



Catalyst Fund
Supporting mental health
and wellbeing for postgraduate
research students

October 2020

Programme Evaluation

Vitae in partnership with
Universities UK



Catalyst Fund

Supporting the mental health and wellbeing of postgraduate research students

Programme evaluation

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The interpretations and opinions in this report are those of the authors and may not reflect the policy positions of UKRI or the OfS.

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<https://re.ukri.org/research/postgraduate-researchers/>

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Executive summary

Over the last few years, there has been increased concern for the mental health and wellbeing of postgraduate research students (PGRs). Vitae's 2018 report, commissioned by (then) Higher Education Funding Council for England (HEFCE) into the wellbeing, mental health and associate support services for PGRs highlighted the need for: institutional strategies to specifically support PGRs; the need for monitoring the extent of mental health issues within the PGR population; and the need for supervisors and other staff who support this population to understand and be able to respond to their specific needs.

The interim outcomes from this project informed the subsequent Catalyst Fund call by Research England (RE) and the Office for Students (OfS) that aimed to enhance the provision of support services and activities targeted at PGRs' mental health and wellbeing. Vitae, in partnership with Universities UK (UUK), were commissioned to evaluate the impact of the overall programme and to identify good practice to share more widely with the sector.

The Catalyst Fund programme and its evaluation were completed before the Covid-19 pandemic. The associated restrictions create new challenges in terms of potentially intensified mental health issues and in implementing some of the recommendations in the report, for example activities such as building networks and in-person events. These need to be conducted in a way that adheres to government and institutional guidelines for social distancing.

Programme reach

The 17 successful projects covered a wide range of activities targeted at PGRs and supervisors, including workshops, mentoring programmes, peer networks and training embedded into induction events. Co-production was a positive theme, with 171 PGRs directly involved across 11 projects. Three UK-wide surveys were run for PGRs, technicians and professional staff, respectively. A variety of resources have been developed for use by the sector available on the OfS website: these range from training materials to wellbeing apps, blogs, online hubs and videos. Two projects have produced literature reviews, while seven projects have submitted papers to peer-reviewed journals. Fifteen projects have provided case studies that outline their activities, impact and challenges. Many have actively shared their experiences with the sector at conferences and events during the course of the two-year programme.

Programme impact

Projects reported on the impact of their activities against a programme evaluation framework. More than two-thirds of projects reported evidence that their PGRs had improved their mental health and wellbeing literacy, were more aware of how to support and improve their own mental health, and had improved knowledge of where to get help and support. As all the projects used different evaluation processes, it was not possible to obtain sufficient data to make comparative judgements on the relative effectiveness of activities.

Common themes emerged from projects' experiences that have been structured around UUK's revised Stepchange framework: Mentally Healthy Universities¹ to provide guidance to institutions when implementing the framework with respect to their PGRs. The framework is organised into four domains – Learn, Support, Live and Work – and five enablers – Leadership, Co-production, Inclusivity, Information and Research and innovation.

¹ www.universitiesuk.ac.uk/Stepchange

Stepchange: Mentally Healthy Universities – Domains

Learn

This domain recognises the transformative role of universities through learning and the impact this can have on an individual's mental health. The lack of PGRs' integration in the academic community was a common theme, with PGRs reporting that they often fell between undergraduate students and staff, not feeling that they fitted into either community, which potentially impacts on their mental health and wellbeing. They should be encouraged by supervisors and others to maintain healthy working practice from the start of their studies.

Support

This domain focusses on staff and services that support those who may be experiencing mental illness. Projects recognised the need for professional services staff who support PGRs to understand the PGR journey and potential stressors, particularly the potential intersection between the intellectual challenge of doctoral research and unhealthy stress. They emphasised the importance of recognising PGRs as a distinct population with tailored signposting to mental health and wellbeing support and training resources adapted to their specific needs. One project explored the role of technicians in supporting PGRs in their mental health and wellbeing, revealing that this role is rarely recognised, and highlighted the need for appropriate training and support for technicians, as well as other professional support staff and academics with responsibilities for PGRs.

Live

This domain focusses on making universities healthy settings. A consistent message from projects was the importance of tackling isolation and loneliness through creating strong peer support communities. Two-thirds of the projects had community-building activities, particularly through peer-led networks and use of peer ambassadors. A third of the projects developed specific wellbeing activities associated with encouraging healthy behaviours, such as managing expectations around working hours, taking holidays, and 'self-permission' to engage with wellbeing activities. There were mixed views on whether wellbeing activities should be delivered as separate activities or integrated into a wider programme of interventions. While projects reported the immediate value of these activities, one project found no evidence that this led to longer-term improvements in psychological wellbeing scores. Some projects noted push-back from PGRs on engaging in wellbeing activities and cautioned against overemphasising the importance of resilience, rather than improving the structures and processes for doctoral education that contribute to stress.

Work

This domain focusses on the importance of promoting mentally healthy workplaces and equipping staff to support students. Projects emphasised the pivotal role of supervisors in supporting the mental health and wellbeing of PGRs. They noted the importance of paying attention to supervisor mental health and wellbeing and ensuring that supervisors have good mental health literacy, understand their boundaries and can signpost PGRs to appropriate support so that they can perform this role well. Projects that targeted supervisors reported supervisors were more knowledgeable about appropriate support for PGRs, more confident and more likely to have conversations about mental health and wellbeing.

Stepchange: Mentally Healthy Universities – Enablers

Leadership

This enabler addresses strong and visible strategic leadership. All projects recognised the importance of senior leadership support for their projects and mental health and wellbeing of PGRs generally, for both encouraging engagement and facilitating longer-term sustainability. Several projects provided the PGR perspective for the development of their institutional mental health strategy, where they

should be recognised as a distinct group. One of the projects designed a mental health impact assessment that is now a required step in the development of all institutional policies at their institution, which could be adopted by institutions more widely.

Co-production

This enabler identifies co-production with students as being at the core of a whole university approach. Where it was used it was instrumental in shaping the focus of activities and beneficial for the PGRs involved and generally seen to improve their wider engagement. A few projects also involved PGRs in the development and delivery of activities for supervisors.

Inclusivity

This enabler recognises that individuals have different needs depending on their circumstances and experiences. While only one project had a specific diversity focus to their activities, projects generally reported less engagement from male researchers, those studying part-time and international researchers, the latter two being populations that are seen as more at risk of experiencing isolation and loneliness. Engagement in wellbeing was identified generally as a challenge, with some noting scepticism from PGRs about wellbeing activities and attendance being perceived as a weakness within their local cultures.

Information

This enabler identifies the importance of a coordinated approach to information gathering and sharing. They noted the value of regularly collecting and reviewing institutional level data on PGRs' engagement with support services and interruptions in their doctoral journey due to mental health issues. Several projects reviewed or developed apps that allow PGRs to track and manage their own mental health.

Research and innovation

This enabler focusses on gaps in knowledge around mental health and wellbeing. All the projects noted the difficulty of obtaining data on the mental health and wellbeing of PGRs, with nine projects undertaking surveys to collect underlying data. Projects stressed the importance of having UK benchmarking data on the mental health and wellbeing of PGRs to enable comparability between institutions and across different demographics and circumstances. They also highlighted the value of sharing practice in data collection, evaluation and provision, including the intelligence gathered through this Catalyst Fund programme.

Wider issues and sustainability

Projects highlighted the need to consider wider systemic issues that impact on PGR mental health and wellbeing. These included the funding, duration and structure of doctoral education, funders' terms and conditions, career opportunities and how PGRs' mental health and wellbeing fits into recent sector level work on mental health and the research culture.

Further research is needed into why certain groups may be more vulnerable to poor mental health or experience loneliness and feelings of isolation, particularly within different academic disciplines and modes of study. Little is known of how doctoral study impacts on the mental health and wellbeing of PGRs with protected characteristics. More research is needed into the preparedness and mental health of supervisors, other academic staff with PGR responsibilities and professional staff to support PGRs' mental health and wellbeing.

Sustainability was an expectation of the funding. Several projects achieved this through integrating PGR mental health and wellbeing into institutional strategies and embedding specific activities into existing processes, such as induction, researcher development programmes and supervisor training.

Recommendations

The following recommendations have been developed in line with the findings from across the programme and with input from the projects through network discussions. Recommendations targeted to senior institutional leaders, supervisors and professional services staff have also been incorporated into stakeholder briefings that can be accessed on the Research England website². While acknowledging that there are structural and cultural issues that need tackling, we also include recommendations for PGRs on how they can take care of their own mental health and wellbeing. Finally, we include recommendations that require wider sector engagement, including from funders that emerged from network discussions.

Senior institutional leaders, including heads of schools/departments, should:

- make mental health and wellbeing of PGRs a key priority and acknowledge PGRs as a distinct population in their institutional mental health strategies
- drive an institutional culture, reflected at departmental levels, that supports PGRs' wellbeing, outlining clear institutional expectations of their status and contribution to academic communities
- provide sufficient resources to embed appropriate support and provision for PGRs' mental health and wellbeing within their institution
- regularly collect robust data on PGRs' mental health and wellbeing in a structured whole institution approach to enable benchmarking, identification of areas of concern, highlight good practice and monitor progress
- ensure that supervisors, other academics with postgraduate responsibilities and professional staff are given the time, training and appropriate recognition for supporting PGRs' mental health and wellbeing and that it is reflected in workloads and appraisal processes.

Supervisors, and other academics with postgraduate responsibilities, should:

- recognise the link between good mental health and academic success for both the PGR and their supervisor, and understand the supportive role supervisors have in ensuring PGRs' mental health and wellbeing
- ensure they are well informed about PGRs' mental health issues and potential triggers, understand the boundaries of their responsibilities and capabilities, and know how to confidently signpost PGRs to appropriate support
- take care of their own mental health and wellbeing and act as mental health and wellbeing role models by displaying healthy working and lifestyle practices, thereby contributing to a healthy institutional and academic culture.

Professional services staff with responsibilities for PGRs should:

- ensure they recognise and understand the distinctiveness of PGRs' experiences and challenges and are able to distinguish between the intellectual challenge of doctoral study and unacceptable stresses that have a negative impact on wellbeing and mental health
- consider how they can develop and sustain PGRs' peer support networks
- explore how they can support PGRs within their role, that they understand the boundaries of their responsibilities and capabilities and know how to signpost PGRs to appropriate support

² <https://re.ukri.org/research/postgraduate-researchers/>

- take care of their own mental health and wellbeing and act as mental health and wellbeing role models by displaying healthy working and lifestyle practices to contribute to a healthy institutional and academic culture
- wherever possible embed the importance for PGRs to pay attention to their mental health and wellbeing within existing doctoral degree processes and researcher development programmes
- be flexible in the timing, duration and types of training and other interventions to provide an inclusive programme that attracts the widest engagement from PGRs.

Postgraduate researchers should:

- pay attention to their wellbeing and mental health during their doctoral studies, actively seeking ways to engage with wellbeing activities within and beyond their institution
- develop good peer support networks to reduce the risk of isolation
- find out how and where to get appropriate help and support within their institution, including declaring any mental health conditions to their institution
- assist in developing institutional and sector understanding of PGR mental health by responding to requests for feedback about their mental health and wellbeing from their institution.

Wider sector recommendations

- UUK, doctoral education funders and other key stakeholders should agree common UK measures for institutions to collect data on PGR mental health and wellbeing to drive enhancement and enable benchmarking and comparability across the UK
- Doctoral education funders should review their funding and duration of doctoral training programmes, including expectations within their terms and conditions of funding and evaluation processes on how the mental health and wellbeing of their funded PGRs should be supported
- UUK and other key stakeholders should undertake a review of how the structure and processes within doctoral education impact on the mental health and wellbeing of PGRs and what measures can be taken to address this, recognising different disciplinary contexts
- UUK, doctoral education funders and other key stakeholders should recognise and promote PGRs as a distinct community within sector work on mental health and wellbeing, and into the research environment and culture
- UUK and other stakeholders should consider how existing networks can be utilised to support future work relating to PGR mental health and wellbeing and the sharing of effective practice
- UK Research and Innovation (UKRI) and OfS should commission more research into the intersection of protected characteristics with mental health, experiences of isolation and loneliness, and the impact on mental health of developing greater resilience and self-efficacy
- UKRI, OfS and other funders should consider integrating evaluation more specifically within funding calls and selection criteria, and how to support projects to develop evaluation frameworks to support successful delivery and improved evidence on and understanding of what is effective practice.

1 Introduction

1.1 Overview

£1.5M was awarded to 17 projects in March 2018 to support the wellbeing and mental health of PGRs through the Catalyst Fund. Research England (RE), UK Research and Innovation (UKRI) and the Office for Students (OfS) commissioned Vitae, together with Universities UK (UUK), to evaluate the impact of this funding at programme level against its aims and identify learning and useful practice from across the programme.

The PGR Catalyst Fund call was open to English higher education institutions (HEIs) to bid for up to £150,000 to propose new, or scale up existing, activities to support the mental health and wellbeing of PGRs to deliver strategic and sustainable change. The expectation was that there would be senior level commitment to projects and co-production with PGRs.

Proposals were asked to demonstrate:

- meaningful engagement with PGR students in design, delivery and evaluation
- a rationale for the proposed approach, including any supporting evidence
- commitment from senior leaders across the institution or collaborating institutions involved
- one-to-one matched funding relative to the funding request to HEFCE
- a credible methodology to develop, implement and scale the new proposed approaches
- a rigorous approach to the design of the project and the evaluation of its success
- potential barriers and solutions anticipated in the approach
- a commitment to be involved in HEFCE's coordination of a network of projects
- evaluation and dissemination of results to the wider sector.

The successful projects received funding ranging from £12,000 to the maximum funding of £150,000, and all projects were required to provide matched funding. Five projects involved collaboration between institutions or with other organisations. The funding ran from April 2018 to January 2020, with two projects receiving extensions to March 2020. The list of participating institutions is given in Appendix 1.

The aim of the PGR Catalyst Fund was to develop and implement sustainable approaches to supporting the mental health and wellbeing of PGRs. The guidance for bidders stated that this could include:

- prevention and early intervention approaches reaching a broad range of PGRs
- developing and implementing new practice for pastoral support
- enhanced staff training, for example for supervisors
- collection and use of data on the needs of PGRs
- evaluation and deployment of best practice
- working in partnership with statutory health services and third-party organisations to deliver improved support
- consideration of the whole PGR experience and cultural change.

Within this report we provide an overview of the range of activities undertaken by the projects, their reach and impact. We identify the learning and key themes that have emerged across the programme and present recommendations for the sector, senior institutional managers, supervisors, professional services staff and PGRs. In the appendices we include case studies of the individual projects. The appendices are collated in a separate document to this report and also include information on project activities, data on engagement and impact and evaluation indicators. Throughout the report we refer to postgraduate research students (PGRs) as individuals registered for a doctoral degree.

1.2 Wellbeing and mental health landscape for PGRs

There has been significantly increased interest in mental health and wellbeing in higher education, particularly in relation to undergraduate students. In 2018/19, 82,000 first-year undergraduate students disclosed a mental health condition; that is 4.3% of all UK-domiciled students – two-and-a-half times as high as in 2014/15³ – in part driven by decreased stigma around disclosure, the drive to widen participation and increased ‘stressors’, such as student loans⁴. Amongst PGRs, reporting appears to be particularly low, with 1.8% declaring a mental health condition to their university in 2018/19, although this is up from 0.9% in 2013/14⁵. This lower reporting level compared to undergraduates is unlikely to be due to lower levels of mental conditions within the PGR population. In 2017 almost two-thirds of universities reported that demand for counselling services had increased by more than 25% over the past five years, with some universities reporting as many as one in four students using, or waiting to use, counselling services⁶. Potentially, mental health difficulties seem to be under-reported within higher education, as government analysis suggests that one in four adults will experience mental illness at some point in their lifetime and one in six experience symptoms at any one time⁷.

Over the last few years, there has been increased concern for the mental health and wellbeing of PGRs, catalysed by a number of studies. A 2014 survey by the University of Berkeley revealed that 47% of their PGRs were on the threshold for depression. A 2017 study on the mental health of PGRs in Flanders⁸ highlighted that ill health and stress during the PhD were found to be higher than the general population. It identified that 32% of their postgraduate research population ‘are at risk of having or developing a common psychiatric disorder, especially depression’. A similar study in Leiden University (2017) identified that two in five PGRs are at risk of having or developing a psychiatric disorder⁹. This compares to 19% of 25–34-year-old UK residents showing evidence indicating depression or anxiety¹⁰. A 2017 literature review commissioned by the Royal Society into the understanding of mental health in the research environment¹¹ found limited evidence about the prevalence of specific mental health conditions among PGRs generally and only a very small number of studies (including the Flanders and Leiden reports) that focussed on PGRs.

More recently *Nature’s* 2019 worldwide survey¹² of over 6000 PGRs found that 36% had sought help for anxiety or depression caused by their PhD studies. PGR respondents to the 2019 Postgraduate Research Experience Survey (PRES 2019) reported higher levels of anxiety when compared to undergraduates¹³ and considerably higher (27% more) than the national average¹⁴.

PRES 2017¹⁵ included new questions about wellbeing and retention. Although more than 60% of PGRs were satisfied with their work–life balance, and 85% felt their degree programme was worthwhile, 26% of respondents had considered leaving or suspending their degree programme. Respondents with a disability, and particularly a mental health condition, were more likely to have

³ <https://commonslibrary.parliament.uk/research-briefings/cbp-8593/>

⁴ www.theguardian.com/education/2016/sep/23/university-mental-health-services-face-strain-as-demand-rises-50

⁵ HESA Student Record www.hesa.ac.uk

⁶ Not by degrees: improving student mental health in the UK’s universities, IPPR, 2017 This data does not distinguish between undergraduates and PGRs www.ippr.org/files/2017-09/1504645674_not-by-degrees-170905.pdf

⁷ Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, NHS, 2014

⁸ Levecque et al, Work organization and mental health problems in PhD students, *Research Policy*, 46, 2017

⁹ <http://nos.nl/op3/artikel/2180638-ook-leidse-promovendus-heeft-grotere-kans-op-depressie.html>

¹⁰ Measuring National Well-being: *Domains and Measures*, ONS, 2017

¹¹ <https://royalsociety.org/topics-policy/diversity-in-science/understanding-mental-health-in-the-research-environment/>

¹² <https://www.nature.com/articles/d41586-019-03459-7>

¹³ Student Academic Experience Survey, HEA & HEPI, 2017 www.hepi.ac.uk/2019/06/13/student-academic-experience-survey-2019/

¹⁴ www.advance-he.ac.uk/reports-publications-and-resources/postgraduate-research-experience-survey-pres#reports

¹⁵ www.advance-he.ac.uk/reports-publications-and-resources/postgraduate-research-experience-survey-pres#reports

considered leaving or suspending their doctoral studies (48% and 60%, respectively). The Flanders PGR study identified work–family balance, job demands, job control, supervisor’s leadership style and team decision-making culture as linked to mental health problems in PGRs.

HEIs provide a wide range of student support services relating to mental health and wellbeing¹⁶. Formal institutional provision is likely to include welfare support, mental health advisors, academic support and tutoring, counselling services, disability services, peer support and mentoring. This is reinforced by HEIs working with external agencies and networks, such as the NHS, GPs and specialist mental-health-related charities, and a wide range of institutional staff, for example from students’ unions, academics, pastoral staff, chaplaincy and wardens in institutional accommodation.

Although PGRs are included within the remit of student support services, until recently there has been very little explicit focus on the mental health of PGRs. Increasingly, however, UK HEIs are providing specific wellbeing provision for PGRs, predominately provided by graduate schools or through researcher development departments. In 2017 the (then) HEFCE commissioned Vitae to explore the wellbeing, mental health and associate support services for PGRs¹⁷. This study provides useful background to the Catalyst Fund programme. It highlighted the need for institutional strategies to specifically support PGRs, the need for monitoring the extent of poor mental health within the PGR population and the need for supervisors and other staff who support this population to understand and be able to respond to their specific needs.

The Vitae study found that the doctoral degree experience is very different from the undergraduate or taught masters’ experiences. Even within cohort-based doctoral training programmes, PGRs will be working on individual projects and reporting to a specific supervisor/supervisory team and the quality of this relationship is crucial to the wellbeing of the PGR. Staff and PGRs highlighted difficulties in the supervisory relationship as a common cause of wellbeing issues for PGRs. The high expectations and workloads associated with doctoral degrees can create an environment in which PGRs experiencing self-doubt can develop imposter syndrome, and this can also discourage PGRs from seeking help if their stress becomes unhealthy.

In the Vitae study, PGRs consistently described doctoral education as a stressful experience at least at some stage, and some expressed uncertainty in the expectations for their research with little positive feedback on their progress. Some also expressed reluctance to talk to their supervisors about their wellbeing, even where there was a positive relationship. They were concerned that talking about their anxiety might reflect badly on their ability to achieve their doctorate and the possible impact on their career prospects. Some groups of PGRs have been identified as more at risk of poor wellbeing than others, particularly international researchers, part-time researchers and PGRs with disabilities¹⁸. Isolated researchers, those with financial concerns or work–life balance challenges emerged as more at risk of developing poor mental health.

¹⁶ Understanding provision for students with mental health problems and intensive support needs, HEFCE, 2015
<https://webarchive.nationalarchives.gov.uk/20180319114953/http://www.hefce.ac.uk/pubs/rereports/year/2015/mh/>

¹⁷ Exploring wellbeing and mental health and associated support services for PGRs, Vitae, 2018
<https://re.ukri.org/documents/2018/mental-health-report/>

¹⁸ Long-term conditions and mental health, Kings Fund, 2012

1.3 Stepchange: Mentally Healthy Universities

The Stepchange framework was launched by UUK in 2017 in response to a growing narrative of crisis of student wellbeing and mental health in higher education. Students reporting mental health conditions have been rising, and demand for student support services has increased sharply¹⁹. Universities have a duty of care to safeguard their students, and the student contract requires a clear indication of support provided, while within the Equalities Act 2010 a mental impairment falls within the projected characteristic of disability if the impairment has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. Furthermore, good mental health has a positive impact on student retention and engagement, leading to enhanced academic performance and increased satisfaction. The Stepchange framework provides a structure for universities to reflect on their strategies, services and practices relating to mental health and encourages university leaders to adopt a whole institution approach to improving mental health. The original framework was based around eight spokes, consisting of: leadership, data, staff, prevention, early intervention, support, transitions and partnership. This structure was used within the evaluation for the initial mapping of project activities and in progress update calls with project leads. Much of the activity within the Catalyst projects was focussed around prevention and early interventions.

In 2020, UUK refreshed the Stepchange framework and relaunched it as 'Stepchange: Mentally Healthy Universities' (Figure 1), which calls on institutions to see mental health as foundational to all aspects of university life for all students and staff.

The Mentally Healthy Universities framework sets out a whole-university approach based on four domains – Learn, Support, Live and Work – and five enablers – Leadership, Co-production, Inclusivity, Information, and Research and Innovation. This framework aligns with the Student Minds' University Mental Health Charter published in 2019²⁰, which provides a set of principles to support UK universities in making mental health a university-wide priority and will form the basis of an award scheme to recognise and reward universities that promote good mental health and demonstrate good practice. Within this report, the key themes emerging from the evaluation (Section 4) have been structured around the new Mentally Healthy Universities framework so as to be most helpful for HEIs in considering how to implement the framework for PGRs.

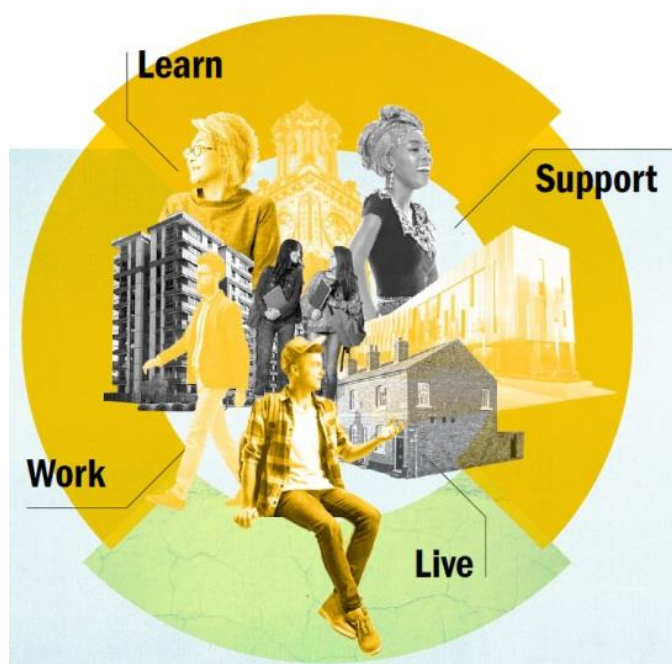


Figure 1 Stepchange: Mentally Healthy

Universities

¹⁹ www.theguardian.com/education/2016/sep/23/university-mental-health-services-face-strain-as-demand-rises-50

²⁰ www.studentminds.org.uk/charter.html

1.4 Aims of the evaluation

The evaluation aimed to examine the PGR Catalyst Fund at the programme level (across all of the projects), demonstrate emerging outcomes and disseminate good practice to the wider sector based on the programme evaluation. The appendices accompanying this report include case studies of individual projects and a list of the resources that are available for use by the sector. Alongside this report we have also produced stakeholder briefings for senior leaders, academic staff and professional services staff, highlighting how these groups can contribute to PGRs' wellbeing and mental health.

Our evaluation has been informed by a number of information sources:

OfS reporting requirements

- Project proposals to the Catalyst Fund call
- Short project overviews provided by each of the projects
- Interim project reports submitted to OfS in January 2019
- Final project reports submitted to OfS in January 2020

Evaluation team data collection

- **Telephone calls** – three structured telephone calls held with individual projects at intervals throughout the project
- **Case studies** – each project was given the opportunity to submit a case study in May 2019 as part of the evaluation team interim emerging practice report and again at the end of the project
- **Quantitative survey** – each project completed a quantitative survey at the end of the project to collect engagement numbers for different stakeholder groups
- **Qualitative survey** – each project completed a qualitative survey at the end of the project in which they were asked to consider the impact of their project and provide data and evidence to support this.

Supporting activities

- **Network meeting 1** in July 2018, which focussed on understanding project activity and involved interactive exercise to consider project outcomes for different stakeholders and their measures of success
- **Network meeting 2** in March 2019 when projects completed Theory of Change frameworks, indicator mapping using the IEF and shared emerging good practice
- **Network meeting 3** in November 2019, which included a poster walk for projects to share their project learning and outcomes, an update on communication and dissemination activities, and providing evaluation reporting guidance to projects.

Advisory Group input

- The PGR Mental Health and Wellbeing Advisory Group met in October 2018 and May 2019 and provided valuable input on the evaluation methodology, development of programme evaluation indicators, interim emerging effective practice report and final report.

1.5 Evaluation Approach

The programme-level evaluation ran alongside the delivery of the projects and included a formative element. In particular, the network meetings provided the projects collectively with support in developing their individual evaluation processes and the projects reported that they had found this useful. Although it was a condition of the funding that the projects would contribute to the evaluation of the overall programme, all of the projects were free to use their own evaluation methods to gather