



Department
for Education

Improving Student Mental Health through Higher Education-NHS Partnerships

**Higher Education Mental Health
Implementation Taskforce**

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Foreword – Jacqui Smith, Minister for Skills

As Minister of State for Skills, I am delighted to present this report from the Higher Education Mental Health Implementation Taskforce, setting out a clear vision for enhanced partnership working between our Higher Education Providers (HEPs) and NHS mental health services.

Our students represent a key investment in our nation's future, driving innovation and contributing to our communities and economy. Their mental health and well-being is both a serious pastoral concern and also fundamental to their academic success, personal development, and long-term contribution to society. This government's Plan for Change sets out clear national missions to build an NHS fit for the future, break down barriers to opportunity, and kickstart economic growth. Ensuring that every student can thrive – regardless of background or circumstance – is central to that vision. By breaking down barriers to mental health support, we are not only enabling individual success, but also laying the foundations for a healthier, more prosperous, and more inclusive society.

This report rightly highlights the growing demand on NHS mental health services and the challenges faced by students. As I have often noted, the growth of mental health concerns among HE students is a pressing matter for both our education and health sectors. The pressures of academic life, coupled with the major life changes students can experience, can heighten vulnerability and create barriers to accessing timely and appropriate care. For many, this is their first time living away from home, managing their own finances, balancing academic demands with part-time work, and navigating adult responsibilities. These experiences, while formative, can also be challenging. Mainstream NHS services sometimes struggle to meet these specific needs, leading to additional strain on university well-being services and local health systems.

However, amidst these challenges lies a significant opportunity. As this report powerfully demonstrates, developing robust, strategic collaboration between HEPs and the NHS is not just desirable, but increasingly important. It offers a pathway to early intervention, integrated care, and, ultimately, significantly improved student outcomes. In a time of challenging fiscal choices, such partnerships are not only critical for student well-being but also for delivering more effective and sustainable mental health support across our interconnected systems. Working together constructively, rather than in silos, is the only way forward. This is also in line with the ambitions set out in the *10 Year Health Plan for England: fit for the future*, to boost mental health support across the country, to enable people to access the right support at the right time in the right place.

This report moves beyond simply identifying problems; it provides tangible solutions. By outlining practical examples, identifying key success factors, and sharing learning from leading partnerships, it offers insights and approaches to inform and guide collaborative mental health support for students across the country. Whether through dedicated NHS services, streamlined care pathways, or the optimisation of existing provision. This report is designed to inform and inspire further progress.

I urge all Higher Education Providers, NHS trusts, and relevant stakeholders to engage with this report. These findings should guide our collective efforts to build a more resilient, responsive, and student-centred mental health landscape. By working together, we can ensure every student has the support they need to flourish and succeed, wherever they start and whatever the hurdles that they need to overcome.

Introduction

The mental health of young adults in England is an area of concern. The prevalence of mental disorder has increased since 2017, with the NHS estimating in 2023 that the proportion of 17 to 19-year olds with a probable mental disorder was 23.3%, while among 20 to 25-year-olds it was 21.7%¹.

While higher education (HE) students may face similar challenges to their non-student young adult peers (for example, in the transition from children to adult mental health services), it is also true that HE students experience distinct challenges which can make them particularly vulnerable. This is requiring innovative approaches to tailor the support and services this group receives.

Higher education providers (HEPs) have made substantial investments in the mental health support for students. However, this is increasingly difficult to sustain. The Higher Education Mental Health Implementation Taskforce's view is that increased focus should be placed on the HE and NHS sectors jointly pursuing strategic partnerships to improve mental health support for HE students.

The success of Mental Health Support Teams (MHSTs) in schools and colleges demonstrates how the education and health sectors can work together to expand early intervention and improve outcomes. These insights could shape the development of mental health services for HE students.

NHS student mental health services could be new, dedicated services, or existing services that have been optimised to meet students' needs. While they can differ in their scale, good practice shows that most appear to have common aims: enabling early intervention; improving access to evidence-based treatment; reducing admissions to acute or unscheduled care; and enhancing collaboration, the sharing of information, and clarifying responsibilities between HEPs and the NHS. However, central to these services is a commitment to support students to continue and thrive in their studies.

Developing a collaborative approach to student mental health requires committed, long-term leadership across organisations. Effective collaboration between HEPs and the NHS will depend on shared governance, clear accountability, and sustained investment in joint working. Without this, collaboration risks becoming fragmented, limiting their ability to provide coordinated care.

Given the considerable pressures faced by both the NHS and HE sectors, it is crucial that any collaborative services avoid placing additional strain on already stretched systems. Exemplar partnerships between the NHS and HEPs have demonstrated clear benefits

¹ NHS England (2023) *Mental Health of Children and Young People in England 2023*. NHS England. Available at: <https://www.england.nhs.uk/2023/11/one-in-five-children-and-young-people-had-a-probable-mental-disorder-in-2023/>

through more efficient, targeted, and coordinated deployment of resources. By nurturing this culture of shared responsibility, both sectors can work together to ensure students receive timely and appropriate support.

Purpose of this Report

This report outlines practical information, evidence and case studies to support discussions at a local level on the development or enhancement of NHS mental health services for students. It has been informed by a growing body of literature on NHS student mental health services, as well as discussions with notable examples of HE-NHS partnerships across the United Kingdom.

This report may serve as a framework for senior leaders across HE and the NHS to structure discussions and to highlight key issues to consider. In particular, it could be used to:

- Recognise the shared challenge of student mental health and the opportunity to address this through joint action;
- Evaluate existing partnership arrangements and identify challenges in how support for students is currently coordinated and shared between HEPs and the NHS;
- Consider priorities for improved collaboration and explore the possible function and design of enhanced mental health support for students;
- Develop or optimise services that recognise and respond to the specific needs of the HE student population in order to support them in the most appropriate, effective and sustainable way; and
- Formalise strategic joint-working arrangements to facilitate oversight and development of the partnership.

Policy Context

Higher Education Policy Developments

In recent years, there has been significant cross-Government action to improve student mental health. In 2018, the Office for Students (OfS) launched the Mental Health Challenge Competition (MHCC) to fund innovative interventions, with partnerships between HEPs and the NHS playing a central role². Key developments following the MHCC included a joint Department for Education (DfE) and Department of Health and Social Care (DHSC) Ministerial Summit (2022), the Student Services Partnerships Evaluation and Quality Standards (SPEQS) Toolkit (2022)³, and an action learning set project (2023), which brought together HE and NHS practitioners to explore the challenges of joint working⁴. In parallel, initiatives such as Universities UK's Stepchange Framework⁵ and Student Minds' University Mental Health Charter⁶ have encouraged HEPs to strengthen collaboration with the NHS.

The DfE has taken a more active role in supporting HE-NHS partnerships. In 2023, it established the Higher Education Mental Health Implementation Taskforce to drive sector-wide improvements in student mental health support⁷. This guide is a product of the Taskforce's work. In May 2025, the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) published its DfE-commissioned independent review of student suicides (and non-fatal self-harm) in England⁸. It found challenges with collaboration and information sharing between HEPs and the NHS.

NHS Policy Developments

Recognising that NHS mental health services are under considerable pressure, national policy has increasingly emphasised prevention, early intervention, and cross-sector collaboration. Key NHS England (NHSE) and DHSC initiatives include:

- CYPMH expansion programmes – Building on earlier strategy commitments (e.g., *Future in Mind* and the *Five Year Forward View for Mental Health*), the NHS has expanded access to CYPMH services, increased workforce capacity, rolled out new models of early intervention, and strengthened community-based provision.

² <https://www.officeforstudents.org.uk/media/7247/improving-student-mental-health-support-through-higher-education-and-nhs-partnerships.pdf>

³ https://www.smartten.org.uk/uploads/1/2/0/8/120879546/speqs_toolkit.pdf

⁴ https://www.officeforstudents.org.uk/media/8904/insights-on-joined-up-working-to-support-student-mental-health_nous.pdf

⁵ <https://www.universitiesuk.ac.uk/sites/default/files/uploads/Reports/uuk-stepchange-mhu.pdf>

⁶ <https://hub.studentminds.org.uk/resources/charter-framework/>

⁷ <https://www.gov.uk/government/groups/higher-education-mental-health-implementation-taskforce>

⁸ <https://www.gov.uk/government/publications/national-review-of-higher-education-student-suicide-deaths>

These developments underpin ongoing policy emphasis on improving system-wide support for young people's mental health and ensuring more timely access to care.

- DHSC Suicide Prevention Strategy for England (2023) – Identified children and young people as a priority group for tailored or targeted action at a national level. The strategy has specific actions aimed at HE students, including:
 - Support UUK to embed its Suicide-Safer Universities guidance
 - DfE to commission a national review of HE student suicides
 - Support the HE Mental Health Implementation Taskforce to set out a plan to improve mental health support and suicide prevention in HE.
- Mental Health Support Teams (MHSTs) – Established to work with schools and colleges, MHSTs provide early intervention for common mental health conditions and help in promoting a whole school/college approach to mental health. The success of MHSTs in educational settings underscores the potential benefits of integrating similar support structures within HEPs. Around six in ten pupils and learners will have access to a Mental Health Support Team (MHST) by March 2026, and the Government has committed to expanding MHSTs to reach 100% of schools and colleges by 2029/30⁹.
- 10 Year Health Plan for England: *Fit for the Future* – This Plan notes that the NHS will work with schools, colleges and universities to better identify and meet children and young people's mental health needs and is part of the Government's health mission to build a health service that is fit for the future and sets out how the Government will reinvent the NHS through 3 radical shifts:
 - From hospital to community care, e.g. improving access to local mental health support.
 - From analogue to digital solutions, e.g. expanding online and remote interventions.
 - From sickness to prevention, e.g. focusing on early intervention and resilience-building

These policies provide an important backdrop for improving collaboration between HEPs and the NHS. They reflect a growing recognition of the need for integrated, cross-sector approaches to create a more cohesive and effective mental health support system. As demand for services continue to increase, aligning HEP-based support with NHS provision will be critical to ensuring that students receive timely and effective care.

⁹ <https://www.england.nhs.uk/mental-health/cyp/trailblazers/>

Factors Driving the Development of NHS Student Mental Health Services

Rates of mental illness are rising, particularly among young people

According to the 2023/24 Adult Psychiatric Morbidity Survey, released June 2025, the proportion of young adults aged 16 to 24 experiencing a common mental health condition (CMHC) has risen sharply, from 17.5% in 2007 to 25.8% – the highest prevalence of any age group¹⁰. This represents a 47% increase over the past 16 years, far exceeding the rate of increase seen in other age cohorts.

The survey also highlights that rates of self-harm are highest in the 16–24 age group. While suicidal thoughts and attempts are elevated across the 16–64 population, they are particularly pronounced among younger adults, with 16–24-year-olds reporting significantly higher rates than the overall average. Only those aged 25–34 report slightly higher levels of suicidal ideation and behaviour, placing both younger groups at disproportionate risk.

Rising demand continues to outpace service capacity

Despite increased investment, NHS mental health services remain under considerable pressure. In 2023/24, 3.8 million people in England were in contact with NHS mental health services - 39% more than in 2018/19¹¹. However, long waits for treatment and high thresholds for accessing care persist. In 2021, it was estimated that 8 million people with mental health needs were not receiving support from NHS services¹². Funding and workforce challenges continue to limit the ability of NHS services to keep pace with demand.

Higher education providers have expanded their support, but this is unsustainable

As access to NHS services has become increasingly constrained, HEPs have significantly expanded their mental health provision. However, they lack the resources and clinical expertise to meet the growing volume, severity, and complexity of students' needs. In some instances, HEPs are expected to provide a level of mental health support

¹⁰ <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey>

¹¹ <https://www.england.nhs.uk/2024/10/englands-nhs-mental-health-services-treat-record-3-8-million-people-last-year/#:~:text=As%20part%20of%20our%20work,the%20classroom%20by%20Spring%202025>

¹² <https://www.nao.org.uk/wp-content/uploads/2023/02/Progress-in-improving-mental-health-services-CS.pdf>

that extend beyond their primary role as educational institutions, and for which they hold no statutory responsibility.

Students are falling between gaps in support between HEPs and the NHS

A significant number of students find themselves struggling to access NHS mental health care but have needs beyond the scope of HEP support. This gap in support leaves some students in limbo, without clear pathways for accessing the care they need. This problem is exacerbated by a lack of clarity over the responsibilities of HEPs and the NHS, as well as inconsistent language, referral processes, and thresholds between services.

Unmet needs are putting pressure on NHS crisis services

Students with complex mental health needs, who may have difficulty accessing the right support or care, are at risk of deterioration, leading to poor engagement with their studies and crisis presentations at A&E or other acute mental health services. It is probable that this impact is felt more noticeably in NHS services located near large HEPs, which experience disproportionate and concentrated demand from student populations. This contributes to bottlenecks in crisis care and increases pressure on already stretched NHS mental health teams.

Students have specific needs that require tailored approaches

HE students experience unique challenges that can impact their mental health and access to support:

- **Transitions in care** – Many students face difficulties when moving from Children’s and Young People’s Mental Health Services (CYPMHS) to Adult Mental Health Services (AMHS), between education providers or to employment or when transferring between NHS services and GPs as they move between home and place of study.
- **Loss of support networks** – Leaving home can mean the loss of family, peer, and professional support, disrupting continuity and familiarity of care.
- **Transient population** – Students frequently move addresses between halls of residence, private rented accommodation, and their parents’ or guardians’ home. This leaves them at risk of not receiving key NHS communications and missing opportunities to access care or be removed from waiting lists.
- **Academic and life pressures** – Independent living, managing finances, forming new relationships, finding housing, academic assessments, the pressure to achieve, and uncertainty about the future can all contribute to poor mental health.

- **Early onset of mental health conditions** – Around half of all mental health conditions develop by age 14, and three-quarters by age 24¹³. Given that in 2021/22, 70.4% of full-time undergraduate entrants were under 21, HEPs cater to a particularly high-risk group¹⁴.

Mental health-related economic inactivity is growing

The broader economic impact of mental ill health was estimated to be £110 billion in England in 2022¹⁵. Young adults aged 18-24 are a key driver of the recent increase in long-term economic inactivity due to ill health¹⁶, and similarly there are signs of a widening generational divide with 18-24-year-olds most likely to be absent due to poor mental health caused by stress and burnout¹⁷. An independent review into youth economic inactivity, led by Alan Milburn and focusing on the role of mental health and disability among young people not in education, employment or training, is due to publish interim findings in Spring 2026 and a final report in Summer 2026¹⁸.

Given that most mental health conditions develop before the age of 25, early intervention during a young person's time at HE offers a crucial opportunity to prevent long-term illness and support future employment prospects. HE-NHS collaboration could be a key tool to achieve this.

Limited data collection, reporting and sharing is impeding opportunities to improve outcomes for students

HEPs' wellbeing teams often lack visibility of students' interactions with NHS services, making it difficult to provide follow-up support, coordinate referrals, or assess whether students are receiving appropriate levels of support. For the NHS, a lack of information sharing with HEPs can impede the ability of mental health services to possess the whole context of students' challenges. Moreover, the NHS does not routinely record whether a patient is a HE student, limiting opportunities to develop enhanced insight into this group's mental health needs and the demand they place on local NHS services.

¹³ <https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/prevalence/>

¹⁴ <https://www.officeforstudents.org.uk/publications/annual-review-2023/a-statistical-overview-of-higher-education-in-england/>

¹⁵ https://www.centreformentalhealth.org.uk/wp-content/uploads/2024/03/CentreforMH_TheEconomicSocialCostsofMentalIllHealth.pdf

¹⁶ <https://www.nhsconfed.org/system/files/2024-09/Improving-our-nations-health-WGA-long-term-sickness-economic-inactivity.pdf>

¹⁷ https://euc7zxtct58.exactdn.com/wp-content/uploads/2025/01/16142505/Mental-Health-UK_The-Burnout-Report-2025.pdf

¹⁸ <https://www.gov.uk/government/news/independent-investigation-to-be-launched-to-tackle-rising-youth-inactivity>

Consequently, this lack of data may hinder the recognition of the benefits that a HE-NHS collaboration could deliver.

A balanced and standardised approach to information sharing, while respecting patient confidentiality, could bridge these gaps - improving collaboration, efficiency, and student outcomes.

Existing partnerships between HEPs and the NHS may be informal and non-sustainable

Where collaboration between HEPs and the NHS does exist, it often relies on informal agreements and individual relationships rather than structured, long-term commitments. This makes partnerships vulnerable to disruption when key staff change roles or as institutional priorities shift. Establishing formalised collaboration can ensure sustained funding, consistency, and effectiveness.

Collaboration aligns with both sectors' strategic priorities

Both HEPs and NHS services are facing rising demand and resource constraints, making integrated working a practical necessity. With 50% of young people entering HE by the age of 30¹⁹, HEPs have become key settings for early intervention on mental health.

By strengthening collaboration, HEPs and the NHS can:

- Ensure students receive timely and appropriate support.
- Reduce pressure on NHS crisis services, particularly A&E and emergency mental health teams.
- Improve efficiency through smarter resource allocation, reducing duplication and fragmentation.
- Support a mentally healthy graduate workforce, improving employment outcomes and reducing long-term economic inactivity.

A more structured, strategic partnership between the NHS and HE would not only benefit students but also align with national priorities for improving mental health, workforce sustainability, and economic participation.

¹⁹ <https://www.suttontrust.com/our-research/25-years-of-university-access/>

Benefits of Higher Education – NHS Collaboration

Benefits for Students

Where they operate, an on-campus NHS-commissioned mental health service provides students with improved access to evidence-based treatment, potentially leading to improved clinical outcomes and improved engagement, retention and success with their studies. Over time, these services develop specialist expertise in student mental health, ensuring NHS practitioners can understand the whole picture of the student's mental health concerns, and they can provide tailored support that reflects and responds to the challenges that they face.

Similarly, more effective and consistent sharing of information and care coordination between HEP and NHS services prevents students from receiving conflicting guidance and information.

Benefits for Health

By improving access to timely, student-focused care, NHS student mental health services may reduce crisis presentations in other NHS settings. In one example, the development of a service led to a 19% reduction in A&E and Community Mental Health Team (CMHT) presentations by students²⁰. This reduction in unscheduled and high-cost NHS service use helps to free up capacity, allowing resources to be redirected towards other priorities, including supporting the wider population.

Moreover, as most NHS student mental health services will be co-funded between the NHS and HEPs, further financial resources may be freed up within the NHS system which can be re-allocated to meet operational priorities.

Benefits for Higher Education

The establishment of NHS-commissioned student mental health services provides much-needed clarity on the role of HEPs, creating clearer boundaries and responsibilities. This enables HEPs to deliver prevention activities within a broader whole-university approach to student wellbeing, rather than being drawn into the management of complex mental health cases without clear routes into appropriate NHS services. This shift improves resource efficiency, as HEPs' wellbeing teams currently dedicate disproportionate time and effort to supporting a small but high-needs group of students. As a result, staff experience greater confidence and wellbeing when working with students, knowing that specialist NHS care is available when required.

Additionally, poor mental health is cited as the main reason for students to consider withdrawing from study²¹. Providing effective, NHS-led mental health care may help

²⁰ Greater Manchester Universities Student Mental Health Service Evaluation

²¹ https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/advance-he/Student%20Academic%20Experience%20Survey%202024_1718100686.pdf

students stay engaged with their education, reducing the risk of poor academic outcomes and unnecessary dropouts. This can enhance institutional metrics and reduce loss of fee income.

Shared Benefits for Health and Higher Education

The alignment of NHS and HEP practitioners within a shared approach to student mental health fosters the development of shared understanding and language, facilitating improved management of student cases (particularly where issues around fitness to study or practice may arise). In addition, the insight and data generated by these services provide the NHS and HEPs with a better understanding of student demand, enabling improved service planning. This ensures that:

- Student mental health remains a strategic priority for HEPs and the NHS.
- Future NHS service delivery reflects the needs of students as a distinct patient group.
- The sustainability of NHS mental health services for students is supported through informed decision-making.

The success of Mental Health Support Teams (MHSTs) in schools and colleges highlights key benefits that could be mirrored in HEP-based NHS student mental health services. The approach of MHSTs, with their focus on prevention and early intervention, have improved the accessibility of evidence-based support for young people. Extending these principles to HE could enhance the training of HEP and NHS practitioners, create clearer pathways to care, improve student outcomes, and ease pressure on HEPs' academic and wellbeing teams. Optimising the clinical expertise of NHS staff within a HEP-based student mental health service reinforces a preventative and early intervention focus that can strengthen student resilience and reduces long-term demand for crisis care and other support services.

Benefits for Society

The benefits of NHS student mental health services extend far beyond HEPs and the NHS, with the potential to deliver significant societal gains. Timely access to mental health support can reduce the long-term burden of untreated mental health conditions which impact employment and productivity, and which contribute to billions of pounds in societal costs each year, as well as cause long-term strain on welfare systems and public resources. By intervening early, NHS student mental health services help break this cycle by preventing long-term disability, reducing the impact of mental health-related economic inactivity, and supporting students' transition into a healthier, more productive workforce.

Key Factors of Success for NHS Student Mental Health Services

Local factors, such as the specific needs of the student population and the structure of NHS services in the area, should define the design and commissioning of a collaborative approach to student mental health. However, insight from existing services has highlighted key success factors that could underpin NHS student mental health services regardless of local variation.

NHS-commissioned service

To ensure clear clinical governance, accountability, and continuity of care, student mental health services should ideally be commissioned by the NHS. This helps ensure that students with complex mental health needs are treated within an appropriate healthcare setting, rather than relying on HEP wellbeing teams which may lack the necessary clinical expertise, training and governance to support patient safety. NHS-commissioned services may provide access to specialist staff and enable the use of NHS digital records, ensuring better coordination, integration and referral with the wider NHS system. Similarly, ensuring the service can consult effectively with wider NHS teams is likely to reduce care fragmentation. By embedding student mental health support within the NHS, students benefit from a more structured and effective care pathway that aligns with national standards.

Bridges the gap between HEP and NHS services

Effective student mental health services should aim to complement, rather than duplicate, the support already provided by HEPs and the NHS. HEPs are well-placed to deliver preventative interventions, wellbeing initiatives, and early-stage support – ensuring students are supported to continue their studies – while the NHS is better equipped to manage moderate to severe mental health conditions requiring specialist care. By establishing a structured, stepped-care model, new NHS student mental health services help bridge the gap between these two systems, ensuring students receive the right level of support at the right time. This is particularly important in addressing gaps where students may otherwise struggle to access care.

Familiar service model

While the structure of an NHS-commissioned student mental health service should aim to reflect local needs, aligning with established NHS service models may increase the likelihood of successful implementation, sustainability, and integration into the broader healthcare system. Services that follow familiar NHS frameworks may be easier to implement, better understood by NHS staff, and less likely to duplicate existing provision.

Two distinct models have emerged as effective approaches to delivering NHS mental health services to students.

Mental Health Team (MHT) Model

A dedicated multidisciplinary NHS team providing direct care, including assessment, diagnosis, psychological and pharmacological treatment, care coordination, and discharge planning in collaboration with HEPs. This model offers comprehensive, specialist-led support, ensuring students with more complex needs receive appropriate ongoing care. However, it can be resource-intensive, requiring a considerable commitment of NHS staff and capacity. As students are often retained within the service until they are ready for discharge, the demand on resources may be high, making it more vulnerable to capacity constraints. A more cost-effective approach may be to instil a student mental health specialism within existing provision, for example through a CMHT.

Liaison Team Model

With a liaison model, an NHS team functions, by contrast, as a link between HEPs and NHS services. Rather than providing long-term treatment, the liaison team focuses on assessing students, coordinating their care, and ensuring smooth transitions between different services. This approach allows students to be stepped up from HEP wellbeing support or GPs when their needs exceed those settings, and stepped down from crisis or specialist NHS services when they require ongoing but less intensive support. The liaison model is generally less resource-intensive and more flexible, but its success depends on the team's ability to ensure timely and effective referrals to other NHS services.

On-campus delivery

Traditional NHS mental health services are not always designed to accommodate the transitory nature of many students lives, balancing academic commitments, part-time work, and commuting, while also spending extended periods away from their place of study during breaks. Establishing an NHS-commissioned mental health service on or near campus can improve accessibility, ensuring students receive timely, evidence-based treatment without the added barriers of navigating external services. Moreover, the physical proximity of NHS and HEP staff can foster stronger collaboration, enabling real-time consultation, advice-sharing, and coordinated care. This closeness also helps develop a shared understanding and common language around student mental health, strengthening joint-working and improving overall service integration.

Flexible, needs-based approach to referrals

Sustained pressure on mainstream NHS mental health services is impacting the ability to deliver fully in line with the Community Mental Health Framework, which emphasises a

needs-based approach, an end to arbitrary thresholds, and a “no wrong door” principle. In practice, service pressures can lead to reliance on more defined referral criteria that prioritise risk, which in turn can result in delays in care, difficulties accessing support, and missed opportunities for early intervention. A more effective approach within an NHS mental health service for students may be a needs-based referral system, where decisions are informed by a holistic assessment of the student’s mental health needs.

To facilitate this, the service should aim to work closely with referring partners, such as HEP wellbeing teams and GPs, to establish clear referral pathways and shared criteria. This ensures that referrals are appropriate. By adopting a more flexible, student-centred approach, services can intervene earlier and provide the right level of care at the right time.

Structured support for at-risk students

While NHS student mental health services should not replace crisis services, they could aim to deliver structured support for students at higher risk of mental health deterioration. This group may include students who frequently present to A&E because of their mental health, students with a history of self-harm or substance misuse, as well as those who may have experienced an eating disorder, psychosis, or have been given a diagnosis of personality disorder. Without structured follow-up, these students may continue to cycle between crisis care, HEP support services, and NHS teams without receiving sustained, coordinated intervention.

NHS student mental health services could play a vital role in supporting this cohort by providing follow-up interventions after A&E presentations, participating in multidisciplinary meetings with HEP staff, collaborating on safety planning, and delivering therapeutic interventions for students who self-harm. These measures may help to reduce the reliance on A&E and GP services, ensure students receive appropriate care at the right level, and support a more structured transition between HEP and NHS services.

10 Steps for Developing a Collaborative Approach to Student Mental Health

This section outlines ten practical steps for establishing effective joint-working on student mental health, drawing from the experiences and insights of existing HE-NHS partnerships. These steps address key challenges that may arise and provides a structured approach to implementation.

1) Building the Case for Collaboration

Successful implementation begins with a shared recognition among all partners that student mental health is a significant challenge that requires a joint solution. The case for collaboration should address three fundamental questions:

- What is the challenge to be addressed?
- What evidence supports the urgency of this challenge?
- What are the benefits of a collaborative approach?

While HEPs often take the lead in advocating for change, they should seek allies within other local HEPs and the NHS, such as local GPs and mental health practitioners who serve student populations. Engaging groups that already bring together HEP and NHS professionals, such as those working on local suicide prevention plans led by the Local Authority Director of Public Health, can also help build momentum.

Partners should draw on relevant data to support their case. HEPs can provide insights into the number of students accessing wellbeing services, most common mental health presentations and relevant educational data (e.g., non-retention), while GPs and NHS practitioners can offer complementary evidence, including patient trends and demand pressures. External sources, such as this report and relevant research, can also provide valuable context. Compiling and presenting this evidence will help create a strong, coherent argument for collaboration.

2) Engaging Key Stakeholders

Once the case for collaboration is established, it should be presented to senior leaders who hold decision-making authority. These may include:

- **Higher Education:** Vice-Chancellors, Pro Vice-Chancellors, Registrars, Chief Operating Officers, and Directors of Student Support.
- **NHS:** Chief Executives of NHS Trusts and Integrated Care Boards, Commissioners of Young People's Mental Health, clinical and operational leads for Adult Mental Health Services, and senior staff in Primary Care.
- **Local Government:** Chief Executives, Directors of Adult Social Care and Health, local Mayors, and Public Health leads.

A collective meeting of commissioners and providers should be convened, if feasible through the local NHS Integrated Care Partnership, to discuss the challenges faced by students and the pressures placed on local services. Agreement should be reached in principle on the need for a student mental health service, and each organisation should appoint a lead to drive the next steps.

3) Committing Dedicated Project Resource

To ensure successful implementation, partners will need to allocate dedicated project capacity. At a minimum, a project manager or officer should be appointed to coordinate activities. Additional support from business analysts and data specialists may also be needed on an ad-hoc basis. These roles will be crucial in facilitating engagement between partners, leading service co-design, and overseeing the operational implementation of the service.

4) Defining Goals and Objectives

Clear goals and objectives should be set early in the process to align the expectations of all stakeholders. Consideration must be given to the needs of HEPs, the NHS, and students, ensuring that the service design reflects a shared vision of success. Defining expected outcomes and understanding how success will be measured will help shape the structure of the service, inform the collection and sharing of data, and ensure that all partners remain aligned as the project progresses.

5) Collaborating on Service Design

Successful implementation requires a collaborative approach to service design, ensuring that all key stakeholders contribute to shaping an effective and sustainable model. This process should involve HEP wellbeing teams, NHS services, GPs, and third-sector organisations, alongside students as service users and practitioners as service operators. Their input will help ensure that the service is integrated with existing provision, responsive to students' needs, and feasible within local NHS structures. A data-informed approach to co-design is essential to ensure the service development is evidence-based and targeted towards the most pressing needs.

The co-design process should address key critical topics, such as the effectiveness of existing partnerships, the primary mental health needs of students, the interventions and treatments that could be offered, and how referrals and discharges will be managed (and by which organisations). It should also determine how the service will integrate with existing support, which partnerships will be essential for effective delivery, how data will

be shared, and how governance and evaluation will be structured. The SPEQS toolkit may provide helpful resources to support with co-design²².

6) Agreeing Data Collection and Sharing Practices

Data collection, processing, and sharing are likely to present challenges, so these issues should be addressed early in the service development process. The goals and objectives of the service (established in step four) should guide what data are collected and how they are used to evaluate effectiveness. Outcome data will be essential for demonstrating impact to partners, such as measuring reductions in A&E presentations or improvements in educational outcomes. The sharing of identifiable student data will need to be carefully considered to ensure it does not present a barrier to accessing support for students.

To facilitate this, data-sharing agreements and confidentiality policies between partners will need to be established. Additionally, where NHS services refer students directly into the student mental health service - such as from GPs, A&E or Community Mental Health Teams - steps should be taken to ensure that students are identified within NHS records. Some local partnerships have successfully achieved this by adding a student identifier within NHS patient record systems, improving tracking and coordination of student care.

7) Considering Workforce Requirements

Once the service model has been finalised, workforce planning will be required to determine staffing levels, required specialisms, and the skills needed to deliver effective support. NHS-led student mental health services are unique in their function and role, requiring a different set of competencies compared to mainstream NHS mental health services.

Staff must be able to work collaboratively across institutional boundaries, consulting and liaising with multiple stakeholders including HEP staff, NHS services, and external agencies. Experience in working with young adults is also crucial, given that students face distinct mental health challenges related to their life stage, transitions, and academic pressures. Partnership working, care navigating and pathway development will also be key areas of focus for NHS colleagues. Recruitment and training plans should reflect these specific requirements. Opportunities may exist for national or regional collaborative training programmes for NHS staff involved in student mental health roles.

8) Agreeing a Sustainable Funding Model

To ensure long-term viability, the service must be funded in a way that is equitable, sustainable, and adaptable to changing needs. Key funding considerations include the

²² https://www.smartem.org.uk/uploads/1/2/0/8/120879546/speqs_toolkit.pdf

financial contributions of HEPs and the NHS, the method for determining HE contributions (such as by total student numbers or referral rates), and the costs of service evaluation.

Operational costs - including staffing, training, administrative support, and project management - must be factored into the funding model, as well as provisions for covering service reductions (e.g., leave, illness, or maternity). While some adjustments may be necessary over time, long-term financial commitments from all partners will be essential to ensure service continuity and stability.

9) Promoting Wider Engagement

As the service is implemented, engagement with local healthcare providers will be essential to establish a shared understanding of its purpose, functions, and referral pathways. Relevant stakeholders may include Talking Therapies, Early Intervention in Psychosis (EIP), Adult Mental Health Services (AMHS), Community Mental Health Teams (CMHT), eating disorder teams, psychiatric liaison teams, A&E, GPs, and HEP wellbeing teams.

Clear communication and engagement efforts will ensure that practitioners understand who the service is designed to support, how referrals should be made, and how it fits within existing NHS service pathways. This is particularly important for services that will be making referrals into the student mental health service, as effective referral processes will be critical to ensuring that students receive timely and appropriate care.

10) Developing Strong Governance for Oversight and Evaluation

Strong governance structures will help ensure that the student mental health service remains safe, effective, and accountable. A strategic oversight group should be established to monitor the service at a high level, while an operational group should focus on day-to-day management and delivery. Both groups should comprise representatives from the service partner organisations, ensuring the service's impact and success can be effectively communicated with key decision-makers and thereby promoting its continued sustainability amid competing pressures and priorities.

To formalise roles and responsibilities, Memorandums of Understanding (MoUs) or Service Level Agreements (SLAs) should be put in place between partners. These agreements will help maintain clarity and accountability, ensuring that all parties remain committed to their responsibilities.

Data will play a central role in governance and evaluation, allowing stakeholders to track patient outcomes, identify trends, and improve service efficiency. Over time, insights from

this data should be used to inform decisions on introducing new interventions and optimising services to meet evolving student needs.

Case Studies

Student Mental Health Service (SMHS) – Belfast

What is the partnership?

The Student Mental Health Service (SMHS) is a dedicated NHS-commissioned service embedded within the Belfast Health and Social Care Trust. It provides improved access to NHS mental health services for students, with a focus on supporting at-risk students, enhancing stepped-care between the HEPs and NHS, and improving collaboration between stakeholders.

The SMHS is a partnership between Queen's University Belfast, Ulster University, and Belfast Health and Social Care Trust. Over 58,000 students are enrolled across the two HEPs, however not all students can access the service due to them not having one address in the Belfast NHS Trust area.

What are the key functions of the service?

The SMHS is delivered at both HEPs' Belfast campuses. It is functionally similar to a Community Mental Health Team (CMHT) and provides: mental health assessments; access to a Consultant Psychiatrist; medication prescribing and review; psychiatric and psychological interventions (individual and group); collaborative safety planning with students and HEPs; and care coordination and onwards referral.

What instigated the development of the partnership?

Students faced long waiting lists for assessments, and appointments were often scheduled outside of term time. Students were required to miss class, or in some instances, drop out due to insufficient timely support. Complex needs were also not being addressed until students reached crisis points. As these issues compounded, it became harder to deliver early intervention.

How was the partnership developed?

A retired psychiatrist, who was part of the Royal College of Psychiatry national working group for student mental health, facilitated discussions with the Head of Adult Mental Health in the Belfast Trust, leading to discussions and the pilot project. The Trust facilitated co-design of the service over several months, involving the two HEPs, Students' Unions, key mental health staff, and local GPs. They also consulted service users and reviewed existing models of HE-NHS partnerships across the UY. The service was designed over 18 months before recruiting staff.

How do referrals to the service work?

Referral to the SMHS is via students' GPs or HEPs' wellbeing teams. The service sees around 30+ referrals per month.

What are the workforce requirements and how much does it cost per year?

The service is operated by:

- Consultant Psychiatrist - 0.4 FTE
- B7 Team Leader - 1.0 FTE
- B8A Management Oversight - 0.1 FTE
- B5 Counsellor - 0.6 FTE
- Mental Health Nurse Practitioner Grade 6 - 2.0 FTE
- Trainee Psychologist
- Administrator - 0.8 FTE

The service costs around £330,000 per year. Funding is split 1:2, NHS to HE. The HE portion is further split based on proportion of students using the service.

What has the impact been?

- Improved clinical outcomes scores (CORE10). 75.8% of students completing PRE and POST CORE scores have shown a Clinical and/or Reliable Improvement.
- Alternative pathway treatments for students deliver cost-effective, early intervention and reduce the demand on existing secondary care and acute mental health services.
- Access to the service improves the allocation of HEPs' wellbeing services, improves the quality of care that HEPs can provide, whilst contributing to the overall resilience and sustainability of the HEP workforce.
- Improved and timely access to services, with 100% of students seen within 10 working days (urgent) or 9 weeks (routine), compared with current waits for assessment by CMHT of between 6-9 months (routine).

Student Liaison Team – Liverpool

What is the partnership?

The partnership is a dedicated NHS-commissioned service that provides pathways and interventions for students with complex mental health needs, and reduces opportunities for falling between gaps. It comprises two elements: the Student Liaison Team, which

provides liaison between NHS urgent care and HEPs' wellbeing teams; and UCOPE, a therapeutic service for students who self-harm.

It is a partnership between the University of Liverpool, Liverpool John Moores University, Liverpool Hope University, Liverpool School of Tropical Medicine, Liverpool Institute of Performing Arts, and Mersey Care NHS Trust. Around 65,000 students are enrolled across the five HEPs. The service is delivered by Mersey Care with a steering group comprising all of the partners.

What are the key functions?

The Student Liaison Team facilitates coordinated step-down and step-up support from and to NHS urgent care services and HEPs. The team delivers brief follow-up interventions to students who present at A&E, and they manage students' referrals with other NHS services and attend multi-disciplinary team meetings with HEPs to coordinate support for students. The U-COPE element of the service provides a therapeutic intervention for students who self-harm. A single service provides a consistent approach for all students and makes it easier for NHS colleagues to refer students to appropriate, timely support.

What instigated the development of the partnership?

Students were attending NHS services but data about them was not being captured and thus students' needs were not visible to the NHS at an operational or strategic level. In addition, referrals to NHS services from HEPs relied on the relationships between individual practitioners and there was significant variability in practice which led to concerns about lack of effective risk management.

How was the partnership developed?

Previous attempts by the HEPs to engage NHS colleagues had been hindered by a lack of shared understanding on student mental health and institutional structures and services. Staff changes brought in colleagues with established relationships, which helped shape a proposal for an NHS student mental health service. A strategic commitment between the Vice-Chancellor of the University of Liverpool, the Vice Chancellor of Liverpool John Moores University and the Chief Executive of Mersey Care NHS Trust was secured. The service development came as a result of a three-year Office for Students funded project. The results were so positive that work began on securing the approach for the longer term. The service was confirmed as business as usual for all stakeholders 18 months after the initial project completed. Other HE providers in the city have expressed interest in the partnership confirming the positive impact of the work.

How do referrals to the service work?

Referral to the Student Liaison Team is via MDTs at the HEPs, through A&E and through GP referral. In 2023/24, it saw 1140 referrals. Referral to U-COPE is via GPs, HEPs' wellbeing teams, and other NHS services (e.g., urgent care). In 2023/24 it saw 530 referrals.

What are the workforce requirements and how much does it cost per year?

The service is operated by:

- Innovation Lead Band 8a - 0.2 FTE
- Clinical Manager Band 7 - 1.0 FTE
- Clinician Band 6 - 2.0 FTE
- Clinician (Term Time) Band 6 - 1.6 FTE
- Administrator Band 4 - 1.0 FTE

The service costs around £325k per year. Funding is split 1:2, HE to NHS. The HE portion is further split between HEPs based on the total proportion of student numbers. Additional project capacity and funding was required in the initial stages.

What has the impact been?

- There was a reduction in psychological distress between assessment and discharge following intervention by the UCOPE service (CORE-OM).
- Most students (93%) continued their programme of study from the year in which they had accessed the UCOPE service to their next year of study
- Qualitative feedback from students indicated they valued the quick access to the UCOPE service, which helped prevent worsening difficulties. Even though the sessions were brief, they facilitated effective psychological change.
- In addition, HEP staff indicated increased confidence to manage students with complex needs.

Greater Manchester Universities Student Mental Health Service (GMUSMHS) – Manchester

What is the partnership?

GMUSMHS is a dedicated NHS-commissioned service embedded within the Greater Manchester Mental Health NHS Trust. It provides support for students with serious and complex conditions through timely access to evidence-based and needs-based treatment.

It is a partnership between the University of Greater Manchester (Bolton) , University of Salford, Manchester Metropolitan University, University of Manchester, Royal Northern College of Music (RNCM), and the Greater Manchester Mental Health NHS Trust. Around 112,000 students are enrolled across the five HEPs.

What are the key functions?

The service has a main clinic near the University of Manchester, RNCM and Manchester Metropolitan University, with satellite clinics at Bolton and Salford. It is functionally similar to a Community Mental Health Team and provides: mental health assessments; access to a Consultant Psychiatrist; medication prescribing and review; psychiatric and psychological interventions; collaborative safety planning with students and HEPs; and care coordination.

What instigated the development of the partnership?

Demand for HEPs' mental health services had risen significantly in previous years. A considerable portion of students using HEP services needed more support than could be provided due to their high risk or complexity. Often, students weren't accepted by NHS services until at crisis point, or were presenting at A&E. In addition, students were being discharged from NHS services without the knowledge of HEPs. HEP wellbeing teams couldn't directly refer students to the NHS, causing many to fall through the cracks.

How was the partnership developed?

The Vice-Chancellors of the five HEPs agreed to collaborate on student mental health and engaged key stakeholders across Greater Manchester, including the Commissioner for Children's and Young People's Mental Health for Greater Manchester NHS, the leaders of the Greater Manchester Combined Authority, the regional Mayor and, operationally, colleagues from the Greater Manchester NHS Mental Health Trust. Their ambition was to create a single referral route into the appropriate service for students in acute need of support. The service took about 12 months to design and implement.

How do referrals work?

Referral to the service is via HEPs' wellbeing teams. It sees around 400 students per year and the average wait time to first appointment is around 4 weeks.

What are the workforce requirements and how much does it cost per year?

The service is operated by:

- Consultant Psychiatrist - 1.0 FTE
- Consultant Psychologist Band 8C - 1.0 FTE

- Clinical Psychologist Band 8A - 1.6 FTE
- Clinical Psychologist/Psychotherapist Band 7 - 3.0 FTE
- Senior Mental Health Practitioner Band 7 - 6.0 FTE
- Mental Health Practitioner Band 5 - 3.0 FTE
- Operational Manager Band 8A - 1.0 FTE
- Administrative Lead Band 4 - 1.0 FTE
- Medical Secretary Band 3 - 0.6 FTE
- Receptionist Band 2 - 0.8 FTE

In addition, the service can make use of a GP trainee (0.8 FTE on rotation for 6 months), a Psychiatry Specialty Trainee, a 3rd Year Clinical Psychology Trainee (for 6 months), and a Trainee Social Worker (for 4 months).

The service costs around £1.2m per year. Funding is split 3:2, HE to NHS. The HE portion is further split based on proportion of students.

What has the impact been?

- Students supported through the service have significant prior engagement with mental health services, with 72% having visited A&E in the last five years, and 10% admitted to hospital for mental health reasons. Following the introduction of the service, there was a 25% reduction in A&E presentations, a 9% reduction in referrals to liaison mental health services, and a 19% reduction in community mental health service referrals.
- Risk measurements showed reductions in self-harm, safety concerns, and unhealthy weight.
- The service has alleviated some workload for HEP staff, saving time previously spent on ineffective processes. Staff handling complex cases now feel more confident in their ability to access NHS services, and collaboration and trust among colleagues from the NHS and the HEPs have improved.
- Collaboration has enabled some HEPs to become trusted referrers into other NHS services.

Mental Health University Liaison Service (MHULS) – South East Wales

What is the MHULS?

MHULS is a dedicated Primary Care NHS-commissioned Mental Health Team within Cardiff and Vale University Health Board (UHB). It seeks to create safer pathways for students with moderate to severe, long term or complex mental health concerns by

providing assessment and liaison between HEP and NHS services to improve referrals, smooth pathways and identify at-risk presentations to NHS services (particularly GPs, Emergency Services and Mental Health Teams).

It was developed by the South East Wales Mental Health Partnership (SEWMHP) which is a partnership between Cardiff University, Cardiff Metropolitan University, University of South Wales, Royal Welsh College of Music and Drama, and Cardiff and Vale University Health Board. The student population between these HEPs is around 40,000 living in the Cardiff and Vale UHB region.

What are the key functions?

The service has a main base at Cardiff University, with satellites at the other HEPs. Its main functions include: full mental health assessment; signposting of referrals to other HEP or third sector services; improving mental health literacy; safety planning; and onward referrals to NHS services. They also provide follow up for students who present at A&E or who step down from Secondary Mental Health Services, and hold weekly multi-agency meetings with HEP Student Services teams.

MHULS offer up to 3 appointments for students, though this is flexible when students require additional appointments due to the complexity and risk of their mental health presentation. The Psychology Assistant was introduced to support some students with an additional 10 appointments for guided self-help for those presenting as too complex for third sector services.

What instigated the development of the partnership?

Cardiff University were concerned about patient safety and the lack of access to mental health services from the University Wellbeing Team. A bid was submitted to the Higher Education Funding Council for Wales (now Medr) to develop a pilot between the NHS and the 4 HEPs in Cardiff.

Students were struggling to access timely NHS support, leading to poor experience marked by repeated assessments and appointments. This “ping ponging” effect placed stress on HEP staff, who felt ill-equipped to manage high-risk cases. Many students with complex needs exceeded HEP support but did not qualify for secondary NHS care, resulting in risks and delayed help for the student. Additionally, there were instances where distressed students were discharged from hospitals or unscheduled care without notifying HEP services, leading to further crises without adequate support with the potential to impact other students.

How was the partnership developed?

Following agreement for a strategic partnership, a project delivery structure was created to progress development of the service. This included a Project Board, Project Team,

and forums for Students' Unions and practitioners to provide feedback and oversee pilot development. The MHULS model was developed through co-design workshops and review of existing HE-NHS partnerships and pilots across the UK, along with other NHS shared service models. The Project Board received an options appraisal outlining potential service models, benefits, risks, and costs. To support with the project's development, a Senior Project Manager, Data Analyst, and Project Officers were recruited. Design and implementation of the service took around 14 months.

How do referrals work?

Referral to MHULS is via HEPs' wellbeing teams, GPs, and NHS services (e.g., A&E and Community Mental Health Teams). It sees around 200 students per year and the average wait time is around 2 weeks.

What are the workforce requirements and how much does it cost per year?

The service is operated by:

- Mental Health Practitioner Band 7 - 1.0 FTE
- Mental Health Practitioner Band 6 - 3.6 FTE
- Psychology Assistant Band 4 0.2 FTE
- Partnership Officer, Grade 5, Cardiff University – 1.0 FTE

The service costs around £350K per year. Funding is provided by the four HEPs and is split based on the proportion of students. The NHS covers a lot of hidden costs for the service, recruitment, training, providing operational management of the Lead Band 7, providing cover for long-term sickness and maternity leave.

What has the impact been?

- For students, they are contacted within 10 days of referral and are able to access an NHS mental health service on campus, improving clinical outcomes such as reduced anxiety and increased self-efficacy. Students report high satisfaction with the service and there are low did not attend (DNA) rates (8.9%).
- The service has boosted the confidence and decision-making skills of HEP staff. It has supported HEP student services' efficiency, allowing staff to focus on pastoral support rather than high-intensity clinical tasks. In doing so, HEP staff have seen reduced stress and improved wellbeing.
- Through early intervention and improved access, the service has resulted in fewer referrals by students to NHS services (e.g. 18% reduction in Primary Care Liaison Service appointments between October-November 2021). In addition, it has enhanced the NHS's understanding of student mental health challenges.

The Cardiff Psychological Therapies University Clinic

The partnership recognised the improvements students were receiving with referrals to the MHULS, but even though many students were being seen quicker by the NHS, they were still being added to long waiting lists for therapy (sometimes over 12 months for the first appointment). A new pilot therapies clinic launched in November 2024 for MHULS patients requiring Cognitive Behavioural Therapy (CBT). Along with MHULS, the clinic is supported by the Mental Health Clinical Board in Cardiff and Vale University Health Board and offers appointments at Cardiff University or online. This is a joint endeavour with the SEWMHP and Cardiff University Psychological Therapies Programme. The clinic has 2 Clinical Psychologist supervisors and 7 trainee Clinical Psychologists or trainee CBT Therapists who can offer 12 appointments for 1-2-1 CBT. The Clinic aims to see 50 patients in its pilot year. Early outcomes indicate high satisfaction and high clinical impact using PHQ-9, GAD-7 and WSAS outcome measures. There is high satisfaction from trainees in the fidelity and support they receive in the development of CBT competencies.



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