### **NOTE:** This template intends to guide authors in writing the chapter/article. *Do not concern yourself with formatting, as this will be done by the production team post-acceptance of your chapter.*

### As this is a contribution in a major reference work targeting readers across many levels, avoid first-person usage, footnotes, and endnotes, and define all acronyms and abbreviations at first use. Acknowledgements are permitted if grant- or funding-related; exclude general thank-yous. Credits for reusing copyrighted materials should be included in the respective figure/table caption. For further details, refer to your author guidelines and project website (on Meteor).

**The Challenge of Student Mental Wellbeing: Reconnecting Students Services with the Academic Universe**

**All Author Details**

### Gareth HUGHES\*

### Student Services - University of Derby:

### g.hughes@derby.ac.uk

### \*Mark corresponding author (who receives all project-related communication and chapter proof)

**Abstract**

Current dialogues in the Higher Education sector, highlight a range of tensions and uncertainties about university responses to student mental health, that potentially contribute to a lack of clarity about the role of Student Services and institutions. These dialogues suggest that there is a need for theory which can seek to answer four central questions

1. What role should universities and Student Services play in relation to student mental health and wellbeing?
2. What balance of proactive and reactive responses should universities adopt?
3. If institutions are to adopt a ‘whole university approach,’ what should the role of Student Services be within this approach?
4. How closely positioned should Student Services be to core university missions and the academic universe?

This chapter explores these issues and proposes a conceptual model for Student Services’ responses to wellbeing and learning, arguing for the adoption of a research, practice and teaching model to ensure better collaboration between academic and professional staff and closer integration of wellbeing and learning. Using practical examples and clinical evidence, it argues that wellbeing services should be based on developmental rather than deficiency based models of practice and that wellbeing interventions should include support for academic learning.

## **Keywords**

Student mental health; Student Services; whole university approach; learning and wellbeing

## **Introduction**

One of the most significant challenges facing universities and Student Services departments in recent years has been a growing concern about the mental health of students (Auerbach, Mortier, Bruffaerts et al., 2018; Neves & Hillman, 2017). This concern has been echoed across the Westernized nations in the media and the literature, in relation to both undergraduate and post-graduate communities (Stallman, 2010; Levecque, et al, 2017). Research indicates that there has been a growth in student need and demand for mental health support services, with an increasing number of students experiencing mental illness (Broglia, Millings & Barkham, 2018). Some studies and reports even suggest that most students may experience levels of distress above clinical thresholds (Stallman, 2010).

Responses to this apparent rise in student mental illness vary across and within nations. Some voices have claimed that this contemporary concern with student mental health is part of a rise in, “therapeutic culture” Furedi (2003). These voices claim that a concern with and dialogue about the mental health of students is, in fact, helping to create this problem by persuading students that they are ill, when they are actually experiencing normal emotions and events (e.g. Ecclestone & Hayes, 2009). There are also objections that it is not the role of universities to support student mental health, that these are matters that should belong solely to statutory health services and that universities are being pushed to take on responsibilities that have never been part of their mission.

However, historical records do not support this view. While this current rise is a contemporary concern, student mental health has long been recognised as an issue that requires university attention. A UK report issued in 1945 recommended that every university should provide students with access to an optician, a dentist and a psychiatrist. Student counselling services have existed in Australia, the US and the UK, at least, since the mid-1950s (although in the UK they appear to have become more common since the 1960s) (Walker, 1979). They were created, even then, in response to an identifiable student need (Jacobs, 1979). It is, therefore, not a new phenomenon for universities to accept some responsibility for the wellbeing and ‘pastoral care’ of their students.

Equally there are both ethical and practical reasons for universities to accept some responsibility for supporting the mental health of their student populations. Given the weight of evidence, it is clear that many students do experience difficulties with their mental health, while at university. From an ethical perspective, universities cannot pretend that this is not an ever present issue within their communities. Knowing this, there is an incumbent moral requirement on universities to ensure that these students are supported and that engaging in university behaviour does not have a negative impact on their mental wellbeing.

Practically, it is also clear that poor mental health can have a negative impact upon student performance, retention and future employability (Stallman, 2010). It is in the self-interest of universities to take steps to prevent this.

The traditional university response to student mental health problems has been to provide services that students can access when they are experiencing difficulties. In other words, these services have provided forms of reactive support to help students address problems if and when they arise. From the beginning the mix and make up of this support has varied from institution to institution and nation to nation, often including some combination of counselling and\or psychotherapy, advice and guidance, disability services, welfare or wellbeing services and a Chaplaincy (Jacobs, 1979).

Typically, services to support mental health have usually been positioned as separate to the core research and teaching mission of universities. At most, a tangential case has been made that by providing support for students, when they experience problems, universities may be able to reduce the number of students dropping out or underperforming academically. As a result, Student Services, have potentially been positioned as a ‘nice to have’ addition to the university structure, which demonstrates an institution’s care for its students, but which plays no direct role in core functions. It would, in fact, be perfectly possible to have a university without a Student Services or Student Affairs department and still consider it to be a university.

However, the recent increase in concern about student mental health has brought a number of these assumptions and models into question. Research has shown that most students, who experience problems with their mental health, do not access formal support (Hunt & Eisenberg, 2010). In addition, it has long been recognised that even largely effective treatments, such as counselling and psychotherapy, do not work for everyone (e.g. Evans, Beck & Burdett, 2017). Of those students who do access counselling, some will still experience ongoing problems afterwards.

This has led to calls for universities to take a ‘whole university approach’ to student mental health to ensure that the mental wellbeing of all students is adequately addressed (e.g. Universities Australia, 2018, Universities UK, 2017). These calls argue that it is not enough to provide services, which some students may or may not access. Universities also have a moral responsibility to ensure that they provide an environment that is conducive to good mental health, take action to prevent students becoming ill, help students develop ‘resilience’ and self-management skills and provide proactive responses that do not rely on reactive services. The implication of these calls is that universities must consider every aspect of their interactions with students and the impact these may have on mental health. In particular, this places a focus on the role of academic staff and the curriculum as the only guaranteed points of contact between a student and the university (Hughes, et al, 2018).

These calls have not been welcomed without reservation. Some organisations and students have raised concerns that ‘whole university activity’ is in fact being used by institutions to provide cover for the under-resourcing of professional services (e.g. BACP, 2018; Hewitt, 2019). One particular concern is that this approach facilitates the outsourcing of specialised student support from qualified professionals to other existing staff within the university (e.g. academic staff placed into ‘pastoral’ roles) or to unqualified staff in ‘wellbeing’ roles (Lightfoot, 2018). In effect, these voices suggest that the approach undervalues specialised, professional clinical staff and responses to student mental health. In doing so, the ‘whole university approach’ potentially represents a dilution of the mission of Student Services, in responding to student mental health needs.

Inherent in these criticisms is also an underlying tension that places traditional services, such as counselling, in opposition to more broad based, preventative interventions that seek to build students’ ability to manage their own wellbeing and to create environments that are more supportive to wellbeing. Some of these concerns suggest that the move towards building ‘resilience,’ is, in effect an attempt to place responsibility for mental health problems back onto students (Binnie, 2016). In other words, that this is a form of victim blaming.

These dialogues highlight a range of tensions and uncertainties in the current hinterland of Student Services and student mental health, that potentially contribute to a lack of clarity about the role of Student Services in this area. This lack of clarity points towards a current theoretical gap, through which these questions and tensions can be coherently addressed.

In particular, these dialogues suggest that there is a need for theory which can seek to answer four central questions

1. What role should universities and Student Services play in relation to student mental health and wellbeing?
2. What balance of proactive and reactive responses should universities adopt?
3. If institutions are to adopt a ‘whole university approach,’ what should the role of Student Services be within this approach?
4. How closely positioned should Student Services be to core university missions and the academic universe?

This chapter will, therefore, explore these questions and drawing on evidence from the literature, developing practice and a case study from the UK, seek to develop an outline theoretical response through which these tensions can be addressed.

**A note on terminology**

The terms mental illness, mental health and wellbeing are often used interchangeably and without clear definition. This can lead to misunderstanding and a lack of clarity and focus. In this chapter, mental illness will be taken to mean poor mental health or a condition that may receive a clinical diagnosis. Mental health will refer to a full spectrum ranging from good mental health to mental illness. Wellbeing will encompass a wider framework, of which mental health is an integral part, but which, on Kraut’s model (2009), also includes physical and social wellbeing, leading to flourishing at its optimum level.

## **The relationship between student services and the academic universe**

A number of concerns have been raised in the literature and sector discourse that Student Services teams and academics exist in different worlds (Hughes, et al, 2018; Greatrix, 2018). These concerns suggest that Student Services and academics often use different language, have different conceptions of students and university life and differing sets of priorities or mission.

While this separation may well occur as a result of unplanned developments in culture and organization, there are ethical arguments that suggest that students may benefit from at least some separation between Student Services and the academic universe.

From a student perspective, research indicates that many do not want their tutors or academic supervisors to know if they are accessing support for their mental health or wellbeing (McAllister, et al, 2014). Perhaps understandably, some students report being concerned that if their academic knows they are mentally ill or that they require support, this may alter their tutor’s perception of them and may affect future opportunities.

A clear separation between Student Services and the academic community can, therefore help to reassure students that they can rely on the confidentiality of the support they are receiving. While, if students perceive this confidentiality wall to be porous, because of a close relationship between Student Services and academics, they may be less willing to access professional support when needed.

It could, therefore, be argued that maintaining clear separation can help avoid such ethical dilemmas.

However, whilst this ethical concern deserves consideration, research shows that separation between Student Services and the academic universe can have negative consequences for students, student wellbeing and responses to student mental illness. In particular, when there are poor or no relationships between academics and Student Services, this can create gaps in support through which students can fall. As a result, ill students do not receive the support they need, in a timely manner, potentially creating greater risk. Conversely, when academics and Student Services are able to work together, with individual students, to co-ordinate support and allocate appropriate responsibility, this collaboration provides a more effective and cohesive response (e.g. Hughes et al, 2018).

There are also institutional risks from Student Services departments being separated from the academic universe. Student Services departments often have specialised knowledge about the experiences and needs of specific student groups or of the impact of particular aspects of student life. Separation strips Student Services departments of the opportunity to use this knowledge to influence the academic environment. As a result, university policies, practices and culture may develop in ways which, inadvertently, have negative impacts on the wellbeing of some or all students.

This suggests there is a strong, ethical case for Student Services to move in the direction of a more joined up, whole university approach.

## **The whole university response to student mental health and wellbeing**

It is not hard to see why a more cohesive, cross university response may be necessary to support the mental health and wellbeing of all students.

First, students themselves do not have separate, departmentally based experiences of their time at university. They have one student experience, made up of multiple elements, all overlapping and impacting upon each other. If universities do not provide education, interventions and support that span these elements, then students are left to navigate this interaction by themselves.

This is a significant expectation to place upon students, who may have never been to university before, may not be able to see these connections for themselves and may not have the skills to respond effectively. As Kift (2009; Kift, Nelson & Clark, 2010) has pointed out in her work on transition pedagogy, universities cannot assume that students will automatically bring with them the skills and knowledge to succeed at university. Instead, it is for universities to ensure that students have the explicit opportunities to gain all of the knowledge, understanding and skills that they will need to be successful.

Secondly, as is described above, many students who experience problems with their mental health do not access the formal support provided by Student Services. However, research has shown that many of these students will turn to others within the university community for support, such as peers and their academics (Byrom, 2018; Hughes, et al, 2018, Hughes & Byrom, 2019).

A recent report from Student Minds, in the UK, demonstrated that for many academics, responding to issues related to student mental health had become an inevitable part of their role (Hughes, et al, 2018). In this way, academics, in effect, become the invisible front line of Student Services, as they are often the first people, within their university, to whom students divulge a mental health problem. Academics also reported that when students were unable to access support from Student Services, because of long waiting lists, they returned to their academics for ongoing support.

The academics in Student Minds study felt unprepared and under-supported for this aspect of their role and found it difficult to understand and maintain appropriate boundaries, creating risk for themselves, students and their universities. This was also true for staff who were teaching on health care courses and were qualified mental health professionals themselves (Hughes & Byrom, 2019). Given that staff with this level of expertise still found these circumstances challenging, it suggests that universities need to address these issues structurally.

Finally, signposting students to Student Services emerges as a complex, nuanced and at times difficult task that is exacerbated by gaps in understanding and communication, between academics and Student Services (Hughes, et al, 2018).

All of which clearly indicates, that universities need to do more to properly consider the role of academics and to ensure closer working relationships between Student Services and academic staff, based on common understanding and goals.

Finally, the significant, transactional link between wellbeing and learning suggests that support for mental wellbeing cannot be entirely separated from academic learning and teaching.

## ***Student Wellbeing and Learning***

It has long been accepted that there is a clear relationship between the wellbeing of students and their ability to learn and perform academically. Taking Kraut’s (2009) conception of wellbeing as encompassing the physical, psychological (emotional and cognitive) and social aspects of an individual’s life, we can see from the research literature that each has an effect on student learning.

**Physical wellbeing and learning**

Numerous studies have demonstrated the impact of physical wellbeing on student learning and performance. Sleep (Scullen, 2019; Curcio, et al, 2006), hydration (Pawson, et al. 2012), exercise (Rasberry et al., 2011) and diet, (Florence, et al, 2008), have all been shown to have clear effects on how students feel, learn and perform.

**Social wellbeing and learning**

Researchers in social neuroscience, such as Cacioppo & Patrick, (2009) have demonstrated that social isolation and loneliness also reduces cognitive function. For students this has been shown to reduce their ability to focus attention, concentrate, remember and problem solve (Baumeister, 2002; Cacioppo, et al, 2000) and some research has shown a direct impact on overall academic ability and grades (Baumeister, et al., 2002; Cacioppo, 2009). Additionally, authors such as Vincent Tinto (1975), have long argued that student sense of belonging to their university plays a significant role in determining student persistence and success.

**Psychological wellbeing and learning**

UK Government data indicates that students who experience mental illness are more likely to drop out of university and underperform academically. The work of authors such as Joseph le Doux, (1996), demonstrates that anxiety and trauma reduce cognitive functioning, making it more difficult for mentally ill students to learn, concentrate, problem solve and perform to their academic potential. A low level of mental wellbeing can negatively impact concentration, motivation, self-confidence, and the ability to engage with attendance and assessment, therefore, significantly impeding learning overall (Craig and Zinckiewicz 2010; Tinklin, et al, 2005; Quinn et al, 2009). On the other hand, good wellbeing has been associated with enhanced creativity (Rothenberg, 2006) and the ability to enter into a ‘flow’ state of learning, described as a state of complete concentration or absorption that benefits learning and academic performance (Csikszentmihalyi, 1992).

## ***Impact of academic learning on wellbeing***

The impact of mental health and wellbeing on learning and academic performance, therefore, has a clear evidence base. However, research has also shown that this relationship is bi-directional. That is, the way in which students engage with their learning and their academic experience also has an impact on their wellbeing.

Researchers such as Postareff (et al, 2016), have shown that students who engage in deep learning have better wellbeing, perform better and have a better experience of their time at university. Students who engage in surface learning have lowered wellbeing. In particular, they are more likely to experience higher anxiety and to need others to help them address and solve problems.

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. This helps to generate meaning and a sense of mastery and control, thus boosting their wellbeing.

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 effort. They are more likely to seek to regurgitate material rather than understand it and learn subjects in isolation from each other. This focus on external measures (grades) denies the opportunity to generate meaning and places control for their self-perceived success on external judgements, thus lowering wellbeing overall.

The common difference between these two groups is often motivational focus, with deep learners more likely to be intrinsically motivated and surface learners more likely to be extrinsically motivated. (Deci & Ryan, 1985).

*Table 1 here*

However, to be able to engage deeply with their learning students require a level of pre-developed skill, knowledge, awareness, understanding and self-confidence. Whilst surface learning students are more likely to be anxious, it is equally true that anxious, ill-trained students are likely to reach for a surface learning approach, as a survival strategy. This is also true of students who face external and internal barriers to learning. For instance, students with additional caring responsibilities or those required to undertake significant amounts of paid work, may have to strategically ration their time and therefore focus solely on what must be done, to make it through each stage of their programme (Haggis, 2013).

On the other hand, students who have been taught to learn well at university level, have good pre-existing subject knowledge, face no additional barriers and who feel confident, safe, supported and emotionally positive, will find it easier to engage in deep learning (Csikszentmihalyi, 1992).

Deep, active learning, in other words, is a function of self-confidence, capacity and the possession of necessary ‘pre-knowledge’ (De Bruyckere, 2018).

The wellbeing impact of a student’s academic experience will therefore depend upon their level of competence and mastery, pre-knowledge, locus of motivation, mindset, support, external and internal barriers and learning approach (Black & Deci, 2000; Houghton & Anderson, 2017; Postareff, et al, 2016).

This then suggests that a student’s mental wellbeing and academic learning exist in a circular relationship, with the potential for both positive and negative outcomes.

*Figure 1 here*

## ***The role of the curriculum***

Taking Kift’s (2009) view that if something is required for students to be successful, they should encounter the opportunity to acquire it in a timely way, while at university, this relationship between wellbeing and learning becomes a topic that must be specifically addressed with students. This interconnection must be explained to them and explored with them. All of which creates a challenge for universities and Student Services, as the different sides of this circular relationship have tended to be addressed by different departments – academic learning by academic programme teams and study skills or learner development teams, student wellbeing by Student Services. This potentially leaves a gap in student knowledge and understanding (and therefore behaviour) and as discussed above, places the burden of making these connections on potentially under prepared students.

To remove this burden from students, it is then necessary for universities to create and deliver interventions that make these connections explicitly and support students to develop strategies, skills and knowledge to enhance both their wellbeing and learning in an interconnected manner. Ensuring that this reaches all students places a particular focus upon the development and delivery of curriculum.

Research demonstrates that curriculum design and delivery can have both a negative and positive impact on student wellbeing (Slavin, et al, 2014; Stephens, 2013; Thomas & Asselin, 2018; Thomas & Revell, 2016). What students learn (content) and the ways in which students are taught and assessed can generate confidence, deep learning, positive self-regard and a sense of belonging or alternatively; anxiety, surface learning, doubt and imposter syndrome and a sense of isolation and competition (Sheldon & Krieger, 2007; Slavin, et al, 2014). A number of disparate approaches to addressing this problem have been trialled, from workshops and modules students can chose to attend (e.g. Pennock, 2015), to curriculum embedded psycho-education, (e.g. What Works Wellbeing, 2018) to redesigning assessment strategy and teaching (Houghton & Anderson, 2017) However, these approaches are often attempts to add to or ‘bolt on’ additional content and delivery, rather than a deliberate redesign of subject specific delivery.

As Houghton and Anderson (2017) argue, because of the role that emotions play in the learning process, responses to student mental health should have the curriculum at their core. If this is not considered, then not only are universities passing up an opportunity to positively impact on student wellbeing and learning but curriculum may be having a negative impact on both.

*Figure 2 here*

However, research has also demonstrated that many academics lack the knowledge and resources to be able to consider wellbeing in designing and delivering curriculum.

This places a challenge back to Student Services teams, who do have the knowledge and understanding of student wellbeing and how it can be improved, to be able to share this knowledge with colleagues and influence the curriculum. As a repository of expertise within universities, on student mental health and wellbeing, this is a responsibility that must lie, at least partly, with Student Services. This requires Student Services to be engaged with academics and academic programme delivery. As argued above, if complete separation exists, it is not possible for Student Services to have this influence or impact.

However, the relationship between learning and wellbeing and a requirement to be able to support academic colleagues to develop curriculum that benefits wellbeing and learning, have a number of significant implications for Student Services departments. In particular, there are potential consequences for staff whose primary responsibility is supporting student mental health.

## **Student Services relationship to Core Mission 1: Learning and teaching**

To explore the potential role of Student Services in relation to learning and teaching, it is worth considering a specific example in which the overlap between wellbeing and academic learning and achievement is most obvious.

Exam anxiety is one of the most identifiable points of connection between mental wellbeing and student learning and performance. Estimated to effect 25 – 30% of students, exam anxiety is defined as a tendency to respond to test situations with worry, physiological arousal, tension and mental disorganisation and to have a negative impact on exam performance (Orbach, Lindsay & Gray, 2007). Within the literature it is possible to find a significant variety of approaches and treatments for exam anxiety but a meta-analysis conducted by Ergene (2003), identified that multi-modal treatments have the best outcomes. That is, students are more likely to overcome exam anxiety, following interventions that combine a variety of therapeutic approaches, support to implement lifestyle changes and study skills support **within the same intervention.**

Taken together with the unbreakable relationship between student learning and wellbeing, this suggests that effective treatment and interventions for student mental health must be able to directly address aspects of student learning. In other words, that student counselling and other support for student mental health and wellbeing should be regarded as a specialism, with student learning and academic performance recognised as a key contextual factor in the mental wellbeing of students. Mental health interventions, of whatever type, should also address how students approach their learning and provide psycho-education on meta-learning and effective learning techniques, to support students to develop mastery, academic confidence and deep learning approaches.

This then provides a 4 axis model of student wellbeing taking into account physical, psychological, social and academic aspects and the inter-relationship between them.

*Figure 3 here*

In turn, this can be used to provide structure and thinking around the activities of Student Services departments in this area and help provide some definition of the role of universities in supporting student mental health.

Given that student mental health is a specialism which incorporates student learning, it is therefore clearly an area which falls legitimately within the purview of universities. It is unlikely that external health services will be able to develop the specialist insight and knowledge that this approach will require.

This can be given clearer definition again, if a developmentalist approach is taken towards the mental health and wellbeing of students. For decades it has been recognised that students can be particularly receptive to counselling and other mental health interventions because, by the nature of undertaking study, they are in a stage of profound development and open to new learning (Walker, 1979). If Student Services departments view their role as developmentalist and in support of student learning, it also places them closer to the core mission of universities and provides greater clarity of purpose.

The nature of this learning will inevitably vary depending upon context. Within counselling or psychotherapy, for instance, the student may be supported to learn more about themselves, their past, their own emotions, their responses to particular situations and to develop new understandings, strategies and behaviours that improve their wellbeing. For some students, this may include their approach to learning, their study behaviours and steps they can take to adopt more effective learning, as a way of increasing their sense of competence, control, self-efficacy and meaning, thereby improving their mental health and wellbeing.

In crisis situations involving risk, it may be more difficult to take this developmentalist approach (for example, if a student is experiencing psychosis and presents a risk to themselves or others). This can therefore lend definition to those times when external health services must play the key role in responding to mental illness. However, universities may still be able to play a learning role even in this scenario. For instance, by helping the student to develop an understanding of the need for medical intervention. During recovery, Student Services staff, working in collaboration with external services, may also be able to support the student to learn about and understand their experience, so they can return to study safely and reduce the possibility of relapse.

Theoretical support for this approach can be found in recent advances in the literature. Byrom and Murphy (2018) propose a new 3 factor model for understanding how mental health develops in the individual. While traditional models of mental health development have considered that it is largely a confluence of genetic characteristics and the environment, their work suggests that learning should be seen as a third mediating factor. That is, that it is through learning that we adapt to our genetic makeup and the environment. Individuals who learn to adopt flexible, sophisticated and balanced responses to their environment and their own characteristics are more likely to develop good mental health. However, this is obviously easier for those whose genes and environment are less challenging.

This provides an additional theoretical structure through which universities can think about student mental health and in particular, can envision whole university approaches which do not fall foul of accusations of ‘victim blaming’ as mentioned in the introduction but remain developmental and holistic in outlook.

*Figure 4 here*

This structure suggests that universities must consider (Byrom & Murphy, 2018)

**Genetic factors –** students with particular characteristics that make them more vulnerable to mental health difficulties, e.g. Autism, may require specialist types of proactive support to ensure they meet their potential. This incorporates a range of the typical services offered by Student Services e.g. disability services

**Environmental factors –** students require a university environment that is conducive to good mental health. This includes all university activities, including the curriculum. Universities should also consider (1) the environments from which students are coming to university and the impacts these may already have had and (2) the need for an inclusive university environment, that responds to intersectional issues that can otherwise create the potential for mental health difficulties e.g. for LGBT+ students.

**Learning –** students may need to develop insights, understanding, skills and strategies to improve academic achievement and to better manage their own wellbeing now and in their future lives and careers.

Bringing all of this together, it is possible to construct a vision of Student Services as playing a central developmentalist role in a whole university response to student wellbeing, delivering learning to support good wellbeing and contributing to the development of curriculum and pedagogy that supports wellbeing and learning. This situates Student Services closer to one of the core missions of universities, protects the professionalism of services and delivers a response to mental health that can have a positive impact on the mental health and wellbeing of all students.

## **Barriers and possible solutions**

While there is a strong research and theoretical basis for Student Services to adopt a developmentalist, whole university approach to student mental health and wellbeing, this may not be where many departments find themselves today and there may be a number of barriers to adopting this model.

For instance, to implement this model would require staff in mental health roles (counsellors, psychotherapists, mental health practitioners etc.) to be able to at least discuss learning approaches, strategies and techniques with students. This may require a level of professional development in terms of both knowledge and pedagogic techniques. This, however, may create opportunities for two way exchanges of learning between academic staff and Student Services staff – with academics providing learning on pedagogy to Student Services staff and Student Services staff providing learning on student wellbeing to academics.

There are also existing structures which could support this development – the Higher Education Academy Fellowship scheme, for instance, is an international award that can provide a structure and recognition for staff undertaking development in learning and teaching.

Similarly, Student Services leaders must possess sufficient knowledge and understanding to be able to advocate for the development of curriculum that supports high quality learning and wellbeing. In particular, they must be able to respond to the concerns of some academics that considering wellbeing within the curriculum will distract from or dilute scholarship and the disciplinary integrity of a degree programme (Ecclestone & Hayes, 2009; 2008). This requires a familiarity with evidence, demonstrating that scholarship and wellbeing are not in opposition to each other but are in fact interlinked.

While this may be a significant distance to travel for some Student Services professionals, there are examples of this in practice across the world. In the US, for instance, it is common for Student Affairs staff to be well versed in theories of learner development.

However, even where Student Services staff have the requisite knowledge and understanding, a more challenging barrier may simply be their profile and perception within their institution (Greatrix, 2018). The division between academic and professional staff is often deep and both culturally and structurally maintained.

Overcoming these barriers can take time, persistence and sustained commitment. However, there are examples of institutions where significant progress has been made, which highlight a number of principles that may be key to achieving these changes. This chapter will now consider one of these examples as an illustration case study

## ***Case study – the University of Derby***

As can be seen from (cross reference 1) in this book, Student Wellbeing at the University of Derby (part of Student Services), plays a key role in pedagogic developments within the institution and is now routinely included in discussions around teaching, learning and academic development. However, this situation has developed over time and began in a similar context to that described above, in which Student Services and academics existed largely separately, in different language and cultures and in which Student Wellbeing’s voice was not usually included in discussions around curriculum. Changing this environment required years of work in a ground up strategy, requiring the development of Student Services staff, the building of a network of relationships and creating a new profile for the department.

The initial intervention that helped to build bridges between Student Services and academics was the development of a programme of psycho-education, designed to empower students with knowledge, skills, motivation and belief to take control of their own wellbeing and learning. Each session blended education on effective learning and practical steps to improve wellbeing and focused on topics such as Learning and Wellbeing, Improving Performance in Assessments, and Maintaining Motivation. These sessions were initially offered to academic teams to book and were delivered into academic programmes. They are now embedded into undergraduate programmes at Derby and into several PG taught programmes.

Central to the programme’s success is that the material for each session has been adapted to ensure it is relevant to the curriculum of each programme. Using student evaluations and the importance of the situated nature of learning, individual workshops were fitted around subject material that was already familiar to students. Thus, a session on Learning and Wellbeing became “Emotional Intelligence in the Workplace” for Business students and “Improving Live Music Performance” for Popular Music students.

The need to alter each session in this way, created an opportunity to work with programme-based academics. By being present in the classroom, demonstrating knowledge, understanding and an ability to teach, staff were also able to win over academic staff and positively change perceptions.

In addition, by placing themselves in the classroom, Student Wellbeing staff were also better able to understand the experiences of the whole student body (not just those who presented to services) and this learning, in turn, was used to inform the development of other new interventions and ongoing practice.

To reach this point, however, a number of principles had to be fulfilled;

1. Staff developing the psycho-education programme had previous teaching experience and undertook professional development, to ensure they could discuss and employ evidenced based pedagogy.
2. All staff delivering psycho-education were mental health professionals with deep knowledge and experience in supporting students to improve their wellbeing.
3. The psycho-education team were also able and willing to have discussions with academics to understand cohort and subject context, the challenges they faced and to work to shape appropriate responses together.
4. The psycho-education programme itself took a holistic, developmentalist approach, helping students to find positive ways to improve both wellbeing and learning, without requiring any diminishing of subject or scholarship, thus gaining credibility with academic staff.

## **Student Services relationship to Core Mission 2: Research**

Alongside this work, Student Wellbeing also began to develop a strand of research activity. It is a curious fact that despite existing within universities, many Student Services teams do not engage in conducting publishable research and there is no institutional expectation that they do so.

However, this is problematic, for a number of reasons, particularly in relation to student mental health. First, there is a recognition that there are significant gaps in our current knowledge about student mental health, the causes of student mental illness and what the most effective responses might be. Student Services are situated in the optimal position to be able to address this gap.

Secondly, research into student mental health is often conducted without the involvement of Student Services staff in design or implementation. As a result, this research can produce findings that are detached from day to day practice and recommendations that cannot be implemented, in reality, within universities. Franchising research out to academics within the institution can be a tempting way to address this problem but even here, if Student Services staff do not understand the research process enough to guide the study, it may still produce findings that do not contribute to more effective practice.

In effect, if Student Services are not leading research, this can lead to interventions and activity to address mental health, being delivered to students, without a clear, justifiable evidence base that is clearly relevant to the university context.

Third, as has already been discussed, by not contributing or engaging with research output, Student Services are decoupled from one of the core missions of universities.

At Derby, conducting research and publishing in peer reviewed journals, books and conferences has helped Student Wellbeing to develop evidence informed practice and to evaluate and revise current interventions (e.g. Hughes, et al, 2018; Hughes & Byrom, 2019).

As importantly, it also raised the profile of the service within the academic community, gaining additional credibility and placing Student Wellbeing in the same universe as academics; sharing experiences, viewpoints and a more common language and demonstrating that building closer relationships between academics and Student Services is possible.

## **Student Services – moving forward**

This chapter began with a number of challenges facing Student Services in relation to student mental health and a series of questions created by those challenges. In addressing those challenges, this chapter has sought to pull together evidence from research, theoretical understandings and an example from practice to construct a theoretical model of Student Services in thinking about and responding to student mental health.

This model may be described as a research, practice and teaching model, taking a holistic, developmentalist, whole university approach to student mental health.

*Figure 5 here*

In this model, research, practice and teaching inform each other, driving continual learning, improvement and influence. Student Services are better positioned to be able to support and work with academic staff, to ensure students don’t fall through gaps in communication or understanding and to influence institutional development of curriculum and pedagogy.

There is also a closer link to core mission and a clearer definition of Student Services role, ensuring that the department is better able to make key contributions to strategic university priorities.

There is also a clearer answer to the question of whether universities should play a role in responding to student mental health. Taking Byrom and Murphy’s model, it is apparent that universities do have a role in providing an environment and learning that supports good mental health and wellbeing and additional support for those with further barriers or vulnerabilities to mental illness. Taking a developmentalist approach, Student Services can also support students to improve their academic learning and to prepare for life after university, rather than relying on reactive support that may not be available after they graduate. This definition also provides some increased clarity about a university’s threshold of responsibility in relation to students who are seriously mentally ill, when developmental learning will not address the situation and a student requires medication, hospitalisation or specialised health care.

There remains however, the ethical concern that creating closer relationships between academics and Student Services, may result in students losing confidence in the confidentiality of services. As has been argued elsewhere (Hughes & Wilson, 2017), this then calls for the repositioning of Student Services and academics, with a closer working, overlapping relationship but with appropriate boundaries that still remain.

This collaborative model still maintains appropriate boundaries that can and should be clearly communicated to students, such as the boundary of confidentiality. However, these boundaries should be positioned so that there is clear overlap, ensuring that students are engaged with their own wellbeing, understand the links between wellbeing and learning and have clear access to support if needed.

*Figure 6 here*

As George Box (1979) said, all models are wrong but some models are useful. The theoretical model, constructed in this chapter, is offered in the hope that it can provide a clearer platform for thinking about, interrogating and advancing the role of Student Services, when considering student mental health and wellbeing. Moving Student Services to a more influential position within universities, tied to the core missions of teaching and research and able to more powerfully advocate for student need, is arguably key if the current rise in student mental health problems is to be properly addressed. Having a stronger theoretical conception of the role of Student Services, might also allow Student Services leaders to exploit the opportunities presented by initiatives such as the University Mental Health Charter in the UK and the University Mental Health Framework in Australia to bring these issues from the fringes of university activity into the core of day to day business.

This in turn, may offer opportunities to reduce gaps in support, lower risk and deliver more effective whole university responses that can turn back the tide on student mental illness, allowing universities to become environments that promote good wellbeing and producing healthy, thriving students, who emerge ready to change the world for the better.

## **Cross-References**

Include a list of related entries in this cross-reference section that may be of further interest to your readers, if relevant. For the current table of contents, log in to the project website on [Meteor](http://meteor.springer.com/).

🡢 Hughes, G. & Bowers-Brown, T. “Student Services, Personal Tutors and Student Mental Health – a case study”

🡢 …

🡢 …

## **References** (up to 50; refer to author guidelines for citation and bibliography styles to use for this publication)

Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., & Kessler, R. C. (2018). The WHO World Mental Health Surveys International College Student Project: Prevalence and Distribution of Mental Disorders. Journal of Abnormal Psychology.

BACP, (2018). <https://www.bacp.co.uk/media/4159/bacp-student-mental-health-briefing.pdf>

Baumeister, R., Twenge & & Nuss, C. K., 2002. Effects of social exclusion on cognitive processes: Anticipated aloneness reduces intelligent thought... *Journal of personality and social psychology,* 83(4), pp. 817-827.

Binnie, G., 2016. Struggling students are not 'lacking resilience' – they need more support. *The Guardian*. Available at: <https://www.theguardian.com/higher-education-network/2016/aug/18/struggling-students-are-not-lacking-resilience-they-need-more-support> [Accessed May 10, 2019].

Black, A. E., & Deci, E. L. (2000). The effects of instructors’ autonomy support and students’ autonomous motivation on learning organic chemistry: A self‐determination theory perspective. Science education, 84(6), 740-756.

Box, G. E. P. (1979), *"Robustness in the strategy of scientific model building"*, in Launer, R. L.; Wilkinson, G. N., *Robustness in Statistics*, [Academic Press](https://en.wikipedia.org/wiki/Academic_Press), pp. 201–236

Broglia, E.; Millings, A. & Barkham, M. (2018) Challenges to addressing student mental health in embedded counselling services: a survey of UK higher and further education institutions, British Journal of Guidance & Counselling, 46:4, 441-455, DOI: 10.1080/03069885.2017.1370695

Byrom, N. (2018). An evaluation of a peer support intervention for student mental health. *Journal of Mental Health.* 27(3) pp 240-246. doi: 10.1080/09638237.2018.1437605

Byrom, N. C. & Murphy, R. A. (2018) Individual differences are more than a gene × environment interaction: The role of learning. *Journal of Experimental Psychology: Animal Learning and Cognition*. 44(1), pp 36-55

Cacioppo, J. T., & Patrick, W. B. (2009). *Loneliness: Human nature and the need for social connection*. New York: Norton, W. W. & Company.

Cacioppo JT, Ernst JM, Burleson MH, McClintock MK, Malarkey WB, Hawkley LC, Kowalewski RB, Paulsen A, Hobson JA, Hugdahl K, Spiegel D, Berntson GG. (2000). Lonely traits and concomitant physiological processes: the MacArthur social neuroscience studies. *International Journal of Psychophysiology,* 35(2-3) pp 143-54

Craig, N. and Zinckiewicz, L. (2010) Inclusive Practice within Psychology Higher Education. York: Higher Education Academy Psychology Network [Internet]. Available from: <https://www.heacademy.ac.uk/resource/inclusive-practice-within-psychology-higher-education>

Curcio, G. & Ferrara, M. &. D. G. L., 2006. Sleep Loss, Learning Capacity and Academic Performance. *Sleep Medicine Reviews,* Volume 10, pp. 232-337.

Csikszentmihalyi, M. (1992). *Flow: The psychology of happiness*. London: Rider & Co

De Bruyckere, P., 2018. *The Ingredients for Great Teaching.* London: Sage Publications

Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior* (3rd Ed.). New York: Plenum Publishing Co. N.Y.

Ecclestone, K. and Hayes, D. (2009) *Changing the Subject: the Educational Implications of Developing Emotional Well-being*. Oxford Review of Education 35 (3), 371–89.

Ecclestone, K. and Hayes, D. (2008) *The Dangerous rise of Therapeutic Education*. London: Routledge.

Ergene, T. (2003). Effective Interventions on Test Anxiety Reduction: A Meta-Analysis. *School Psychology International.* 24(3), pp: 313-328

Evans, L. J.; Beck, A.; Burdett, M. (2017). The effect of length, duration, and intensity of psychological therapy on CORE global distress scores. *Psychology & Psychotherapy: Theory, Research & Practice* Sep2017; 90(3): 389-400 <http://dx.doi.org.ezproxy.derby.ac.uk/10.1111/papt.12120>

Florence MD, Asbridge, M, Veugelers PJ., 2008. Diet quality and academic performance.. *The Journal of School Health,* 78(4), pp. 209-215.

Furedi, F. (2003). *Therapy Culture: Cultivating Vulnerability in an Uncertain Age.* London:Routledge

Greatrix, P. (2018). Academics and administrators: No more ‘us and them’. *WonkHE: available at* [*https://wonkhe.com/blogs/academics-and-administrators-no-more-us-and-them/*](https://wonkhe.com/blogs/academics-and-administrators-no-more-us-and-them/)[Accessed 10 May 2019]

Haggis, T. (2003), Constructing Images of Ourselves? A Critical Investigation into ‘Approaches to Learning’ Research in Higher Education. British Educational Research Journal, 29: 89-104. doi:[10.1080/0141192032000057401](https://doi.org/10.1080/0141192032000057401)

Hewitt, R. (2019). *Measuring well-being in higher education, HEPI Policy note 13.* HEPIavailable at: <https://www.hepi.ac.uk/wp-content/uploads/2019/05/Policy-Note-13-Paper-May-2019-Measuring-well-being-in-higher-education-8-Pages-5.pdf> [Accessed May 10, 2019]

Houghton, A-M. & Anderson, J. (2017) *Embedding mental wellbeing in the curriculum: maximising success in higher education. York:* Higher Education Academy

Hughes, G., Panjwani, M., Tulcidas, P., Byrom, N. (2018). *Student mental health: The role and responsibilities of academics* (Rep). Oxford: Student Minds. <http://www.studentminds.org.uk/uploads/3/7/8/4/3784584/180129_student_mental_health__the_role_and_experience_of_academics__student_minds_pdf.pdf>

Hughes, G. J. & Byrom, N. C. (2019), Managing student mental health: The challenges faced by academics on professional healthcare courses

*Journal of Advanced Nursing*. 00: 1– 10. <https://doi.org/10.1111/jan.13989>

Hughes, G. and Wilson, C. (2017) From transcendence to general maintenance: Exploring the creativity and wellbeing dynamic in higher education, in Reisman. F ed. *Creativity, Innovation and Wellbeing*. KIE Conference Publications: London. p. 23-65.

Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. J Adolesc Health, 46(1), 3-10. doi: 10.1016/j.jadohealth.2009.08.008

Jacobs, M. (1979), Counselling Within a Student Health Service. In ed. Wilkinson, A. *Student Health Practice.* Tunbridge Wells: Pitman Medical Publishing Company Ltd.

Kift, S., 2009. *Articulating a Transition Pedagogy.* Queensland: Australian Learning and Teaching Council.

Kift, S. M., Nelson, K., Clark, J.A., 2010. Transition Pedagogy: A third generation approach to FYE: a case study of policy and practice for the higher education sector. *The International Journal of the First Year in Higher Education,* **1**(1) pp 1-20

Kraut, R. (2009). *What is Good and Why: the ethics of well-being*. London: Harvard University Press.

LeDoux, J., 1998. *The Emotional Brain.* London: Phoenix.

Levecque, K.; Anseel, F.; De Beuckelaer, A.; Van Der Heyden, J.; Gisle, L. (2017). Work organization and mental health problems in PhD students. *Research Policy.* **46**. pp 868-879

Lightfoot, L., 2018. Universities outsource mental health services despite soaring demand. *The Guardian*. Available at: <https://www.theguardian.com/education/2018/jul/17/universities-outsource-mental-health-services-despite-soaring-demand> [Accessed May 10, 2019].

McAllister, M.; Wynaden, D.; Happell, B.; Flynn, T.; Walters, V.; Duggan, R.; Byrne, L.; Heslop, L. & Gaskin, C. (2014). Staff experiences of providing support to students who are managing mental health challenges: A qualitative study from two Australian universities. *Advances in Mental Health,* 12(3) pp 192-201

Neves, J., & Hillman, N. (2017). Student Academic Experience Survey. In HEA-HEPI (Ed.).

Orbach, G., Lindsay, S. and Grey, S., 2007. A randomised placebo-controlled trial of a self-help Internet-based intervention for test anxiety. *Behavior Research and Therapy,* 45, 483-496.

Pawson, C., Gardner, M., Doherty, S., Martin, L., Soares, R. & Edmonds, C.J. (2012) *Water consumption in exams and its effects on students' performance*. Paper presented at Annual British Psychological Society Conference, London, 18-20 April

Pennock, S.F., 2015. Positive Psychology 1504: Harvard's Groundbreaking Course. *Positive Psychology 1504: Harvard's Groundbreaking Course*. Available at: https://positivepsychologyprogram.com/harvard-positive-psychology-course-1504/ [Accessed May 10, 2019].

Postareff, L., Mattsson, M., Lindblom-Ylänne, S., & Hailikari, T. (2016). The complex relationship between emotions, approaches to learning, study success and study progress during the transition to university. *Higher Education,* *73*(3), 441-457. doi:10.1007/s10734-016-0096-

Quinn, N. Wilson, A. Macintyre, G. and Tinklin, T. (2009) ‘People Look at You Differently’: Students' Experience of Mental Health Support within Higher Education. *British Journal of Guidance and Counselling*. 37 (4), 405–18.

Rasberry, C. N., Lee, S. M., Robin, L., Laris, B. A., Russell, L. A., Coyle, K. K., & Nihiser, A. J. (2011). The association between school-based physical activity, including physical education, and academic performance: A systematic review of the literature. *Preventive Medicine*, *52*, S10–S20. doi:10.1016/j.ypmed.2011.01.027

Rothenberg, A. (2006). Creativity—the healthy muse. *The Lancet, 368 Special Issue,* S8-S9 DOI:https://doi.org/10.1016/S0140-6736(06)69905-4

Scullin, M. K., 2019. The Eight Hour Sleep Challenge During Final Exams Week. *Teaching of Psychology,,* 46(1), p. 55–63.

Sheldon, K. M., & Krieger, L. S. (2007). Understanding the negative effects of legal education on law students: A longitudinal test of self-determination theory.*Personality and Social Psychology Bulletin*, *33*(6), 883-897.

Slavin, S. J., Schindler, D. L., & Chibnall, J. T. (2014). Medical student mental health 3.0: improving student wellness through curricular changes. *Academic Medicine, 89*(4), 573.

Stallman, H.M., (2010). Psychological distress in university students: A comparison with general population data. *Australian Psychologist,* **45**(4), pp. 249-257.

Stephens, T. M. (2013). *Nursing student resilience: a concept clarification.* Paper presented at the Nursing forum.

Thomas, L. J., & Asselin, M. (2018). Promoting resilience among nursing students in clinical education. *Nurse education in practice, 28*, 231-234.

Thomas, L. J., & Revell, S. H. (2016). Resilience in nursing students: An integrative review. *Nurse Education Today, 36*, 457-462.

Tinklin, T., Riddell, S. and Wilson, A. (2005) Support for Students with Mental Health Difficulties in Higher Education: the Students' Perspective. *British Journal of Guidance and Counselling*. 33 (4), 495–512.

Tinto, V., 1975. Dropout from Higher Education: A Theoretical Synthesis of Recent Research. *Review of Educational Research,* **45**(1), pp. 89-125

Universities Australia, (2018). Universities & specialists work together on student. *Universities Australia: Discover Learn Lead.* Available at: https://www.universitiesaustralia.edu.au/Media-and-Events/media-releases/Universities---specialists-work-together-on-student-mental-health#.XNVdZ\_ZFzcs [Accessed May 10, 2019].

Universities UK, (2017). Mental health in higher education. *Universities UK*. Available at: <https://www.universitiesuk.ac.uk/stepchange> [Accessed May 10, 2019].

What Works Wellbeing, 2018. University of Derby: A warmer welcome for better wellbeing. *What Works Centre for Wellbeing*. Available at: https://whatworkswellbeing.org/case-study/49677/ [Accessed May 10, 2019].

Walker, J. (1979). Student Counselling Services. In *Student Health Practice, ed Wilkinson. A.* Tunbridge Wells: Pitman Medical Publishing Company Ltd.

## **Index** (highlight index terms in green in your manuscript)

The mental health of students

## **Captions** (insert figure/table legends; number them consecutively, e.g., Fig. 1, Fig. 2, Table 1, Table 2)

Fig 1: the transactional relationship between student leaning and wellbeing

Fig 2: view of student wellbeing responses with curriculum at the core

Fig 3: holistic model of student wellbeing

Fig 4: interaction of genes, environment and learning

Fig 5: research, practice and teaching model of Student Services

Fig 6: Collaborative model of working between academics and student services – overlapping but clear boundaries remain

Table 1: deep vs surface learning