

The University Mental Health Charter

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Preface to the second edition

The first edition of the University Mental Health Charter (UMHC) Framework was published in December 2019. At that time the news cycle was dominated by the ongoing general election and we had no awareness that a virus had begun to spread in China that would affect all of our lives. We already had plans in place to begin piloting the UMHC Award scheme in early 2020 – like people all over the world, we found that our plans had to change.

Given the demands on colleagues across the sector, it would have been entirely possible for there to have been less of a focus on mental health in the years that followed and for the UMHC Framework to fade from view. That this has not happened is only because of the dedication and focus of colleagues and students in universities, sector bodies and government.

We are grateful to the three universities who, while managing the impact of the pandemic, also volunteered to help us develop the UMHC Award through a much-adapted pilot programme. This had to be done online, so we still had much to learn when we were able to return to meeting in person for the first UMHC Award Assessments. For that reason, we are also very grateful to those universities who were willing to be the first to go through the UMHC Award Assessment. With their help, we learned a huge amount and their feedback has been invaluable in helping with the ongoing development and refinement of the UMHC Award.

Additionally, we are grateful to a succession of Government Ministers, colleagues at the Department for Education (DfE) and the Office for Students (OfS), and across the sector, who continued to champion the UMHC Framework and to keep mental health as a priority focus.

Thanks are also due to our amazing team of Assessors, our Clinical and Student Advisors, the independent members of our UMHC Award Panel, the researchers who have written up and published the evidence we gathered and on and on. The University Mental Health Charter Framework is here and helping because of many, many people.

At the time of writing in September 2024, there are now 113 universities signed up to the UMHC Programme. 15 universities have received an Award, including 1 with Merit. Up-to-date Award Holder information can be found on the Student Minds Hub.

Achieving a UMHC Award requires significant work and development. Those universities who have already gained one deserve much credit for demonstrating what is possible, despite the challenges that have faced the sector in recent years.

What has been particularly pleasing to us is hearing from colleagues about how they have used the UMHC Framework to shape their whole-university approach, how it has helped them and how it has enabled conversations that would otherwise not have happened. In developing the UMHC Framework, we were always focused on the real experiences of staff and students and we are delighted when we learn how it has helped to bring real-life improvement. This was, always, the whole point.

The second edition

In the five years since the UMHC Framework was published a lot more research has been published on the many aspects of university student and staff mental health. In addition, new guidance has appeared and some old guidance has been significantly updated or revised. We had initially hoped to update the UMHC Framework more regularly, but this was another of our plans that had to flex to new circumstances. We are grateful to the Department for Education and the Office for Students for providing funding that has allowed us to undertake a bigger review of the white and grey literature to date, so we could complete this updated edition.



What has changed from the first edition?

The first important thing to note is that much of the first edition remains in place. There are no changes to the structure (Domains and Themes) or to almost all of the Principles of Good Practice on which UMHC Awards are assessed.

The key changes are to the accompanying text, especially within each theme, bringing it in line with new evidence and guidance and ensuring that explanations are clear. These changes reflect both the research evidence and feedback we received from colleagues in the sector about passages where meanings were not quite as clear as they could have been. We have also made changes to the introductory sections to better reflect the experience of the sector now and the changes in understanding that have emerged since 2019.

Readers may notice that there are significantly more references in this edition, which reflects the amount of new research which has been undertaken in the last five years and also helps to strengthen the evidence base for the UMHC Framework as a whole. We have also ensured that new resources and guidance have been referenced so that the UMHC Framework is in line with good practice and university colleagues are aware of the extra advice and guidance available to them.

We have made only one change in regard to the Principles of Good Practice. We have introduced one new Principle – in Theme 1 (Transition into university), which reads:

Universities monitor and seek to adapt their own practice, culture and structures to remove barriers to successful transition and to ensure the university environment is fully accessible to the whole student community.

This addresses a significant change in thinking among researchers and practitioners in this area, recognising that universities must adapt to the students they have, rather than simply working to adapt their students to the existing university culture, environment and practice.

Otherwise, the UMHC Framework remains recognisable, compared to the original edition.

The future

At the time of writing, the higher education sector continues to face considerable challenges and there are still good reasons to be concerned about the mental health of staff and students. Nevertheless, universities remain extraordinary things – it is hard to think of many other institutions dedicated to the development of wisdom; which universities do through teaching, research and spreading ideas out into the world.

Whatever solutions we are to find as a society to fix our current challenges, universities will be key. However, we should never forget that universities are unions of people – as they were when first founded in Bologna and Paris. Wisdom is not generated by process and organisation but by people, coming together to learn and explore. For this to be possible, these people need to find themselves in environments that are conducive to learning, creativity, community and insight. In other words, in environments that are supportive of their wellbeing. We hope the UMHC Framework can help to play a role in shaping the development of our universities, making them happier, healthier places to be and successfully generating the greater wisdom we so clearly need.



Dr Gareth Hughes
26th July 2024

Foreword to the first edition

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 who has shared their experience and ideas with us. There are quite literally thousands of people who have nudged this project along. All of you have built the courage for us to continue. Your compassion and encouragement have 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 difficult stuff. 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 experienced their own difficulties and accessed help for their mental health and wellbeing, I'm confident we're getting to a point where you need not hold any shame. Thankfully, as a society, we're generally past seeing mental health as about 'ill people over there', and are increasingly more literate and moving towards

genuine inclusion where our differences are celebrated as strengths. We've still got a way to go, but when we commit to vulnerability we can start to become the compassionate leaders, insightful academics and professionals, and powerful students we want and need to be in order to keep changing the world for the better. I look forward to hearing more of your ideas, from the simple to the radical, very soon.



Rosie Tressler OBE
CEO of Student Minds

Introduction

Background

The mental health of university students and staff has continued to be a focus of increasing concern in the UK, with a weight of evidence suggesting that large numbers of students and staff are experiencing poor mental health while a part of their university (1-6).

Since 2011, there has been a 1635% increase in students declaring a mental health condition to their university (1, 2). There have also been large and ongoing increases in demand for services to support student mental health (7-10).

Research conducted to support the creation of the University Mental Health Charter (UMHC) Framework in 2019 suggested that this increase in demand was felt across the spectrum of mental illness. Reports since indicate that both academic and support services staff have continued to identify 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 (8, 9, 11). Although it is difficult to be certain, there are some indications that these reports of increased distress are also supported in research comparing measures of students' distress over time (4, 7, 12).

Accurately estimating how many students experience poor mental health is difficult, as there is an absence of large-scale, weighted prevalence studies and much research is reliant on self-selection. However, it is notable that there have now been a significant number of studies seeking to understand the number of students experiencing mental health problems, some with large numbers of participants. All of these studies consistently find a high number of participants experiencing problems with their

mental health (3, 7, 12-16). Whilst it is not possible to state with confidence that the percentage of participants in this research accurately reflects the percentage of students with similar experiences, the raw numbers are still worthy of note as they indicate a large number of students experiencing problems with their mental health and wellbeing.

There are also some indications in the research that students may have higher levels of distress and lower wellbeing than matched peers not in higher education (HE) and that their mental health may reduce upon entry to university, returning to full health in the years after graduation (17, 18). While these findings should be treated with caution and require replication, this does suggest that it is possible that the experience of being a student can be negative for the wellbeing of some (17-19).

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 Office for Students (OfS) 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 postgraduate study (20). Most significantly, data from the Office for National Statistics (ONS) indicates that 319 students died by suicide between the academic year ending 2017 and the academic year ending 2020, equivalent to a rate of 3.9 deaths per 100,000 students (21).

While much of the focus of concern has been directed towards undergraduate students, research has moved attention towards the whole university community. Studies suggest that the mental health of many postgraduate

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 (22, 23).

In addition, the mental health of university staff is a growing area of focus, with evidence indicating that there have been significant rises in the number of staff accessing counselling and occupational health services (5, 6, 24, 25). Studies of academic staff have highlighted the potential negative impacts of supporting ill students, ongoing uncertainty about role and boundaries, increasing workload and job insecurity (5, 11). Some authors have claimed that academics are more likely to be experiencing anxiety than medical or police personnel (5, 6). At present, little work has been undertaken to investigate the mental health of professional and support staff (24) within universities.

Given the severe negative consequences that poor mental health can have on learning, achievement, health and life expectation, the wellbeing of university communities is clearly an important issue that requires attention, resources, expertise and action (20, 26-28).

However, although the reduction or eradication of poor mental health and mental illness is important, it is not the sole aim of the UMHC Framework.

Most models of wellbeing agree that engagement with meaningful activity, learning, being connected to a community and achievement all have a positive effect on wellbeing (29-34). At their core, universities are communities united in pursuit of meaningful learning and wisdom (35). 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 (36-38). There

are relationships between mental health and wellbeing and many other issues that are central to universities including sense of belonging, student and staff retention, inclusivity, learning and academic performance and productive research cultures (20, 22, 23, 26, 28). Indeed, in many ways, wellbeing is a lens through which all other issues can be approached and understood and through which we can seek to reshape our universities for good.

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 some responsibility towards student and staff mental health and wellbeing (39, 40). At least since 1945, universities have been engaged in supporting student mental health (40). 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 (39, 41). As employers, universities have clear responsibilities for the safety and wellbeing of their staff.

However, these responsibilities remain ill-defined, uncertain and a topic of ongoing discussion and debate (42, 43). There also continue to be 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 (4, 44).

Since the first edition of the UMHC Framework was published, significantly more work has been undertaken to address these gaps. The Student Mental Health Research Network (SMARTEN) has helped to bring together the growing research community in this area and to support the development of more research (45). The Healthy Universities Network has continued to develop understandings of whole-university approaches to health (46, 47). The OfS has supported a range of projects including the development

of an evidence toolkit (44), analysis of national data (20) and the creation of Student Space to provide online support for students (48). Universities UK redeveloped the Stepchange framework, ensuring it aligned with the UMHC Framework and issued a range of guidance to institutions and leaders (48). Student Minds has also worked to provide additional guidance and support including the development of the Education for Mental Health Toolkit to assist in the development of curriculums that can support wellbeing and learning, hosted by Advance HE (27).

All of this work and the UMHC Framework itself 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 overall health is a consequence of the inextricable links between people and the environments in which they find themselves (47, 50). The university environment, therefore, has the potential for both positive and negative effects on the mental health of our communities (17-19). There will be a whole-university impact on the mental health of staff and students, whether intended or not.

The University Mental Health Charter

The UMHC Framework was created to provide greater, evidence-informed clarity about the ways in which universities could develop their whole-university approaches to supporting the mental health and wellbeing of staff and students. From the outset, using research findings and the experiences of colleagues and students, the work to create and develop the UMHC Framework has been underpinned by a set of evidence-led principles.

The UMHC Framework recognises the diversity of the sector and the higher education community and that context plays a vital role in understanding what works in relation to mental

health. Prescriptive instructions on how exactly universities should structure or run their services or what interventions should be provided can fail to account for diversity of need and nuances of context. This can potentially lead to direct or indirect harm or individuals and communities not finding the environment and support they need. For that reason, the UMHC Framework takes an approach based on principles of good practice and advocates for universities to develop their responses based on well-evaluated evidence, staff and student co-creation and local context.

In our consultations with the HE sector, the voices of staff and students clearly expressed a desire to avoid superficial tick-box assessments, as these were regarded as creating more problems and work while delivering little genuine improvement. Charters and measurement do carry the possibility of doing harm. For that reason, the UMHC Award process has been designed, as far as possible, to support learning and development and to encourage genuine and substantive engagement with each institution's whole-university approach. Addressing the challenge of student and staff mental health requires a whole-sector approach; the UMHC alone cannot solve this challenge and instead, it seeks to draw together work across the sector so it can translate into meaningful action. Since 2019, the UMHC Framework has provided a focus point for work within the sector and a structure and evidence base around which guidance could be structured and new research could be undertaken.

Through the UMHC Programme, Student Minds has sought to provide further training, insights and support to universities. The voluntary UMHC Award provides a mechanism for the recognition and celebration of those universities who have responded to the challenge of supporting the mental health of their community and works to support them in their ongoing development.

Student Minds recognises that the problems around mental health in universities are complex, multi-faceted and not easily resolved. However,

universities have a long history of solving complex, multi-faceted problems. Complex problems are what we do. We strongly believe that by bringing together the expertise, brilliance and commitment of the whole sector, we can transform universities into places that enhance the mental health and wellbeing of our whole community.

The UMHC Framework is a beginning and not the end of that process. We hope that in developing the Framework, working with universities through the UMHC Award and encouraging ongoing improvements and collaboration, we can continue to provide a structure through which the efforts of the whole sector can come together for the benefit of everyone in our communities.

Our vision



Our vision is for all universities to adopt a whole-university approach to mental health and become places that promote the mental health and wellbeing of all members of the university community.

Through the UMHC Framework, the UMHC Programme and the UMHC Award we aim to support colleagues and students in higher education to achieve this vision.



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' are sometimes used interchangeably, and other times used as if they have different meanings. 'Mental health' and 'wellbeing' are often used synonymously but, within different theoretical frameworks, they 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. Many of these conversations resort to metaphor (e.g. speaking of mental health as though it is physical health) or to clinical terms, which risks pathologising normal experience.

This can lead to a lack of clarity and misunderstanding. When words do not have a clear agreed definition, individuals may interpret words differently but believe they share a common viewpoint.

It is not our intention to attempt to resolve this problem here or to offer absolute definitions. However, it is important that we are clear about what we mean when we use each of these terms in the UMHC Framework. We accept that alternative definitions may be more appropriate, helpful or accurate on other occasions.

In this document:

Mental health refers to a full spectrum of experiences ranging from good mental health to mental illness.

Good mental health means more than the absence of illness (3). It refers to a dynamic state of internal equilibrium (4) in which an

individual experiences regular enduring positive feelings, thoughts and behaviours, can respond appropriately to normal negative emotions and situations and is able to make a positive contribution to their community.

Mental illness will be taken to mean a condition and experience, involving thoughts, feelings, symptoms and/or behaviours, that causes distress and reduces functioning, impacting negatively on an individual's day-to-day experience, and which may receive or be eligible to receive a clinical diagnosis.

Mental health problems or poor mental health will refer to a broader range of individuals experiencing levels of emotional and/ or psychological distress beyond normal experience and beyond their current ability to effectively manage. It will include those who are experiencing mental illness and those whose experiences fall below this threshold, but whose mental health is not good.

Wellbeing will encompass a wider framework, of which mental health is an integral part, but which also includes physical and social wellbeing. This uses a model provided by Richard Kraut (5), in which optimum wellbeing is defined by the ability of an individual to fully exercise their cognitive, emotional, physical and social powers, leading to flourishing.

Student wellbeing will adopt the general definition of wellbeing above, but we recognise that in addition, students' engagement with academic learning is a key component of their experience and makes a significant contribution to their wellbeing (6).

Defining the areas of the University Mental Health Charter

The University Mental Health Charter is made up of three defining areas:

University Mental Health Charter Framework

The UMHC Framework provides a set of evidence-informed principles to support universities to adopt a whole-university approach to mental health and wellbeing.

University Mental Health Charter Programme

Universities can join as UMHC Programme Members to join a community of institutions committed to embedding a whole-university approach to mental health and wellbeing.

The UMHC Programme supports universities as they work towards the Principles of Good Practice laid out in the University Mental Health Charter (UMHC) Framework and create lasting cultural change to become places that promote the mental health and wellbeing of all members of the university community.

University Mental Health Charter Award

The UMHC Award is a voluntary accreditation scheme for Programme Members. It brings universities and Assessment Teams together to:

- Assess the University's progress against the Principles of Good Practice within the University Mental Health Charter
- Understand areas of strength and development to inform ongoing improvement in the university and across the sector
- Recognise those universities that demonstrate excellent approaches to student and staff mental health.

A whole-university approach

Calls for universities to adopt whole-university approaches to promoting health have grown since the 1970s, spurred on by international collaborations and the Healthy Universities Network in the UK (1-5). Building on this work, in the last decade mental health and wellbeing have become a specific area of focus for whole-university approaches (6), given additional focus by the original version of the Stepchange framework, published by Universities UK in 2019.

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 of 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 (7-14).

For universities, this means considerations must be given to an individual's context and background as well as the context of the institution as a whole (15, 16). 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, 13, 16-20).

In addition, there are many students who experience mental illness but do not declare this to their universities and a majority of staff and students who experience poor mental health and do not seek formal support (21-24). It is also clear that no single intervention,

whether medication, therapy or lifestyle change, works for the entire population (20, 24-28). A whole-university approach means not only providing well-resourced mental health services and interventions, but also taking a multi-stranded approach which recognises that all aspects of university life can support and promote mental health and wellbeing (3, 16, 29). Evidence suggests that whole-university approaches are more effective than individual interventions (2, 5, 7, 16, 29).

At the time the first edition of the UMHC Framework was published, there was a degree of confusion, concern and debate about what a whole-university approach might mean in practice, while the Charter has sought to address these concerns, they continue to be raised in sector discussion (30-33).

The first concern was that such an approach could undervalue the necessary support services required to respond to students who become mentally ill. It was felt that moving from a deficiency, services-only response to a more proactive, prevention-based response posed the risk that resources and focus could be diverted from clinical services to other interventions, reducing the availability of qualified mental health care.

The second concern was that placing a focus on improving the ability of staff and students to manage and maintain their own wellbeing and develop resilience could be viewed as placing responsibility back on the shoulders of those experiencing poor mental health. In other words, the concern was that this approach placed greater emphasis on individuals overcoming or managing challenges themselves, rather than addressing potential structural barriers to good mental health, such as the impact of

work and study environment, culture, individual backgrounds and societal influences.

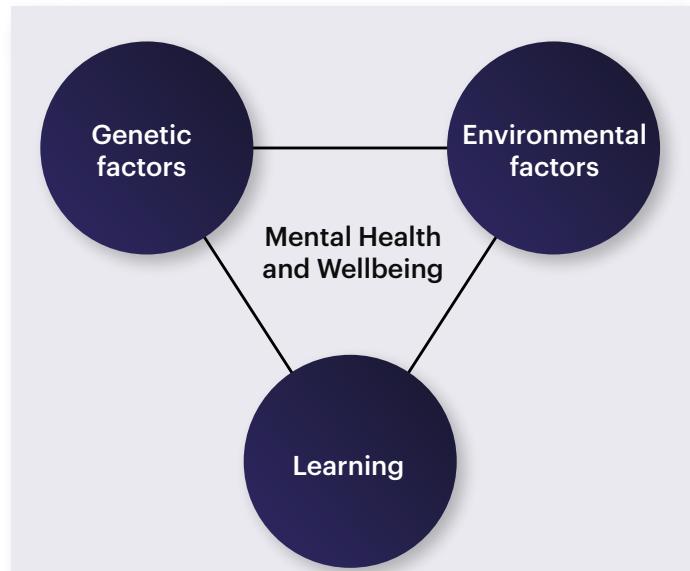
Finally, some voices within universities have raised the opposite concern, that by placing responsibility entirely on universities, this can disempower students and staff from being able to take control of and manage their own wellbeing, ignoring individual responsibility.

A genuinely effective whole-university approach must be able to answer these legitimate concerns.

1. A whole-university approach must include both adequately resourced, effective and accessible mental health services and proactive interventions.
2. It must provide an environment and culture that reduces poor mental health, as well as supporting good mental health.
3. It must facilitate staff and students to develop insight, understanding and skills to manage and maintain their own wellbeing (1, 2, 16, 34, 35).

Byrom and Murphy (36) 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 could mean. Starting from the well-accepted view that mental health develops through the interplay of genes and the environment, their model suggests that learning should be seen as a third mediating factor. That is to say that it is the learned responses of individuals to their genes and their environment that determines mental health. 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, as

environments or events which are particularly toxic can overcome an individual's learning.



Conceptual model of mental health [Fig 1]

The structure of this model suggests that a whole-university approach may need to consider (36) -

- **Genetic factors** – e.g. students and staff with particular genetic characteristics that may make them more vulnerable to poor mental health (for instance autistic students) may need proactive specialist support and/or adjustments.
- **Environmental factors** – all members of the university community must encounter an environment that is conducive to good mental health. All aspects of the environment should therefore be considered when designing a whole-university approach. This should include consideration of social and structural inequities that can otherwise create the potential for mental health problems e.g. for LGBTQ+ students or Black students (20, 37). In planning support for students, universities should also consider the environments from which students are coming to university and the impacts these may already have had.

- **Learning** – students and staff 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.

Work with universities through the UMHC Award has helped to bring clarity to the ways in which effective whole-university approaches occur and are maintained. This can best be explained with reference to Kift and Nelson's theory of generational change that occurs within universities (38, 39). Within this, universities working towards any whole-university approach are seen to go through three stages of generational change.

First generation

In the first generation, innovation and work is often ad hoc and occurs within individual departments or areas. While viewed as important, mental health and wellbeing are not seen as being interconnected with core university missions or business, but rather as an 'add-on' or additional activity. There is also little shared learning or input between departments into each other's areas of expertise. Interventions may be dependent on committed individuals and may disappear if those individuals leave the organisation. Strategy and policy is largely a summation of these individual and unconnected actions. Nevertheless, some of these specific interventions may in themselves constitute excellent practice.

Silos, in the first generation of change, mean that colleagues miss opportunities to benefit from the expertise of other colleagues and a lack of understanding of what is happening across the institution can create gaps in support or contradictory experiences. Evidence from UMHC Award Assessments has particularly highlighted the impact this can have on culture and environment – a lack of cohesiveness and understanding can also contribute to lower levels of trust, collegiality and a lowered

sense of shared language, community, mission and purpose.

Finally, universities in this phase fall short because their view of this agenda as additional to, rather than part of, core business, means they are less able to properly address the Principles of Good Practice. For example, mental health and wellbeing will not have been used as a lens to consider curriculum design and the development of pedagogy and assessment strategies.

However, it is important to acknowledge that this is an important period of growth and development and a key part of the journey towards a whole-university approach. Change within universities is often driven by ground up initiatives and this generation of change provides opportunity for experimentation and learning that can provide foundations for later stages of development.

Second generation

The second generation is one of significant growth. Our analysis of UMHC Award Assessments to date identifies a spectrum of maturity within this generation of change. Generally, in the second generation, interventions and innovations are increasingly developed between the different departments and areas of the university. There is a growing recognition that mental health and wellbeing can be used as a lens through which to view core university activity, with multiple potential benefits. Colleagues are able to contribute to work and thinking across and into other departments. Key interventions are increasingly embedded into core practice and have resilience beyond the contributions of key individuals. Strategy and policy have a clearer strategic direction that connects mental health and wellbeing to all parts of university life.

The second generation tends to be dynamic as closer working relationships across the university lead to new insights, opportunities

and greater innovation. As colleagues begin to better understand the roles and work of others, they also increasingly recognise shared challenges and experiences and the possibility of new solutions that can emerge from pooled expertise and resources. This contributes to the development of shared language, narratives, mission and purpose and through this to an increased sense of community. As this phase develops, this is shared not only across the university but also through hierarchies, from executive teams down to all staff and into the student community. This firm foundation leads to more innovative practice and learning that may be beneficial to the sector as a whole.

Cross-university collaboration means that these institutions are more able to demonstrate a consistent approach to meeting the Principles of Good Practice and a shared understanding that indicates a cohesive whole-university approach. This can be seen in the ways in which the culture of the university is experienced and expressed by students and staff. Importantly, within this generation of change, universities also begin to openly acknowledge and tackle more complex problems and to move away from seeking quick and simple solutions towards a genuine wish to find deeper, more effective and sustainable answers. This may, for example, be the need to properly and honestly address working hours or to identify and eradicate toxic research cultures.

At the more mature end of this generation of change, universities are beginning to identify a further stage of development in which approaches to mental health and wellbeing become part of the core structure of university business and culture.



Third generation

In the third generation, mental health and wellbeing is increasingly core to everything the university does in terms of strategy, policy, day-to-day practice and culture. Wellbeing is seen as the lens through which key university challenges can be tackled and this is widely shared and understood throughout the organisation. Cross-departmental working is the norm and structures exist to empower and promote this and to capture ongoing learning and innovation. Core university missions and business are informed by a diverse range of experience from across the university and colleagues feel safe and empowered to offer contributions beyond their department and outside of hierarchy. This approach is a key part of the structure of the life of the university, to such an extent that even a change of leadership or external drivers are unlikely to alter the general culture and direction. The university has moved beyond embedding and culture and practice is now habitual – it is not driven from any project or department, it is simply how things are done. As a consequence, mental health and wellbeing is embedded into all strategy and policy.

Within the third generation, complex challenges have been or are being fully addressed and there is an openness to recognising and tackling underlying, difficult or controversial problems in culture, structure or practice. New innovative solutions are trialled and evaluated and the university is able to provide significant learning to the wider sector. Students and staff experience a culture and environment that is consistently conducive to good mental health and all three elements of a whole-university approach ([see p. 18](#)) are visible and effective.

The UMHC Framework draws on these theoretical frameworks to propose a model for a whole-university approach to staff and student mental health that can provide the necessary structure for university planning and the ongoing improvement of the mental health of our communities.



Whole uni approach [Fig 2]

A whole-sector approach

Whilst most universities do accept they have a role to play in supporting the wellbeing of staff 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.

Since the UMHC Framework was first published, the higher education sector has endured a turbulent and challenging time (1-3). The impact of the Covid-19 pandemic and its consequences are still being felt and are only partially understood (4-7). Lockdown changed the ways in which staff work in and students experience their university, with potentially positive and negative results. Lost learning and the direct impact of the pandemic also appears to have impacted on student preparation and readiness for university and there are also indications that there may be an ongoing lag impact on the mental health of some (4-8).

The cost-of-living crisis has impacted directly on student mental health, forcing up the number of paid hours many students need to work. In turn, this gap in financial provision is preventing some from being able to access campus or all of their in person learning (9, 10). Research shows a link between ongoing debt and poverty and poorer mental health (11-14). Equally important, research has also long established a link between concern about debt and reduced intellectual functioning – meaning there may be a direct relationship between student debt and reduced learning and performance, with consequent impacts on mental health (14-16).

In addition, there are significant concerns about the financial sustainability of the sector, with

many universities making large cuts to staffing and spending (17, 19). Given the poly-crisis in funding many of these cuts may be unavoidable but some must inevitably impact on the support available for students and the working conditions of staff – not to mention the impacts on those who have lost their jobs or students who are seeing their courses wound down. The felt state of crisis, experienced by many in our universities, cannot be conducive to environments that support the mental health and wellbeing of staff and students (1).

Outside of this, there has been ongoing political instability and growing research linking broader concerns about political issues and threats with negative impacts on mental health (20-22).

In general, there is concerning evidence about the state of mental health among young people in general, many of whom are students of the future (21, 23). At the same time, the Secretary of State for Health has declared that “the NHS is broken,” with mental health services in particular unable to meet need (24).

None of these issues can be addressed or overcome by one university alone. It was for this reason that the [Student Minds’ Student Mental Health Manifesto](#) (1), published for the 2024 General Election, focused on broader issues covering five main themes:

- **Healthcare** - all students need access to quality and timely mental health support.
- **Financial hardship** - all students need enough money to support them through their studies.

- **Higher education** - our higher education institutions need improved support and investment.
- **Inclusive education and healthcare** - all students need access to inclusive education and healthcare without facing barriers.
- **A mentally healthier nation** - we must reach a holistic approach to the mental health and wellbeing of the nation, improving support, prevention and equality.

We believe that while the UMHC has become an important programme for positive change, it is only one element in the whole-sector and whole-nation approach needed. Genuine change does require action from within universities but also across the sector as a whole, from government, the NHS, social services, the third sector, the local communities within which universities are based and our many partners and collaborators, nationally and internationally.

Complex problems are better addressed by bringing together all of the available knowledge, expertise, resources and wisdom. Collaboration across and beyond the sector is more likely to lead to better understanding and more effective responses for every university, student and member of staff.

It is pleasing that to date, the UMHC Framework has been able to provide a focus and an agreed overall structure through which to tackle many of the issues impacting on mental health and wellbeing within our communities. We are also grateful for the ongoing support of successive Universities Ministers, the Department for Education and the Office for Students, ensuring that mental health in our universities remains a central focus nationally.

Important work to develop guidance for the sector has been able to use and refer to the UMHC Framework, ensuring that initiatives can

complement each other and universities can use them cohesively together. Within each domain of the UMHC Framework, we can now point to useful guidance and research that can inform university practice in that area (e.g. 25-34). Many of these are referred to within this edition of the UMHC Framework under each appropriate theme.

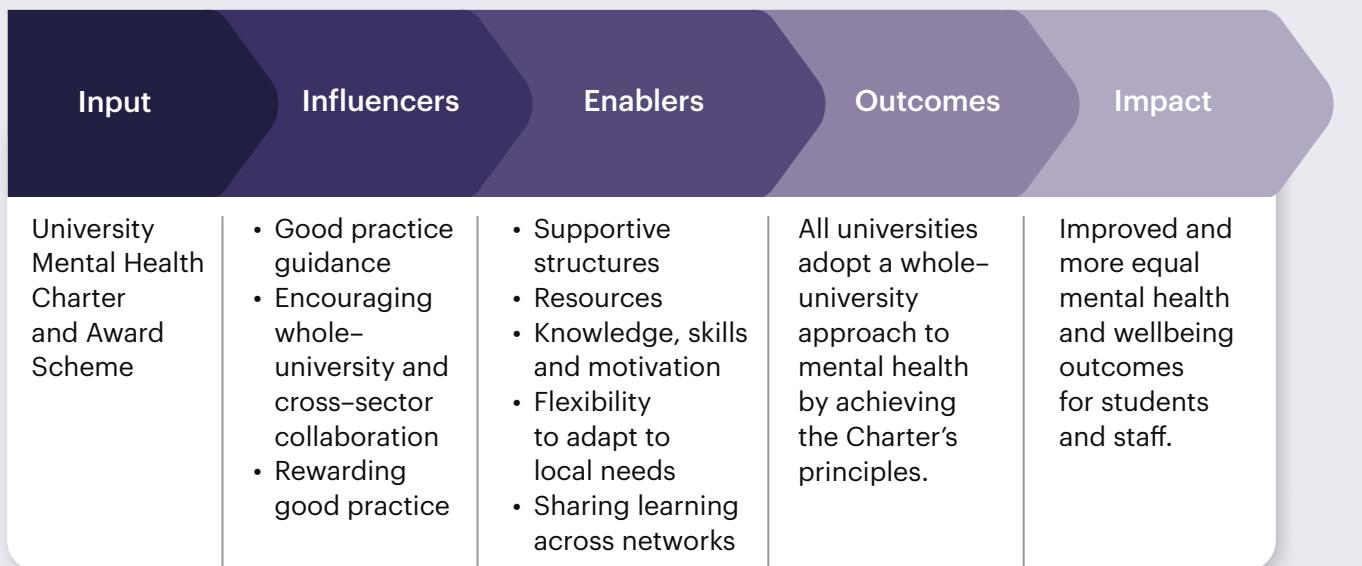
Using the UMHC Framework, we can also identify that there is more work to do to support universities and address ongoing gaps in evidence and practice. Student Minds will continue to work with partners to support the sector and to meet the challenges of improving staff and student mental health. Alongside the update of the Framework, we will publish an Insights Report drawing on our learning from UMHC Award Assessments to date. In addition, we will establish an online Library of Learning providing more resources and examples of excellent practice for those in the UMHC Programme. We will also continue to support and conduct research to build the evidence base needed.

In developing the UMHC Framework, we have sought to build on much of the good work that has already been undertaken by organisations and colleagues nationally and internationally. It is our hope that the UMHC will complement other charter marks and improvement schemes, focused on improving equality and inclusivity with the sector.

Finally, we will also seek to draw on the lessons we learn from within the sector and to work with colleagues in government and beyond to consider how we can all co-create a mentally healthier nation.

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 promote the mental health and wellbeing of all members of the university community.



Theory of Change [Fig 3]

The first step in our Theory of Change establishes what a whole-university approach might look like in practice. Our understanding is informed by relevant research and consultation with the staff, students and organisations who shared their experience and expertise about the most important factors that impact upon mental health and wellbeing at university (see [Methodology](#)). The findings from this work have led to the development of the Principles of Good Practice contained within this UMHC Framework.

However, achieving the UMHC Framework's principles requires more than short-term, individual interventions.

In total, they require wholesale systemic and cultural changes, which position mental health and wellbeing as central to all aspects of university life.

Understanding how the UMHC Framework might support universities to meet this challenge needs a well-grounded theory of how universities operate and how such whole-system changes might be realised in a university context.

Drawing on organisational change literature and conversations with staff and students, we view universities as complex, dynamic, human systems with multiple interrelated parts (1, 2).

They are made up of a number of communities, within subject areas, staff teams, student 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 UMHC Framework (3). In addition, systemic change requires groups to have the flexibility to adapt to local needs, innovate and share learning across networks (4).

The UMHC Framework 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 UMHC Framework, the Principles of Good Practice encourage communication across different parts of the university (see [Cohesiveness of Support](#)) and participative decision-making and intervention design (see [Student Voice and Participation](#)). The [UMHC Programme](#) and the [UMHC Award](#) provide further support for universities to develop their whole-university approach and reward good practice. Together, these parts of the UMHC offer a mechanism for identifying and disseminating innovative approaches across the sector, informing ongoing improvement.

Methodology

To ensure a whole-sector approach, the development of the University Mental Health Charter (UMHC) Framework was overseen by a steering group drawn from a range of sector organisations (see table 1). In addition, to ensure relevance across the UK, we consulted with colleagues from universities and organisations in Northern Ireland, Wales and Scotland.

Table 1 – Steering Group organisations

Universities UK
Office for Students
Department for Education
National Union of Students
AMOSSHE
SMARTEN
UPP Foundation

The approach to creating the UMHC Framework was established through discussion between members of the Project Team, key members of the Student Minds team and sector experts, including the members of the Project Steering Group.

Literature review

An initial review of the literature was undertaken in which we sought to identify those areas of university life which evidence suggested were most relevant to student and staff mental health and wellbeing. The review covered both white and grey literature and took a grounded approach, beginning with general search terms and gradually expanding as the literature identified relevant areas for consideration. From this review, 20 themes emerged for further exploration.

Research and consultation

Co-production

For the UMHC Framework 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 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 UMHC Framework (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 HE 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 consisted 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 UMHC Framework and its potential structure and content.

The sessions were facilitated by a team of experienced researchers who supported the work on a voluntary basis. Recruitment of the research team took place via Student Minds and the SMARTEN network's social media and newsletters. Researchers were asked to submit expressions of interest and were selected according to experience and research background.

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 UMHC Framework themes and the purpose and content of the UMHC Framework 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 students and students from racialised backgrounds..

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 UMHC 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 and 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.

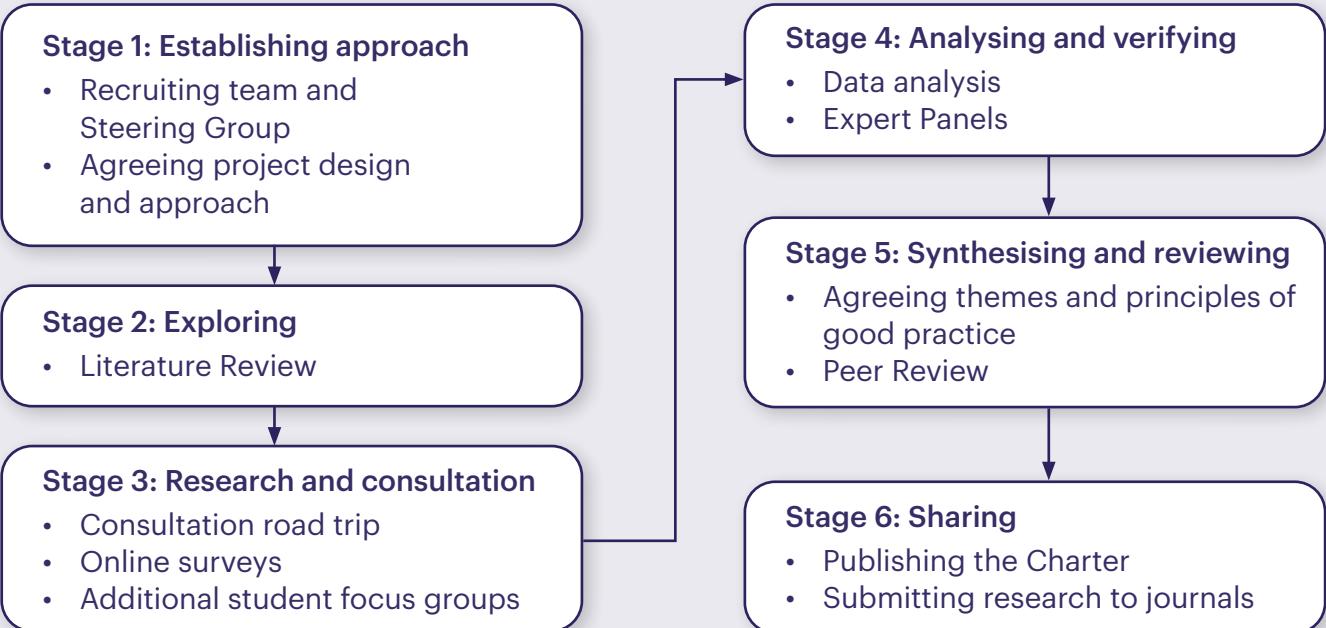
Synthesis and review

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 UMHC Framework 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 UMHC Framework 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 UMHC Framework, the analysis of much of this research has been written up and submitted for publication in the peer reviewed literature (8-14).



Methodology [Fig 4]

Second edition

For the second edition, an additional literature review was performed to gather evidence that has been published since 2019. The review covered both white and grey literature, as well as updated guidance and frameworks, and took a grounded approach, beginning with general search terms and gradually expanding. General terms were searched first, such as 'student mental health', 'student wellbeing', 'wellbeing of academic staff' etc. Additional searches were then undertaken in each theme using the theme headings and the Principles of Good Practice.

The findings of the review were then used to update each section and theme, checking to ensure text was in line with current evidence and altering text where necessary. The update was then submitted to a team of peer reviewers, with themes being distributed to reviewers according to their expertise.

The University Mental Health Charter Framework

The University Mental Health Charter (UMHC) Framework draws together the evidence we have gathered from the literature and from our research and consultation, to set out those areas of university activity that appear to be most important to mental health and wellbeing.

Themes

The UMHC Framework is composed of 18 themes.

This structure is not intended to suggest that the themes exist separately from each other. They do not. They are often interrelated and influence each other.

Within each of the themes, this document sets out:

- What the theme covers
- Evidence supporting why it is important and what matters within this theme
- Principles of Good Practice

Evidence

The themes and Principles of Good Practice have been arrived at through the synthesis of evidence in the literature and evidence gathered through our research and consultation process. Within each theme, we have provided references to supporting literature and highlighted where we are drawing on learning from the consultations. Where the document refers to evidence from participants in the UMHC Framework consultations, this refers to staff and student participants in focus groups, panels, workshops, online surveys and expert panels. If evidence

was drawn from only one group or source we have highlighted this specifically.

Principles of Good Practice

The Principles of Good Practice are the basis of the UMHC Award. Universities that apply to the UMHC Award will be asked to demonstrate their progress towards the principles to achieve the UMHC Award.

The Principles of Good Practice are designed not to be prescriptive. The UMHC Award asks universities to demonstrate how they are addressing the Principles of Good Practice within their own context.

This is important for a number of reasons. Firstly, it is unrealistic and unfair to expect all universities to have the same provision – the needs and responses of small scale, online-only universities, for instance, are not the same as those of large scale, campus universities. More importantly, for mental health interventions and activities to be effective, 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. This is because the UMHC Award is open to degree awarding bodies and it is these providers which have shaped the UMHC Framework’s development. Nevertheless, we hope the UMHC Framework is relevant to a wide range of higher education providers and informs their approaches to mental health and wellbeing.

Domain 1:

Learn

In this section

- Transition into university
- Learning, teaching and assessment
- Progression



Transition into university

What does it cover?

- Pre-application communication and outreach activity
- Pre-entry support and preparation for university
- Recruitment and admissions processes
- The transition into university
- Induction\orientation
- The first year*

*This doesn't just mean first-year undergraduate. It also covers first-year postgraduates and direct entrants into year 2 and 3 etc.

Why is this theme important and what matters?

There is now decades of evidence demonstrating that the transition into university and the first year experience are hugely significant for student success, confidence, belonging and wellbeing (1- 4).

For a large proportion of the student population, the beginning of university can be exciting, rewarding and liberating, with a manageable mix of positive, neutral and negative experiences (5, 6). However, it has long been recognised that, for many, the transition into higher education can be a stressful process (4, 5). Research has identified that, during this period of transition, many students experience psychological distress, anxiety, depression, sleep disturbance, a reduction in self-esteem and isolation (4-8). In some cases, student wellbeing has been found to reduce on entry to university and not to reset to their pre-university baseline for many months (9-12). Some recent research has suggested that there may be an interaction between transition experiences and previous habits, behaviours and thought patterns, such as perfectionism (13). Research has also identified links between the transition experience and student suicide and suicidal ideation (14).

The quality of the transition into university can have long-term effects both on academic persistence and success, as well as on student wellbeing (1, 6). Many students who withdraw from university in the first year do so in the first weeks of term or because of experiences during this time period (9). Transition experiences appear to have long term effects on student socialisation, health behaviours and self-efficacy (15). Good transition experiences can ensure that students feel supported and that they develop a sense of belonging, confidence and motivation that can lead to increased persistence, achievement and wellbeing (5, 9). When universities address transition effectively it is possible to ensure that the balance of experience is positive for all students, leading to greater persistence and academic performance (16-19).

Traditional discussions of student transition have often focused on how well-prepared each student is for university. Students who have had the opportunity to acquire the necessary social and navigational capital are more likely to settle quickly into their new environment (16, 20, 21). However, more recent work has focused on the greater need for universities to adapt to their students – rather than expecting all students to be able to adapt to and negotiate the complexity of transition and the new environment (3, 4). Asking students to assimilate into existing structures can place additional barriers before students who are considered 'non-traditional' (3, 4, 20). There is, therefore, a requirement

for universities to consider and adapt existing practices, structures, pedagogy and culture to ensure all students can transition more easily into learning and the community (22).

However, there is evidence that pre-entry interventions can have positive impacts on a range of students. Examples in the literature demonstrate benefits in helping to build belonging, academic self-efficacy, familiarisation and wellbeing (16, 18, 23). Within the UMHC Framework consultations, staff from many institutions identified ways in which they were supporting students who faced additional barriers to prepare for university (24, 25). This included establishing support for those who experienced long-term mental illness prior to the beginning of term (25).

Some staff and students within the consultations also suggested that it is important for universities to consider how their pre-arrival interactions with students may have negative impacts on their wellbeing, in the long term. For instance, marketing material that sets unrealistic expectations about the university experience (e.g. that it is always fun) may have negative consequences when those expectations cannot be met (25-27).

How students are supported during the first days and weeks of term and the strategies, tools and assistance which the university provides to enable success and belonging, can have significant impacts (17, 28). Well-planned and structured induction programmes have been shown to improve integration, wellbeing, performance and confidence (19, 28). This is particularly true if induction is embedded into an inclusive and scaffolded curriculum and academic programmes utilise curriculum design that has a focus on transition pedagogy (29). Equally, it appears that early poor experiences of the new university environment can reduce student persistence, self-belief and sense of belonging (26, 28). Some recent research suggests that tools to monitor early student engagement, coupled with swift and effective interventions may help to improve engagement and persistence (30, 31).

Transition is now recognised as a constant and ongoing socio-psychological process of becoming, in which emotion, social connection, efficacy and wellbeing are key elements (2- 4, 6). As a consequence, universities should move away from the concept of induction being an information-providing process and focus on the felt experience and social and academic integration (25). Furthermore, induction works best when embedded beyond the first few weeks and managed as a process over the entire first-year experience (25, 29).

To ensure that transition is positive for all students, it must be structurally embedded into every aspect of university planning and activity, and in particular into the academic curriculum as the vehicle for delivery (32). As Kift and others (32, 33) have argued, transition must be “integrated and implemented through an intentionally designed curriculum by seamless partnerships of academic and professional staff in a whole-of-institution transformation” (32, 33).

Principles of Good Practice:



1. Universities take a whole-university approach to transition, embedding measures to support the positive transition of all students, across their provision and into the curriculum.
2. Measures to support transition begin from pre-application and continue through application, pre-entry, arrival, induction and through the first year.
3. Measures to support transition aim to promote wellbeing, efficacy, academic integration and social connectedness.
4. Universities provide additional or specific interventions for students who face additional barriers.
5. Universities monitor and seek to adapt their own practice, culture and structures to remove barriers to successful transition and to ensure the university environment is fully accessible to the whole student community.

Suggested resources



- S Hughes, G, Upsher, R, Nobili, A, Kirkman, A, Wilson, C, BowersBrown, T, Foster, J, Bradley, S and Byrom, N (2022) Education for Mental Health. Online: Advance HE. <https://www.advance-he.ac.uk/knowledge-hub/education-mental-health-toolkit>
- Baik C, Larcombe W, Brooker A, Wyn J, Allen L, Field R, James R. (2017). Enhancing student mental wellbeing. Melbourne Centre for the Study of Higher Education. Available: https://melbourne-cshe.unimelb.edu.au/_data/assets/pdf_file/0006/2408604/MCSHE-Student-Wellbeing-Handbook-FINAL.pdf
- QAA Scotland Enhancement Themes. (2023). Transition Models and How Students Experience Change. Online at <https://www.enhancementthemes.ac.uk/docs/ethemes/student-transitions/transition-models-and-how-students-experience-change.pdf>

Learning, teaching and assessment

What does it cover?

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

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

Why is this theme important and what matters?

The only guaranteed points of contact between a student and their university are their academic staff 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, 3).

Research has consistently demonstrated a two-way relationship between student learning and student wellbeing (4-6). The ways in which students engage with learning and the design, structure and delivery of the curriculum can have both positive and negative effects on student wellbeing and learning (2, 7-12). Workload, classroom practice, teaching and learning methods, assessments and approaches to feedback and grading can have both beneficial and detrimental effects (3, 13, 14).

More recent research and resources developed for the sector have identified a number of key elements of which universities should be aware when considering the role of the curriculum (13, 14).

First, the curriculum is an important vehicle for social interaction and belonging. Social

belonging has been recognised as vital for student persistence, learning and academic performance (15 -17). Loneliness and an absence of belonging, for example, have been shown to negatively impact performance, while a lack of psychological safety can also reduce learning (18-20). Many students may not engage in extracurricular activities, so the curriculum is the one guaranteed space in which they can build a positive sense of belonging.

This is particularly important from an inclusivity perspective. Research indicates that racialised students, LGBTQ+ students and disabled students can experience negative impacts on both wellbeing and learning if there is a lack of inclusive practice in the curriculum and if the learning environment feels psychologically unsafe or unwelcoming (21-24). Alternatively, psychologically safe environments and inclusive teaching and assessment can positively support learning and wellbeing (25, 26).

Second, the curriculum can support wellbeing if it helps students to focus on learning and the development of mastery over performance. One of the ways this is discussed is to consider the concepts of deep learning and surface learning (4, 5, 27, 28). 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, developing mastery 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 effort. They are more likely to seek to regurgitate material rather than understand it and learn subjects in isolation from each other (4, 27, 28).

Students who engage in deep learning appear to have better wellbeing than those who engage primarily in surface learning (4, 5). 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, focuses their motivation intrinsically, supports an internal locus of control 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. Curriculum that supports students to engage deeply with their subject can, therefore, support wellbeing and learning (14).

Third, research has also identified the importance of a curriculum that develops learners as learners, recognising their previous learning and ensuring any and all required knowledge, understanding and skill are explicitly taught within the curriculum (29, 30). This includes the development of academic skills, meta-learning, self-management and self-regulation, which can, in turn, develop academic self-efficacy (2, 13). Importantly, this recognises that we cannot make assumptions about the skills and knowledge students will already have on arrival to university (31). In particular, more recent work has extended this insight to raise concerns about how students are introduced to and supported to use virtual learning environments, with the potential for positive and negative impacts on learning and wellbeing (32).

This does not mean that learning at HE level should not be challenging or stretching (33). Engaging in meaningful, challenging activity can be good for medium to long-term mental health and wellbeing (3). New learning, overcoming

difficulties and well-designed assessment 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 difference. As a participant in the UMHC Framework consultations put it – “What matters is ‘What is hard?’ and ‘Why is it hard?’” In other words, is the challenge difficult because it is appropriately academically stretching or because it is unclear, the students are unprepared and/or they lack necessary resources (13, 33). This requires appropriate scaffolding within the curriculum, adequate preparation prior to assessed tasks, assessments that are constructively aligned and effective feedback (29, 33).

Fourth, it is important to recognise that over the course of a degree, it is inevitable that some students will have periods in which they experience disruption in their academic journey (1, 13). Given that it is inevitable that some students will experience such disruptions, curriculum design and delivery must take this into account. Curriculum that can only accommodate perfectly smooth student experiences and learning is not calibrated to reality.

This then leads to the fact that consideration must be given to the role of academic staff. Evidence from research and the UMHC Framework 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 student and staff wellbeing (1). This lack of clarity creates risk for students, staff and universities.

The role of academics, therefore, must be clarified, staff must be guided to maintain supportive boundaries and to understand how they can support student mental health and wellbeing through good pedagogic practice (1, 14). Finally, to ensure that this approach to curriculum is embedded across the institution,

thought must be given to how the curriculum is developed, how academic staff are supported in this work and how expertise from across the university is brought together to ensure that all programmes are designed to support learning and wellbeing (14, 34, 35).

Suggested resources



- Hughes, G.; Upsher, R.; Nobili, A.; Kirkman, A.; Wilson, C.; Bowers-Brown, T.; Foster, J.; Bradley, S. and Byrom, N. (2022). Education for Mental Health. Online: Advance HE. Available from: <https://www.advance-he.ac.uk/teaching-and-learning/curricula-development/education-mental-health-toolkit>
- Baik C, Larcombe W, Brooker A, Wyn J, Allen L, Field R, James R. (2017). Enhancing student mental wellbeing. Melbourne Centre for the Study of Higher Education. Available: https://melbourne-cshe.unimelb.edu.au/_data/assets/pdf/file/0006/2408604/MCSHE-Student-Wellbeing-Handbook-FINAL.pdf
- 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. Oxford: Student Minds.

Principles of Good Practice:



1. Universities ensure that curriculum takes a holistic and inclusive view of learners, using evidence-informed practice and secure scaffolding to enable all students to develop the skills, confidence and academic self-efficacy to improve their performance.
2. Universities ensure that curriculum is designed to facilitate students to acquire skills, knowledge and understanding at an appropriate pace.
3. Universities ensure that curriculum and pedagogic practice encourages deep learning, meaning, mastery and development.
4. Universities ensure that curriculum design, pedagogic practice and academic processes consider and seek to impact positively on the mental health and wellbeing of all students.
5. Universities clarify the role of academics in supporting student mental health and guide staff to maintain supportive, appropriate boundaries.
6. Universities ensure that staff in teaching and learning support roles understand how they can support student mental health and wellbeing through good pedagogic practice.

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 - 4). For many students, mental health, wellbeing and positive engagement with their programme may in fact dip in the years after their first year (5-9).

Participants in the UMHC Framework 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 (4, 10-12).

There is evidence in the literature that university interventions that aim to better prepare students for these transitions can have a positive impact (6, 7, 13-15) and conversely that university processes and institutional practices can have unintended negative impacts on mental health (4, 9).

Students' experiences of the second year have been a focus of attention in the US for some years and are gaining increasing attention in the UK (2, 9, 16-17). This research highlights that students can experience 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-efficacy during this time (13, 18-19). Each academic level of study has its dedicated rules of engagement and learning that builds on the previous level, so it is essential to tailor support, guidance and advice to ensure that all students are prepared for each transition.

Second year students face a range of additional challenges, including an expectation of undertaking increased independent learning and the fact that, for many, the second year counts towards their final degree classification (9, 16). 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 (20, 21). None of these factors should necessarily present a risk to mental health and wellbeing, and they can offer 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 effectively (9). Programme issues and communications can play a specific role in this regard. In some instances, students

absorb the message that they are expected to work more independently in second year and interpret this to mean that they are not entitled to ask for support (9). Importantly, many undergraduate courses allow students to enter directly into the second or third level of a course and join an existing cohort. This risks students beginning study without the necessary support to successfully join and progress through their studies, unless this is explicitly addressed.

For these reasons, universities should take a more structured approach to preparing students for progression between years and levels of study, using re-inductions or reorientations at each stage (2, 20, 22). Providing effective and relevant scaffolding within the curriculum and between year to year, can also ensure students have 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 burnout (12, 23, 24). Research suggests that universities should take specific action to prepare students prior to placement (12, 25 – 26), ensure ongoing, adapted support during placement, and provide re-entry support back into study in their final year (25, 27).

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 (28).

There is significantly less evidence in relation to the mental health and wellbeing of final year students, particularly in the UK, despite previous indications that depression may be higher in this population (29, 30). UMHC Framework

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 (10-11). 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 (10-11, 31).

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 (10-11, 32-33). 'Outduction', as it is termed (2, 32, 33), 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. Just as best practice indicates universities should 'induct' students into university over at least one academic cycle (a semester or a full year), so too they should 'outduct' them by starting this process at the end of their penultimate year and throughout their final year (2, 33, 34).

Research has also indicated that universities may need to do more to support the progression of those students moving into postgraduate education and research, ensuring that they are adequately prepared and supported prior to and during the transition into their postgraduate experiences (35-36). There is growing research in this area and materials designed to support postgraduate students (37) and more knowledge is being accrued in understanding the challenges and pressures faced by postgraduates, especially doctoral students (38-40). Given the different challenges and rules of engagement required for each stage of postgraduate study, it is vital that students are prepared for entry into study/research and to progress successfully through to completion and beyond.

Principles of Good Practice:



1. Universities support students to prepare for the multiple, ongoing transitions they encounter during their university career, e.g. between years\levels of study.
2. Universities provide targeted support for students on placement and on professional programmes, who may require more in-depth preparation and specific interventions.
3. Universities provide adequate support for students taking breaks in study and proactively support their transition back into education.
4. Universities support students to prepare for life, career and further study beyond graduation.
5. Universities ensure that support for these transitions is structurally embedded into curriculum and university practice.

Suggested resources



- Website – Improving the Student Experience <http://www.improvingthestudentexperience.com/>
- Thomas, L., Hill, M., O'Mahoney, J. & Yorke, M. (2017). Supporting student success: strategies for institutional change. (Rep) HEA. https://www.heacademy.ac.uk/system/files/downloads/full_report_final_draft.pdf
- The Wellbeing Thesis <https://thewellbeingthesis.org.uk>
- Student Space <https://studentspace.org.uk>

Domain 2:

Support

In this section

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



Support services

What does it cover?

- Services to respond to students experiencing mental health problems
- Support for long term mental illness
- Services to support students with issues that may impact on mental health and wellbeing e.g. finance, disability, faith etc.

*Staff support is discussed in the [Staff wellbeing](#) section

Why is this theme important and what matters?

University support services have long been at the forefront of responding to student mental health and remain a key element in a whole-university approach (1, 2). While counselling services are the most often referenced type of support in the media and literature, it is clear that universities provide a wide variety of services that have a dedicated role in relation to student mental health and wellbeing (3, 4). These services vary according to size and type of provider, but often include some combination of mental health teams, counselling, inclusivity teams, disability teams, wellbeing teams, nursing teams, chaplaincy, residential life teams and financial advice services (3, 4). This demonstrates that many universities are devoting considerable resources and effort into supporting student wellbeing.

Research exploring student experiences of support services and mental health interventions more broadly suggests that there are a number of key principles that services and interventions must meet. In particular, services must be safe, effective, accessible to all, appropriately resourced, relevant to local context and well governed (5-13). Importantly, universities should ensure services provided to their students meet these principles, whether they are provided in-house or are contracted out.

While there are significant gaps in evidence demonstrating the effectiveness of support services, what evidence there is clearly shows

that traditional services, such as counselling and therapy, can be effective responses to poor student mental health (8, 14, 15). However, this does not mean that it can be assumed that all such services are effective. There can be significant variations in outcomes between counsellors/therapists and between services (16, 17). Counselling/therapy also has the potential to cause harm (13, 18, 19). It is therefore important that counselling/therapy services are taking steps to ensure quality, safety and effectiveness. Although opinions differ on how best to do this, research and common clinical practice indicates that this requires consideration of how services are designed, staffed and managed and robust and systematic evaluation of the impact and outcomes of services (5, 14). Without properly understanding the impact of services it is not possible to be certain that they are safe and effective (20). For the evaluation to be reliable it must be gathered in a robust and systematic way. Good practice in this area indicates that this is commonly achieved through triangulating routine outcome measurement, gathered from the majority of service users, student feedback and other clinical data (14, 20).

There is less agreement on how to measure the effectiveness of other services – such as mental health teams and wellbeing advisors (20-22). There are indications that a range of measures and approaches are being used, such as adapting outcome measurement, gathering formal and informal qualitative feedback and evidence, holding student advisory groups, using university-level data and measuring the impact of individual interventions (21,

22). However, given the nature of the work undertaken by many mental health teams, there is an equal need to develop robust measures of safety and effectiveness for these areas (22, 23). Support services staff in focus groups and surveys identified that mental health teams are supporting increasing levels of risk and complexity (22). Given this, it is vital that staff in these roles are properly equipped, qualified, registered and supervised. This need for quality assurance extends to other interventions (5, 20-23). In addition, universities must consider the safety and effectiveness of any interventions which they contract in from external providers, such as the provision of digitally-based services (5, 23, 24).

Equally important is that support services are accessible to all students (6, 9,10, 25). This includes physical accessibility, i.e. ensuring that all students, including those with physical disabilities, can access the buildings and rooms where services are provided (26). Consideration should also be given to how mode of study or the geographical spread of a campus may affect accessibility, and how decisions about location, opening hours and mode of provision of services (online, digital applications and by telephone) can help to alleviate this (10, 27).

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. racially minoritised students, LGBTQ+ students, international students and postgraduate students (6, 9, 10, 26). National data and students in the UMHC Framework consultation indicated that a lack of informed cultural understanding from support staff, or the perception that services have not been designed for students like them, can result in some not accessing support or not returning after a first appointment (6, 9, 27, 28) (see Inclusivity, Intersectionality and Mental Health). Accessibility may also be an issue related to academic discipline, with some research suggesting that discipline may impact on willingness to access services or even serve as a barrier to access (11, 25).

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 staff (27, 30). It should be recognised that there are a number of reasons waiting lists can grow, including unpredictable rises in demand and management or triage practices. However, appropriate resourcing can be a factor. It is therefore incumbent upon universities to ensure that they are providing sufficient resources, recruiting the right staff and managing services effectively and efficiently (5).

All of which emphasises the importance of effective governance of support services (5). As evidence gathered through the UMHC Framework consultation demonstrated, services dedicated to student mental health manage risk on a regular basis and frequently encounter complex ethical challenges (23, 30, 31).

Services such as counselling and mental health teams require appropriate clinical governance to ensure they remain safe, ethical and effective and make efficient use of resources (5, 32).

This includes ensuring that services are evidence-based and designed for the local student population; that staff are appropriately qualified, registered, experienced, supervised and engage in ongoing development; that services are cohesive, robust and subject to structured evaluation and ongoing improvement; that culture and practice supports ethical behaviour and openness to learning; and that there are appropriate and effective practices, processes and policies for managing risk (5). It is important to note that responsibility for service governance does not stop with the service itself, but extends to senior leaders and broader corporate governance.

Finally, services are most effective when designed to meet the needs of their local community (6, 9, 10, 12, 27). The consultation revealed a variety of models of services shaped to respond to local context (31). These included partnerships with NHS/Social Care or third sector organisations, and shared services provided across a number of small institutions. There is no one-size-fits-all model that would meet the needs of students in every university. However, there are a number of principles that emerge from the research and our consultations.

Effective services are those that understand the context of student life and the relationship between academic learning and wellbeing, as these are such influential factors in the experiences of students (9, 10, 11, 27, 33, 34). Services should understand their local community and establish mechanisms for the student and staff voice to influence service development (27, 35) (see [Student voice and participation](#)). Finally, services should be responsive to changes in need among their population.

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 effective.
4. Universities ensure that support services are responsive to current and future needs 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



- UMHAN. (2023). Clinical Governance for Mental Health Services in Higher Education. Online: UMHAN. Available: <https://www.umhan.com/pages/clinical-governance-for-mental-health-services>
- 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://lewishamtalkingtherapies.nhs.uk/wp-content/uploads/2021/10/IAPT-BAME-PPG-2019.pdf>

Risk

What does it cover?

- Risk related to suicide
- Risk related to mental health crisis
- Risk to wellbeing from others

Why is this theme important and what matters?

ONS data indicates that 319 students died by suicide between the academic year ending 2017 and the academic year ending 2020, equivalent to a rate of 3.9 deaths per 100,000 students (1). An 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 staff from suicide and serious mental illness (3, 4).

Evidence from staff surveys and the UMHC Framework consultation indicates that university support services are seeing more students with enduring and complex mental health difficulties and a higher level of risk to themselves and/or others (5, 6). This is supported by the research, with academics and halls staff reporting similar trends (7, 8). While it is clear that students are less likely to end their lives than their matched peers in the general population (1, 9, 10), risk related to mental health is a very real factor within universities (1). It may also be the case that university structures, processes or culture, or the student experience itself can contribute to this risk (9); for example, there is some evidence that the risk may be greater at particular times in the academic calendar (10, 11). 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 or medical intervention. Nor are they entirely responsible for the safety of staff

experiencing serious mental illness, beyond the level of duty normally expected of an employer. However, universities do have a responsibility to avoid harm. Additionally, as much of this risk will be presented within the university environment and have an impact throughout the community, institutions do have a responsibility to plan for prevention, intervention and postvention activities, taking a whole-university approach (12, 13). This includes planning for potential suicide clusters (13, 14).

Suicide has understandably attracted a substantial amount of attention nationally. This is a complex issue, made more so by the fact that many students who experience mental illness or go on to take their own life do not contact support services (9, 10, 15-17).

In addition to risk from suicide, attention must be paid to individuals who experience mental health crises. For instance, an individual experiencing psychosis may engage in behaviours that place them or others at risk, without them fully perceiving, understanding or acknowledging the potential consequences of their actions (18, 19).

Behaviours caused by mental illness and suicide can have impacts on others connected to the individual. The RaPSS report (12, 13) identified that suicide transmission can be a risk in the student community. Students who have a friend who ends their own life are more vulnerable to dropping out of university, underperforming, developing suicidal ideation or going on to end their own life (12). Staff and students affected by suicide are, therefore, likely to need additional support and interventions. Individuals may also require support if they have supported a mentally ill friend, peer or colleague, provided care to

someone with an ongoing and enduring mental health condition or witnessed acts of self-harm or expressions of great distress (12, 13).

Finally, there is a significant mental health impact for individuals who are at risk of harm from others. Students who are experiencing abusive relationships may need specific interventions and support (20). Evidence indicates that hate crime, harassment and discrimination, sexual violence or violence motivated by ethnicity, sexuality, disability or gender, can have a negative impact on mental health and lead to increased risk (9, 21, 22).

It is increasingly recognised that it is extremely difficult to identify and predict which individuals will take their own life (23). Among students a wide variety of potential risk factors have been identified but may not be predictive at an individual level (9, 23, 24). For this reason, it is vital that universities take a whole-university and whole community approach to suicide reduction, focusing on prevention, intervention and postvention. Such an approach should consider actions universities can take to reduce risk by reviewing processes and structures, supporting belonging and community for all and ensuring the safety of the environment.

Staff in non-specialist roles who are concerned about potential risk need to be able to access timely expert advice and guidance (7, 8). Students who have concerns about peers need highly visible routes available to report their concerns and to access support for themselves (25). This guidance is best provided by staff who have the clinical expertise, qualifications and up to date training to work effectively with risk.

To address risk when it occurs, universities should ensure that they are alert to early warning signs of significant illness and have efficient internal and external referral and signposting in place.

Interventions for those affected by risk and suicide should be informed by up-to-date evidence and appropriate national guidance (12, 23, 26). This includes effective triage to ensure that those at risk are seen in an appropriate time frame.

This requires universities to be able to support individuals to maintain their own safety while waiting for emergency and statutory services. The fact that there will usually be a delay between seeking help from emergency services and intervention is inevitable. Universities should therefore ensure they have prepared for this eventuality and have clear and effective practice and resources in place.

Finally, how suicide and mental health is spoken about and reported publicly can have significant negative effects on others, potentially increasing risk or even leading to further deaths (13, 27-29). Therefore, university communication teams should be trained and prepared to communicate with the media in relation to suicide and other related risks and to adhere to national reporting guidelines (13, 27).

Principles of Good Practice:



1. Universities have in place effective practice, processes and training for alerting and identifying risks to staff and students, and appropriately referring those at risk to internal or external services.
2. Universities ensure staff have access to timely expert advice and guidance.
3. Universities provide interventions for all affected by risk and suicide and provide support for those at risk, when waiting for external interventions.
4. Universities plan for prevention, intervention and postvention activities, including planning for suicide clusters and reporting to the media.
5. Universities reduce risk by ensuring they provide a safe physical environment and university culture.
6. Universities support students to be able to report concerns.

Suggested resources



- UUK. (2018). Suicide Safe Universities. London: UUK. <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2018/guidance-for-sector-practitioners-on-preventing-student-suicides.PDF>
- NICE. (2022). Self-harm: assessment, management and preventing recurrence; NICE guideline. Online: NICE. Available www.nice.org.uk/guidance/ng225
- UUK. (2022) How to Respond to a Student Suicide: Suicide Safer Guidance on Post-vention. London: UUK. <https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/suicide-safer-universities/responding-suicide-advice-universities>
- Step by Step' Samaritans Post-vention support service www.samaritans.org/stepbystep

External partnerships and pathways

What does it cover?

- Relationships with primary and secondary health care
- Relationships with social care
- Relationships with third sector providers
- Relationships with Disabled Students' Allowance (DSA)-funded private suppliers

Why is this theme important and what matters?

There has been increasing recognition on the part of universities, the NHS, government bodies and the wider HE sector of the need to improve collaboration between universities and the NHS and Social Care (1-5). Funded projects, research and consultations have led to calls for universities and local NHS/Social Care providers to form collaborative partnerships and effective working relationships, to better improve the support mentally ill students receive (1, 3-5). This collaboration across organisations is generally recognised as being necessary to ensure that individuals receive consistent, safe, effective, integrated and cohesive care and support (3, 6-8).

Responses in research and sector consultations highlight a number of challenges to creating effective working relationships with external services (3, 8, 9). This evidence indicates that relationships are variable across both primary and secondary care (3, 8).

Where GPs are based on a university campus, this can result in much better relationships and closer working between the university and the GP to support individual students, although this is not guaranteed (8). Building effective relationships between universities and GP surgeries off campus appears to be much more difficult 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 staff identified that it has become increasingly difficult 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 (3, 8, 9, 10). 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 (9, 11).

Research and consultation also reveal multiple accounts of students being discharged to 'university support services' without consultation with the university (3, 8, 9). Others reported instances of ill and distressed students being returned to halls of residence late at night, as a presumed place of safety, when no staff were available (3, 9). University staff have also highlighted the challenge of students who appear to be too ill for primary care but not yet considered ill enough to be supported by secondary care, leaving universities in a position of being the primary support for students who are significantly ill (3, 9). It should be noted however, that university staff in UMHC Framework focus groups did not believe any blame was attributable to NHS staff. Many of the staff in the focus groups were or had been NHS clinicians and fully understood why external agencies would make such decisions, given the current availability of resources and demand.

University staff did highlight that it was easier to build relationships with NHS teams when university staff were also mental health professionals who understood the context, language and systems of the NHS (3), however

this reliance on personal relationships also made working arrangements vulnerable to staff changes on either side.

There have been a number of responses to this challenge; nationally, led by sector bodies and locally, driven by individual universities (3-5, 8, 12.) This work has resulted in guidance and clearer understanding of some of the challenges and of strategies that have been found to be helpful (3, 5, 12). These strategies have included the creation of regional or city-wide partnerships between a number of universities and local NHS Trusts, including shared services; the creation of agreed ways of working including referral between universities and NHS services; and improved communication and education between partners (3, 12). Some universities have also created working relationships with third sector providers to help address gaps and provide a wider offer to students (3).

Research and consultation suggests that improving working relationships between universities and NHS/Social Care can result in a number of benefits including better referral and access, improved knowledge and communication, improved coordination of support for individual students and increased recognition and understanding of student need (8). However, it is important to note that the diversity of the university sector means that solutions will be different in different places and that some universities will face a more difficult challenge, depending on their location and circumstance (3, 5). Regional partnerships are less likely to be achievable for small providers, those in rural locations or universities based in London who have a population spread across a number of health boroughs. The recognition on the part of the government that the NHS is currently 'broken' also creates challenges that are likely to be greater in some areas than others, given that building relationships with services is more challenging when those statutory services don't have the resources to meet current needs or to commit to those relationships (13).

Much of the dialogue in the sector revolves around the need to properly define the 'hand-off' point, at which universities should step back

and statutory services take over (2, 9). However, defining this exactly may always prove to be elusive and in any case may not lead to better outcomes. 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 (14, 15). The idea of a hand-off 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 support as their health fluctuates, fragmenting care.

Instead, it is more appropriate to speak of thresholds of responsibility and collaboration between services and students, to deliver a complete support package, centred on the needs of each individual (8, 11). 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 the student is more likely (2-5, 8, 12).

Effective 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 their studies.

While universities cannot control the responses of local NHS services, they can commit to principles of collaboration and, through better collaboration, make every effort to close the gap between higher education and healthcare.

In addition to these relationships there are also potential risks in arrangements between universities and private providers of DSA-funded support to students who experience mental illness (16). Staff have raised concerns 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 lack of 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 lack of cohesion between DSA funded providers and universities creates risk and can lead to inefficiencies in use of resources, which can result in students failing to receive the proactive support they need and may be entitled to receive (17). There is therefore a clear need for universities to build good understanding and relationships with DSA funded providers and to support students to navigate the current complex processes and arrangements necessary to gain DSA funding and support.

Suggested resources

- Nous. (2023). Working better together to support student mental health. Online: Office for Student. Available https://www.officeforstudents.org.uk/media/49499c81-ac0e-4ec5-80d0-842ce876ac74/insights-on-joined-up-working-to-support-student-mental-health_nous.pdf
- UUK. (2022). NHS-university partnerships: Working together for student mental health. Online: UUK. Available https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2022-07/uuk-nhs-partnerships_0.pdf
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Principles of Good Practice:



1. Universities take proactive steps to build relationships with local NHS, Social Care and third sector agencies, creating a shared understanding of each other's roles and responsibilities and demonstrating a commitment to principles of effective collaboration.
2. Universities are able and willing to work collaboratively with NHS/Social Care to support individual students.
3. Universities support NHS/ Social Care and other relevant agencies to understand the context of student life and the implications of treatment options and other decisions.
4. Universities have arrangements in place to work with and manage risk and effectively communicate this to NHS/Social Care.
5. Universities work with NHS/Social Care to support students to return to study when appropriate.
6. Universities work collaboratively with DSA funded private providers and have policies and procedures in place to share information and provide a joined-up experience of support for students, including appropriate mechanisms for providers to report concerns.

Information sharing

What does it cover?

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

*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 beyond about how, when and with whom universities should share information when there are concerns about a student's mental health (1-3). In more recent years this has led to new guidance to the sector, to support decision making and action (1, 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 (3).

Indeed, within healthcare and research, it is recognised 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 (4-7). 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 (8, 9). Most students in higher education are adults who do not meet the statutory definition of being an 'adult at risk' and therefore have a legal right to decide whether

or not information about their mental health is passed onto others (providing the person has mental capacity and they do not pose a risk to anyone but themselves) (9, 10). 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, 11).

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 the UK-GDPR (2023), legislation related to mental capacity, and the Human Rights Act (1998). This legislation protects an individual's right 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 updated 'Information sharing and suicide prevention: consensus statement' (10), issued by the Department of Health and supported by nine professional bodies. Although this guidance has been issued for practitioners in England, it is supported by similar guidance in other nations (12, 13) and UK wide guidelines issued by NICE (6, 14).

University Mental Health Charter (UMHC) Framework 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. Participants confirmed that in specific, well-evaluated circumstances, on the basis

of clear, clinical assessment, their university does share information with families and does seek to work with families for the benefit of students, usually with the student's consent. Some communication also happens prior to students starting at 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 communication barriers experienced by some students. This communication allows for appropriate support to be put in place.

Staff explained that they often work with students experiencing significant mental illness to identify individuals in that student's life who could provide helpful support, such as family members, partners and/or friends. In some circumstances, staff support those students to make contact with families or others to explain what they are experiencing. 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, which encourages practitioners to work with families and the individual together, when the individual wishes it and it is in their interests to do so (10).

However, there remain instances when the student does not wish to share their information with family or friends 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 (1). 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 (11, 15), thus removing a source of qualified support and increasing risk.

Research into the barriers to students sharing trusted contact details identifies that students are less likely to be willing to share contact details if they are probably experiencing depression, are LGBTQ+ or are from a minoritised group (16, 17). Given that research has also identified that these students are amongst those most likely to be vulnerable to problems with their mental health, this has clear implications for confidentiality and information-sharing practice (18, 19).

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 underpinned by effective, consistent clinical governance and appropriate support for those staff making the decision (1, 10).

The UK Government's 'Information sharing and suicide prevention: consensus statement' sets a clear basis on which this assessment should take place. The statement makes it clear that the balance of factors to be considered requires a professional judgement based on an understanding of the person, whether they currently have the mental capacity to make this decision, what would be in their best interests 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 current and previously expressed wishes and views in relation to sharing information with families or others and, where practical, include consultation with colleagues (10).

This clearly indicates that, within a university setting, wherever possible, this should be conducted by a qualified clinician in a designated mental health role, who has received updated training in assessing risk and mental capacity. For smaller providers, this may be supported by working with statutory services, or forming 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 (and with whom it should not be 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 staff and agreed by an appropriate senior manager who understands the issues (1, 10). On these occasions the student should be informed, unless doing 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 offering them a role in doing so (1, 10). The process of decision making and all of the options considered, in reaching a decision on information sharing, should be clearly documented (10).

These situations can be made easier and clearer to address if good arrangements are in place beforehand. Students will be more able to make informed choices and will better understand the potential consequences of disclosing information if universities and support services publish highly visible, accessible and transparent confidentiality arrangements and that there are processes in place to ensure they see and understand these arrangements before any disclosure (1).

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 (2). These agreements should also be visible to students, with clear opt outs available.

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 effective 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 done as a result of an appropriate, well-governed clinical assessment, is consistent with relevant national guidance, is clearly justifiable and is in the best interests of the student.
5. Universities ensure that information is passed to the most appropriate people, who can reduce risk.
6. Confidentiality arrangements are clear, accessible and highly visible and relevant Data Sharing Agreements are in place.



Domain 3:

Work

In this section

- Staff wellbeing
- Staff development



Staff wellbeing

What does it cover?

- Workplace culture
- Working conditions
- Interventions to support good staff wellbeing
- Support for staff when experiencing problems with their mental health

Why is this theme important and what matters?

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

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, 6). Not all university staff have poor mental health (1). Universities can be places in which staff are able to pursue meaningful work in a supported and stimulating environment that benefits their wellbeing (7, 8). 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 the mental health of university staff. These include workload demands, administrative burdens, low levels of autonomy over work, lack of resources, job insecurity, poor management, competitive cultures and extrinsic pressures, such as external audits and performance metrics, which may be

outside of individual or group control (1-3, 9, 10). These factors are seen to affect both academic and professional services staff, although the impacts present differently and have different effects (1, 3, 9). In addition, staff have identified the consequences of consumerism in higher education as being negative for their wellbeing (3, 6, 11).

Research has also highlighted long working hours and a lack of work-life balance as being a significant and sector-wide problem that has direct negative effects on university staff mental health (1, 2, 12, 13). Early evidence suggests that this problem was exacerbated during the Covid-19 pandemic and that there was a further merge of work and life for many staff (13-15). It is currently unclear whether this has continued. The ubiquity of long working hours is concerning as the literature shows a clear relationship between long working hours and poor mental health, sleep disturbance, burnout and reduced cognitive function (1, 12, 16, 17).

Supporting students who are experiencing poor mental health can also have negative consequences for staff wellbeing, if staff are not adequately prepared and supported (18, 19).

Local factors play a significant role in staff 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 in feedback from staff participants in the UMHC Framework consultation (3, 6, 20). 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 practices which ensure managers can and do support good wellbeing within their teams and respond appropriately to staff experiencing poor mental health.

Staff participants in the UMHC Framework consultations and in research highlighted the importance of being able to work on things which they find intrinsically meaningful, that are legitimately related to their role, and feeling that this work is noticed, valued and rewarded (1, 20-22).

Conversely, staff experience negative impacts when a significant portion of their working tasks lack meaning, feel unrelated to the purpose of their role and they feel undervalued (1-3, 20-22). Culture and environment, workplace conditions and the day-to-day experiences of staff are clearly vital in addressing staff mental health and wellbeing (6, 23, 24). This includes developing an environment in which conversations about mental health are possible and in which staff can identify any problems they may be experiencing, without fear of judgement or negative consequences for their career (1, 3, 21, 23). The provision of effective and easily accessible support (such as counselling) is an important part of this (1, 23), whether provided internally or through external Employee Assistance Programmes (EAP). Universities must ensure that any EAP provision is effective, accessible, highly visible to staff and has confidentiality boundaries clearly explained (1, 3, 24, 25). Some research suggests that some university staff may be unaware of this support and when it is available, or unsure how confidential it will be (1, 19).

Alongside addressing culture and working practice, specific interventions to support staff to improve their wellbeing and mental health can have a positive impact (26). Making it easier for staff to physically exercise, eat healthily, build healthy working relationships

and address unhelpful thoughts and behaviours can be helpful for individuals and teams (26-29). However, unless these are supported by a healthy culture, staff may view such interventions sceptically (19). Workshops alone cannot overcome the challenges of a workplace that has negative impacts on mental health (6, 24, 29, 30).

Improving staff wellbeing and mental health is an important issue in and of itself. However, it should be noted that participants in the UMHC Framework consultations (staff and students) clearly indicated that they saw a relationship between staff and student wellbeing (3, 31). This supports similar findings from research in school settings (32, 33). Universities are, in effect, an ecosystem in which the wellbeing of one group can affect another. Any genuine whole-university approach should consider staff and student wellbeing as inextricably linked and supportive of one another.

In addition to this, there is a clear relationship between workplace wellbeing and performance (32, 34, 35). This appears to particularly be the case for complex, demanding and creative work such as teaching and research and there are firm connections between wellbeing, creativity and high-level problem solving (17, 36). Ensuring an environment in which staff feel psychologically safe is important both for the wellbeing of staff and for this high-level cognitive learning and productivity (26, 37, 38). This has implications for the wellbeing of postgraduate research students, who may also be members of staff.

The core missions of universities, teaching and research are better supported by a culture and community in which good mental health and wellbeing are strongly embedded.

Principles of Good Practice:



1. Universities develop a culture and environment that supports good staff wellbeing and good workplace conditions.
2. Universities ensure staff feel able to discuss their own mental health and wellbeing and have access to safe, effective, accessible support and proactive interventions to help them improve their own mental health and wellbeing.
3. Universities ensure staff feel secure and psychologically safe to innovate, identify potential improvements that may benefit wellbeing and raise concerns about culture and practice that may impact on mental health.
4. Universities equip managers with the knowledge, skills and confidence to support good wellbeing within their teams and respond appropriately when staff experience poor mental health.
5. Universities enable staff to adopt and maintain healthy lifestyle and workplace behaviours.
6. Universities support staff to spend a significant proportion of their time on work that is meaningful to them and appropriate to their role.

Suggested resources



- Mind (2018) How to implement the Thriving at work standards. London: Mind https://www.mind.org.uk/media-a/5762/mind_taw_a4_report_july18_final_webv2.pdf
- What Works Centre for Wellbeing (2019). Work: What Works Centre for Wellbeing. [online] Whatworkswellbeing.org. Available at: <https://whatworkswellbeing.org/our-work/work/> [Accessed 2 Nov. 2019].

Staff development

What does it cover?

- Staff training and development on wellbeing and mental health
- Role-specific training on responding to student presentations of psychological distress and poor mental health
- The importance of supporting staff to clarify and maintain boundaries
- Ongoing development of staff in mental health roles
- Training managers to support staff in supporting students
- Training managers to support good wellbeing within their teams and respond appropriately to staff experiencing poor mental health

Why is this theme important and what matters?

Given the prevalence of poor mental health among staff and students (1, 2), it is not a surprise that many staff report multiple experiences of responding to students and colleagues experiencing poor mental health (3-7). Staff who are in non-mental health positions describe responding to psychological distress and mental health problems as an inevitable part of their role (3, 6, 7). However, many also state that they feel under-prepared and unsupported to respond appropriately and effectively and are unclear about the boundaries of their role in this area (3, 6, 7). Partly as a consequence of this lack of preparation and support, staff report that presentations of poor mental health can have significant negative impacts on their mental health (3-7). While universities may create roles and processes designed to support students to seek support, research shows that, in practice, personal relationships, trust and immediacy are what often determines who students turn to when experiencing distress or when they wish to disclose mental health problems (3, 7-10). 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 staff or an academic. However disclosures happen, universities have a duty to respond (3, 8-10).

Universities have a responsibility to ensure all staff are prepared and supported to respond appropriately to presentations of poor mental health (10, 11). Staff must also be able to maintain their own safety and wellbeing while responding to others (6, 12). This is not to suggest that every member of staff must become a mental health expert. To aim for this is unrealistic and unhelpful – many staff will not have the natural aptitude for such work and it is unreasonable to expect them to do so. All staff should be supported to develop confidence and competence to respond appropriately, signpost effectively and provide support within the boundaries of their role (3).

Currently, much mental health training appears to focus on high risk or crisis events (10, 13, 14). This may reduce confidence and personal agency in supporting good mental health as part of a whole-university approach. Staff may benefit from understanding how they can have a positive impact on mental health and wellbeing, within the proper boundaries of their role (15). For example, supporting academic teaching staff to develop their understanding of the relationship between teaching, assessment and wellbeing (see [Theme 1](#) for more details).

Many universities are making training available to their staff and there is evidence that this can be effective in a university setting (14, 16). However, it should be noted that many staff are wary of receiving extra training (3). 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 (3-6). This is an understandable concern which is mirrored by staff in other workplaces (16).

Staff quoted in research have suggested that generic mental health training, while helpful, often lacks relevance to their role (3, 7). Research has not yet found any noticeable benefit from providing generic training (17). Staff feel they would benefit from training that is specifically developed and targeted at their role and the context in which they work (1, 3). This would help them better understand their particular boundaries and responsibilities, the resources and support that is available in their institution and how it can be accessed.

One-off training sessions that exist without a wider architecture of support for staff can blur boundaries and potentially contribute to risk (13). Even academics who are qualified mental health professionals report challenges to maintaining appropriate boundaries within their academic role (12). Training should support staff to understand the boundaries of their role and responsibilities and, to be effective, must be situated within an overarching structure of support that practically provides staff with confidence in their ability to operate within the described boundaries.

The purpose of training in mental health, for staff 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 ecosystem of trained staff 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 effectiveness of signposting to appropriate services or interventions.
6. Increasing understanding of the ways staff 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 different groups and individuals. Mental health training works best when it is part of an overarching structure involving networks of staff with clearly defined and communicated roles, support for those responding to mental health problems, good management and opportunities to discuss concerns (13). There have been suggestions, both in UMHC Framework consultations with staff and in the research, that there is a need for staff to have space to develop through reflection and support from others (3, 12). In other words, development in this area does not just take place in a training room but must be consistently nurtured within teams and peers, through line management and with effective support from university mental health teams (3).

Staff in the UMHC Framework consultations highlighted the importance of being able to have informal conversations with colleagues when they were concerned about a student (15, 18).

Having the opportunity to talk through instances with more experienced colleagues was seen as being particularly beneficial. This opportunity may be most effective when structured to allow early discussion of concerns. This includes being able to have conversations with relevant colleagues from across the university, e.g. academic staff being able to discuss concerns with support services colleagues.

Given this, there is a need for managers to understand the challenges their staff may face, recognise the importance of staff wellbeing, be able to provide appropriate support and

have knowledge of the available resources that can help. Managers need to be supported and encouraged to develop the skills necessary to create psychological safety in the workplace and a culture that supports wellbeing (19, 20). In addition, there is a specific 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 (3, 6). 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 alongside appropriate recognition within annual development reviews and promotion frameworks.

Finally, universities have a responsibility to ensure that staff in mental health roles, such as counsellors and mental health teams, are suitably qualified and are able to access appropriate continuing professional development (CPD) to ensure their knowledge, understanding and skills remain up to date (21, 22). 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 (22, 23).

Principles of Good Practice:

1. Universities support staff to develop individual and collective confidence and the ability to promote positive mental health and respond appropriately to poor mental health.
2. Universities support staff to recognise and respond appropriately to poor mental health and signs of risk, signpost effectively and maintain the safe boundaries of their role.
3. Staff receive mental health training that is context-and role-specific.
4. Universities promote a workplace environment and management practices that support formal and informal reflection, consultation and development for staff who may encounter student mental illness.
5. Universities provide formal development for managers that enables them to promote good wellbeing within teams, understand the challenges staff may face, provide appropriate support for their teams and have knowledge of resources that can help.
6. Universities ensure staff in mental health roles engage in regular, ongoing clinical development.



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

Why is this theme important and what matters?

Prevention is clearly better than cure (1,2) and there is growing evidence on the effectiveness of approaches that promote good mental health and prevent the development of mental health problems through interventions and the environment (3-5). Human beings have a complex relationship with social context (6-8). Our environment and surrounding culture has a significant effect on our behaviour, wellbeing and mental health (6-8). Research in psychology and economics has shown that our behaviours are heavily influenced by environmental cues (6, 7, 9). Emotional states can be contagious (10, 11) – 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 for all (8, 12).

Well designed and evaluated proactive interventions can play an important part in shaping this culture and supporting good health and wellbeing (13-15). This is also important because research has consistently shown that most students and staff who experience poor mental health do not access formal support (16-19), and so proactive interventions can be

an important part of support for those already experiencing problems with their mental health. In addition, evidence demonstrates that there is no single approach or type of support that works for everyone (20-23).

It is therefore important that students and staff have access to a range of interventions, so that each individual is able to find the thing that works for them and that the surrounding culture supports good wellbeing, reducing the numbers of individuals who need more intensive support.

Many universities are already taking proactive approaches to improving mental health and preventing mental illness in their communities (13). Awareness-raising campaigns 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 while there is evidence for a relationship between health literacy and health outcomes (24, 25), education and awareness raising alone does not tend to alter health behaviours or significantly improve wellbeing (9, 13). The environment has been shown to be a much stronger influence on health and 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 (12, 15).

At an individual level, knowledge and understanding of healthy behaviours must be supplemented by environmental cues and support to develop motivation for change (9, 12, 26). That is not to say that awareness-raising interventions are not important; the presence of carefully-designed, regular, highly-visible campaigning 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. As with other interventions, care in designing the messaging within such campaigns is important, to ensure campaigns build awareness and mental health literacy without doing harm (27, 28).

A mentally healthy environment should also consider the impact of engagement with academic and administrative systems and processes. Given their centrality to university life, these systems and processes provide an opportunity to have a significant positive impact on mental health and to ensure a genuine whole-university approach (29). Some university policies and procedures, and student communications arising from them, are couched in legal or bureaucratic language that is hard to understand and processes can be complex and consume time, energy and motivation (30). Alternatively, systems and processes that are user-friendly, easy to engage with and consider staff and student wellbeing in their design can help support a mentally healthy environment (29, 31-33).

Interventions to improve physical health and wellbeing have been repeatedly shown to have positive impacts on mental health (13, 34). Exercise, diet, engaging with nature and good sleep can all help to improve or maintain mental health (35-39). Importantly, these behaviours can have a deep and long lasting ‘pooled effect’ (37). In other words, the positive gains are maintained beyond the time someone is engaged in the activity. For some individuals, improving their physical health will be their best route to mental health. A university environment that promotes physical

health and makes it easy for staff 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’ (26).

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 (13, 14, 34, 40). Again, such interventions can provide the most effective path to good mental health for some people. However, there is also increasing evidence that universally-delivered interventions are capable of doing harm (41-43). It is therefore incumbent on universities to ensure that interventions are well-governed, evidence-informed and evaluated in context to insure against harm. In addition, interventions should be delivered by competent and qualified staff who are able to deliver with expertise and respond to student abractions.

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 (44, 45). These include interventions for disabled students, particular nationalities of international students, students from racialised backgrounds, male students and LGBTQ+ students. The mere presence of these interventions can help to make the university feel like a more welcoming and supportive environment. However, it should be noted that, to ensure relevance and effectiveness, such interventions are often better if they are co-created with those with lived experience (see [Student voice and participation](#)) (46).

For interventions to be effective, 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 interventions are all key to this. It is important that staff and students encounter a culture in which it feels safe to disclose if they are experiencing poor mental health and in which they receive effective, 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, offering 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



- TASO. (2023). Student Mental Health Evidence Toolkit. Online: TASO. Available: <https://taso.org.uk/student-mental-health-hub/toolkit/>
- 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 <https://open.library.ubc.ca/cIRcle/collections/53926/items/1.0132754>

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). Research has clearly demonstrated that housing quality and security has a direct effect on mental health (2-4).

We have an emotional relationship with the spaces in which we live that impacts on our identity, sense of belonging, security and wellbeing (5).

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 (6-8). This includes the area around residential accommodation and its proximity to campus, community and other facilities and services (6).

Creating a sense of security and belonging in student accommodation is particularly important as it is, by its nature, a temporary home (8). Research has highlighted that this transitory aspect can have an unsettling effect and that friendships and living arrangements are crucial

components in counteracting this and ensuring emotional wellbeing (1, 7-9).

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

Access to daylight, warmth, comfort, nature and design that promotes social interaction are important to maintaining good mental health (1, 2, 4, 10). Given the relationship between sleep and both mental health and academic performance, student bedrooms in halls of residence must be places that enable good sleep (11, 12). This requires the room to be maintained at the right temperature, the ability to ensure darkness and soundproofing to be sufficient to guarantee quiet (13), which may require building design to go beyond current building regulations. It also requires accommodation providers to address noise issues as a social issue, through clear and effective processes and to create cultures in accommodation that respect the need for sleep (11, 13).

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 (8).

Student accommodation can also provide a venue for psycho-education and community-building interventions that support student wellbeing and social cohesion (6, 14, 15).

Social relationships within student accommodation are important to wellbeing, however some research suggests that levels of loneliness may be higher among students in student accommodation (7, 16). This

indicates there may be more of a need for proactive interventions from universities and accommodation providers to create inclusive communities within accommodation (6, 8, 15). Research has also 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 shared spaces in accommodation, for example replacing flats that have shared kitchens with bedsits, may increase isolation, with negative consequences for wellbeing (14).

Research and feedback from students and staff has identified relationship breakdowns with housemates and isolation as being particularly detrimental to mental health (7-9, 17, 18). Students from non-traditional or minoritised populations, such as disabled students, international students and Black students may be more vulnerable to these feelings of isolation or exclusion within their accommodation (6). This may, therefore, require additional action on the part of universities and accommodation providers to ensure accommodation is inclusive and fully accessible for all and that instances of discrimination, bullying and harassment are effectively addressed (6, 19, 20).

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 (6, 21, 22).

There is a need for universities to work with their students, accommodation providers and local authorities to ensure that all student accommodation is safe and appropriate, that it meets physical and psychological needs and that it 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 (8, 14). This can have negative impacts, not just for the student involved but also for the students they live with (15, 23). This highlights a need for clear protocols and well-developed interventions and support (8).

Incidents like this can impact on accommodation staff – some of whom may also be students. Ensuring that staff 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 (23, 24).

In responding to student needs, the relationship between accommodation providers and university support services is particularly important (15, 23), which may require universities and private providers to build stronger relationships. Accommodation is an environment in which students experiencing poor mental health can be identified and effectively referred to appropriate support services. For this to be the case, it is necessary for accommodation providers to be aware of the support available, through universities and external services, and to have effective referral pathways in place (7, 25). It is also important for universities to work with private accommodation providers to ensure the provision and availability of accessible, affordable, safe and stable housing.

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. support services.
5. Accommodation staff are trained and supported in responding to student mental illness.
6. Universities provide support for students who may be living with a flatmate who is experiencing significant mental illness and staff in accommodation who may be responding to student mental illness.

Suggested resources



- Halpin. (2022). Living Black at University. Online: Unite. Available: <https://www.unitegroup.com/living-black-at-university>
- Piper, R. (2016). Student living: collaborating to support mental health in university accommodation. (Rep). Oxford: Student Minds <https://www.studentminds.org.uk/studentliving.html>
- British Property Federation. (2019). Student Wellbeing In Purpose-Built Student Accommodation. London: BPF. <https://bpf.org.uk/media/2665/student-wellbeing-digital-copy-v3-1.pdf>

Social integration and belonging

What does it cover?

- Ensuring students become socially integrated into university
- Creating a safe, inclusive community
- Tackling isolation

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 motivation, engagement, enjoyment, academic achievement and persistence to graduation (1-5).

Authors working in the fields of psychology, philosophy, education and sociology all highlight the importance of social connectedness and belonging for health and wellbeing (6-11).

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 and value (7, 11-13).

Good wellbeing and mental health, to an extent, 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 (10). We know that perceived loneliness reduces cognitive function, mood, sleep and immunity (14-18) and loneliness has a direct negative effect on academic performance (14). As a result, students who experience loneliness may face

a negative emotional cycle in which loneliness reduces mood and academic performance, undermining self-belief and belonging, leading to further social isolation and reductions in mood. Perceived loneliness has been shown to be a heightened risk factor for the development of mental illness in the general population (17). It is important to note that loneliness can exist without an individual being socially isolated (19). Although isolation makes loneliness more likely, it is possible to be in contact with others and lonely (19). Students who experience loneliness may, therefore, benefit from therapeutic interventions.

Successful social integration appears to matter right from the beginning of a student's time at university (2, 18), with some indications that early friendship formation may have long term health implications that are still evident in a student's final year at university (20). However, it is also important to note that, given the shifting and transitory nature of student friendships, students may benefit from ongoing support to increase sense of belonging and community (21).

Since the Covid-19 pandemic there has been increasing evidence of high rates of loneliness in the student population (22). Research particularly indicates some students may be more susceptible to being excluded and to experiencing loneliness, including disabled students, racially minoritised groups, international students, first-in-family students and those from particular socio-economic groups may be more likely to experience social isolation (4, 5, 23, 24). This suggests that these groups would benefit from special consideration

in the design of interventions/ approaches to social integration and belonging. It is particularly important that individuals feel safe in their community (24). Discrimination, harassment and bullying have all been shown to have short- and long-term negative impacts on mental and physical health (25, 26).

Research, sector feedback and discourse indicates that, since the pandemic, there have been additional barriers to creating community and to students finding a sense of belonging (4, 27, 28). Early evidence suggests that these barriers include the rise in cost of living, which has resulted in some students being unable to afford travel, food and drink, access to social events and membership fees for clubs and societies (29, 30). This also appears to have resulted in some students having to prioritise paid work over social events and attending in-person teaching (27-30). In turn, for those students who do attend campus, they are encountering a less active social space, reducing their opportunities to build community and belonging (27, 28).

In addition to these barriers are suggestions that the pandemic has disrupted normal social patterns of behaviour and that online learning spaces can reduce students' sense of belonging and course identity (27, 28, 31).

Beyond this, little work has been done to establish how student friendship groups form, how and why students become socially isolated and how student loneliness can be prevented (24). Much work to support social integration and the creation of friendship groups, within universities, is often ad hoc and unevaluated.

This is particularly concerning as evidence indicates that, once someone perceives themselves as being lonely, subsequent social interactions are less effective in helping them to become socially connected (8).

This means there is a pressing need for universities to ensure students can integrate quickly, form healthy friendship groups, encounter an environment that is welcoming and safe for them and receive quick and effective support if they become socially isolated (3, 5, 8, 18).

Importantly, some longitudinal research indicates that the experience students have of their university is the strongest predictor of the sense of belonging they develop (32).

There is a larger question here in relation to the role of community and communities in universities (24, 32). To belong, there must be a community or communities to which students can belong. Communities each have their own cultures, rules and ways of communicating and being and universities have significant influence over these. Universities may need to recognise and accept a larger role in directly creating and supporting the community and in providing the environment and practical necessities to support the growth of self-sustaining communities (32). Alongside this is the need for an overarching culture that guards against hierarchies between communities and allows for the resolution of competing needs.

Within this approach, there is clearly a need for considered collaboration between universities and students' unions or guilds, as there is emerging evidence that, for some students, membership of a club or society can increase their sense of belonging (33). However, research also demonstrates the importance of the curriculum as a site for creating community and a sense of belonging. Students do not only build belonging in extra-curricular spaces and a sense of community, belonging and psychological safety are important for learning and wellbeing (21, 23, 34). This can be challenging if cohort and class sizes are large and if students are not provided with specific and consistent opportunities to interact and build relationships with their peers (34).

The role of staff and colleague belonging and community is also important for this theme (35, 36). Relationships between staff and students play a significant role in the development of students' sense of belonging (37). Equally, good staff wellbeing requires a supportive culture and environment to which colleagues can feel they belong (35, 36). Particularly within academic disciplines, the existing staff culture and sense of inclusion or exclusion does much to shape the learning community which students are attempting to join – which can be particularly important for postgraduate research students (38, 39).

However, there are a number of delicate balances that must be maintained when considering how universities can create environments in which students can thrive. For universities to be genuinely inclusive, they must remain a forum for diverse and challenging voices. Encountering different experiences, viewpoints and beliefs is a key aspect of student development, and can serve as a protective factor for future mental health by preparing students for future experiences and encounters. Creating a culture of bland conformity is likely to be exclusionary for many and potentially robs students of the opportunity to learn and grow (40).

A number of philosophers have suggested that the main challenge of all societies and communities is to have stable social rules which can ensure cohesion and general belonging but also accommodate difference and individualism (e.g. 41). Addressing this question seems salient for universities who wish to create communities to which their students can belong and environments which stretch them, encouraging them to thrive.

Principles of Good Practice:

1. Universities take considered action to ensure a diverse, safe community.
2. Universities actively and systematically support the social integration of all students.
3. Universities take action to tackle the causes and effects of social isolation.
4. Universities provide support for those experiencing loneliness.
5. Universities work to prevent and address marginalisation, discrimination or harassment of individual students and groups.
6. Universities ensure social cohesion and individual differences exist alongside each other, taking account of power dynamics and imbalances.



Physical environment

What does it cover?

- Design and maintenance of work, learning and living spaces within the university
- Provision and use of green spaces and nature
- Movement between buildings and wayfinding
- Reducing risk through the 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 (1-4). Given the amount of time that many staff and students still 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 (1, 4-7).

This begins with ensuring that the environment in which people spend 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 (8, 9). Work, learning and university living spaces need to be designed with access to daylight, good ventilation, appropriate, regulated temperature and physically comfortable furniture, which meets the needs of the individual and the tasks they are required to undertake (1, 8-12). This requires all university spaces to be designed and maintained with the wellbeing of staff and students in mind – from bedrooms in halls, to classrooms, workspaces and public spaces.

Within the work environment, concern has been raised about some recent trends in office space, even before the Covid-19 pandemic accelerated changes in working practices (10). Research indicates that open-plan offices can lead to higher levels of stress, declining overall health, lower levels of productivity and negative effects

on social relationships and interactions (1, 8, 13). Hot-desking has been highlighted by staff as having a potential negative impact on their wellbeing (14). How workspace is allocated and staff's sense of control of space can also have psychological effects (8). Staff allocated to a workspace that is not suited to their role can result in them feeling that they and their work are undervalued and not understood and can compound other inequalities. It is also possible that changes to the workplace, caused by an increase in home working, may have implications for mental health (positive and/or negative). This may be particularly so for those who have less flexibility due to role or living conditions but to date research into this is still at a formative stage.

External space and engagement with nature has been repeatedly shown to have positive impacts on mental health and wellbeing, helping to reduce anxiety, raise mood, improve cognition and have recuperative effects (3-5, 15).

Research suggests that there may be two levels to this. First, simple exposure to nature has a positive effect (15-16). For universities without green space, bringing nature inside can still provide wellbeing benefits (6, 17). On top of this, regularly and consciously engaging with the natural world has additional benefits, with studies suggesting that this boost to wellbeing has long lasting effects (15).

Significant mental health benefits can be gained from encouraging staff and students to engage with the natural world on campus in simple ways, such as noticing the good things in nature, through education and behavioural interventions (4, 6, 18) and where appropriate, through the curriculum (6).

The provision of social space can have positive consequences for wellbeing (19). However, simply designating an area as social space may not be sufficient. For it to have a positive impact, the space must be appealing, comfortable, meet basic needs and to have a point of attraction that draws people towards it (e.g. nature, art or a practical object, such as a kettle). Within this, foodservice environments can be important for socialisation, collaboration and the provision of restorative space (20), providing they remain affordable to student budgets.

Research has also highlighted the importance of the need for the environment to feel physically safe and the importance of universities taking action to increase the sense of safety (21). Wayfinding is an additional factor which can impact wellbeing. Problems navigating campus can increase anxiety and reduce sense of belonging (22, 23). This has added implications for disabled staff and students if buildings are inaccessible. For some students, the physical environment can be made more inclusive if quiet spaces are provided and are easy to locate and access (24, 25).

Finally, research has shown that building design can reduce risk from suicide by, for instance, reducing access to high places (26).

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 (11, 27). Importantly, this does not mean universities need to spend significant amounts of extra money or undertake substantial redesign projects. Improvement to the physical environment can be achieved 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, safety and accessibility within the design of new buildings and developments.
2. Universities engage with evidence and their communities to embed wellbeing, safety and accessibility into the redevelopment and maintenance of current estate.
3. Universities ensure that the design and allocation of working and learning spaces effectively supports the learning/work undertaken within that space.
4. Universities facilitate and actively encourage staff and students to engage with nature.
5. Universities ensure staff 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 effective university leadership committed to improving mental health

Why is this theme important and what matters?

An integrated 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 (1-4). 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, 5-7).

Change can be more consistent, effective and long lasting if it is supported by a cohesive vision, culture and sense of purpose that can be understood and shared by the whole community (1, 2, 6-9).

University leaders play a significant role in helping establish shared culture, structure and environment that supports change and individual wellbeing (1, 4, 10). Leaders can ensure that their university takes a strategic approach to mental health, that it is identified as a priority and that appropriate resources are allocated (1, 2, 10). They can also influence the value the community places on wellbeing through public modelling and supporting behaviours which underpin a healthy culture (2, 11). This can be supported through a boundary-spanning approach which encourages cross-boundary collaboration, relationship building, information sharing and a recognition of the need for cohesiveness across the university (12, 13).

Conversely, leadership actions and approaches can also cause direct harm and lead to unhealthy cultures which undermine mental health, wellbeing and institutional performance and sustainability (10, 11, 14, 15). While leaders cannot be fully responsible for the mental health of everyone within their community, they do have a responsibility to ensure the influence they do have to ensure their behaviours and the practice, culture and actions of their university support good wellbeing and avoid harm as much as possible (1, 9-11, 14).

An important element to this that is less discussed is the mental health and wellbeing of university leaders themselves (16-18). While some voices have raised concerns about this, the mental health of leaders generally and in universities particularly is often overlooked (19). Despite this, the mental health of leaders is important both in and of itself and because research indicates that leaders who are highly stressed and/or experiencing burnout are more likely to make poor decisions and to have negative impacts on the wellbeing of others within their organisation (16-19). In addition, if leaders visibly neglect to care for their own wellbeing, this may model unhealthy behaviours that are then adopted throughout the organisation.

Importantly, this discussion extends beyond Vice Chancellors or Principals. Many universities were designed with a deliberately distributed power structure (5, 20). As such, a genuine leadership commitment to mental health must include Governors, Deans, Heads of Departments, the Professoriate and local leadership teams (21, 22).

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 (23). Research and consultation with staff demonstrates that there can often be significant gaps between official policy and strategy on one side and practice and lived culture on the other (23). Written strategy documents can be helpful in providing direction when used as living documents but a disconnect between strategy and reality can also create dissonance that is harmful to the wellbeing of staff and students.

Consultation with staff and students have 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

There is now a broad acknowledgement that successful mental health strategies must take an integrated 'whole-university approach', properly considering every aspect of university life (1, 2, 6, 8, 24, 25). An effective 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 (2, 6, 9). 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 (1).

2. How the strategy was created and who was involved

Communities are by definition complex and composed of differing 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 different groups, experiences and views (26, 27). A successful strategy will therefore mobilise the whole community.

Strategies that are co-created with staff and students from across the university are likely to be more realistic, relevant and effective (27-29).

Co-creation can help ensure that the strategy has properly considered the needs and views of each area of the university and that the whole community has ownership from conception (28, 29).

For a mental health strategy to be effective, it must be robustly informed by research, internal evidence and comprehensive evaluation of current practice (1, 9). This must persist beyond the original drafting of the document, responding flexibly to new findings and understanding, to ensure the ongoing development of a healthy environment, interventions, culture and support.

3. How well connected the strategy is to core university missions and whether mental health is also considered in other relevant strategies, policies and procedures

If a strategic approach is to be genuinely embedded across the whole community, it cannot exist as a side consideration to core university missions. There must, instead, be a clear relationship between the core focus of an institution (e.g. teaching and research) and the mental health and wellbeing of staff and students (30, 31). If the core mission and wellbeing of the community are not connected, then wellbeing will always be a secondary consideration which may be sacrificed in pursuit of other organisational goals. When mental health and wellbeing are genuinely embedded this can be evident through the consideration of mental health in other strategy documents (e.g. teaching and learning strategies, workforce management strategies) and operational policies and procedures (e.g. disciplinary policies, complaints processes, mitigating circumstances arrangements and fitness for university life policies) (32-34).

Students and staff in the consultations highlighted the importance of policies being designed with wellbeing in mind and ensuring that they do not disadvantage or pose a risk to mental health or those experiencing mental illness. This was particularly the case for policies that specifically address mental health in some way, such as fitness to study policies (32-35).

4. Whether there is clear evidence of the strategy shaping day-to-day activity

More important than the existence of a written document is that sustained, positive, cohesive change is underway and likely to continue in future (8, 22). Some of this may be reflected in the day-to-day processes by which universities run and some in the behaviour of the whole community, in the soft gaps that cannot be covered by university governance documentation (35, 36).

How staff and students feel, behave and how they respond to and communicate with each other are important elements in any successful whole-university approach. While a healthy culture can be difficult to document and measure, it nevertheless remains an important aim of an effective mental health or wellbeing strategy (9, 35, 36).

Principles of Good Practice:

1. Universities have a strategic whole-university approach to mental health that is embedded in day-to-day practice and culture.
2. Universities have an approach to mental health and wellbeing that is robustly evidence informed.
3. Universities have an approach to mental health and wellbeing that is co-produced with staff and students, seeks to mobilise the whole community and considers mental health across the whole university.
4. Universities' approach to mental health and wellbeing is evident in other strategies, policies, procedures and practice.
5. There is visible leadership and commitment to mental health across the entire organisation.
6. Universities' approach to mental health is clearly linked to and part of core institutional missions.



Student voice and participation

What does it cover?

- Student involvement in the development of mental health strategies
- Student voice and participation in shaping key university strategies that affect mental health (e.g. teaching and learning strategies)
- Student voice, participation and co-creation of services and responses to mental health
- Processes for students to raise concerns and highlight issues which may positively or negatively impact on their mental health

Why is this theme important and what matters?

One of four key components of empowering people with mental health problems, as set out by the World Health Organisation, is ‘participation in decisions’ (1, 2). Listening to those who experience mental illness is vital, if services and interventions are to be effective and avoid harm (3-5).

Historically, those receiving mental health care have often been denied their agency and their right to have a say in how they are supported (6, 7). This has led to delays in responding to adverse effects of interventions, persisting with responses that were ineffective and potentially harmful and missing opportunities for improvements in care (1, 4, 6, 8).

A genuine whole-university approach to mental health must learn from these experiences and seek to understand the beliefs, insights, needs and experiences of the whole population, so as to avoid harm and maximise the possibility of positive impacts and outcomes for students and staff (9, 10).

In responding to mental health problems, different approaches work for different people, and recovery and well supported mental health is often context-dependent (11-13). To support good mental health in students, it is therefore necessary to understand the context and the direct experiences of current students (7, 9, 11). Interventions, strategies and services that are developed without fully understanding the experiences and views of students are likely to be less effective and less responsive to actual need (7). This is especially true post the Covid-19 pandemic, as no previous generation has had the same preparatory experiences or the same experience of the consequently transformed university landscape.

This is not to say that the views and expertise of clinical professionals are not important. Co-creation seeks to elevate student voice so that, in collaboration with clinicians and other experts, better interventions, services and outcomes can be achieved than could ever be created by one group alone (7, 14). In this approach, the student voice is a vital element in the evidence base, alongside other forms of research, outcome measurement and clinical expertise (9). By bringing together and triangulating all of this evidence, interventions and strategies can be more targeted, relevant and effective.

Participation in co-creating responses to mental health needs can be beneficial for the individuals involved, helping them to contextualise their own experiences, gain new skills and develop a sense of empowerment

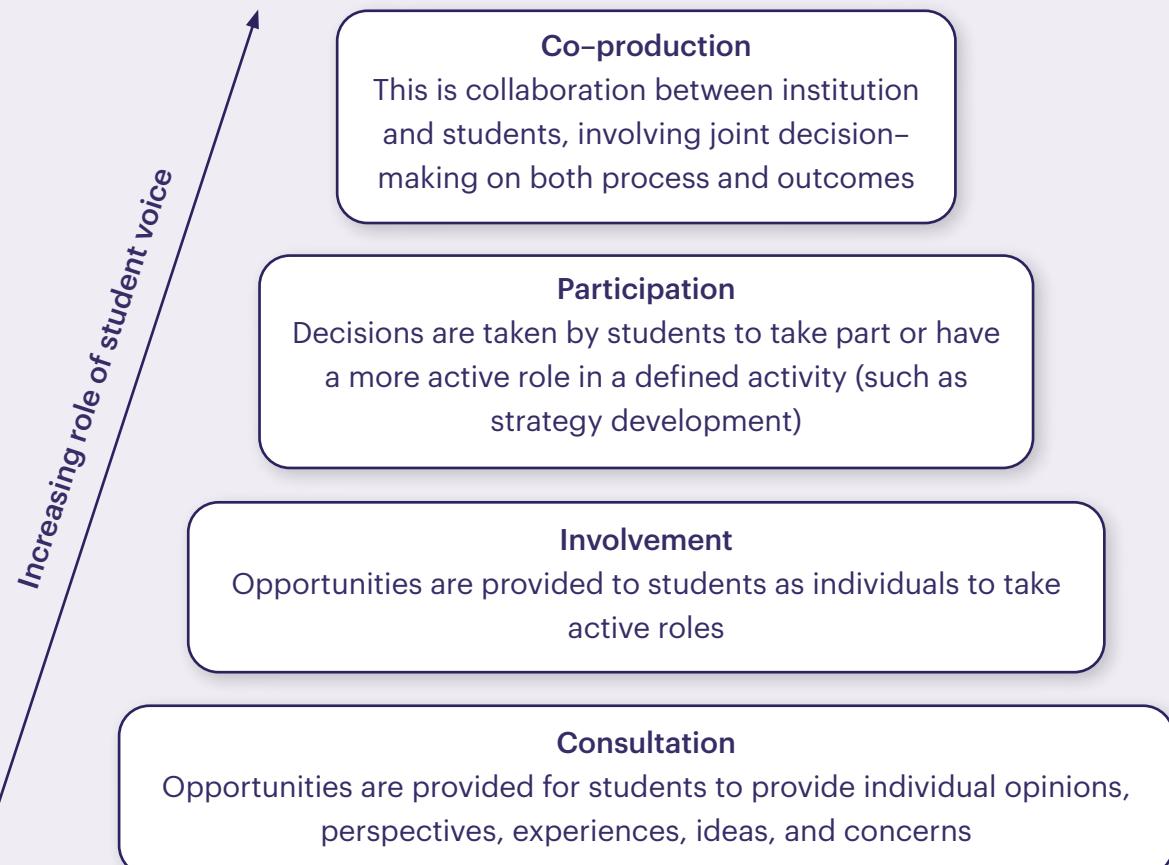
and agency and improving trust between students and their university (7, 9, 15).

National work on student participation sets out how students can be engaged in developing approaches to mental health with varying levels of involvement, from consultation to co-production (7, 9, 16).

Working with individuals to develop approaches to mental health is an active, ongoing process of collaboration, operating at multiple levels (7, 9). Student voice is often most effective when embedded in a participatory structure in which students are included at all levels of decision making and are supported to develop and be effective in these roles (16, 17). This includes action to ensure participation is possible for all students, that all experiences and voices are included and that there isn't a cost to participation, for example, by requiring

levels of commitment that impact on caring responsibilities or the need for paid work (9, 16). Considerations of participant safety must be embedded into the design and operation of the process, particularly for those with previous lived experience of mental illness (17). It is also important that student and staff participants share the same understanding of terminology and purpose in regard to co-creation (7, 9).

The process of co-production can be facilitated through effective partnerships e.g. between students' unions, guilds or associations and their university (17). Consideration should also be given to ensuring that staff are confident, competent and resourced in supporting and engaging in co-creation. This can be difficult work for colleagues who may find it challenges their ways of working and thinking and not all will initially possess the skill set for successful co-creation (9, 18, 19).



Co-production [Fig 5]

Increasing the role of student voice Adapted from Healy et. al. (2014, Higher Education Academy)

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

The first is in developing or revising the university's strategic approach to mental health. Student and staff experiences, views and ideas should be included in the development of strategy from conception (7, 10, 20). Importantly, this should move beyond the creation of a standalone mental health strategy document – taking a whole-university approach will involve students in co-creating strategy, policy and action across all areas of university life to ensure they positively impact on mental health and wellbeing (10, 21-23).

Secondly, the student voice can play an important role in helping to oversee, shape and develop student support services, ensuring they are responding to need and serving as an additional quality-assurance mechanism (2, 3, 9). A number of universities in the University Mental Health Charter Framework consultation identified ways in which this was happening in their institutions, including involving students' union officers in planning groups, holding regular student advisory panels and gathering regular feedback from service users (9). This also applies to initiatives beyond student services, such as activity embedded into the curriculum or proactive outreach interventions, which are more likely to be relevant, accepted and accessed if they have been co-created (18, 24, 25).

Thirdly, co-creation and participation can highlight any aspects of university life that may be having a detrimental impact on mental health and identify potential actions which may improve wellbeing (9, 26-28).

Finally, students are a significant part of the everyday culture of any university and will therefore play a significant role in creating an environment that is positive for mental health (29-31). Students can play a powerful role in carrying positive messages about mental health into the university community and can help shape and support the effectiveness of support services communication strategies.

We have already noted how student groups can be effective in supporting social integration and preventing mental illness (see [Social integration and belonging](#)). In addition to this, in many universities students provide direct support to other students. This can happen through peer mentor programmes, or through specific roles, such as Resident Assistants or Wardens in halls. There is strong evidence that many students turn to their friends when experiencing problems with their mental health and that peer support, when done well, can be an effective form of support (32). However, there are significant challenges that must also be considered when placing students into these roles.

Research shows that students in formal roles can experience vicarious trauma and other negative impacts on their wellbeing from engaging in this work (33, 34). There are risks from peer mentoring roles being ill-defined and poorly understood (35). It is important that students are not regarded as a low-cost option when universities are considering their responses to mental illness. Peer support requires adequate resourcing, training and close supervision (9, 36). The purpose of each type of peer support should also be clear, with well delineated and maintained boundaries (35, 36). Without this, there is potential risk for both the peer mentor and mentee.

Principles of Good Practice:



1. Universities work in partnership with students to develop mental health-related strategy and policy.
2. Universities work in partnership with students to shape the ongoing development and oversight of support services.
3. Universities work in partnership with students and staff to create a culture that supports good wellbeing.
4. Universities provide clear structure for participation and co-creation, support staff and students to develop the necessary skills to collaborate and ensure approaches to co-creation are safe and inclusive.
5. Universities take proactive steps to ensure that a diverse range of student and staff voices are considered in developing responses to mental health.
6. Universities ensure that student-led or peer support interventions are safe, appropriately resourced and well managed.

Suggested resources



- Piper, R. & Emmanuel, T. (2019). Co-producing Mental Health Strategies with Students: A Guide for the Higher Education Sector. Leeds: Student Minds https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/cpdn_document_artwork.pdf [Accessed 30/9/19]

Cohesiveness of support across the provider

What does it cover?

- Collaboration and cohesiveness across and between student support service teams
- Collaboration and cohesiveness of response between student support service teams and academic staff
- Collaboration and cohesiveness of response between student support service teams and other professional services staff

Why is this theme important and what matters?

Ensuring a cohesive, holistic response to mental health across the organisation is an important part of any effective whole-university approach. Without a cohesive response, differences in approach and misunderstandings between teams can create gaps in support that put students at risk or have a negative impact on their wellbeing (1-3). Inconsistent advice, improper, ineffective or non-existent signposting, apparent differences in attitude and promises made by one part of the institution that cannot be fulfilled by another, can have negative impacts on student mental health, lead to direct or indirect discrimination, and undermine belief that the university can or will provide the support they need (4-7).

Alternatively, when different teams are able to collaborate and work well together, support to students improves and is more effective (1, 4, 8-11).

In healthcare contexts, consistent work between teams is vital to ensure good quality care, support and intervention (11, 12) and these principles can also improve outcomes in educational settings (13). A well understood

whole-university approach that is grounded in culture and practice, in which colleagues have appropriate roles for which they are properly prepared and with good, open lines of communication across the institution, can ensure students receive consistent and effective responses (1, 4, 8, 14-16). Within this model, information will be appropriately shared between different parts of the institution and staff will be able to seek advice and guidance when needed (1, 4, 14). If information is not appropriately communicated, this can result in students not being assessed and supported appropriately by relevant services. As a result, students at risk may be missed or go unsupported for unnecessarily long periods of time or may experience direct or indirect discrimination through lack of appropriate adjustments (1, 6, 17).

This is not to say that all information should be available to the whole university. The confidentiality of counselling and mental health services is crucial if they are to be effective, safe and accessible (18, 19). For example, students may be less likely to access services if they believe that their information will be shared with their lecturer (19, 20). As a result, their reluctance to access support may increase the risk to them. Information sharing across the organisation may be asymmetric but it should be clear, effective and result in students in need being assessed and supported as quickly, effectively and efficiently as possible (17).

This cohesion must begin within support services themselves. University staff have highlighted that differences of philosophical view, conflicting approaches to mental health and perceived competition for resources can cause conflict between separate support services teams (11). For example, between counselling services and wellbeing mental health teams, or disability teams. Students in the consultation said they can be negatively impacted when support services do not work well together (21). They described experiences of being ‘bounced’ between teams, having to retell their story to several people and join lengthy waiting lists each time, and a lack of coordinated response to their needs. This resulted in severe delays to students receiving support and diminished their belief that their university cared about them or that the support would ever help them (7, 21). Such failures to proactively anticipate and address student needs has also been highlighted in the judgements of recent court cases. These findings explicitly emphasise the legal duty universities have to respond proactively and cohesively to students who may be disabled, whether declared or not, which includes mental illness (22).

Support services require effective triage mechanisms to ensure students reach the most appropriate teams first (23). There is a need for partially porous boundaries between teams, that ensure students receive consistent responses and can move seamlessly from one team to another without additional delays (11, 21). Additionally, when students require support from multiple sources, there are pressing reasons for teams to be able to work collaboratively, to reduce risk and ensure effective, consistent support (10-13). To achieve this requires the development of a whole team ethos, in which differences of view, language and approach can be negotiated and agreed (11, 24).

It is important that support teams and the interventions on offer are complementary, provide consistent messages and a cohesive vision, to ensure student confidence, belief and trust. This extends to the service offer of different teams and any proactive interventions or campaigns within the university.

This cohesive ethos must be supported across the university, ensuring that gaps between support service teams, academic teams and other professional services are addressed, through the development of shared interests, principles, culture and language (1, 3, 4, 16). Signposting and referrals are beneficial when staff outside support services understand the services on offer and trust the teams providing them (1, 4).

Without this understanding, staff who are not mental health professionals may find themselves responding to an episode of severe illness without knowing what support is available or how to access it (1, 3, 14). This can have significant negative consequences for both the ill individual and the member of staff (1, 14, 15).

The University Mental Health Charter Framework consultation revealed that a number of universities have sought to improve contact between academic staff and support services. This has included:

- Providing dedicated phone lines into support services for academic staff to seek advice when they are concerned about a student
- Bringing academic and support staff together in working groups to think holistically about support services
- Using support staff to deliver training to academic staff and vice versa

These approaches are promising but there is a need to ensure that others who are likely to encounter students experiencing poor mental health can also develop understanding and relationships with support services, such as security staff, librarians, halls staff and study skills advisors (4, 5, 9, 10).

Principles of Good Practice:



1. Universities ensure cohesion and appropriate collaboration between different support services.
2. Universities ensure cohesion and appropriate collaboration between support services and academic teams.
3. Universities facilitate appropriate sharing of information across the institution to support individual students.
4. Universities ensure effective signposting and triage across the institution.
5. Universities work to develop a shared vision and understanding between different parts of the university community towards mental health.

Inclusivity and intersectional mental health

What does it cover?

- Staff and students who may face additional challenges due to structural, personal or cultural inequalities e.g. LGBTQ+ students, racialised minority students, care leavers, carers, disabled students, mature students, carers, working-class students, 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, distance learners, students on professional placements and students studying overseas

Why is this theme important and what matters?

Growing research demonstrates that some university staff and students face additional barriers to success and challenges to their mental health and wellbeing due to their background, characteristics, aspects of identity, mode of study or relationship to their campus and university (1-6).

Inequality can, in and of itself, have negative effects on mental health (7, 8). 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 (5, 7-10).

Within universities, research indicates that some students and staff continue to experience discrimination and harassment that has

negative consequences for mental health (1, 4, 5, 9-13). Alongside this, there is evidence that differences in equality of experience, barriers to accessing social space, poverty and differences in opportunity affect a significant number of students and staff and are potentially harmful to wellbeing (6, 10, 13, 14).

In addition, practical barriers faced by some staff 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 (15-18). Racially minoritised students in our consultations and in research highlight that the process of having to regularly explain their background, culture, experiences and language served as an additional barrier and set of tasks (1, 9, 19). Research also highlights that some students and staff, including those who are working class, black and LGBTQ+ expend significant cognitive resources adapting to the normative culture within their classroom and

university, leaving less for learning, research and performance (1, 4, 10, 14, 19); 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 (13, 20).

However, it is important not to position those staff 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 skills than their peers and often work harder and longer for the same recognition (19, 21). It is simply that the unequal challenges these individuals face can exhaust even this additional resource (21). It is also important to note that university need not be a negative experience and in fact, research identifies that academia and the opportunity to explore personal experiences and identity through academic study and discussion can be positive for wellbeing (1, 21).

The Equality Act (2010) details a set of protected characteristics that describe those most likely to experience inequality and discrimination in society at large. Universities have a proactive duty to take action to ensure equality of access, experience and opportunity and the extent of this duty has been clarified by recent court judgements (22).

However, within a university setting, there are also students who 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 postgraduate students face particular challenges to their mental health and may lack effective support which understands and responds to their specific needs (23, 24). Online students face specific challenges as a result of studying away from campus, lacking the presence of a physical learning community and, in many cases, being unable to access support services provided by universities (6, 25). Research also highlights the challenges experienced by part-time, commuter and mature

students that can negatively impact on their mental health (6).

This suggests that mental health inequalities at university need to be considered through two lenses:

1. Inequality of experiences due to background, characteristic and identity, and;
2. Inequality of experience due to mode of study or staff or student role.

Of course, it is also important to consider how these identities intersect (26). Some individuals will find themselves in several of these categories. As work on intersectionality has long identified, for those who experience more than one such identity, the barriers and challenges they face are not just accumulative but are exponential (26). This means that universities must consider how some students may face barriers that transcend single identities or may be excluded from groups to which they may be assumed to belong.

As a consequence, while universities continue to develop cultures that are genuinely inclusive for all, some people may need additional or alternative adaptations, interventions or support. This means that university support services for staff and students must have sufficient levels of cultural competency and provide additional interventions that are relevant and responsive to the unequal challenges members of the community might face (1, 4, 6, 19, 23).

However, adjustments to normal practice are not enough (6, 11, 17, 19). To be successful and remain mentally healthy, staff and students must encounter a culture that feels welcoming and to which they can build a genuine sense of belonging (25). If the environment feels unsafe, toxic, uncaring or dangerous to any individual, this will inevitably have a negative impact on their wellbeing (5, 8, 11, 12). This is also true of environments that are isolating or those in which an individual feels they need to

shape or hide their identity (10, 14, 19). Relying on support services for remedial action is not a sufficient response to a toxic culture. Rather, it is necessary for universities to promote a whole-university culture in which all staff and students can flourish, be fulfilled, be their whole self and maintain good wellbeing. This does not mean members of the university community should not encounter challenging opinions that they may find disagreeable. It does, however, mean that such encounters should be respectful, conducted with academic integrity, in search of greater wisdom and understanding and within a well-maintained, safe and welcoming environment (19, 27-28). This extends to the need for inclusive approaches to teaching, learning and assessment (16-19, 30, 31).

The university environment should be a place in which no group is 'vulnerable', and which recognises that routes to better mental health, although different, are possible for all.

This challenge is best approached with careful consideration of the specific context of each university. While larger universities may have a focus on groups traditionally considered through an equality and diversity lens, smaller institutions may have concerns about sub-populations that are specific to their context. For example, agricultural colleges have raised concerns about students in their communities who do not come from traditional farming backgrounds, and can therefore experience isolation and a lack of belonging (32).

Principles of Good Practice:

- Universities take action to understand their populations and staff and students' differing needs and experiences.
- Universities ensure that the culture and environment is inclusive, welcoming and safe for all members of the university community.
- Universities develop specific interventions that address the barriers to mental health and wellbeing faced by particular groups due to structural, personal or cultural inequalities.
- 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.
- Universities ensure support services work to improve their cultural competence and are able to respond to different student backgrounds, characteristics and experiences.



Research, innovation and dissemination

What does it cover?

- Supporting research into student mental health and wellbeing
- Supporting evidence informed innovation and the testing of new interventions
- Supporting collaboration across the sector
- Supporting dissemination of good practice and new evidence
- Closing the gap between support services practice and research

Why is this theme important and what matters?

Since the publication of the first edition of the University Mental Health Charter Framework, more research has been published on staff and student mental health, much of it supported by SMARTEN, the student mental health research network (1, 2). There has also been an increase in the sharing of practice and the development of toolkits and work to provide guidance on evidenced-informed practice (e.g. 3-7). This increase in research and dissemination of practice is to be welcomed as a necessary step in addressing the challenge of mental health in universities.

However, despite this there remains much work to be done. There are still significant gaps in our knowledge and understanding in relation to prevalence, causes, the effectiveness of responses and potential areas of harm (8-12). This uncertainty has been added to by the changes to university life post the Covid-19 pandemic, increases in working from home and the reduction in the number of students attending campus in person (13-17). In addition, research into mental health more broadly, outside of universities, has also raised questions around previous understandings about mental health and effective interventions (18-21), leading to more uncertainty. All of which means there is an even greater need to properly research this area, innovate for better solutions, evaluate effectively

and disseminate what has worked, in what context, for whom.

Staff, leaders and sector partners have called for a better understanding of what good, effective practice is and how they can evaluate their own interventions (8, 10, 11, 12, 22-24). Given that interventions for wellbeing also have the potential to cause harm (20, 21, 25, 26), it is vital this is addressed and that effective evaluation is embedded into the work of universities and is used to inform the development of interventions and services (8, 10, 12, 27, 28). For this to be feasible, this will require the development of evaluation methods that do not rely entirely on randomised controlled trials as these can be difficult to conduct in real-world settings and for settings-based approaches (9, 12, 23).

Much work within the social sciences suggests that addressing this gap will require cross-disciplinary collaborations, involving researchers and practitioners and bringing together universities of differing size and type (29, 30).

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 (29, 30).

Many support services staff in the University Mental Health Charter Framework 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 staff in design or implementation (31). When research is detached from practice, research can produce findings that feel irrelevant to day-to-day practice, disconnected policy and recommendations that cannot be implemented in reality (12, 32, 33). Although it may be tempting to franchise research out to academics within the institution or private companies, if support services staff 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 effective practice (31). Importantly, student services staff are also well positioned to understand the context within which mental health support is provided, without which it is not possible to fully understand the circumstances in which an intervention does or does not work and for whom (12, 34).

Staff in professional service roles indicated that it can be difficult 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.

The obligations that this brings for universities will differ 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, the clinical expertise of staff in support services and co-creation with students. For others without these resources, it may be possible to support this agenda through collaborations with larger partners, by encouraging staff and students to act as participants in the research of others and in the regular evaluation of their own practice. To ensure generalisability, there is a need to establish more cross-institutional collaborations, between providers of different size and type.

This would support the development of a better understanding of which determinants of mental health are unique to the university experience and how they interact with external factors. Building national understanding of effective responses also requires the sharing of research and evaluated good practice across the sector. Publishing in the literature and via knowledge-exchange platforms, presenting at conferences and engaging in discussions with sector colleagues to share practice should be seen as a valid and important use of resources for academics and professional support staff.

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 staff to participate in, lead and disseminate research.



Conclusions

Within this document, we have sought to draw on the updated evidence in the literature and that generated by the University Mental Health Charter (UMHC) Framework consultations, to ensure that the UMHC 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 it to their local contexts. Between individual providers, this is likely to be very different.

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. We are pleased that, to date, the UMHC Framework has provided a structure for further innovation, research and debate.

The UMHC Award is based upon these themes and the Principles of Good Practice outlined in this document. For those universities who are part of the UMHC Programme, we provide resources on our online Hub and an ongoing programme of webinars, in-person learning days and practice-sharing events.

Future work will ensure that the UMHC Framework continues to be iterative, meaning it will be reviewed and refreshed as new evidence emerges.

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 higher education sector. If we can harness that brilliance, bring it together in creative collaborations and focus energy and resources, we can create universities that are positive for the mental health of their staff 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 staff is within our ability, given time, resources and commitment. We hope the UMHC Framework helps to make a contribution to this process.



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