Partnership working

Partnership working has been central to increasing both understanding of and capacity within colleges and universities to work on mental health and wellbeing. The 12S pilot provided opportunities for meaningful networking, and further funding to develop specific pieces of work. Evaluation participants reported that the small grants, networking events, the 12S Network and evaluation workshops were of particular value. Through the grant system both internal and external partnership working was strengthened and colleges and universities were encouraged to innovate and the ownership of health improvement activities that emerged has set the foundations for sustaining mental health improvement work in the future.

The knowledge and contacts the 12S Project Lead had access to, enabled them to facilitate links between settings and organisations which many people did not have the time or knowledge to do previously. While university and college groups still felt their work was new and required further support from external facilitation, this is a need that should diminish as these groups become more confident and knowledgeable.

In terms of partnership working, key outputs from the 12S pilot that could be replicated elsewhere include:

- The establishment of a virtual network to share learning and bring people together
- Creating opportunities such as events to bring people together to network, share learning and build partnerships
- Working in partnership with local NHS to deliver support
- Involving voluntary sector organisations in college and university life to deliver and create supports and interventions
- Taking a settings approach to mental health and wellbeing engaging staff at different levels within colleges and universities
- Using external facilitation to work as a catalyst to drive forward partnership work
- Using small grants to provide a focus for mental health and wellbeing partnership development around specific activities within colleges and universities

### **A strategic overview**

The external facilitation provided by the 12S Project Lead was pivotal in the strategic management of mental health improvement work across the higher education settings and community based partner organisations. The 12S Project Lead and the partnership group had an overview of the support and resources available across Lothian as a result of their strategic planning role within NHS Lothian and the partnership with CWMT.

The partnership between England based CWMT and NHS Lothian enhanced the ability of the 12S Project Lead to have a strategic overview and the authority needed to make an impact. A number of innovative activities and approaches were used in the pilot to achieve the partnership aims including; setting up contacts and opening communication lines, providing access to training, networks and events, small grants, and facilitated workshops and meetings.

### **Building capacity and resources**

The evaluation has shown that the 12S project has been successful in supporting the development of the capacity of colleges and universities in Lothian to respond to the mental health and wellbeing needs within their settings. This has been largely achieved through the products produced as a result of the small grants projects (e.g. self harm cards), opportunities to take part in training, shared learning at events and through the 12S Network as well as participation in the 12S evaluation workshops.

These activities also helped people become more aware of what their own institution was doing as well as what others are doing resulting in the sharing of ideas and planned replication of successful work. Examples of products that have resulted from the 12S pilot small grants scheme that can be replicated elsewhere include:

- Self harm posters and information cards (Heriot Watt University)
- Staff mental health and wellbeing website (University of Edinburgh)
- International student mental health awareness DVD (Edinburgh College of Art and Heriot Watt)
- Counselling service for high risk student group (University of Edinburgh)

### **Key learning points**

The 12S pilot evaluation generated valuable learning points around building the capacity required within universities and colleges in Lothian to respond to the mental health and wellbeing needs of their staff and students, these were:

- Taking a settings approach to mental health and wellbeing ensures that the agenda is mainstreamed within current organisational systems and structures, (taking both student and staff mental health into account) and resulting activities are more likely to have impact and be sustainable
- Principals and senior management need to take a lead in promoting mental health improvement and good mental health; this means encouraging and supporting their staff and students to understand the topic and become aware of how they can contribute but also supporting this through prioritising mental wellbeing on management agendas and structures

- External local facilitation from mental health improvement professionals (such as the 12S lead) helps drive work forward by providing information, insight, inspiration and support to get initiatives off the ground on a topic where college and university staff may lack confidence and direction
- There are a number of local free training courses on the topic of mental health improvement, mental health in the workplace and suicide prevention available in Scotland which can easily be accessed by colleges and universities. Accessing these resources can increase the knowledge of staff and students about mental health and wellbeing concepts, their ability to identify and respond to need as well as building capacity for the development and delivery of internal training courses
- There are a range of currently untapped partnership opportunities within universities and colleges, between faculties, professions and staff and students. The 12S pilot has shown that coming together through events, networks and working groups can have a greater impact overall for driving forward the mental health agenda than working in isolation and provide visible opportunities for those currently not involved to come on board
- The 12S pilot has demonstrated that it is possible to improve links between universities and colleges staff and student bodies and local health care organisations and through this set up systems that promote access to mental health support and educate about help seeking for all students and for specific high risk groups (e.g. eating disorders)
- Providing funding for the development of mental health improvement projects with tangible outputs (e.g. mental health awareness DVD) can provide a focus and incentive for wider mental health improvement activities in a college and university setting. As well as providing high quality, adaptable resources that can be replicated elsewhere funding of this kind can improve links between higher education institutions through motivating the sharing of good practice on the mental health improvement agenda

**Implications for practice and policy**  
 NHS Lothian has just published its new five year Mental Health and Wellbeing strategy which features taking forward the work of 12S and working with colleges and universities. In addition, the Charlie Waller Memorial Trust has decided to continue funding aspects of the 12S pilot including small grants, events and the 12S Network

Creating and implementing action plans for improving mental health in colleges and universities has resulted in those involved beginning to think about key gap areas and challenges and translating these into future work priorities such as; reducing stigma, gaining strategic commitment and guidance and making the most of existing resources and support both internally and externally. The evaluation findings point towards a number of implications for taking the mental health improvement agenda forward within universities and colleges. Based on the findings of the evaluation, key areas for future action for those currently involved in 12S should include:

**Raising awareness and education about mental health improvement:**

- To continue to develop and make accessible clear information on the mental health and wellbeing needs of students and staff, the training needs of staff, senior management and student representatives maximising the potential to replicate training, information and support resources developed during the pilot as well as innovating for the future
- Increase knowledge about the risk and protective factors for mental health focussing on key areas such as eating disorders, alcohol, drugs and stress
- Developing systems that enable universities and colleges to better understand the mental health needs of their staff and students and to track progress and impact of their mental health improvement activities

**Developing leadership and direction:**

- Building capacity for internal and external strategic leadership to build on develop joint working, to mainstream mental health improvement within higher education utilising external sources of expertise where possible focussing on the following challenges
- Developing clear lines on leadership and responsibility for mental health and wellbeing from the top and then throughout institutions, people and structures
- Taking a strategic overview of current activity and developing a shared direction and action plan for future sustainable activities
- Implementing a comprehensive settings approach, including policies, structures, ethos, physical environment for all staff and students, and making the case to prioritise development time for such activities
- Finding ways to involve academic staff in the mental health and wellbeing agenda; considering the development of specific roles for promoting mental health and wellbeing
- Effectively challenging cultures of ignorance and stigma, making higher education a place where staff and students living with mental health problems will want to be, be supported to stay and feel safe.

**Increasing access to support:**

- Improve awareness of and access to internal and community based support services for students and staff with mental health problems or in distress, preventing crisis and mental ill health
- Continue to develop partnerships with community based organisations that work to promote mental wellbeing and provide support for those with mental health problems

**Building strong partnership working:**

- Maintaining and building on the 12S Network to provide a central forum for joint working and the sharing of good practice
- Continue 12S network and external facilitation role, explore ways of expanding the model and replicating it elsewhere

**Widening support for this agenda:**

- Lobby the Scottish Government and local health boards for more national and local policy based support and resources for the mental health and wellbeing of higher and further education settings

It is also important that this evaluation is accessible to and provides insights for higher education institutions beyond Lothian as well as organisations in a range of different sectors. This final section outlines practical ways in which the learning from the 12S pilot can be used to take forward work in organisations and partnerships that have not participated in the pilot.

**Approaches for NHS and Public Sector Commissioners:**

- Draw on existing research and evidence or conduct a scoping exercise to assess the need, gaps and potential challenges for the pilot. Back this up with stakeholders' consultation to help shape pilot focus which will help ensure buy-in
- Take time to understand how colleges and universities are structured to inform you how best to build contacts within a setting to meet the aims of the pilot. High-level buy-in is important as well as working in a way to make work sustainable i.e. work with an established group rather than an individual who may change post or leave
- A pilot lead needs to make personal contacts and get themselves known to gain buy-in to developing work. Therefore having something to offer people to hook them in (e.g. delivering training, free events, small grants) can be helpful
- Involving organisations from all sectors helps build capacity for work
- Have a project lead based out with colleges and universities as it allows them to have an overview of all institutions and identify similar issues and share learning between them
- Being based within an NHS Mental Health and Wellbeing Team helps integrate work into a wider body of mental health and wellbeing work and provides access to more information and contacts. The partnership with CWMT, a UK wide voluntary organisation, also provided contacts and information and the opportunity to disseminate findings more widely

- Have an advisory group made up of a wide group of stakeholders to aid networking and partnership working
- Localising action and requiring people to take ownership for work helps make it sustainable
- Manage expectations and lack of understanding about mental health promotion and don't get sucked into only talking about mental illness
- Looking UK wide for input (best practice examples) is relevant because there are common patterns of needs and issues
- Create opportunities for people to network and partnership work to aid awareness and understanding of each others' organisations and work
- Increasing the representation of universities and college on service development groups and on mental health groups – acknowledging student population.
- Build in evaluation: Intervention of evaluation helped with networks and see task ahead – what they needed to do (build in sustainability) – main way was through getting a group together a MH improvement or taking the agenda to establish groups
- Difficult to recruit students to the advisory group (transient, got own things going on) and so getting buy-in is good. Therefore understanding student structure of self support (sabbatical officers, student representatives) is important.

Also being prepared to use their (student) technology (Twitter, Facebook, My Space) would be helpful (issues for this with NHS as can't access these via NHS).

#### **Approaches for the voluntary sector:**

- Build relationships with colleges and universities to develop pathways for support and partnership working
- The 12S pilot has shown that charitable trusts can work effectively with the statutory sector as well as voluntary sector partners. In the future, where public services are likely to be reformed in such a way as to require close partnership working with the voluntary sector, innovations such as 12S may provide a useful model for taking this forward
- There are gaps in service provision or in promotion and prevention activities around mental health that neither higher education institutions nor statutory providers can fill alone. Therefore there is potential for the voluntary sector to play more of a lead role in partnership working and taking forward mental health improvement activities for university and college staff and students

#### **Approaches for universities and colleges:**

The Learning points section above outlines a number of ways in which colleges and universities can use the findings from the pilot evaluation to develop a mental health and wellbeing approach in their setting. The key points are:

- Taking a settings approach helps create sustainability – also in keeping with the evidence base of the WHO Healthy Settings approach
- Having high-level buy-in and champions within a college or university helps legitimise and co-ordinate work at a settings level
- Take on a mental health and wellbeing agenda not just mental illness agenda so it is inclusive of all staff and students
- Develop opportunities to improve awareness and understanding of mental health and wellbeing e.g. training, awareness activities etc
- Create opportunities for people to network and co-ordinate work across a university or college so everyone is working in a coordinated way

## References

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<http://www.docs.sasg.ed.ac.uk/StudentCounselling/AnnualReports/Annual%20report%202006-07.pdf>
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- Scottish Development Centre for Mental Health (2008) Charlie Waller Memorial Trust Mental Health Training in Further and Higher Education in Lothian: Scoping exercise.
- The Scottish Government (2009) Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-2011.
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# Appendix 1

## 12S Profect

### Lead Interview 1

#### Schedule

## Evaluation of CWMT student mental health pilot

### Interview schedule

#### 17.7.09

Many thanks for giving up your time to talk about your project. I am Hannah Biggs and I am a researcher at the Mental Health Foundation, in Edinburgh.

Our conversation today will provide an opportunity to gather in-depth information about the process and progress of the Charlie Waller Memorial Trust student mental health pilot, from the perspective of the implementer, and to compare expectations with actual progress and experience with a view to identifying good practice approaches developed during the project.

We will have similar conversations a further three times during the project, to see how things are going.

If it is ok with you I will tape the session so that I have a record of our conversation. As we are recording the process from your perspective, we will need to attribute your comments to you in the report. Please let me know at any point if you would like your comments to remain 'off the record'.

We will ask you some questions so please answer them as honestly and in as much detail as you can. It will probably take an hour or so.

Please could you look at this form, and sign if you are happy to continue.

[Sign consent form, turn on digital recorder]

#### **Documenting the process of the project**

- How did the idea for the pilot first come about?
  - Why is there a need?
  - Evidence from others, or models from elsewhere?
- How was it set up in practice?
  - Who was involved?
  - Who funded it?
  - When?
  - Timescales?
  - Setting the aims and objectives / rationale / strategy
  - Recruiting for your role?
  - Planning work for your role?
  - Who are the main stakeholders?
  - Any challenges with setting it up?
- How does / will it work in practice?
  - Team members involved (describe roles)
  - What do you / the team do day-to-day?
  - How do the stakeholders fit in?
  - What distinctive or unique features, if any, does the pilot offer?
- What are the anticipated outcomes for the project / what do you hope to achieve?
  - Achievements / milestones met to date / progress against workplan and strategy
- How are you monitoring the progress of the project?
  - Record keeping
  - Evaluation

#### **Documenting the progress of the project**

- Please could you describe your progress to date
  - What have you done so far?
  - How does this fit in with the workplan?
- Learning points
  - What has worked particularly well?
  - What were / are the challenges?
  - How have you overcome challenges?
  - How are things meeting expectations so far?
  - How prepared are / were the team?
- Based on your experiences so far, do you have any advice or experiences others could learn from when setting up something similar in the future?
  - Working with Higher / Further education institutions
  - Working with students
  - Anything else?
- What issues, if any, need to be addressed in order for the pilot to have long term sustainability?
  - How could these be addressed?

**Evaluation of CWMT student mental health pilot**

**Interview schedule two**

**06.11.09**

Many thanks for giving up your time to talk about your project. I am Hannah Biggs and I am a researcher at the Scottish Development Centre for Mental Health, in Edinburgh.

Our conversation today will provide an opportunity to gather in-depth information about the process and progress of the Charlie Waller Memorial Trust student mental health pilot, from the perspective of the implementer, and to compare expectations with actual progress and experience with a view to identifying good practice approaches developed during the project.

This is the second of three conversations we will have throughout the project to see how things are going.

If it is ok with you I will tape the session so that I have a record of our conversation. As we are recording the process from your perspective, we will need to attribute your comments to you in the report. Please let me know at any point if you would like your comments to remain 'off the record'.

We will ask you some questions so please answer them as honestly and in as much detail as you can. It will probably take an hour or so.

Please could you look at this form, and sign if you are happy to continue.

[Sign consent form, turn on digital recorder]

**Interview schedule**

- Please could you describe your progress to date
  - What have you done since first interview?
  - How does this fit in with the workplan?
- Possible pieces of work to discuss:
  - Small grants
  - Mad students society
  - Rights and responsibilities and partnership development between universities and NHS
  - 12S event and network
- Topics for further discussion (process and progress)
  - Differences in working and engaging with universities and college e.g. structures, links, set up and money.
  - Being placed with NHS Team.
  - Impact of working between two organisations.
  - Scope of project.
  - Emphasis of project moving from students to settings.
  - How will the delivery of the project occur while you are on maternity leave? How will these changes impact on the project?
- To what extent are you meeting the aims of the partnership?
  - Bring about significant changes in raising awareness of mental health and wellbeing across Lothian's student population in Higher and Further Education
- Improve integrated working and partnership between NHS Lothian primary care and secondary care mental health services
- Provide strategies for sharing learning across educational and health settings
- Develop expertise within local educational institutions and communities in delivering and facilitating mental health and wellbeing education and training
- Extend the network of individuals and organisations able to innovate, motivate and develop ways of working at a local level;
- Identify relevant learning points and good practice that can be usefully disseminated throughout Scotland's education and health communities to maximise impact
- Build networks within and across organisational and agency boundaries
- Learning points
  - What has worked particularly well?
  - What were / are the challenges?
  - How have you overcome challenges?
  - How are things meeting expectations so far?
  - Is the support and supervision you are receiving adequate?
- Based on your experiences so far, do you have any advice or experiences others could learn from when setting up something similar in the future?
  - Working with Higher/Further education institutions
  - Working with students
  - Anything else?

### Appendix 3 Interview Consent Form

### Evaluation of CWMT student mental health pilot Consent form

Please tick the boxes

- I confirm that the nature of this evaluation has been explained to me.
- I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
- I understand that as the project implementer my comments will be attributed to me unless I ask for specific comments to remain 'off the record'
- I agree that MHF can audio record this interview to be used for the Purpose of analysis only and in accordance with the Data Protection Act (explained below).
- I understand that any information collected during this evaluation will be treated as confidential used in accordance with the UK Data Protection Act 1998 and the Directive on Privacy and electronic communications Regulations (December 2003). I understand the SDC will store personal information relating to this evaluation securely for a maximum of one year following the conclusion of the evaluation, after which it will be securely destroyed.
- I agree to participate in an interview for the above evaluation.

---

**Signature**

**Date**

**Name**

1.	Introduction and aims of the day	JM
2.	Update on 12s: setting the context	RK
3.	<p><b>Group work 1: Aspirations, activities and impact</b></p> <p>Working with the Weavers triangle, consider each 12S prong (mental health improvement, inequalities, partnerships &amp; pathways) answer the following questions:</p> <ol style="list-style-type: none"> <li>1. What have been your longer term aspirations/aims in relation to 12S and any other mental health improvement in general?</li> <li>2. What specific outcomes did you achieve?</li> <li>3. What activities did you undertake to achieve these outcomes?</li> <li>4. And in what ways has 12S helped or hindered your progress?</li> </ol>	All
4.	<p><b>Group work 2: Identifying factors that influenced progress</b></p> <p>Working with the populated Weaver’s triangles, using different colours for factors that contributed to success and challenges/ barriers, identify:</p> <ol style="list-style-type: none"> <li>1. The factors that contributed to success</li> <li>2. Factors that posed barriers to success</li> <li>3. Where in particular did 12S help or hinder the process (new colour)</li> </ol>	All
5.	<p><b>Discussion: Looking to the future</b></p> <p>Building on the factors contributing to success and challenges that still need to be overcome, consider the following questions:</p> <ol style="list-style-type: none"> <li>1. What would you like to achieve in the future for mental health and wellbeing of students (consider under the 3 12S prongs and any other key areas that you feel are not covered by the 3 12S prongs)</li> <li>2. What do you need to help you achieve this? (Including 12S, who, what, when?)</li> </ol>	All
6.	Sum up	RS, JM

### Page 1: The 12S Project – Introduction

Thank you for taking the time to participate in this short survey. It should take you approximately 10 minutes to complete.

Since 2009 NHS Lothian in partnership with the Charlie Waller Memorial Trust (CWMT) has been working with colleges and universities in Lothian to consider needs and develop work to improve the mental health and wellbeing of staff and students. This project is called 12S and has worked with all 12 colleges and universities in Lothian. The 12S project has been led by Rachel King who is a member of NHS Lothian's mental health and wellbeing team.

The project aims are to:

- Raise awareness of mental health and wellbeing within college and university settings
- Increase partnership working and understanding
- Develop expertise to deliver and facilitate training and education
- Extend and develop networks within and across agency boundaries.

The project has focused on developing work on three key strands:

- Mental health promotion for students and staff
- Mental health inequalities – looking at specific needs within key population groups
- Partnership development across the sector to develop care pathways for those students and staff who experience mental health problems and improve understanding and ways of working.

You have been invited to participate in this survey because you have been identified by the 12S Project Lead as having had contact with the 12S project. We would really appreciate it if you could spare a small amount of time to share your experiences of being involved in 12S and your views on the impact 12S has made.

This survey is being run by the Mental Health Foundation (MHF) who is evaluating the 12S project. Your response will be treated as confidential and no information that might personally identify you will be included in any report.

Please click on the 'next' button below to begin the survey. First you will be asked to complete a very brief consent form.

### Page 2: 12S Stakeholder Survey Consent Form

All information collected as part of this survey will be treated as confidential used in accordance with the UK Data Protection Act 1998 and the Directive on Privacy and electronic communications Regulations (December 2003). The information you provide through this survey will only be used for the purpose of this research. The Mental Health Foundation (MHF) will store personal information relating to this evaluation securely for a maximum of one year following the conclusion of the research, after which it will be securely destroyed.

You can exit the survey at any time.

- I understand how the information that I provide in this survey will be used and I agree to participate in this survey.

### Page 3: About You

Do you work or study at a college or university in the Lothians?

- Yes [if answered 'Yes', routed to page 4]  
 No [if answered 'No', routed to page 5]

**Page 4: About You**

If yes, which one?

(Please select one answer from the list below)

- Stevenson College
- Telford College
- Newbattle Abbey College
- Oatridge College
- Jewel and Esk College
- Edinburgh College of Art
- West Lothian College
- The University of Edinburgh
- Napier University
- Heriot Watt University
- Queen Margaret University
- The Open University
- Other (please specify)

**Page 5: About You**

If no, which of the following best describes you?

- Mental health service user
- Voluntary sector employee (local)
- Voluntary sector employee (national)
- Statutory sector employee (Local Authority)
- Statutory sector employee (NHS)
- Other (please specify)

**Page 6: About You**

What is your role?

**Page 7: About 12S**

What involvement have you had with 12S?

(Please tick all that apply)

- I participated in the 12S Network
- I attended 12S events
- I attended training organised by 12S
- I was involved in the 12S Small grant scheme
- I liaised with Rachel King, the 12S Project Lead
- I attended a 12S evaluation workshop
- I am part of another group that Rachel King was part of
- Other (please specify)

**Page 8: About 12S**

In what ways has 12S supported you in your role to improve mental health and wellbeing in your setting?

(Please tick all that apply)

- 12S acted as a catalyst for the initiation of work on mental health and wellbeing
- 12S provided a focus for mental health and wellbeing activity
- 12S prompted and/or enhanced joint or cross-departmental working within my setting
- 12S promoted and/or enhance the sharing of ideas and/or joint working with other organisations/settings
- 12S prompted and/or enhances links between colleges and universities and local/national organisations and services
- 12S provided new and valuable contacts
- 12S was a source of expertise and knowledge
- Other (please specify)

**Page 9: About 12S**

In your opinion, what has been the most valuable impact of 12S on the mental health and wellbeing of students and staff in your setting? (Max 50 words)

What is the most important thing you have learned from your contact / involvement with 12S?

**Page 10: Going Forward**

In terms of the mental health and wellbeing of staff and students, what are the two most significant areas of unmet need in your setting?

Over the next two years what action would you prioritise to improve the mental health and wellbeing of staff and students?

What support would you need from 12S, or other sources, to help address this key priority?

**PAGE 11: Going Forward**

Which of the following would you find useful?

(Please tick all that apply)

- The continuation/development of the 12S Network
- More 12S mental health and wellbeing conferences and events
- Further links with external agencies to develop mental health and wellbeing work
- More opportunities to share learning with other organisations / colleges / universities
- Continued external support from the 12S Project Lead
- More partnership working
- Adoption of the Healthy University / College scheme
- Other (please specify)

**PAGE 12: And Finally**

In what ways do you think 12S can be improved?

## Appendix 6 Good practice and learning points

### Advice for setting up similar project:

- Draw on existing research and evidence or conduct a scoping exercise to assess the need, gaps and potential challenges for the pilot. Back this up with stakeholders' consultation to help shape pilot focus which will help ensure buy-in
- Take time to understand how colleges and universities are structured to inform you how best to build contacts within a setting to meet the aims of the pilot. High-level buy-in is important as well as working in a way to make work sustainable i.e. work with an established group rather than an individual who may change post or leave
- A pilot lead needs to make personal contacts and get themselves known to gain buy-in to developing work. Therefore having something to offer people to hook them in (e.g. delivering training, free events, small grants) can be helpful
- Involving organisations from all sectors helps build capacity for work
- Have a project lead based out with colleges and universities as it allows them to have an overview of all institutions and identify similar issues and share learning between them
- Being based within an NHS Mental Health and Wellbeing Team helps integrate work into a wider body of MH&WB work and provides access to more information and contacts. The partnership with CWMT, a UK wide voluntary organisation, also provided contacts and information and the opportunity to disseminate findings more widely
- Have an advisory group made up of a wide group of stakeholders to aid networking and partnership working
- Localising action and requiring people to take ownership for work helps make it sustainable
- Manage expectations and lack of understanding about mental health promotion and don't get sucked into only talking about mental illness
- Looking UK wide for input (best practice examples) is relevant because there are common patterns of needs and issues

### For long term sustainability:

- Taking a settings approach helps create sustainability – also in keeping with the evidence base of the WHO Healthy Settings approach
- Having high-level buy-in and champions in each setting helps legitimise and co-ordinate work at a settings level
- Getting institutions to take on mental health and wellbeing agenda not just mental illness agenda
- Create opportunities for people to network and partnership work to aid awareness and understanding of each others' organisations and work
- Develop opportunities to improve awareness and understanding of mental health and wellbeing
- Increasing the representation of universities and college on service development groups and on mental health groups – acknowledging student population
- Difficult to recruit students to the advisory group (transient, got own things going on) and so getting buy-in is good. Therefore understanding student structure of self support (sabbatical officers, student representatives) is important. Also being prepared to use their (student) technology (Twitter, Facebook, My Space) would be helpful (issues for this with NHS as can't access these via NHS)

### Good Practice Approaches:

- Encourage building in sustainability (infrastructure)
- Developing networks
- Sharing learning
- Increased understanding (raised awareness outcome)
- Strategic/organisational approach
- Intervention of evaluation helped with networks and see task ahead – what they needed to do (build in sustainability) – main way was through getting a group together a MH improvement or taking the agenda to establish groups

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