The University Mental Health Charter

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Please cite as: Hughes, G. & Spanner, L. (2019).
The University Mental Health Charter. Leeds: Student Minds

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Acknowledgements

The University Mental Health Charter is the product of a significant amount of work by people across the Higher Education sector and beyond. We are very grateful for all of the work, help and support provided to us, so generously, by so many individuals and organisations. Without your help the Charter could not exist. While there are too many people to thank individually, we would like to pay special thanks to the following:

Steering Group
Our Steering Group members and the organisations they represent – John de Pury, Gedminte Mikulenaite & Amy Dicks (UUK); Kate McAllister, Lucy Ryder, Emma Douthwaite & Jessica Trahar, (O□ice for Students); Richard Stewart & Fleur Priest–Stephens (NUS); Dominic Kingaby & Sophie Lambert (Dept. for Education); Jayne Aldridge (AMOSSHE); Richard Brabner & Paul Marshall (UPP Foundation); Nicola Byrom & Laura Beswick (SMaRteN).

Volunteer Research Team
Our fabulous team of researchers who helped us to collect and analyse the evidence that informed the Charter; Emma Jones, Liz Brewster, Penny Rawson, Samantha Ahern, Joanne Smith, Angela Hall, Sarah Fishburn, Victoria White, Claire O'Donnell, Aimee O'Neill, Susan Wilbraham, Samantha Child, Heather Girling, Eilidh Cage, Michael Priestley, Michael Fay, Jackie Hargreaves, Richard Watermeyer, Virendra Mistry, Isabel Wood, Emma Broglia, Gemma Ryan and Charlie Duncan.

Our team of peer reviewers, who ensured that this document was thorough and properly representative of the evidence.

University and Students' Union Supporters
The Universities who hosted our consultation events across the UK – Sta□ordshire University, University of Strathclyde, University of Leeds, Leeds University Union, University of Ulster, University of the Arts London, Cardi□ University and Cardi□ University Students' Union. Nottingham Trent University and KCLSU for hosting our expert panels and University of Westminster Students' Union for hosting an additional student panel.

The University of Derby for supporting the research process and volunteering to be our first pilot university.

University staff and students
The sta□ and students who took part in our consultation events and surveys, who took the time to share their views, experiences and ideas. We hope you can hear your voices in this document as they had a significant impact on our thinking.

Student Minds
The Student Minds sta□ team, Student Advisory Committee, Clinical Advisory Group and Trustee Board.

Organisations
In creating the Charter, we consulted with a significant number of organisations who already provide award schemes and charter marks on other issues for the sector. We appreciate the time, honesty and good advice they provided, which has really helped to shape the Charter and is influencing the development of the Charter Award Scheme.

Funders
The development of the Charter has been funded by the UPP Foundation and the O□ice for Students and we are very grateful for their ongoing support.

Foreword

It is with immense pride that I am introducing you to your University Mental Health Charter.

Whilst much of what you'll read here is based on an intensive research and consultation process over the last 18 months, this document has been over a decade in the making.

Over 10 years ago, a few students undertook the simple and radical act of sitting together to listen to one another's experiences with their mental health. They shared ideas about how we could prevent students from experiencing difficulties, and what could improve the access to help when they do. Some of those students connected with professionals to try out new models of support. Others went on to campaign for policy changes and greater understanding. A project evolved into a charity, one with a long term vision for healthy communities for students and staff alike. Fast forward a few years, and following various organisations contributing to Universities UK's Mentally Healthy Universities (formerly Step Change) framework, Student Minds decided it was the right time to turn another simple yet radical idea into a reality.

The idea was this. Could we set out what the ideal approach to improve the mental health outcomes for the whole university community would look like? What if we could create a quality improvement scheme that will recognise and reward universities that demonstrate good practice?

This was an ambitious task for a sector comprising over hundreds of different organisations involving millions of people between them, on a topic with more complexity than could be explained in a full history, psychology and medical degree curriculum! And yet here we are, with the publication of the first edition of the University Mental Health Charter.

At one of our road trip events, I spoke about the power of values in helping us to think and act in ways which are most constructive for getting us where we need to go. Our values are; collaborative, empowering, innovative and courageous. They provide a good challenge in everyday decisions we make. Something that runs through all of this is the importance of acting in pursuit of the truth, following the evidence as closely as we can, whilst being bold enough to try new things. I can't help thinking that in 2019, this is an important pursuit. There is also a risk in times like these that we get fatigued, but the best tonic for this, and indeed one of the best tonics for our wellbeing in general, is for us to pull together as a community.

Not everything we might want to change will change overnight. Like most major social change – we're taking part in a marathon, not a sprint. Little by little we can share our best practice and our failures, keep learning and keep improving together.

> If we get this issue right, it will benefit every other policy agenda for education. People are still asking what universities are for, but I hope this Charter helps us to create environments where all people and their minds can meet their potential. And I also believe this sector will be an exemplar to others.

I'd like to thank all of you that have contributed to the Charter's development, and ensured that

we didn’t fall into ‘group think’. You’ll see in this document that our process has surfaced much debate. Thank you to our knowledgeable steering group, our generous university and Students' Union hosts across Scotland, England, Wales and Northern Ireland, and every single person that has shared their experience and ideas with us. There are quite literally thousands of people that have nudged this project along. All of you have built the courage for us to continue. Your compassion and encouragement has gone a long way. Special thanks must also go to our authors Gareth Hughes and Leigh Spanner for undertaking the near impossible task of consolidating a huge amount of data into such clear prose.

Of course, the Charter is just one aspect of a larger toolkit of projects to create thriving university communities and cities, involving many organisations. We’ll be working hard to keep this joined up at our end, and all we ask of you is to also keep reading, listening, and sharing.

So, you might be wondering where to start? Well, a thorough read of this rich document is a good first step. Then my advice is to get into listening mode, whoever you are in the university or health ecosystem. It is by listening to understand that we can truly start to confront the di□icult stu□. None of us have the answers alone, and universities looking to apply to the Award scheme in Autumn 2019 would be wise to ensure broad engagement with colleagues and students across the whole–university and wider communities.

And finally, to anyone who like me has

Introduction

Background

The mental health of university students and sta has been a focus of increasing concern in the UK, with a weight of evidence suggesting that large numbers of students and sta are experiencing poor mental health, while a part of their university (1–3).

The number of students declaring a pre–existing mental illness to their university has more than doubled since 2014/15 (1). There have also been increases in demand for services to support student mental health – with reports suggesting that some universities are seeing a doubling in the number of students accessing support (2).

Research conducted to support the creation of the Charter suggests that this increase in demand is felt across the spectrum of mental illness. Both academic and support services sta report that they are responding to increasing numbers of students experiencing high levels of serious mental illness, including suicidal ideation, self–harm and episodes of psychosis (4).

Accurately estimating how many students experience poor mental health is di icult, as there is an absence of large scale, weighted prevalence studies. However, the raw numbers in some of the larger research surveys are still worthy of note. One survey of students from 10 universities found that more than one–third (33.9%) of respondents had experienced a serious personal, emotional, behavioural or mental health problem for which they needed professional help. This equates to around 12,920 students (5).

This is concerning for a number of reasons, not least because of the relationships between mental health and learning, performance, persistence and health. Data from the O ice for Students has demonstrated that students experiencing mental illness are more likely to withdraw from university, to underperform academically and are less likely to secure higher level employment or go on to post–graduate study (6). Most significantly, it is estimated that in 2017/18, 95 students took their own lives (7).

While much of the focus of concern has been directed towards undergraduate students, recent research has moved attention towards the whole university community. Studies suggest that the mental health of many post–graduate students may also be poor, with elements of their university life, such as supervision, identity, preparation and belonging, being highlighted as important for mental health (8, 9).

In addition, the mental health of university sta is a growing area of focus, with evidence indicating that there have been significant rises in the number of sta accessing counselling and occupational health services (3, 10). Studies of academic sta have highlighted the potential negative impacts of supporting ill students, ongoing uncertainty about role and boundaries, workload and job insecurity (3, 10). Some authors have claimed that academics are more likely to be experiencing anxiety than medical or police personnel (10, 11). At present, little work has been undertaken to investigate the mental health of professional and support sta.

Given the severe negative consequences that poor mental health can have for learning, achievement, health and life, the wellbeing of

mental health and mental illness is important, it is not the sole aim of the Charter.

Most models of wellbeing agree that engagement with meaningful activity, learning, being connected to a community and achievement have a positive effect on wellbeing (13 – 16). At their core, universities are communities united in pursuit of meaningful learning and wisdom (17). They can and should be places that naturally support good mental health and good wellbeing for all. Equally, there is a clear transactional relationship between the core missions of universities and the wellbeing of staff and students. Creativity, problem solving and good quality academic learning, are all higher order cognitive functions that benefit from good mental health (18, 19).

Our vision, therefore, is that every university becomes a place that promotes the mental health and wellbeing of all members of the university community.

The role of universities

Universities have long accepted that they have a duty of care towards their students and staff (1). The first student counselling services began to be established in the UK in the 1950s and have been a staple part of the sector ever since (20). As employers, universities have clear responsibilities for the safety and wellbeing of their staff.

However, this duty of care remains ill–defined and uncertain. Until recently, there has been limited guidance on how universities should support the mental health and wellbeing of the members of their community. There are also sizeable gaps in the evidence base outlining what interventions or responses may be most effective and in which contexts they do and do not work.

In recent times, there has been a more concerted national effort to respond to these gaps. SMaRteN, the student mental health research network, has been established to begin to address the gaps in evidence (21). The International Healthy Universities Network has been developing and implementing 'whole university' approaches to health, wellbeing and sustainability (22). Alongside this, the What Works Centre for Wellbeing, has begun to collect examples of good, evaluated practice to share with the H.E. sector (23).

In 2017, Universities UK launched the Step Change framework, establishing the call for universities to take a 'whole university approach' to university mental health (24). This has helped to decisively shift the conversation away from simply considering the provision of services, towards consideration of the impact of the university environment in total and the need for universities to be proactive in supporting students and staff to have good mental health. Much of our health is a consequence of the inextricable links between people and the environments in which they find themselves (25). The university environment, therefore, has the potential for both positive and negative effects on the mental health of our communities. There will be a whole university impact on the mental health of staff and students, whether intended or not.

Despite this understanding, there remains some confusion around what form a whole university approach should take in practice (see 'A Whole University Approach' on page 10). In conversations with Student Minds, staff and students have repeatedly sought more clarity on

[illegible]

Defining Our Terms

The language of mental health can often be shifting, nebulous and confusing. Terms such as ‘mental illness,’ ‘mental health problems’ and ‘mental health difficulties’ can be used as if they have different meanings or as if they mean the same thing. ‘Mental health’ and ‘wellbeing’ are often used synonymously, but within different theoretical frameworks, may represent completely separate concepts (1).

As the author and campaigner Natasha Devon MBE, argued at one of our consultation events (2), we often lack good, clear, everyday language for our conversations about our mental health and our emotions. Much of

A Whole University Approach

In recent years, there have been calls for the sector to adopt a whole–university approach to mental health. In the UK, this has been led, by Universities UK's StepChange framework and the Healthy Universities Network, but supported by international calls for universities to become health promoting environments (1–3).

> The idea of a whole–university approach has been motivated by our ever–increasing understanding of the factors that contribute to mental health and the importance played by context. Whether an individual has good or poor mental health is influenced by a wide range of societal and environmental factors, as well as by their thoughts, behaviours, experiences, biology and learning (1, 4–6).

For universities, this means considerations must be given to an individual's context and background and the context of the institution as a whole. Disciplines, teams, peer groups, interpersonal relationships, culture, common practices, behaviours and the physical environment at university are all determinants of the mental health of our communities (7–10).

In addition, there are many students who experience mental illness but do not declare this to their universities and a majority of sta and students, who experience poor mental health, do not seek formal support (10, 11). It is also clear that no single intervention, whether medication, therapy or lifestyle changes, works for the entire population (12–14).

A whole–university approach means, not only providing well–resourced mental health services and interventions, but taking a multi–stranded approach which recognises that all aspects of university life can support and promote mental health and wellbeing (15).

Evidence suggests that whole university approaches appear to be more e ective than individual interventions (1–3).

However, there remains a degree of confusion, concern and debate about what a whole university approach might mean in practice (16, 17).

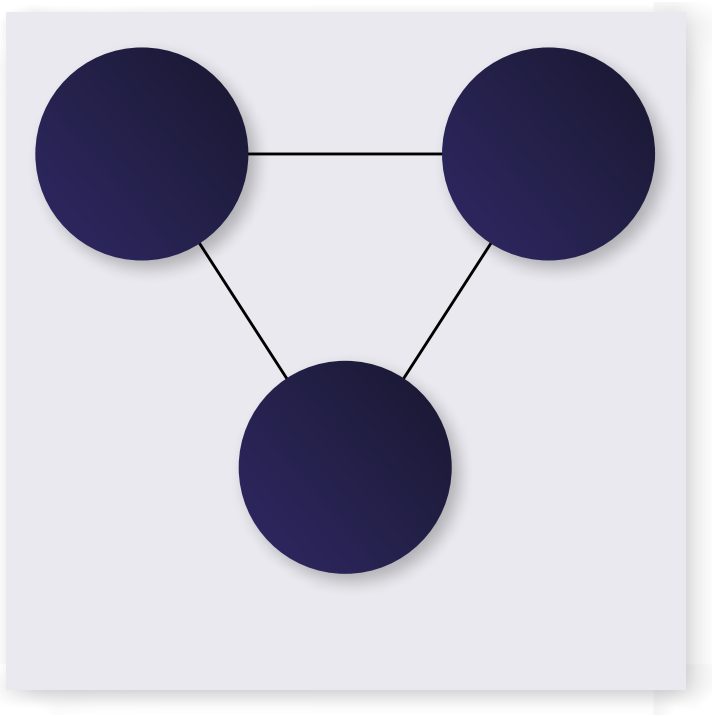
The first concern is that such an approach may undervalue the necessary support services required to respond to students, who become mentally ill. By moving from a deficiency, services–only response, to a more proactive, prevention based response, resource and focus may be moved from clinical services to other interventions, reducing the availability of qualified mental health care.

The second concern is that placing a focus on improving the ability of sta and students to manage and maintain their own wellbeing and develop resilience, is placing responsibility back on the shoulders of those experiencing poor mental health. In other words, that this approach enables victim blaming and ignores the impact of the work and study environment, culture, individual backgrounds and societal influences.

Finally, some voices within universities have raised the opposite concern, that by placing responsibility entirely on universities, this can disempower students and sta from being able to take control of and manage their own wellbeing and ignores individual responsibility.

A genuinely e□ective whole university approach must be able to answer these legitimate concerns.

> A whole university approach must include both adequately resourced, e□ective and accessible mental health services and proactive interventions. It must provide an environment and culture that reduces poor mental health, as well as supporting good mental health, and facilitating sta□ and students to develop insight, understanding and skills to manage and maintain their own wellbeing (18, 19).



Byrom and Murphy (20) propose a conceptual model of mental health, that has particular resonance for universities and may provide a useful structure for what a whole university approach may mean. Starting from the well

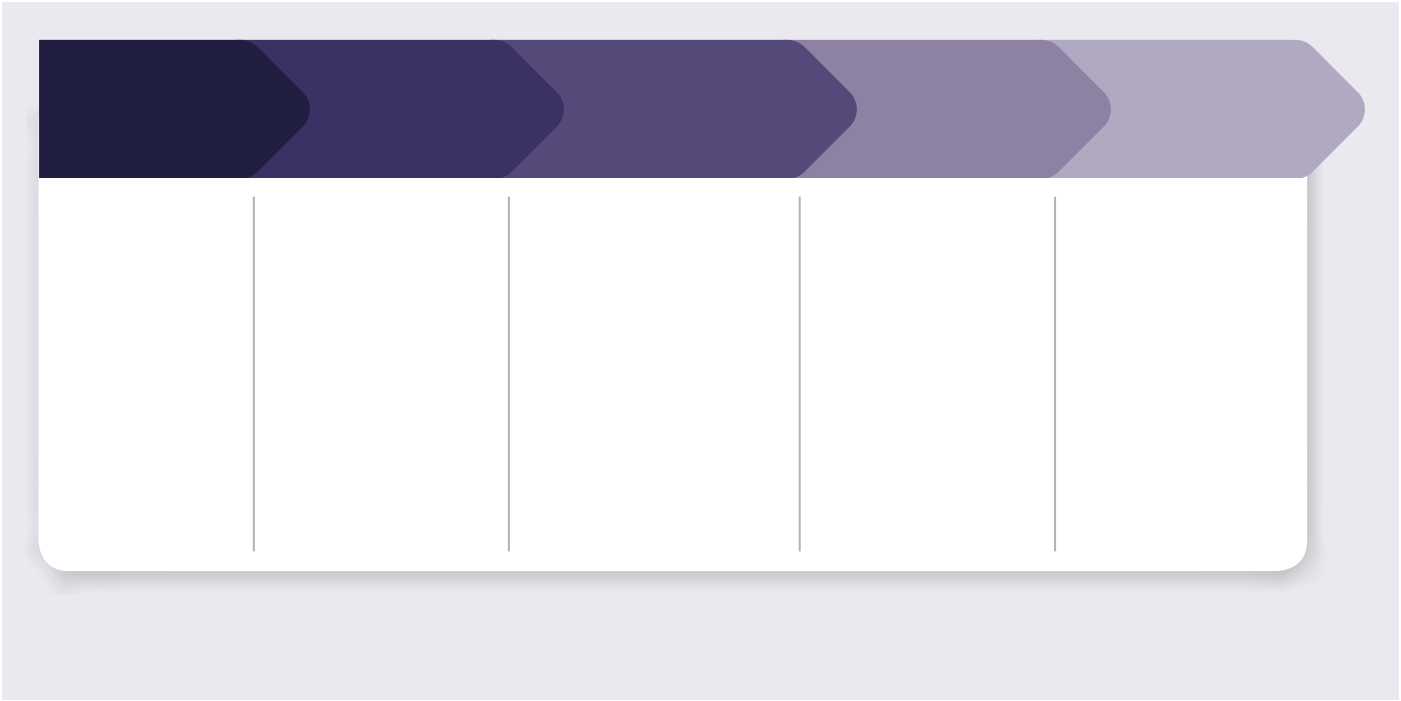
should also consider the environments from which students are coming to university and the impacts these may already have had.

- **Learning** – students and sta may need to develop insights, understanding, skills and strategies and to draw on previous learning, to better manage their own wellbeing now and in their future lives and careers.

The University Mental Health Charter draws on these theoretical frameworks to propose a model for a whole university approach to sta and student mental health, that can provide the necessary structure for university planning and the ongoing improvement of the mental health of our communities.

Whilst most universities do accept they have a role to play in supporting the wellbeing of sta and students, it is clear that addressing the issue of mental health is not something any individual university can do alone. Nor is this the primary purpose of universities. Not least because the mental health of members of the university community will be impacted upon by factors outside of the control of a university.

Our Theory of Change



Our theory of change sets out how we believe our vision can be achieved – i.e. that all universities adopt a whole–university approach to mental health, and become places that

societies and friendship groups, each with their own culture and ways of working. These groups are fluid and ever changing; they influence one another, as well as responding to internal and external influences.

In this model, system–wide change is not a linear, top–down process, but is something that happens organically through a complex interplay between different parts of the university and external influences. Innovative practice, implemented by small teams or students campaigning on the ground, is as valuable in creating positive change as strong leadership, clear strategies and monitoring of outcomes.

What is important is fostering the conditions for good working practices at all levels of the university (1). Staff and students need the structures and resources, knowledge, skills and motivation to achieve the principles set out in the Charter (3). In addition, systemic change requires groups to have the flexibility to adapt to local needs, innovate and share learning across networks (4).

> The Charter aims to support this by sharing the wealth of knowledge we have gathered from across the sector, providing a reference point for staff and students to develop their practice and influence change within their own context.

Within the Charter, principles of good practice encourage communication across different parts of the university (see Cohesiveness of Support on page 68) and participative decision–making and intervention design (see Student Voice and Participation on page 65). The Charter Award Scheme will provide further support for universities to develop their whole–university approach and reward good practice. It offers a mechanism for identifying and disseminating innovative approaches across the sector, informing ongoing improvement.

Our theory of change will be tested through piloting at a range of providers and ongoing evaluation of the Charter and Award Scheme with staff and students and through future research and consultation.

Underlying Approach

The University Mental Health Charter, The Charter Award Scheme and their development, are underpinned by a number of principles, agreed upon by the Student Minds project team and Steering Group.

These are as follows:

1. The Charter embodies a whole–university approach.

2. Recognising the diversity of the sector, it will not be prescriptive about how each university should run its services or what specific interventions it should provide.

3. The Charter recognises the diversity of the university community. We know that students have di□erent needs and can face di□erent barriers to good mental health; the completed Charter recognises this and inclusivity is embedded within this document and the Award Scheme.

4. The Charter has been designed so every H.E. institution can potentially apply for and gain the Charter Award. Whether large teaching, research intensive, small scale specialist or private, the Charter should be flexible enough to meet the specific context of each institution.

5. The Charter is underpinned by a robust evidence base, gathered from relevant literature and from consultation and research. As a result, the Charter will be iterative, responding and changing to new understanding and discovery.

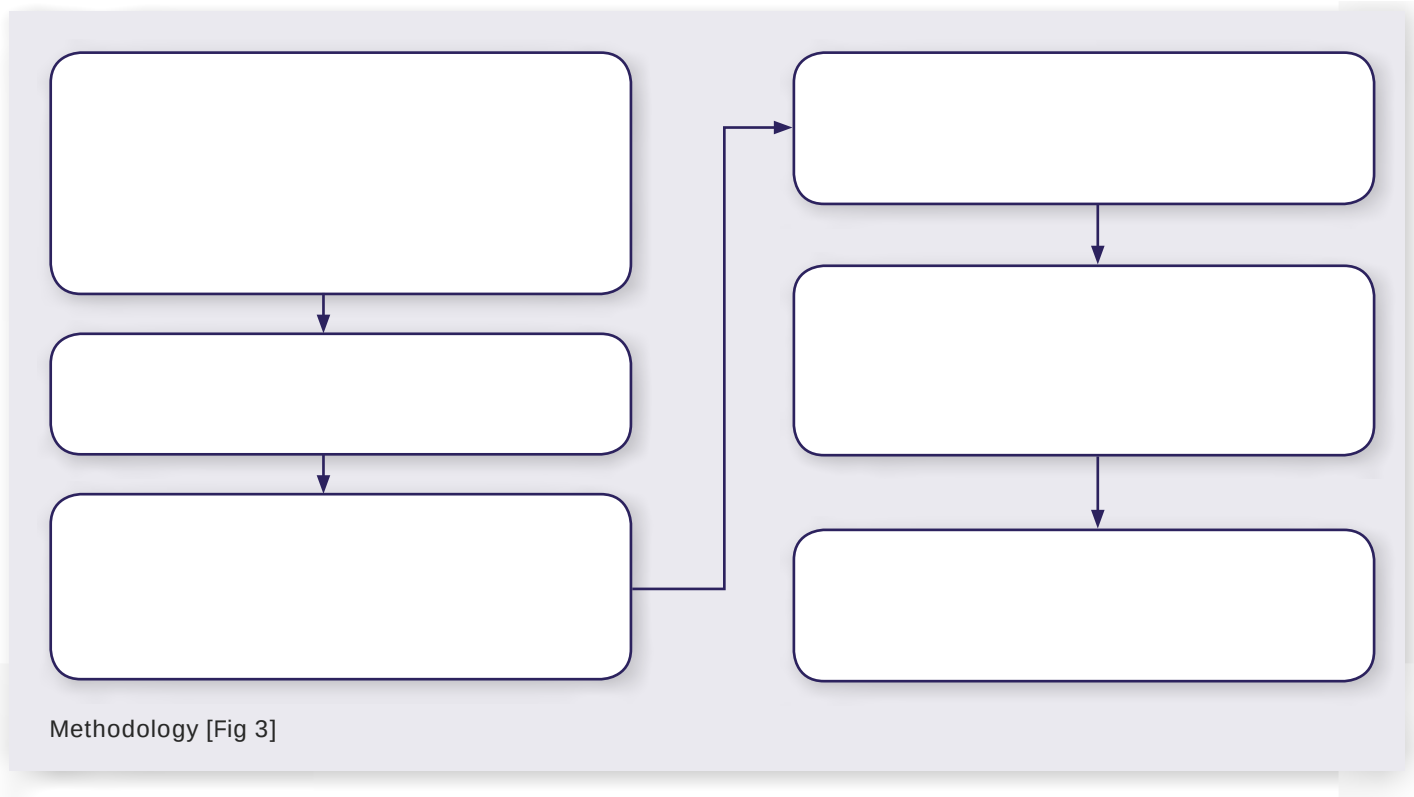
6. The Charter has been developed and will be redeveloped with input from a broad range of university students, sta□, leaders and other stakeholders, including counsellors and mental health advisers. We will be open and transparent in our consultation and evidence gathering, publishing our findings for scrutiny and inviting healthy challenge from colleagues across the sector.

7. The Charter recognises the value of co–production and listening to and learning from a range of diverse voices and experiences.

8. The Charter has adopted a whole–sector approach, drawing on the learning of key developments in the sector, now and in the future. This will include the work of SMaRTen, the innovations that emerge from the OfS Challenge Competition and the Catalyst projects on PGR Student Mental Health.

9. Applying for the Charter will be a robust and challenging exercise, focused on supporting ongoing improvement that will not simply require box ticking.

Methodology



Methodology [Fig 3]

To ensure a whole sector approach, the development of the Charter has been overseen
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consideration. From this review, 20 themes emerged for further exploration.

Research and consultation

Co–production

For the Charter to be relevant to staff and students and reflect the realities of university life, it was important that it was grounded, not only in the literature, but also in the lived experiences of staff and students. This was underpinned by Student Minds' core commitment to co–production and that interventions are more effective when designed with clear input from users, as experts by experience (1).

Consultation was used to address some of the gaps in current understanding of the mental health of university communities and current practice (2, 3). To address this need we travelled across the UK gathering qualitative research as part of a 'consultation road trip,' which was supported with a series of online surveys for staff and students.

Charter Consultation Road Trip

A qualitative approach was chosen to enable us to capture the voices of students and staff and to draw out a nuanced understanding of their views, experiences and understanding (4). Qualitative research is useful in establishing normal culture, practice and experience and has established value in exploratory work, when there are large areas of uncertainty (5).

Whilst qualitative research is not designed to be representative, there was a clear need to ensure that a large range of voices were heard in the development of the Charter (6). We established a model of research–gathering consultation events to reach as many diverse groups as possible, within the practical limitations of time and budget.

The events were geographically spread across the UK to increase accessibility for staff from all H.E. providers. We started at Staffordshire University, before travelling to the University of Strathclyde, Leeds University Union, University of the Arts London, Ulster University and Cardiff University Students' Union.

Universities were invited to send staff and students to the events via invitations issued directly to Vice Chancellors, through Student Minds network of partners and through the media. Universities were asked to send a spread of representative staff to ensure each event had cohorts drawn from students, academics, support services staff, other professional staff and university senior leaders. Number control was used to ensure a diverse mix of staff.

Each event comprised of 21 sessions; 15 staff focus groups, 3 student co–creation panels and 1 consultation workshop (repeated 3 times so all participants could attend). The same sessions were repeated at each event. This spread allowed us to explore all of the themes raised by the literature review and understand staff and student views, in relation to the Charter and its potential structure and content.

The sessions were facilitated by a team of

The events brought together over 360 staff and students from 181 different universities, students' unions and organisations.

Each staff focus group consisted of semi–structured interviews lasting one hour. To ensure all of the themes were included, some themes were consolidated into one focus group.

In advance of each event, staff participants were asked to identify their role and preferred focus group topics. The project team then mapped participants into the focus groups using a set criteria that included individual preference, relevance of role to topic and ensuring a reasonable number of participants in each group. Each focus group contained between 4 and 12 participants.

The student co–creation panels used a future retrospective model of enquiry, in which students were asked to design the mentally healthy universities of the future, around particular themes identified through the literature review. Each panel contained 4–16 students.

The consultation workshop brought staff and students together and asked them to consider and discuss the list of themes and the purpose and content of the Charter as a whole. Sessions were recorded and transcribed for analysis.

In addition to these events, we worked with NUS and The Student Engagement Partnership, to organise specific panels, to gather views from under–represented groups including distance–learning, male and BAME students.

Online Surveys
Alongside this work, a series of online questionnaires were aimed at academic staff, staff in specific mental health roles, support staff in non–mental health roles, students and senior leaders. Participants were recruited via social media, through the Charter newsletter and Student Minds communications. The surveys were completed anonymously online.
1244 participants completed the staff survey.
1032 students completed the student survey.

Analysis

Transcripts of each focus group, panel and workshop were individually analysed by volunteer researchers and the Project Team using Thematic Analysis, to identify key recurrent themes, commonalities and differences of accounts (7). These were synthesised to produce an overarching account of participants' current beliefs, knowledge and attitudes in relation to the focus group topic area.

Quantitative data from the surveys was analysed to identify areas of significant agreement/disagreement and correlations across a range of demographic factors including types of institution, role, experience and gender (6). Qualitative answers were individually analysed using Thematic Analysis to identify key recurrent themes, commonalities and differences of accounts (7).

Expert Panels
Where gaps in our understanding remained, expert panels of researchers, practitioners, students, organisations, leaders, union representatives and/or policy–makers from across the sector were convened to provide insight from their experience and/or expertise on particular themes. Participants were recruited because of expertise demonstrated via published research, significant practice or because of their work in community leadership roles. The panels

were facilitated by the Project Team and semi–structured question sets were used to specifically address the gaps in our understanding

Synthesis and review

Using the key findings from this research, the Project Team reviewed the initial themes and, working with the Project Steering Group, agreed the areas that the Charter would cover.

Once these themes were agreed, we conducted a final literature review, under each thematic heading, to gather any new evidence published since the beginning of the project or any evidence that had not been identified, against these themes, in the original review.
Each thematic section of the Charter has been submitted for peer review from a review team composed of researchers, academics, clinicians, university managers and sector leaders with expertise in that area. The complete document has also been peer reviewed by two additional reviewers, one an academic researcher in the field of student mental health and the other a support services manager with a clinical mental health background.

In addition to informing the development of the Charter, the analysis of this research will be written up and submitted for publication in the peer reviewed literature.

universities, for instance, are not the same as those of large scale, campus universities. More importantly, for mental health interventions and activities to be e□ective, they must be relevant to the individual and the environment in which they find themselves.

N.B.

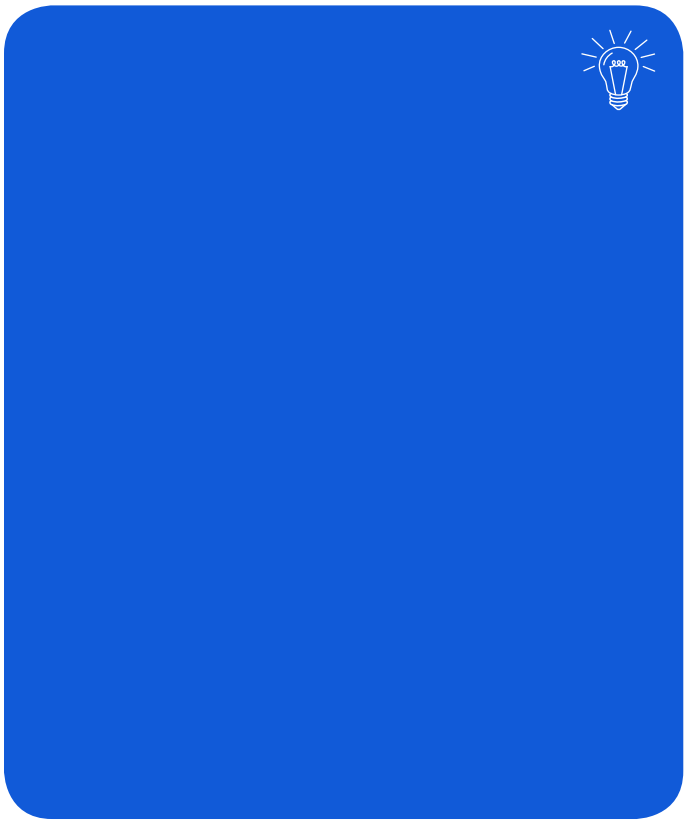
Within this document ‘university’ is used, for ease to refer to any degree awarding provider. The Charter Award Scheme will be open to degree awarding bodies and it is these providers which have shaped the Charter’s development. Nevertheless, we hope the Charter will remain relevant to a wide range of higher education providers and inform their approaches to promoting mental health and wellbeing.

Transition into university

Why is this theme important and what matters?

There is now decades of evidence

prepare for university. This included establishing support for those who experienced long term mental illness, prior to the beginning of term.



Learning, teaching and assessment

What does it cover?

- Curriculum design
- Pedagogy
- Assessment strategies
- Support for learning
- Inclusivity and academic integration
- The role of academic sta*

*All sta involved in teaching and learning, including supervisors, personal tutors, teaching only sta, PhD students on teaching contracts and learning support sta

Why is this theme important and what matters?

The only guaranteed points of contact between a student and their university are their academic sta and the curriculum (1). Therefore, any genuine whole university response has to consider the role of academics and the curriculum in supporting good mental health and wellbeing (2).

The design and structure of the curriculum can have both negative and positive e ects on student wellbeing and learning (2, 3). Workload, classroom practice, teaching and learning methods, assessments and approaches to feedback and grading can have both beneficial and detrimental e ects (2, 4, 5). Consultation with BAME and disabled students specifically identified that a lack of inclusive practice in curriculum and teaching can have negative consequences for their wellbeing.

This does not mean that learning at HE level should not be challenging or stretching. Engaging in meaningful, challenging activity can be good for medium to long term mental health and wellbeing (6). New learning and overcoming di iculties can increase an individual's ability and confidence to manage future challenges.

However, the nature of the challenge and how it is encountered makes a crucial di erence. As a participant in the Charter consultations put it – "What matters is 'What is hard?' and 'Why is it hard?'" In other words, is the challenge di icult because it is appropriately academically stretching or because it is unclear, the students are unprepared and/or they lack necessary resources (4).

In the first case, the challenge will be beneficial. In the second, it will be unhelpfully stressful, undermining the student's self–e icacy, confidence, sense of competence and commitment.

How students engage with academic learning can also have an impact on their wellbeing. One of the ways this is discussed is to consider deep and surface learning (7). In deep learning, as the name suggests, students engage deeply with their subject, motivated by their passion or interest, reading widely, connecting what they have learned to previous learning and seeking understanding. In surface learning, students are more likely to skip over the surface of the subject, focusing only on what they need to know, to get the grade they want, with the minimum amount of e ort. They are more likely to seek to regurgitate material rather than understand it and learn subjects in isolation from each other (7).

Students who engage in deep learning appear to have better wellbeing than those who primarily surface learn (8). (This is not to say

that surface learning is always an undesirable strategy – it can be a valid and sensible choice in certain circumstances). Deep learning allows students to gain meaning and fulfilment from their academic study, focusses their motivation intrinsically, and develops their ability, and therefore can benefit wellbeing. Surface learning places the focus on extrinsic motivators, such as grades, and denies the opportunity to gain meaning and understanding.

Just as a students' learning environment can a□ect their wellbeing, so a students' mental state can impact on their learning. Imposter syndrome, perfectionism and academic anxiety can reduce learning and performance, while confidence increases students' ability to engage in active, higher level learning (9–11). Ensuring that the learning environment is safe and supports student development is vital. For example, we know that collaborative classrooms, in which students are encouraged to support each other's learning, improve the learning and wellbeing of all students. However, competitive classrooms reduce performance and wellbeing (12).

Students may also benefit when relevant, good quality psychoeducation and meta–learning is included in the curriculum, supporting them to develop their ability to manage their own wellbeing and learning (13–15). However, thought should be given to ensuring that psychoeducation is delivered by appropriate sta□. It should not be assumed that untrained academics can automatically provide this safely and e□ectively (1).

> Curriculum that supports wellbeing, therefore, takes a holistic view of learners, using secure sca□olding and evidence informed practice to enable all students to develop skills, confidence, academic self–e□icacy and improve performance.

Curriculum is designed to ensure that students can acquire skills, knowledge and understanding at an appropriate pace and encourages a focus on deep learning, meaning and development.

Alongside curriculum, consideration must be given to the role of academic sta□. Evidence from research and the Charter consultations indicate that academics have become the frontline of student support (1). However, many lack clarity about their role and boundaries, feel they lack the skills to appropriately respond and that gaps between academics and support services negatively impact on student and sta□ wellbeing. This lack of clarity creates risk for students, sta□ and universities.

The role of academics, therefore, must be clarified. Sta□ must be guided to maintain supportive boundaries and to understand how they can support student mental health and wellbeing through good pedagogic practice.

Principles of good practice:

1. Universities ensure that curriculum takes a holistic and inclusive view of learners, using evidence informed practice and secure sca□olding to enable all students to develop skills, confidence, academic self–e□icacy and improve performance.

2. Universities ensure that curriculum

Progression

What does it cover?

- Progression from each academic year to the next and/or between academic levels
- Progression to time out on placement and back in
- Progression back through breaks in study
- Progression and transition to life beyond university

Why is this theme important and what matters?

While much attention has been paid to the transition into university, it is becoming increasingly evident that the experience of students is not one defined by a transition into the institution, followed by stability. Rather, it is one of multiple, ongoing transitions that continue from induction through to graduation and beyond, into the workplace or further study (1 – 3). For many students, mental health, wellbeing and positive engagement with their programme may dip in the years after first year (4 – 6).

> Participants in the Charter consultations identified progression from year to year, placements, study abroad and the transition beyond university as areas which they believed impacted on the mental health of some students and therefore required attention from universities.

There is evidence in the literature that university interventions that aim to better prepare students for these transitions can have a positive impact (6 – 8).

Students' experiences of second year have been a focus of attention in the US for some years and are gaining increasing attention in the UK (2, 9, 10). This research highlights what is termed 'the sophomore slump,' in recognition that many students (although by no means all) experience a reduction in motivation, engagement and enjoyment of their course in the second year. Some students appear to experience increased academic anxiety and less self–e□icacy (9, 11).

Second year students face a range of additional challenges, including an expectation to undertake increased independent learning and the fact that, for many, the second year counts towards final degree classification (12). There is also a perceived reduction in support from the first year and many move into private accommodation, away from the supported living arrangements provided by halls of residence (13, 14). None of these factors should necessarily present a risk to mental health and wellbeing, and they can o□er opportunities for growth and development. However, these changes may lead to an increased risk of poor mental health if students are unprepared, lack requisite skills and strategies, feel unsupported and don't have the internal and external resources required to respond e□ectively.

For these reasons, universities should take a more structured approach to preparing students for progression between years and levels of study, using re–inductions at each stage (2, 13, 15). Providing e□ective and relevant sca□olding within the curriculum and between year to year can also provide students with the opportunity to develop the skills, resources and understanding needed for the next phase of study and student life (2). This equally applies to students going on placement, particularly those on programmes related to health and social care. Professional placements of this kind can place pressure on student mental health due to the nature of

the issues to which they are exposed (such as safeguarding issues or patient death), as well as isolation, reduced access to support, financial difficulties, workload and burn out (16, 17).

In addition to these planned transitions, some students will also experience unplanned transitions – such as breaks of study due to illness. Evidence indicates that maintaining contact with the university and receiving ongoing support during such a break can better support students to make a successful return to university (18).

There is significantly less evidence in relation to the mental health and wellbeing of final year students. Charter consultation participants highlighted the negative impact of workload and the perceived pressure many students experience to get good degree classifications. Others highlighted the impact of the end of university, when students may effectively be changing occupation (or losing their occupation with no alternative yet in place), moving accommodation, losing their friendship network and experiencing long term financial uncertainty. This was seen to contribute to an existential uncertainty and loss of identity and structure. Indeed, graduate wellbeing has been shown to be adversely affected by poor preparation for the workplace and life outside university (19).

It is for these reasons that some authors have begun to call for universities to do more to prepare students for the transition out of university (20, 21). 'Outduction,' as it is termed (2, 20, 21), suggests that universities should take specific steps to support students to be ready for this change and to be able to enter the next phase of their life positively.

Domain 2:

Support

In this section

- Support services
- Risk
- External partnerships and pathways
- Information sharing

mode of provision of services (online, digital applications and by telephone) can help to alleviate this.

The need for accessibility requires services to be culturally competent. Recent reports have raised concerns that some services may not understand the experiences and needs of particular student groups e.g. BAME students, LGBTQ+ students, international students and post–graduate students (3, 16, 17). National data and students in the Charter consultation indicated that a lack of informed cultural understanding, from support sta, can result in students not accessing support or not returning after a first appointment (14, 15) (see Inclusivity and Intersectional mental health).

Waiting lists are also an accessibility issue. If students in need have to wait several months or if service lists are closed down all together, then a service is no longer genuinely accessible. Recent research has raised concerns about the length and ubiquity of long waiting times for support services and the impact on students and other sta (5, 18). It should be recognised that there are a number of reasons waiting lists can grow, including unpredictable rises

Principles of good practice:

1. Universities ensure that support services are appropriately resourced.
2. Universities ensure that support services are safe.
3. Universities ensure that support services are e□ective.
4. Universities ensure that support services are responsive to current and future need and to local context.
5. Universities ensure that support services are equally accessible to all students.
6. Universities ensure that support services are well governed.

Suggested resources

- Barden, N. & Caleb, R. (2019) Student Mental Health and Wellbeing in Higher Education. A practical guide. London: Sage
- Beck, A., Naz, S., Brooks, M. & Jankowska, M. (2019). Improving Access to Psychological Therapies (IAPT) Black, Asian and Minority Ethnic Service User Positive Practice Guide. [online] BABCP. https://www.babcp.com/files/About/BAME/IAPT–BAME–PPG–2019.pdf

Risk

Why is this theme important and what matters?

ONS data indicates that in the year 2016–2017, 95 students took their own lives (1). A recent international meta–analysis found that 3% of students reported attempting to end their lives and 1 in 4 had experienced suicidal ideation in the previous 12 months (2). Concerns have also been raised about the risk to university sta from suicide and serious mental illness (3).

Evidence from sta in the Charter consultation indicates that university support services are seeing more students with enduring and complex mental health di iculties and a higher level of risk to themselves and/or others. This is supported by research with academics and halls sta who report the same trends (4, 5). While it is clear that students are less likely to end their lives than their matched peers in the general population (1, 6), risk related to mental health is a very real factor within universities. There is, therefore, a clear ethical responsibility for universities to act in this area.

That is not to argue that universities are entirely responsible for the safety of seriously ill students or for treating or keeping safe those who require urgent psychiatric intervention. Nor are they entirely responsible for the safety of sta experiencing serious mental illness. Much of this clearly lies with the NHS

External partnerships and pathways

Why is this theme important and what matters?

Sector debates, media coverage and recent reports have all raised concerns about the way care is managed between universities and NHS/ Social Care (1–4).

A number of voices have called for universities and local NHS/Social Care providers to form collaborative partnerships and e□ective working relationships, to better improve the support students with mental illness receive (1, 4, 5). Collaboration across organisations is generally recognised as being necessary to ensure that individuals receive consistent, safe, e□ective, integrated and cohesive care and support (6, 7).

In the Charter consultation focus groups, support services sta□ highlighted a number of challenges to creating e□ective working relationships with external services. This evidence indicates that relationships are variable across both primary and secondary care.

Where GPs are based on a university campus, this can result in much better relationships and closer working between universities and GPs to support individual students, although this is not guaranteed. Building e□ective relationships between universities and GPs o□ campus appears to be much more di□icult and variable. This becomes more problematic when GPs are based out of the area, are not used to working with universities and are less likely to understand the nature of the support universities provide. University sta□ identified that it has become increasingly di□icult for students to access secondary care, even when in crisis or seriously mentally ill. This increases risk and places additional strain on university support systems. Gaps in care between universities and statutory services means that the responses and support an individual receives may become fragmented and even contradictory, leading to harm.

There appear to be common misunderstandings between universities and the local NHS or Social

have created working relationships with third sector providers to help address gaps and provide a wider o□er to students.

Building e□ective working relationships is clearly desirable for all (1, 6). However, how this can be done will inevitably vary from place to place. Some participants identified that a number of the current initiatives being developed are in large cities with multiple universities, resulting in very large student populations. It was felt that such solutions are unlikely to work for small providers or those based in rural locations. Colleagues in London universities highlighted the problems of having a population spread across a number of health boroughs.

Much of the dialogue in the sector revolves around the need to properly define the 'hand–o□' point, at which universities should step back and statutory services take over (3). However, some participants felt this may be a problematic approach.

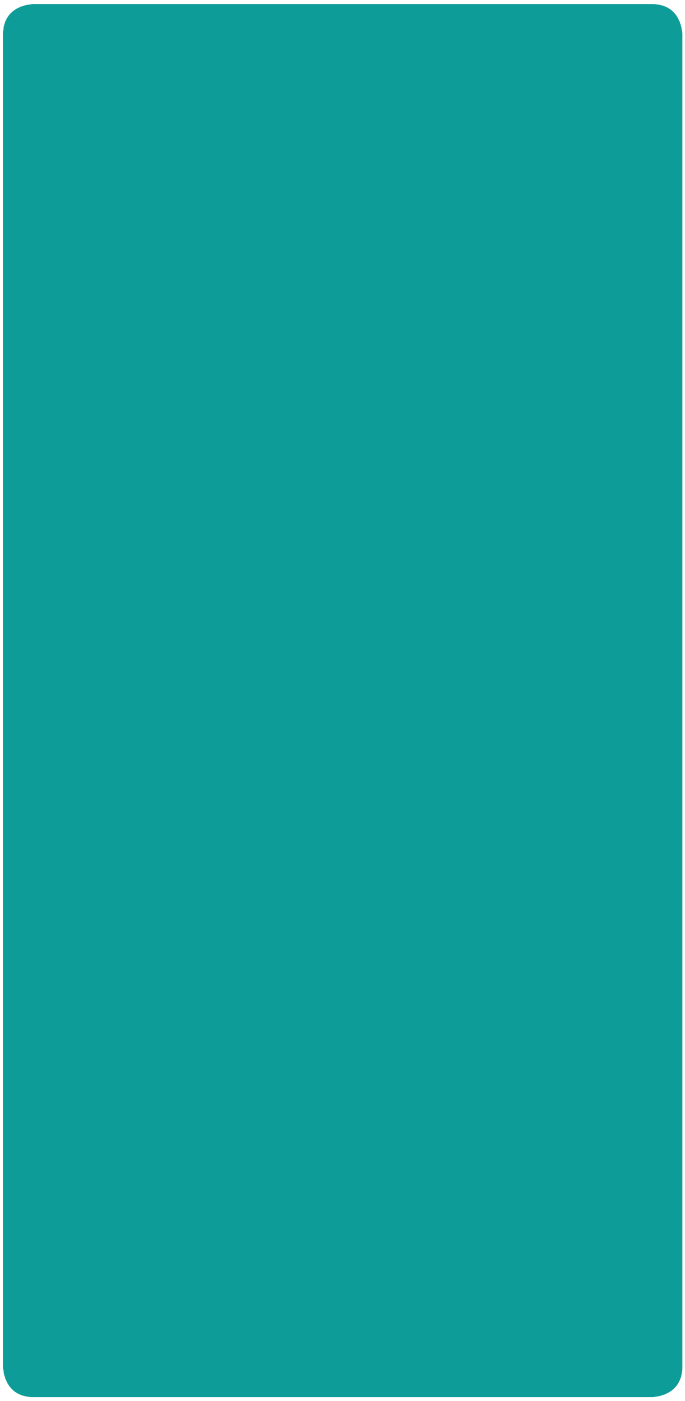
Good practice, particularly in the case of serious mental illness, is to mobilise all of the support available to an individual, to come together and work on a shared plan of care. The idea of a hand o□ point runs contrary to this. Mental health is also subject to fluctuation, sometimes rapidly, which may mean an individual passing back and forth between university and NHS as their health fluctuates, fragmenting care.

Instead, it is more appropriate to speak of thresholds of responsibility and collaboration between services and the student, to deliver a complete support package, centred on the needs of the individual. Where university services and statutory services can work together, alongside the individual, each with an understanding of their own appropriate threshold of responsibility, a better outcome for a student is more likely. However, this requires a better understanding of where those thresholds lie, what responsibilities each partner has and how collaborative working should be described on either side. A recent paper in the Lancet (2) attempts to bring some definition to these principles and there are significant echoes between this paper and the views of participants in the consultations.

E□ective collaboration, of course, requires willingness on both sides and a recognition that students don't stop being students when they become ill, or immediately cease to be patients when they are able to re–engage with studies.

> While universities cannot control the responses of local NHS services, they can commit to principles of collaboration and, through better collaboration, make every e□ort to close the gap between Higher Education and healthcare.

In addition to these relationships, support services sta□ participants in Charter focus groups highlighted potential risks in arrangements between universities and private providers of DSA funded support to students who experience mental illness. These concerns suggested that providers may be supporting students who are seriously ill and potentially at risk but may be unaware of what support is available within the university and how to contact or access this support. Confidentiality arrangements or understanding may also act as a barrier to this information being passed to the university. As a result, support services may be unaware that a student is significantly ill, despite them receiving support for their illness on university premises. This indicates an area of potential risk that requires concerted action.



Information sharing

What does it cover?

- Sharing information with families, guardians, spouses or relevant people in the lives of students
- Sharing information with statutory services*

*Information sharing within the university is covered in Cohesiveness of Support Across the provider

Why is this theme important and what matters?

There has been significant debate within the sector and the media, as to whether universities should share information with families, or relevant people in the lives of students, when there are concerns about an individual student's mental health (1). There have also been discussions as to when and how much information should be shared with statutory bodies (such as the NHS) when a university does not have the consent of the student to share (2).

A number of voices have raised concerns that universities should do more to alert families and/or relevant others, if a student becomes ill. These concerns suggest that if universities shared information more regularly, it would allow families or others to step in and prevent potential loss of life (1, 3).

Indeed, within healthcare, it is generally accepted that when an individual is seriously ill and/or presents a risk to themselves, then it is good practice to mobilise all of their available resources, to keep them safe and help them towards recovery (4, 5). These resources include their internal resources and external resources, such as family, friends, available organisations etc.

However, these discussions have raised concerns that automatic reporting to families could undermine student autonomy and rights to privacy and has the potential to increase risk to some students. Most students in Higher Education are adults and therefore have a legal right to decide whether or not information about their mental health is passed onto others (providing the student has mental capacity and they do not pose a risk to anyone but themselves) (6, 7). Research has shown that retaining autonomy, wherever possible, is important for those experiencing mental illness and that losing control over decisions can have negative effects on mental health and potentially increase risk now or in the future (8).

Decisions to share information without an individual's consent are governed by a complex range of legislation, which varies across the four UK nations, including GDPR (2018), legislation related to mental capacity and the Human Rights Act (1998). This legislation protects an individual's rights to control their own information and the circumstances under which it can be shared without their express consent.

Specific guidance for practitioners in negotiating this issue is provided in the "Information sharing and suicide prevention: Consensus statement" (7), issued by the Dept. of Health and supported by 9 professional bodies. Although this guidance has been issued for practitioners in England, it is supported by similar guidance in the other nations (9, 10) and UK wide guidelines issued by NICE (11).

Charter focus groups with staff revealed that this is a complicated and nuanced area, with multiple, complex issues that are considered by support services on a regular basis. In many cases, participants confirmed that their university does share information with families and does seek to work with families for the benefit of students. This happens in specific, well evaluated circumstances, on the basis

of clear assessment. Primarily, much of this communication happens prior to the beginning of university, at the request and consent of the student, when families may act as advocates for students who are less able to communicate their needs, e.g. because of specific barriers caused by conditions such as autism. This communication allows for appropriate support to be put in place.

Sta explained that they often work with ill students to identify individuals in that student's life, who could provide helpful support, such as family members, partners and/or friends. When necessary, sta support those students to make contact with families or others to explain the problem they are having. This may involve planning out conversations or, for example, a practitioner joining a student on a phone call or in a meeting with a family member to support disclosure. This leaves control of sharing with the student but also mobilises their external resources. This practise is consistent with national guidance, that encourages practitioners to work with families and the individual, when the individual wishes it and it is in their interests to do so (7).

However, there remain instances when the student does not wish to share their information and will not give consent to do so. It is clear that, at times, this is a perfectly legitimate decision on the part of the student. Participants in the consultation highlighted that cases of students estranged from their families and/or escaping relationships they perceive to be abusive are not unusual (9). It was also highlighted that families are not always able to respond helpfully to disclosures of mental illness or suicidal ideation.

In addition, there are concerns that if students believe that universities will automatically pass on concerns about their mental health or about suicidal thoughts, then they may be less willing to approach support services and disclose these experiences. Thus removing a source of qualified support and increasing risk. Given this balance of risk on both sides, it is clear that it is not helpful to have absolute rules around sharing information.

> It is not useful to say that information should never be shared without consent or to say that it must always be shared in cases of risk. Rather, the decision to share or not must be made on a case by case basis, as a result of an appropriate clinical assessment.

"The Information Sharing and Suicide Prevention: Consensus Statement," sets a clear basis on which this assessment should take place. The statement makes clear that the balance of factors to be considered requires a professional judgement, based on an understanding of the person, whether they currently have mental capacity, what would be in their best interest and whether there are any duties to the public interest, because of the far–reaching impact that a suicide can have on others. This should take into account the person's previously expressed wishes and views in relation to sharing information with families or others and, where practical, include consultation with colleagues (7).

Within a university setting, wherever possible assessment should be conducted by a qualified clinician in a designated mental health role, who has received updated training in risk assessment and assessing mental capacity. For smaller providers, this may be supported by partnerships or agreements with other organisations.

Whether or not to share information, therefore, should be based on an assessment of: the level of risk, what else can be done to reduce risk, whether the student has mental capacity and whether sharing information without consent will reduce or has the potential to increase risk. Where and to whom information is shared should be part of this risk assessment and should

consider emergency services, statutory services, GPs, families and others.

If information is shared without consent, it is good practice for this decision to be made in conjunction with another qualified member of sta and agreed by an appropriate senior manager, who understands the issues (7). On these occasions, the student should be informed, unless to do so would increase risk.

Within this, universities should do what they can to maximise student autonomy– e.g. by giving them choice as to how that information is to be shared and o ering them a role in doing so. The process of decision making and all of the options considered in reaching a decision on information sharing should be clearly documented.

These situations can be made easier and clearer to address if good arrangements are in place beforehand. If universities and support services publish highly visible, accessible and transparent confidentiality arrangements, that are clear to all, then students will be more able to make informed choices and will better understand the potential consequences of disclosing information.

Equally, if universities and other services create Data Sharing Agreements, then the process and basis of sharing information when an individual is at risk will be clearer and less subject to confusion, uncertainty and delay.

Principles of good practice:

1. University services work with students to mobilise all of their available resources to support their mental health– especially in instances of crisis.

2. The university acknowledges and demonstrates understanding that working with families, statutory services and others can provide e ective support for students with poor mental health.

3. Student autonomy is central to decision making in relation to sharing information and is enabled as far as possible, unless the individual is appropriately assessed to lack mental capacity.

4. Universities ensure that any decision to override student wishes or to pass on information without consent is

Domain 3:

Work

In this section

- Sta wellbeing
- Sta development

Staff wellbeing

What does it cover?

- Workplace culture
- Interventions to support good sta wellbeing
- Support for sta who are experiencing problems with their mental health

Why is this theme important and what matters?

The wellbeing of sta is a crucial component of any genuine whole university approach to mental health. However, recent research indicates that university sta have higher levels of stress and burnout than the general population and low levels of wellbeing (1–3). Significant numbers of university sta appear to have poor mental health, high levels of clinical distress and there has been a significant increase in the numbers of sta accessing support (1, 3, 4).

Whilst this has rightly received significant attention in national discourse, it should be noted that studies have found significant variation between and within universities (5). Not all university sta have poor mental health. Universities can be places in which sta are able to pursue meaningful work, in a supported and stimulating environment, that benefits their wellbeing (6). Good, or at least improved, mental health and wellbeing is not impossible and poor mental health should not be accepted as inevitable.

A number of factors have been identified as having negative consequences for university sta mental health. These include workload demands, administrative burdens, low levels of autonomy over work, lack of resources, job insecurity, poor management and extrinsic pressures, such as external audits and performance metrics, which may be outside of individual or group control (1, 7, 8). These factors are seen to a ect both academic and professional services sta, although the impacts present di erently and have di erent e ects (7). In addition, sta have identified the consequences of consumerism and metrics in higher education as being negative for their wellbeing (9).

Supporting students who are experiencing poor mental health can also have negative consequences for sta wellbeing, if sta are not adequately prepared and supported (10, 11).

Local factors play a significant role in sta wellbeing. Having a supportive team and a good direct line manager has been shown to be important for good wellbeing, in both the literature and feedback from sta participants in the Charter consultation (5, 9). However, this can be precarious if not supported by the general culture of the university. This suggests a need for a combination of a general healthy culture and specific structures and practice, which ensure managers can and do support good wellbeing within their teams and respond appropriately to sta experiencing poor mental health.

> Sta participants in the Charter consultations highlighted the importance of being able to work on things which they find intrinsically meaningful and feeling that this work is noticed, valued and rewarded (3, 9, 12).

Culture and environment, workplace conditions and the day to day experiences of sta are clearly vital in addressing sta mental health and wellbeing. This includes developing an

environment in which conversations about mental health are possible and in which sta can identify any problems they may be experiencing, without fear of judgement or negative consequences for their career (9, 14). The provision of e ective and easily accessible support (such as counselling) is an important part of this (1), whether provided internally or through external Employee Assistance Programmes. Any such provision must be e ective, accessible highly visible to sta and with confidentiality boundaries clearly explained. Some research suggests that some university sta may be unaware of this support, when it is available, or unsure how confidential it will be (11).

Alongside addressing culture and working practice, specific interventions to support sta to improve their wellbeing and mental health can have a positive impact. Making it easier for sta to physically exercise, eat

Staff development

What does it cover?

- Sta training and development on mental health
- Role specific training on responding to student mental ill health and clarifying boundaries
- Ongoing development of sta in mental health roles
- Training managers to support sta in supporting students
- Training managers to support good wellbeing, within their teams and respond appropriately to sta experiencing poor mental health

Why is this theme important and what matters?

Given the apparent prevalence of poor mental health among sta and students, it is not a surprise that many sta report multiple experiences of responding to students and colleagues experiencing poor mental health (1, 2). Sta who are in non–mental health positions, describe responding to mental health problems as an inevitable part of their role (1). However, many also state that they feel under–prepared and unsupported to respond appropriately and e ectively, and are unclear about the boundaries of their role in this area (1, 3). Partly as a consequence of this lack of preparation and support, sta report that presentations of poor mental health can have significant negative impacts on their mental health (1, 4).

It is impossible to predict to whom a member of sta or student may disclose. For example, in instances in which an individual is seriously ill, this may be first observed by a member of security or estates, a librarian, a careers advisor, a receptionist, a member of halls sta or an academic. Whenever these disclosures happen, universities have a duty to respond.

Universities have a responsibility to ensure all sta are prepared and supported to respond appropriately to presentations of poor mental health, and to maintain their own safety and wellbeing when this happens. This is not to suggest that every member of sta must become a mental health expert. To aim for this is unrealistic and unhelpful. Many sta will not have the natural aptitude for such work and it is unreasonable to expect them to do so, given their roles. Even academics who are also mental health professionals report challenges to maintaining appropriate boundaries within their academic role (5).

Many universities have responded by making training available to their sta and there is evidence that this can be e ective in a university setting (6, 7). However, it should be noted that many sta are wary of receiving extra training (1). Much of this stems from a concern that, if they receive additional training, they will be expected to have greater expertise and responsibility. As such, many fear they may miss something, get something wrong or make an ill individual worse (1–3). This is an understandable concern, which is mirrored by sta in other workplaces (8).

Mental health training works best when it is part of an overarching structure involving networks of sta with clearly defined and communicated roles, support for those responding to mental health problems, good management and training that is refreshed regularly (8). Some authors have suggested that one–o training that exists without this support can blur boundaries further and potentially contribute to risk (8).

Sta quoted in research have suggested that generic mental health training, while helpful, often lacks relevance to their role (1, 3). Sta felt they would benefit from training that was specifically developed and targeted at their role and the context in which they worked. This would help them better understand their

particular boundaries and responsibilities, the resources and support that was available in their institution, and how it could be accessed.

Currently much mental health training appears to focus on high risk or crisis events (7, 8). As part of a whole university approach, sta may benefit from understanding how they can have a positive impact on mental health and wellbeing, within the proper boundaries of their role.

The purpose of training in mental health for sta who are not in clinical mental health roles can be summarised as:

1. Increasing confidence and ability to respond to instances of poor mental health.
2. Increasing the likelihood of mental illness being recognised and responded to appropriately by an eco–system of trained sta, that doesn't place responsibility on a single individual to 'get it right'.
3. Creating an open, inclusive and accepting culture around mental health.
4. Improving understanding of boundaries and improving ability to safely maintain and communicate these boundaries with others.
5. Improving the e ectiveness of signposting to appropriate services or interventions.
6. Increasing understanding of the ways sta can use the day to day functions of their role to support good wellbeing.

This can be supported by other inclusivity training that considers the needs and experiences of di erent groups and individuals.

There have been suggestions, both in Charter consultations with sta and in the research, that there is a need for sta to have space to develop through reflection and support from others (1). In other words, that development in this area does not just take place in a training room but must be consistently nurtured within teams and peers and through line management (1).

> Sta in the Charter consultations highlighted the importance of being able to have informal conversations with colleagues when they were concerned about a student.

Having the opportunity to talk through instances with more experienced colleagues was seen as being particularly beneficial. This includes being able to have conversations with relevant colleagues from across the university e.g. academic sta being able to discuss concerns with support services colleagues.

Given this, there is a need for managers to understand the challenges their sta may face, recognise the importance of sta wellbeing, be able to provide appropriate support and have knowledge of the available resources that can help. Specifically, there is a need for managers to understand the emotional impact that can result from responding to instances of mental illness and the time and energy that it can absorb. This has implications for the appointment and development of managers within universities and suggests that there is a need for management training to directly address this issue.

Finally, universities have a responsibility to ensure that sta in mental health roles, such as counsellors and mental health teams, are suitably qualified and are able to access appropriate CPD to ensure their knowledge, understanding and skills remain up to date. Clinical practice in mental health is continually evolving and responding to new insights and international evidence shows that ongoing CPD is vital for improved outcomes and safety (9).

Domain 4:

Live

In this section

- Proactive interventions and a mentally healthy environment
- Residential accommodation
- Social integration and belonging
- Physical environment

Proactive interventions and a mentally healthy environment

What does it cover?

- Ensuring a culture and environment that supports good mental health
- Proactive interventions to improve the mental health of the whole community
- Proactive interventions targeted at the mental health of specific groups of students
- Awareness raising

Why is this theme important and what matters?

Research has consistently shown that most students and sta who experience poor mental health do not access formal support (1, 2). We also know that there is no single approach to mental health support that works for everyone (3–5). While medication, therapy/counselling and behavioural interventions can be e ective for many, for each of these approaches there is a proportion of the population that experiences no improvement (4–6).

> It is therefore important that students and sta have access to a range of interventions, so that each individual is able to find the thing that works for them.

Human beings have a complex relationship with social context (7). Our environment and surrounding culture has a significant e ect on our behaviour, wellbeing and mental health (7, 8). Research in psychology and economics has shown that our behaviours are heavily influenced by environmental cues (7–9). Emotional states can be contagious (10) – a culture which heightens stress for some will ripple out to impact on the people around them. Conversely, a culture in which people are happy, fulfilled and motivated, will have positive impacts on the wellbeing of the whole population. Recognising the impact of social context can help to avoid a deficit approach to mental health, address the issues within university communities that hinder mental health and create an environment that supports good wellbeing (8, 9, 11).

Many universities are already taking proactive approaches to improving mental health and preventing mental illness in their communities (10). Awareness raising activities and forms of health promotion and psycho–education have been a staple part of university life for many years. It is important to note, however, that education and awareness raising alone does not tend to alter health behaviours or significantly improve wellbeing (9). The environment has been shown to be a much stronger influence on health related behaviours than knowledge by itself (8, 9). A mentally healthy university, therefore, requires an environment that is itself good for wellbeing and which supports healthy behaviour and the development of habits that are good for mental health (11, 12).

At an individual level, knowledge and understanding of healthy behaviours must be supplemented by environmental cues and support to develop motivation for change (9). That is not to say that awareness raising interventions are not important; the presence of regular, highly visible awareness raising can be an important part of establishing an open culture which supports positive change and can help individuals identify the most appropriate ways forward for them.

Interventions to improve physical health and wellbeing have been repeatedly shown to have positive impacts on mental health. Exercise,

diet, engaging with nature and good sleep can all help to improve or maintain mental health (13 – 16). Importantly, these behaviours can have a deep and long lasting 'pooled e□ect' (15). In other words, the positive gains are maintained beyond the time someone is engaged in the activity. For some individuals, improving physical health will be their best route to mental health. A university environment that promotes physical health and makes it easy for sta□ and students to eat healthily, exercise, engage with nature and sleep well, will therefore have a positive impact on both mental health and wellbeing. The Behavioural Insights Team argue that for such interventions to be successful they should be Easy, Attractive, Social and Timely (17)

Universities have provided a range of proactive interventions that have been shown to have significant positive impacts on wellbeing, such as yoga, mindfulness and peer support (18, 19). Again, such interventions can provide the most e□ective path to good mental health for some people. However, interventions can be a risk to mental health if delivered poorly (3–5). Adopting evidence informed practice, testing the impact of interventions in context and ensuring sta□ are qualified and appropriately trained are important steps in guarding against harm, as well as ensuring that resource is being used e□iciently and e□ectively.

Finally, universities have implemented interventions that are targeted at specific student groups, either because they have particular needs or because they are less likely to access traditional services (20). These include interventions for disabled students, particular nationalities of international students, BAME students, male students and LGBTQ+ students. The mere presence of these interventions can help to make the university feel a more welcoming and supportive environment. However, it should be noted that to ensure relevance and e□ectiveness, such interventions are often better if they are co–created with those with lived experience (see Student Voice and Participation on page 65) (21).

> For interventions to be e□ective, they must be underpinned by a cohesive environment and culture that is open about mental health and supports the wellbeing of the whole community.

Visible messaging from leadership, role modelling, day to day practices and behaviours, a sense of community and evaluated 'nudges' are all key to this (22). It is important that sta□ and students encounter a culture in which it feels safe to disclose, if they are experiencing poor mental health and in which they receive e□ective, appropriate support.

Principles of good practice

1. Universities promote the mental health of all members of the community through education, actively encouraging healthy behaviours and community–building and providing proactive interventions to improve wellbeing.

2. Universities take steps to create an environment and culture that supports positive mental health and wellbeing.

3. Universities take steps to create an environment that facilitates and makes it easy for individuals and groups to adopt healthy behaviours, o□ering multiple and varied options and interventions.

4. Universities take steps to create a culture that prioritises mental health as important and are open and highly visible in doing so.

5. Universities take steps to create a culture in which individuals feel safe and supported to disclose when they are experiencing poor mental health.

Suggested resources

- Healthy Universities, (2019). Home – Healthy Universities. [online] Available at: https://healthyuniversities.ac.uk/ [Accessed 4 Sep. 2019].
- Okanagan Charter. (2015). An International Charter for Health Promoting Universities and Colleges http://www.healthpromotingcampuses.ca/okanagancharter/

Residential accommodation

What does it cover?

- University halls of residence
- University arrangements with private halls of residence
- Supporting students in private accommodation (houses & flats etc.)

Why is this theme important and what matters?

Many students will spend more time in residential accommodation than in the classroom. As a result, residential accommodation can have a major bearing on student experience, mental health and wellbeing.

For any individual, 'home' is not simply a functional space and this is true of student accommodation (1).

> We have an emotional relationship with the spaces in which we live, that impacts on our identity, sense of belonging, security and wellbeing (2).

Student accommodation is not just a place to eat, sleep and study. For students to thrive it must also be a place of belonging and meaning, in which they can relax, have fun and feel connected and safe.

Creating a sense of security and belonging in student accommodation is particularly important as it is, by its nature, a temporary home. Research has highlighted that this transitory aspect can have an unsettling e□ect and that friendships and living arrangements are crucial components in counteracting this and ensuring emotional well–being (1, 3).

There are a number of ways in which residential accommodation can promote positive mental health and wellbeing.

Access to daylight, warmth, comfort and design that promotes social interaction are important to maintaining good mental health (1). Student bedrooms in halls of residence must be places that enable good sleep. This requires the room to be maintained at the right temperature, the ability to ensure darkness and soundproofing to be su□icient to guarantee quiet (4), which may require building design to go beyond current building regulations. In order to create a home, students have a need to feel ownership of their own living space, through physically personalising it with their own possessions and decoration. Student accommodation can also provide a venue for psycho–education and community building interventions that support student wellbeing and social cohesion, (5–7).

Social relationships within student accommodation are important to wellbeing. Research has shown that the style, form and layout of student accommodation are key contributing factors in how residents form and maintain friendships (1). These findings suggest that reducing accommodation with shared spaces, such as flats that have shared kitchens and replacing them with bedsits may increase isolation, with negative consequences for wellbeing (5).

Students and sta□ in the Charter consultations identified relationship breakdowns with housemates and isolation as being particularly detrimental to mental health. This is supported by findings in the literature (8, 9). Students from non–traditional or minority populations, such as disabled students or international students may be more vulnerable to these feelings of isolation or exclusion within their accommodation. This may, therefore, require additional action on

the part of universities and accommodation providers to ensure accommodation is inclusive and fully accessible for all (9–11).

Student accommodation is a place in which students must feel free from harm. Instances of bullying, sexual violence or harassment, drug dealing etc. can significantly undermine mental health (12, 13).

> There is a need for universities to work with their students, accommodation providers and local authorities to ensure that all student accommodation is safe, appropriate, meets physical and psychological needs and is conducive to good wellbeing and academic study.

Given the amount of time students spend in accommodation, and the times of day and night they are there, it is not surprising that some of the most severe experiences of mental illness– including episodes of crisis, suicidal ideation, self–harm and acts to end their own life– happen in an accommodation setting (14). This can have negative impacts, not just for the student involved but also for the students they live with (7, 14). This highlights a need for clear protocols and well developed interventions and support.

Incidents like this can impact on accommodation sta – some of whom may also be students. Ensuring that sta in halls of residence are properly trained and supported, and that they are protected by clear and appropriate boundaries, is key if they are to ensure their own safety and the safety of others (14).

In responding to student need, the relationship between accommodation providers and university support services is particularly

Principles of good practice:

Universities ensure, and/or work with accommodation providers and local authorities to ensure, that:

1. Student accommodation provides safe environments that are positive for mental health and wellbeing.

2. Student accommodation supports every student to meet their physical and psychological needs and manage their wellbeing.

3. Student accommodation is inclusive and supports all students to find their friendship group and build a sense of belonging.

4. Arrangements are in place to recognise poor mental health and to refer students to appropriate support. This includes supporting accommodation providers and support services to collaborate and develop a shared understanding of provision, data sharing and signposting arrangements.

5. Accommodation sta are trained and supported in responding to student mental illness.

6. Universities provide support for students living with a peer who is experiencing significant mental illness and sta in accommodation who may be responding to student mental illness.

Suggested resources

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Social integration and belonging

Why is this theme important and what matters?

Research has clearly demonstrated that belonging and social integration are important, not just for student wellbeing, but also for academic achievement and persistence to graduation (1, 2, 3).

Authors working in the fields of psychology, philosophy, education and sociology all highlight the importance of social connectedness and belonging for health and wellbeing (4–8).

> Human beings have a need to belong to a community, have an emotional connection with others, have the attention of others, feel supported and have a sense of status (5).

Good wellbeing and mental health depends on our ability to meet these needs within our environment.

Conversely, student loneliness has been shown to be the strongest overall predictor of mental distress in the student population (6). We know that perceived loneliness reduces cognitive function, mood and immunity (7) and loneliness has a direct negative e□ect on

Physical environment

Why is this theme important and what matters?

There is a growing body of evidence that our physical environment and how we interact with it, has a significant impact on our mental health and wellbeing (1, 2). Given the amount of time that many sta and students spend on university grounds, there is a clear need to consider how the physical environment can be used to improve the wellbeing of the university community.

This begins with ensuring that the environment in which people spend most of their time meets their basic needs. For example, reduced access to natural light in the workspace has been shown to lead to physiological and depressive symptoms and disrupted sleep (3). Work, learning and university living spaces need to be designed with access to daylight, good ventilation, apeao3). Woiatviden5 (educedfen)This begins with en8.137peedue wthe wellbeing of ity (vir)15 (o

attraction that draws people towards it (e.g. nature, art or a practical object, such as a kettle). There is also a need to provide quiet spaces within the university environment that are easy to find and access (11).

Wayfinding is also a factor which can impact on wellbeing. Problems navigating campus can increase anxiety and reduce sense of belonging (12, 13). This has added implications for disabled sta and students if buildings are inaccessible.

Finally, research has shown that building design can reduce risk from suicide by, for instance, reducing access to high places (14).

Considering wellbeing within the design, redevelopment and maintenance of campuses, has the potential for a range of benefits. Classroom design has been shown to have a significant impact on student learning and academic performance (15). Importantly, this does not mean universities need to spend significant amounts of extra money or undertake substantial redesign projects.

Improvement to physical environment can be gained by incorporating wellbeing at the design stage of new development or by making small changes, such as planting on visible roofs or encouraging community engagement with nature.

Principles of good practice:

1. Universities engage with evidence and their communities to embed wellbeing and accessibility within the design of new buildings and developments.

2. Universities engage with evidence and their communities to embed wellbeing and accessibility into the redevelopment and maintenance of current estate.

3. Universities ensure that the design and allocation of working and learning spaces e ectively supports the learning/work undertaken within that space.

4. Universities facilitate and actively encourage sta and students to engage with nature.

5. Universities ensure sta and students have access to appropriate social space.

6. Universities ensure that wayfinding is clear and makes navigating campus easy for all.

Enabling Themes

In this section

- Leadership, strategy and policy
- Student voice and participation
- Cohesiveness of support across the provider
- Inclusivity and intersectional mental health
- Research, innovation and dissemination

Leadership, strategy and policy

What does it cover?

- University wide strategy
- University policies and procedures
- Visible and e□ective university leadership committed to improving mental health

Why is this theme important and what matters?

A whole university approach to mental health requires a commitment to ongoing improvement, embedded across the whole institution and evident in practice, processes, behaviours and culture (1). While real and sustainable change in universities requires engagement from the whole community, and multiple interventions by a range of actors, the role of strategic leadership is undeniable (2).

> Change can be more consistent, e□ective and long lasting if it is supported by a cohesive vision and sense of purpose that can be understood and shared by the whole community (3).

University leaders play a significant role in helping establish shared culture, structure and environment that supports change and individual wellbeing (1, 4). Leaders can ensure that their university takes a strategic approach to mental health, that this is identified as a priority and that appropriate resources are allocated. They can also influence the value the community places on wellbeing through public modelling.

Importantly, this requirement extends beyond Vice Chancellors or Principals. Many universities were designed with a deliberately distributed power structure (5, 6). As such, a genuine leadership commitment to mental health must include Governors, Deans, Heads of Departments, the Professoriate and local leadership teams (7–9).

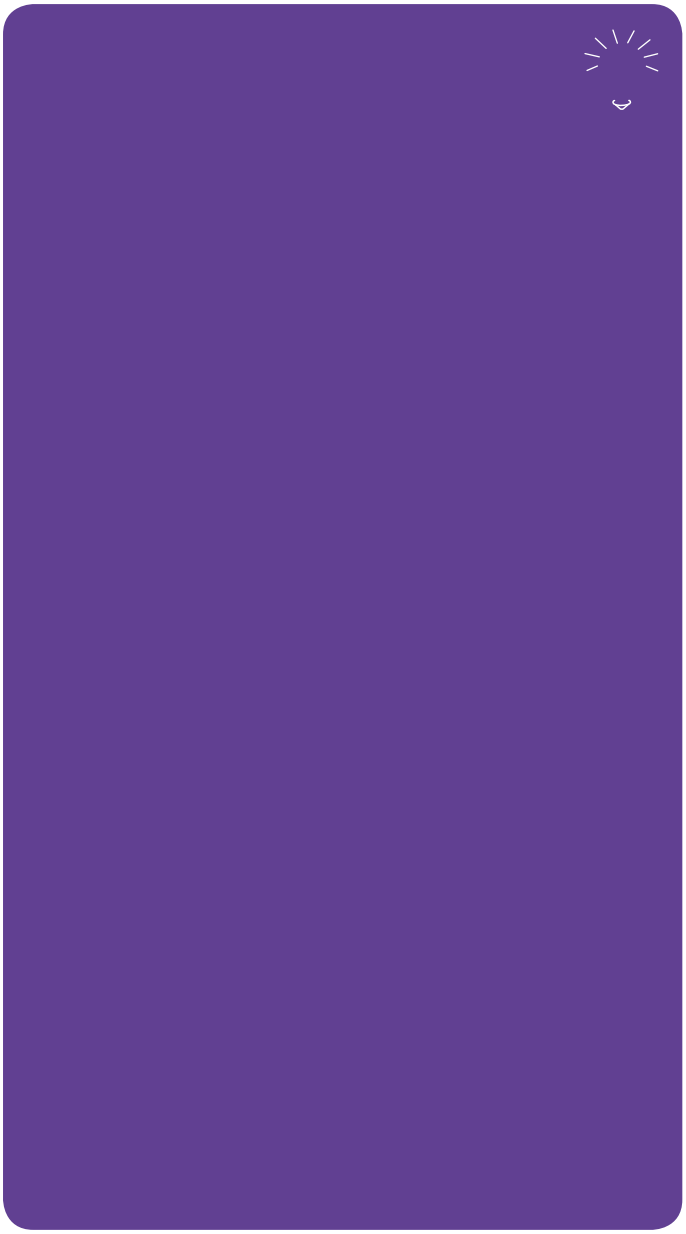
An institution wide, mental health or wellbeing strategy (or strategies) can be a key tool in delivering a whole university approach. However, a strategy is not an end in itself. Participants in the Charter consultations have cautioned that written strategy documents can sometimes be disconnected from reality on the ground and 'sit on a shelf' with no influence over day to day practice. Our consultation highlighted a number of factors that determine whether a mental health strategy is of genuine importance to an institution:

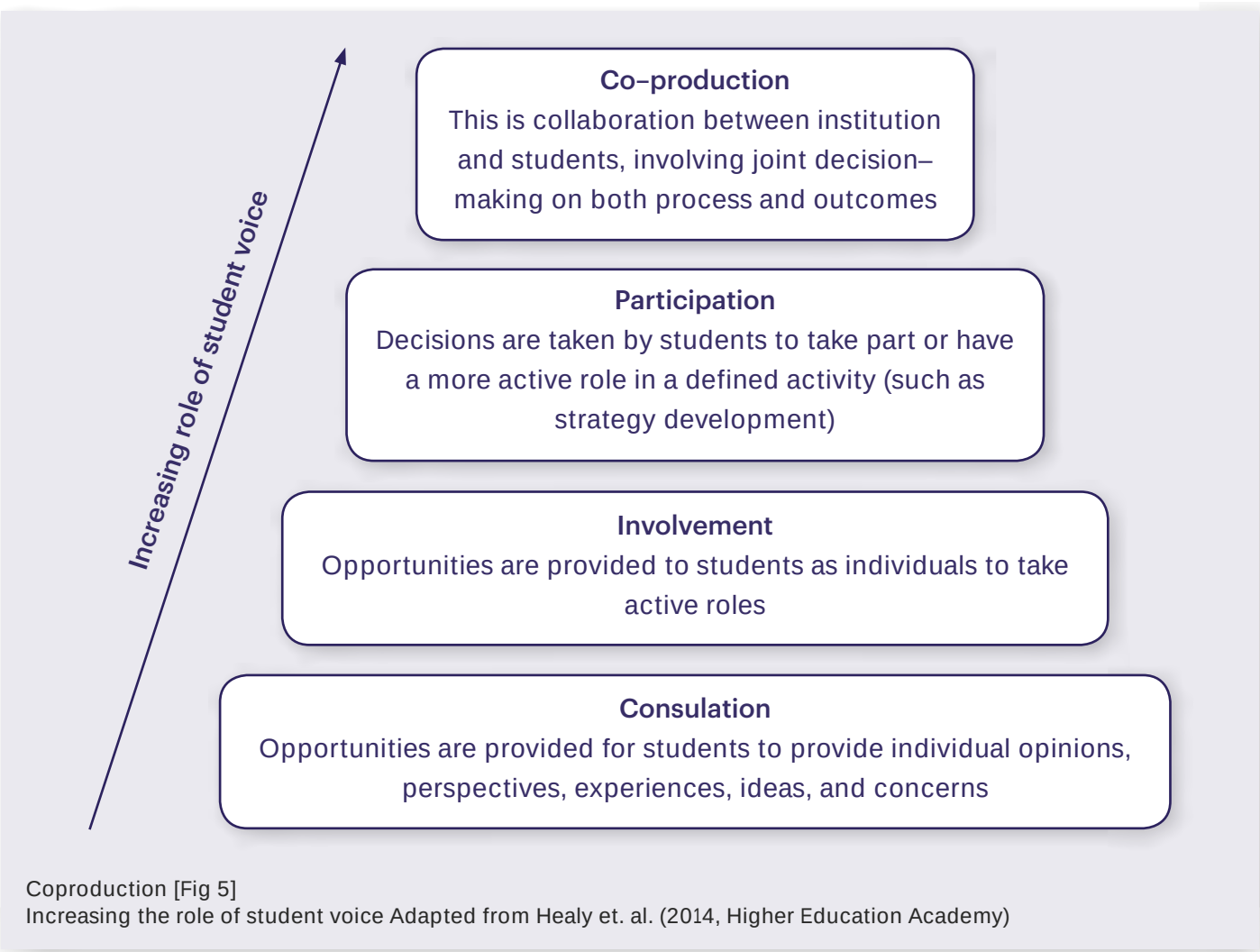
1) The quality, depth and breadth of the strategy;
Since the publication of the Stepchange framework (1), there has been an acknowledgment that successful mental health strategies must take a 'whole university approach,' properly considering every aspect of university life. An e□ective mental health strategy goes beyond a reaction to mental illness, seeks mental wellness of the whole population and acknowledges the impact of environment, culture, community and day to day activity (10). Unless mental health is considered across the institution, there will inevitably remain pockets of poor practice, missed opportunities for improvement and the potential for activity that actually causes or contributes to harm.

2) How the strategy was created and who was involved;
Communities are by definition complex and composed of di□ering needs and interests. Improving the wellbeing of any community, therefore requires engagement and interventions from a range of actors drawn from across the community, representing di□erent groups, experiences and views (11).

A successful strategy will, therefore mobilise the whole community.

> For that reason, strategies that are co–created with sta and students from across the university are likely to be more realistic,





Coproduction [Fig 5]
Increasing the role of student voice Adapted from Healy et. al. (2014, Higher Education Academy)

Working with individuals to develop approaches to mental health is an active, ongoing process of collaboration, operating at multiple levels. Students need to be supported to develop the skills and confidence necessary to participate fully in this process of co–creation. It is also important that considerations of participant safety are embedded into the design and operation of the process, particularly for those with previous lived experience of mental illness.

The process of co–production can be facilitated through e□ective partnerships e.g. between students' unions and their university and by carefully ensuring that those participating are representative of the diverse student and/or sta□ body.

Within a whole university approach to mental health, there are a number of areas in which co–creation and participation are important.

The first is in developing or revising the university's strategic approach to mental

Inclusivity and intersectional mental health

What does it cover?

- Sta and students who may face additional challenges due to structural, personal or cultural inequalities e.g. LGBTQ+ students, BAME students, care leavers, carers, disabled students, mature students, widening participation, first generation students, international students, students for whom English is a second language and others (this is not an exhaustive list)
- Students who may face additional challenges due to Higher Education specific inequalities such as their mode of study, relationship to campus or status as non–traditional students e.g. Online learners, part time students, postgraduate research and postgraduate taught students, commuter students, students on professional placements and students studying overseas

Why is this theme important and what matters?

Sta and students may face additional barriers to success and challenges to their wellbeing due to their background, characteristics, aspects of identity, mode of study or relationship to their campus and university (1–5).

> Inequality can, in and of itself, have negative e ects on mental health (6). There are numerous causes of this, which can include adverse experiences, not feeling understood or accepted, feeling actively rejected or being threatened by the surrounding culture (3, 7, 8, 9).

In addition, practical barriers faced by some sta and students can have negative impacts on their wellbeing. For example, not only can some disabilities make navigating campus more physically tiring, but disabled students also have additional practical tasks to undertake, such as arranging and managing their support packages and ensuring that reasonable adjustments are consistently implemented across their programme (2, 10, 11). BAME students in our consultations highlighted that the process of having to regularly explain their background, culture, experiences and language, served as an additional barrier and set of tasks. All of which can be a drain on resources, energy and motivation. Additionally, student poverty and low income has been associated with lower mental health and wellbeing (12).

However, it is important not to position those sta and students as necessarily vulnerable or to suggest weakness. Indeed, research indicates that many students facing these barriers possess higher levels of resources, resilience and self–management skill than their peers. It is simply that the unequal challenges these individuals face can exhaust even this additional resource (13).

The Equality Act (2010) details a set of protected characteristics that describe those most likely to experience inequality and discrimination in society at large. However, within a university setting, students may have experiences which are negative for their wellbeing as a result of characteristics that are specific to the university community, such as mode of study.

For instance, research shows that post–graduate students face particular challenges

Principles for good practice

1. Universities take action to understand their populations and sta and students' di ering needs and experiences.

2. Universities ensure that the culture and environment is inclusive, welcoming and safe for all members of the university community.

3. Universities develop specific interventions that address the barriers to mental health and wellbeing faced by particular groups due to structural, personal or cultural inequalities.

4. Universities develop specific interventions that address the barriers to mental health and wellbeing faced by particular groups due to higher education specific inequalities, such as mode of study or access.

5. Universities ensure support services work to improve their cultural competence and are able to respond to di erent student backgrounds, characteristics and experiences.

Research, innovation and dissemination

Why is this theme important and what matters?

One of the challenges in addressing university sta and student mental health is the significant gap in our current evidence base (1). At present, we do not know the prevalence rates of poor mental health or mental illness in either the student or sta populations or the e ectiveness of many of the commonly provided interventions (1–3). Much of the available research is also based on work within a single university, leaving doubts about generalisability.

Alongside this, many interventions that are available in universities are not evaluated in context or, where they are, the evaluations are not shared outside of the institution to support sector learning (4). All of which means that there is a lack of clarity about what constitutes good practice.

In truth, this is not surprising. The apparent surge in need for mental health support is still a relatively recent phenomenon (5). The experiences of students prior to and during university have changed markedly in recent years, as have the experiences of university sta and there have been notable societal shifts in the same short space of time. Whilst student mental health has long been an area of focus within universities, there is much in this space that is new and not yet well understood.

Many of the participants in the focus groups and surveys indicated that they had a definite need to better understand what good, e ective practice is and how they can evaluate their own interventions. Given that interventions for wellbeing also have the potential to cause harm, (6, 7) it is vital this is addressed and that e ective evaluation is embedded into the work of universities and is used to inform the development of interventions and services.

Much work within social sciences suggests that addressing this gap will require cross–disciplinary collaborations, involving researchers and practitioners and bringing together universities of di ering size and type (8).

> Cross–disciplinary research can bring together a range of perspectives, increasing the depth of our understanding and making it more likely that we can find adaptable solutions.

Many support services sta in the Charter focus groups indicated that they would like to be more involved in the production and dissemination of research. Research into student mental health is often conducted without the involvement of support services sta in design or implementation. As a result, this research can produce findings that are detached from day to day g

research out to academics within the institution or private companies, if support services sta are not embedded into the research process, with the understanding and opportunity to guide the study, this risks findings that do not contribute to more e ective practice (9).

Sta in professional service roles indicated that it can be di icult to get support for their involvement in research– even within more research–intensive universities. Being involved in producing research, publishing it or presenting at conferences was seen as a 'luxury' or 'nice to have' and not an important part of the work of a Service.

Recent work in the sector is helping to drive improvements in research and practice, founded on increased collaboration. SMaRteN, the student mental health research network, is helping to bring together research across disciplines and recent OfS Challenge Competitions have supported the building of cross–institution collaborations (10, 11). These national initiatives help to establish a framework to address the current gaps in our knowledge.

The obligations that this brings for universities will di er markedly depending upon the nature of the institution. For traditional, medium to large sized universities, it may be expected that they prioritise research in this area, bringing together research expertise and the clinical expertise of sta in support services. For others without these resources, it may be possible to support this agenda through collaborations with larger partners, by encouraging sta and students to act as participants in the research of others and in the regular evaluation of their own practice. To ensure generalisability, this requires establishment of more cross institutional collaborations, between providers of di erent size and type.

Importance should also be given to the sharing of research and evaluated good practice across the sector. Publishing in the literature and via knowledge exchange platforms and presenting at conferences on university mental health should be seen as a valid use of resources for academics and professional support sta.

> Finally, it is important that this is seen as a cross–sector agenda, bringing together universities and expertise in collaboration and not in competition.

Principles of good practice:

1. Universities support research into university mental health and wellbeing and the development of innovative good practice.
2. Universities encourage collaboration and dissemination of learning between research and practice, between disciplines and between universities and relevant organisations.
3. Universities undertake rigorous and systematic evaluation of services and interventions that informs decision making and continuous improvement.
4. Universities enable support services sta to participate in, lead and disseminate research.

Conclusions

Within this document, we have sought to draw on the existing evidence in the literature and that generated by the Charter consultations, to ensure that the Charter Framework is evidence informed and relevant to the real world context of the diverse university sector. The themes outlined in this framework are one way to represent how a whole university approach to mental health might be constituted.

We do not expect that this framework will be definitive – mental health and wellbeing is complex and the factors that influence it are overlapping. That means there will always be a number of ways in which these elements can be considered and described. We ask providers to see how these themes fit together and apply to their local contexts. Between individual providers, this is likely to be very di□erent.

The Charter Award Scheme will be based upon these themes and the Principles of Good Practice outlined in this document. On our website, we will provide further resources to help universities work with these principles and prepare for the Award Scheme. This will be supplemented, in early January 2020, by the launch of UUK's Mentally Healthy Universities Strategic Framework and self–improvement tool. The Award Scheme will begin accepting applications in the autumn/winter of 2020, following its development and testing with a number of pilot universities.

Future work will ensure that the Charter will be iterative, meaning it will be reviewed and refreshed as new evidence emerges. There will be a minor review each year and a major review every 3–5 years, depending on need.

Our hope is that the Charter will provide a structure for further innovation, research and debate. It is not expected that universities will aim to fulfil each of these themes perfectly (no such a thing exists), but we hope they inspire discussion, thought, new interventions, evaluation and learning. The evidence we have suggests that progress on each of these themes will bring us closer to a moment when our universities are mentally healthy environments.

> Finally, we believe that solving the challenge of university mental health is possible.

It has been our privilege to work alongside many of the brilliant people and organisations in the H.E. sector. If we can harness that brilliance, bring it together in creative collaborations and focus energy and resource, we can create universities that are positive for the mental health of their sta□ and students.

Universities are incredible places. Within our universities we have established the basis of science, unravelled the mystery of DNA, discovered stem cells and even located a long lost King under a car park. Improving the mental health of students and sta□ is within our ability, given time, resource and commitment. We hope the University Mental Health Charter helps to make a contribution to this process.

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