



Prifysgol Cymru
Y Drindod Dewi Sant
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Changemakers: Creativity and Value Creation (BMHP5014)

Component 2: Written Assignment (Poster and Pitch)

Student Name: Queen Ogberahwe

Student Number: 2331785

Lecturer's Name: Caroline Salami

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Introduction

BridgeWell is a community-based mental health access innovation designed to improve engagement with support among university students and other underserved groups in England who struggle to navigate fragmented mental health care pathways. Barriers to access often arise not from service availability, but from stigma, system complexity, and perceived entitlement to care, described through the concept of *candidacy* (Osborn *et al.*, 2024). This gap has become increasingly urgent as demand for student mental health support rises, with poor mental health negatively affecting continuation, attainment, and wellbeing outcomes (Office for Students, 2023).

BridgeWell addresses this challenge through early engagement, navigation support, and trust-building within community and university settings. It primarily benefits university students, particularly those from ethnic minority and disadvantaged backgrounds, for whom traditional service models often fail. Improving access at this stage is critical to prevent escalation, reduce inequalities, and support equitable participation in education and wider society.

Background

Mental health problems represent a growing public health challenge in the UK and globally. Evidence suggests that approximately one in four people will experience a mental health condition during their lifetime, with depression and anxiety among the leading causes of disability worldwide (Magomedova and Fatima, 2025). These trends have been intensified by social change, digital dependency, economic pressures, and the lasting effects of the COVID-19 pandemic (Magomedova and Fatima, 2025).

In England, demand for mental health services continues to rise, yet access remains uneven. Although the NHS Long Term Plan prioritises mental health and commits to reducing inequalities, many individuals still struggle to navigate fragmented and complex care pathways (NHS England, 2019). Research indicates that stigma, limited mental health literacy, and poor service integration disproportionately affect underserved groups, including students, ethnic minority communities, and those experiencing socioeconomic disadvantage.

NICE guidance emphasises prevention, early intervention, and community-based support as essential to improving outcomes; however, services remain largely reactive and crisis-focused, resulting in delayed care and poorer outcomes (NICE, 2022). This persistent gap between policy ambition and lived experience highlights the need for innovative approaches that improve access, engagement, and early support within community and educational settings.

Innovation Description

BridgeWell is a community-based mental health access and navigation service designed to reduce barriers to engagement with support for university students and other underserved groups. Rather than providing direct clinical treatment, it functions as an access-enabling innovation, supporting individuals to recognise need, navigate services, and engage with appropriate care at an earlier stage.

The service would be delivered through partnerships between NHS mental health services, universities, local authorities, and voluntary or community organisations, ensuring clinical credibility while embedding support within trusted, non-clinical environments. BridgeWell would operate across university campuses, community hubs, and a secure digital platform, allowing flexible access both in person and online.

BridgeWell is innovative because it shifts focus from expanding clinical capacity to improving access and engagement, addressing social, cultural, and informational barriers often overlooked by existing services. Trained mental health navigators would provide guidance, psychoeducation, and supported referrals into GP, IAPT, or specialist pathways, with digital tools complementing face-to-face support through signposting and appointment guidance. This integrated approach promotes early engagement and reduces reliance on crisis-driven care.

Impact on Health and Social Care

BridgeWell primarily benefits university students, particularly those experiencing psychological distress during transition into and progression through higher education. Evidence shows that anxiety and depression are common among students and negatively affect academic performance, retention, and long-term wellbeing (Chu *et al.*, 2023). Population-based research in England also indicates higher levels of common mental health problems among students compared with non-students, highlighting the need for targeted support within university settings (McCloud *et al.*, 2023).

By improving access through community-based and digital navigation support, BridgeWell promotes earlier engagement with mental health services and reduces reliance on crisis care. This aligns with evidence that preventative and promotive interventions are effective and cost-efficient, particularly when delivered in accessible, non-stigmatising environments (Singh *et al.*, 2022). Earlier access also enhances quality of care by supporting continuity, informed referrals, and appropriate service use.

BridgeWell further benefits health and social care staff by reducing pressure on overstretched NHS services through improved signposting and engagement. At a societal level, the innovation contributes to the common good by promoting equity, dignity, and fair access to mental health support, strengthening educational participation and social mobility (TASO, 2025).

Public and Stakeholder Involvement

BridgeWell is underpinned by co-production, ensuring individuals with lived experience of mental health challenges actively shape the service rather than acting solely as recipients. University students and community members will contribute to service design through focus groups, advisory panels, and pilot evaluations, supporting cultural relevance, accessibility, and trust in line with person-centred care principles.

Public engagement will be promoted through awareness campaigns, workshops, and collaboration with student unions, community organisations, and advocacy groups to reduce stigma and encourage early help-seeking. Key stakeholders, including NHS services, universities, and voluntary sector organisations, will contribute to governance and evaluation. Embedding stakeholder feedback into decision-making ensures BridgeWell remains responsive, accountable, and grounded in real-world experience, supporting legitimacy and long-term sustainability.

Policies, Services, and Professional Links

BridgeWell aligns with the UK health and social care framework and key policy priorities. The Care Act 2014 emphasises prevention, wellbeing, and early intervention, while the Equality Act 2010 requires services to reduce discrimination and improve access for protected groups; BridgeWell supports these duties by addressing structural and cultural barriers to mental health care (UK Government, 2010; UK Government, 2014).

The service complements existing provision, working alongside GP practices, NHS Talking Therapies, university wellbeing services, and voluntary organisations rather than duplicating care. Delivery would involve multidisciplinary professionals, including nurses, social workers, and mental health practitioners, operating within standards set by the NMC and HCPC. Ethical and regulatory requirements, including GDPR, NICE guidance, and safeguarding standards, would guide service delivery to ensure safe, lawful, and person-centred practice.

Conclusion

BridgeWell addresses a persistent gap in mental health care by reducing barriers to timely support for university students and underserved groups. Through navigation, early engagement, and delivery within trusted community and educational settings, it offers a practical and inclusive solution. Its integration with existing NHS, university, and voluntary services makes BridgeWell

realistic to implement and scalable, while improving access, reducing service pressure, and promoting equity and wellbeing across the health and social care system.

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Introduction

BridgeWell is a community-based mental health access service designed to improve engagement with mental health support among underserved groups in England, including university students who experience difficulties navigating fragmented care pathways. Evidence shows that many students struggle to access appropriate support, not due to lack of services, but because access depends on social context, perceived entitlement, and system complexity, a process described through the concept of *candidacy* (Osborn *et al.*, 2024). Broader research also highlights that expanding mental health care requires approaches that go beyond traditional clinical settings to address structural and social barriers to access (Patel *et al.*, 2014). BridgeWell is innovative because it shifts the focus from service availability to enabling access, using community engagement and navigation support to promote early intervention and equitable care.

Innovation Description

BridgeWell is a community-based mental health access service designed to support underserved populations, including university students and ethnic minority communities, who experience barriers when engaging with traditional mental health services. Rather than functioning as a clinical treatment service, BridgeWell acts as a navigation and engagement model, helping individuals recognise need, access appropriate support, and move confidently through existing care pathways. The service would be delivered through a partnership between the NHS, local authorities, and voluntary or community sector organisations, ensuring credibility, sustainability, and cultural relevance. BridgeWell would operate primarily within community settings such as universities, community centres, faith spaces, and GP-linked hubs, alongside a moderated digital platform offering signposting, appointment support, and psychoeducational resources. BridgeWell is innovative because it shifts the focus from expanding clinical capacity to enabling access, addressing social, cultural, and informational barriers that prevent early engagement. By embedding support within trusted environments and combining face-to-face guidance with digital tools, the service offers a more inclusive, preventative, and accessible approach to mental health care.

Policy and Stakeholder Involvement

BridgeWell will involve service users, community organisations, and professionals through co-production, ensuring the service reflects the needs and experiences of those it supports. Individuals with lived experience of mental health challenges will be involved in the design and evaluation of the service through focus groups and advisory panels. Partnerships with universities, GP practices, local authorities, and voluntary organisations will support advocacy and ensure alignment with local mental health priorities. Public engagement will be achieved through targeted awareness campaigns, including social media promotion, digital adverts, and culturally appropriate leaflets distributed in community and university settings. Community events, workshops, and stakeholder briefings will be used to build trust and increase visibility. Collaborations with community leaders and peer advocates will further support outreach, helping BridgeWell reach underserved groups and encourage early engagement with mental health support.

Conclusion

Persistent inequalities in access to mental health care highlight the need for practical, community-based solutions. BridgeWell addresses modifiable barriers such as stigma, limited mental health literacy, and navigation difficulties, which are known to delay or prevent engagement with care (Johnson and Possemato, 2019). By supporting early access through trusted community settings and existing services, BridgeWell offers a realistic, scalable approach that promotes equity, dignity, and improved mental wellbeing for underserved groups.

Background

Mental health needs in England continue to rise, yet access to appropriate mental health services remains unequal across population groups. National estimates suggest that millions of adults with mental health needs are not in contact with services, despite long-standing policy commitments to improve access and reduce inequalities (NHS England, 2019). Research indicates that access is shaped not only by service availability, but by individuals' ability to seek, reach, and engage with care. A large systematic mapping review of UK evidence found persistent inequalities in access to adult mental health services, particularly affecting ethnic minority groups, migrants, and those experiencing socioeconomic disadvantage (Lowther-Payne *et al.*, 2023). Key barriers include stigma and discrimination, lack of culturally appropriate provision, limited trust in services, and fragmented referral pathways. These barriers often delay help-seeking and increase reliance on crisis or compulsory care, rather than early intervention. Although the NHS Long Term Plan prioritises improving access and addressing inequalities, evidence suggests that little has changed in the nature or extent of disparities over the past decade (NHS England, 2019; Lowther-Payne *et al.*, 2023). This highlights a clear gap between policy ambition and lived experience. BridgeWell addresses this problem by targeting upstream social and structural barriers to access, supporting earlier engagement with mental health care through community-embedded and culturally responsive approaches.

Impact on Health and Social Care

BridgeWell primarily benefits underserved adults and university students, particularly those from ethnic minority backgrounds, migrants, and individuals who experience stigma or difficulty navigating traditional mental health services. By offering community-based engagement and digital signposting, the service improves access by reducing social and practical barriers to help-seeking and supporting earlier entry into care. This approach promotes better mental health and wellbeing through timely support and reduced reliance on crisis services. BridgeWell also enhances quality of care by complementing existing NHS provision with peer-informed navigation and culturally responsive support, helping individuals feel respected and understood. Digital tools and moderated online engagement can further increase connection, information sharing, and engagement when used safely, supporting continuity of care (Naslund *et al.*, 2020). For staff, BridgeWell helps reduce pressure on overstretched services by facilitating appropriate referrals and improving service uptake. Overall, BridgeWell contributes to the common good by promoting equity, dignity, and fair access to mental health support, creating conditions in which vulnerable groups can engage with care and thrive.

Policies, Services, Professional and Links

BridgeWell aligns with key UK legislation and policy aimed at promoting equity and safeguarding wellbeing. The Care Act 2014 emphasises prevention and wellbeing, while the Equality Act 2010 places a legal duty on services to reduce discrimination and improve access for protected groups. BridgeWell supports these aims by addressing barriers faced by underserved communities (UK Government, 2014; UK Government, 2010). The service would work alongside existing NHS provision, including GP practices, Improving Access to Psychological Therapies (IAPT) services, social care teams, and voluntary organisations. Delivery would involve professionals such as nurses, social workers, and mental health practitioners, guided by professional standards set by the NMC and HCPC. All data handling would comply with GDPR, and service quality would align with NICE guidance and CQC standards to ensure safe, ethical, and effective care (NICE, 2022).

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