

Evaluating a Digital Mental Health Literacy Course for University Students: Findings and Summary

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Summary

This project evaluated a 12-week digital mental health literacy course delivered each semester beginning in fall 2022. The course is designed to increase student knowledge of mental health, encourage healthy lifestyle and coping strategies, improve recognition and management of anxiety and depressive symptoms, and promote appropriate help-seeking behaviour.

Approximately 600 students took part in the module from 2022-2025. Students demonstrated improvements in mental health knowledge, use of self-help strategies, and stress management behaviours. Students also showed reductions in mental health stigma and loneliness.

These findings indicate that digital mental health literacy courses can be implemented at scale to strengthen knowledge and attitudes related to mental health. Further research is needed to understand effectiveness for minority student groups and long-term clinical outcomes.

Background to the evaluation

Student demand for mental health support exceeds available resources in UK higher education. Scalable approaches are needed to supplement existing university counselling and support services. Mental health literacy interventions aim to enhance knowledge, reduce stigma, and improve coping behaviours through self-guided study and group discussions.

The course was delivered as an online elective module to students in the faculties of social sciences, humanities, and medicine. It was offered primarily to undergraduate students in their first year of study. The course comprised five sub-modules centred around understanding mental health and wellbeing, stress and sleep management, substance use, study-life balance, and early recognition.

Evaluation and research questions

The evaluation focused on three questions:

- Does course participation improve student mental health literacy and coping strategies?
- Does participation affect psychosocial and wellbeing outcomes?
- Are there differences in outcomes by gender, age, ethnicity, and mental health history?

Evaluation methods

Students were invited to complete online surveys at the start and at the end of the course. Surveys assessed demographics, mental health literacy, and various psychosocial and mental health factors including stigma, coping strategies, social connectedness, stress, sleep, and symptoms of depression and anxiety. All outcomes were assessed using validated psychological measures.

Analyses compared baseline and end-point outcomes and tested for differences across demographic groups using inferential statistical models. No direct control comparison group was included, and participation was voluntary, which may limit generalisability.

Findings

In total, 594 students enrolled in the course and completed a survey. The majority of students were female and from a social sciences background, and approximately 30% reported a previous history of a mental health diagnosis. Statistical analysis indicated several key findings:

Positive impacts:

- Knowledge of mental health increased
- Confidence in self-help and coping strategies increased
- Stress management behaviours improved
- Mental health stigma decreased
- Loneliness decreased

Mixed impacts:

- Perceptions of social resources decreased
- Sleep quality and depressive symptoms worsened for students with a mental health diagnosis
- Variable effects were found for students from social and ethnic minority backgrounds

Learning

The evaluation shows that a digital mental health literacy course can be delivered to students at scale with measurable changes in knowledge of mental health, coping strategies, and perceptions of stigma. Group differences suggest that the course may not be equally effective for all students.

Although the evaluation was limited by voluntary participation, results demonstrate both feasibility and engagement. These results contribute to the growing evidence base for digital mental health literacy interventions in UK higher education.

Recommendations

Universities should consider offering digital literacy courses as part of a wider system of student support. These courses can increase knowledge and reduce stigma at scale but should not be used as a substitute for clinical or other counselling services. Future work should evaluate the course in more diverse samples, include long-term follow-up, compare outcomes with a control group, and evaluate cost-effectiveness. Further adaptations may also be required to ensure that benefits extend to students with prior mental health difficulties and those from under-represented groups.

Ethical statement

This study received ethical approval from Newcastle University Faculty of Medical Sciences Ethics Committee [2022 October, 2407_1/24136].