OPEN MINDS FINAL REPORT
Student Mental Health and Wellbeing at the University of Brighton
HEFCE Widening Participation funded Centre for Learning and Teaching project, 2008 - 2010
# OPEN MINDS FINAL REPORT

## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>3</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>4</td>
</tr>
<tr>
<td>RATIONALE</td>
<td>5</td>
</tr>
<tr>
<td>RESEARCH DESIGN</td>
<td>12</td>
</tr>
<tr>
<td>STUDENT MENTAL HEALTH AND WELLBEING SURVEY</td>
<td>14</td>
</tr>
<tr>
<td>ACADEMIC STAFF SURVEY</td>
<td>19</td>
</tr>
<tr>
<td>CASE STUDIES</td>
<td>22</td>
</tr>
<tr>
<td>SUMMARY OF FINDINGS</td>
<td>24</td>
</tr>
<tr>
<td>PROJECT ACTIVITIES: WELLBEING PROMOTION</td>
<td>29</td>
</tr>
<tr>
<td>CHALLENGING STIGMA IN HIGHER EDUCATION</td>
<td>37</td>
</tr>
<tr>
<td>PROJECT OUTPUTS</td>
<td>42</td>
</tr>
<tr>
<td>CONCLUSIONS</td>
<td>44</td>
</tr>
<tr>
<td>RECOMMENDATIONS</td>
<td>46</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>47</td>
</tr>
</tbody>
</table>
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INTRODUCTION

Open Minds has been a dynamic Widening Participation research and development project relating to student mental health and wellbeing, run from the Centre for Learning and Teaching (Spring Term 2008 – 2010). Responding to current concerns about the mental health and wellbeing of students in Higher Education, the project was designed to work collaboratively with colleagues from across the university to explore ways to enhance (i) the learning experiences of students with identified mental health difficulties and (ii) the wellbeing and success of all students. Building on previous research in this area, the project has taken a three-pronged approach to enhancing the learning experiences of students with mental health difficulties including

(1) awareness raising / anti-discrimination campaigning;

(2) research into inclusive practices and student experiences to underpin staff development and resources and

(3) the promotion of mental health and wellbeing, linked to pedagogic practices.

Wellbeing has become a central concept as the work has progressed, supporting as it does the preventative, inclusive ethos adopted by the university. The University of Brighton is highly engaged in developing wellbeing, for example through working towards becoming a health promoting university, employing a Curriculum Development Worker for Counselling and Wellbeing, and incorporating wellbeing into learning development activities. While the main focus of the project was on the links between student wellbeing and learning and teaching, it took a holistic approach to enhancing student wellbeing in the long-term, working collaboratively with colleagues across the university and in the wider community towards a shared vision, and coordinated effort to develop positive practices in relation to mental health and wellbeing at the University of Brighton and beyond.

Through investigating perceptions of staff and students, the project links student wellbeing with effective learning. It identifies inclusive strategies that have the potential
to enhance wellbeing and learning for all students, and enabling those students who may be experiencing mental health difficulties (whether disclosed or not). This marks a shift in thinking about disability in HE over the past five years, which moves away from a more deficit model of student support for particular groups of students, and towards a more sustainable, inclusive model that provides flexibility and choice in anticipation of the learning and wellbeing needs of an increasingly diverse student body. In conclusion, it argues for the mainstreaming of inclusive teaching and learning strategies to optimise student wellbeing and success, along with the continued development of an inclusive learning culture.

RATIONALE

Universities have a legal Duty of care responsibility towards all students and particularly Disabled students, including those with mental health difficulties under DDA legislation. The term “mental health difficulties” refers to a wide spectrum of diagnosable conditions, including depression, anxiety, phobia and bipolar disorder. These can range from mild to severe and can be short or long-term. According to the DDA (Disability Discrimination Act), students who have mental health difficulties, which have an ongoing debilitating effect on daily life for a year or more, are classed as disabled; however, with low disclosure rates it is impossible to gauge the full extent of mental health difficulties among students. Students may also experience temporary mental distress, which can be triggered by stressful events such as bereavement, and this may have a debilitating impact on their studies. The prevalence of students with experience of diagnosable mental health difficulties would however be likely to be at least as high as in the general population which in Britain is 1 in 4 in the course of a year (World Mental Health Foundation, 2006). Furthermore, previous studies have identified students as being a particularly vulnerable group, as mental health issues tend to emerge in late adolescence /young adulthood. There are particular stresses associated with student life such as being away from support networks, financial and academic pressures, social isolation, and lifestyle issues such as exposure to drugs and alcohol (Royal College of Psychiatrists, 2003). Many students may therefore experience stress
associated with being in higher education, which may potentially trigger episodes of mental health difficulties.

It is highly likely that academic staff will come into contact with students with mental health difficulties during the academic year, although these may not always be apparent or disclosed. In a University of Hull study (Stanley et al, 2000), 35% of academic supervisors reported recent experiences of student mental health problems; 28% of problems were described as ‘severe’ or ‘life threatening’. A UK Universities/SCOP paper ‘Reducing the Risk of Student Suicide: Issues and responses for Higher Education Institutions’ (2002) concludes that there may be significant risk of suicide and deliberate self-harm amongst a small proportion of the student population in any higher education institution and HEIs therefore have a responsibility to minimise that risk as far as possible.

However, despite apparently rising levels of mental health issues among young people including students, a study carried out at the University of Lancaster (2003) found that ‘many students do not declare any mental health needs at application or prior to entry.’ They identify that this is common because of continuing problems over stigma and mental health in our society. The 2007 UCLAN / PAPYRUS study of student suicide recommends a focus on early intervention when problems emerge and that HEIs should therefore adopt a preventative approach to students developing severe problems (Stanley, 2007). There are challenges for HEIs seeking to improve student mental health and wellbeing and respond to students in crisis. Staff to student ratios have changed, pastoral care is increasingly provided by centralised services, which are often under-resourced, and the student body is increasingly diverse, from a wide range of educational, social and cultural backgrounds and with complex needs. However, while more students have been entering Higher Education, many more are also leaving before completing their studies (National Audit Office).

Quantitative research undertaken in universities, as exemplified by the University of Leicester 2001 study (Grant, 2002), has provided a crucial source of information with regard to the extent of mental health problems in student populations, and factors in the learning environment that may have a detrimental effect on mental health, with
implications for student progression, retention and achievement. In a survey of over
1000 students, a high proportion (50-60%) of students reported concerns regarding
academic progress, particularly in terms of their ability to manage coursework and
assessment (60%), the ability to set priorities, make decisions and manage time (59%),
concentration (58%), and the ability to meet academic/career goals (63%). Other
concerns included adjustment to student life, especially in terms of dealing with
inadequate finances (58%), managing psychosocial health (i.e. depression, mood),
personal development and relationships. It was found that one in six students are likely
to be experiencing at least moderate symptoms of depression and a similar number
displaying obsessive-compulsive symptoms. In terms of seeking help, it was found that
students are most likely to turn to those they know best, such as friends and family
(65%), and Personal Tutors (54%), as opposed to the Counselling service (7%). The
study concludes that widening participation brings a particular set of responsibilities to
ensure that ‘the learning environment in each institution is as responsive as possible to
the needs of the full range of students’ (Grant, 2002, p. 100).

More recently, a study was conducted of 750 students across three universities
(Mitchell, 2008), based on the psychological health questionnaire designed as part of
the earlier University of Leicester study (Grant, 2001). This found that 35.5% were
experiencing high levels of stress in term 1 and 34% in term 2. A significant number of
students (up to 72%) were experiencing stress related to studying and academic
performance. Significantly, more stress levels were reported by those with no family
history of Higher Education. As with the first study, it identified academic staff as key
personnel in terms of help seeking and it identified that students are often unaware of
the available support. The study recommends improved arrangements for feedback; a
return to more personal tutors in terms of pastoral care, and the provision of more
information to prospective students.

Previous studies have explored ways in which academic and personal difficulties can be
managed through a range of personal coping strategies, and institutional and external
support, and suggest the need to target the raising of awareness in university
populations as a whole, to improve knowledge and challenge the stigma of mental
health, so that students are more likely to seek help and receive adequate responses.
The Open Minds project acts and builds on this body of research but, due to the
prevalence of academic related factors in contributing to stress and impacting negatively on wellbeing and mental health, it has aimed to develop a fuller consideration of the role of learning and teaching in building the wellbeing of the student population and developing an inclusive, “mentally healthy” university.

The project aimed to address stigma surrounding mental health, which can be a major barrier to participation for people with mental health difficulties (Thornicroft, 2007), and can prevent students from accessing the support they need (Morris, Mind-the-Gap Project, 2005-7). Activities included mental health promotion and awareness raising events, which have afforded multiple opportunities to capture staff and student voices, and the piloting of academic staff development sessions in conjunction with Student Services. Furthermore, due to the importance of taking a preventative approach to mental health issues (Stanley, 2007), the project has worked to promote a holistic conception of wellbeing among staff and students, and sought to provide strategies for the management of mental health and overall wellbeing. As stated in the Wellbeing in Higher Education group ‘Guidelines for Mental Health Promotion in Higher Education’:

*Effective mental health promotion involves not only attending to the needs of those with mental health difficulties, but also promoting the general mental wellbeing of all staff and students, which will in itself bring significant benefits to the HE institution. Improved general mental wellbeing will impact on institutional reputation, staff and student recruitment and retention, performance in general and on community relations.*

(Crouch, Scarffe and Davies, 2009).

**Social / Medical Models of Disability**

The project follows a social model of disability, which sees the barriers preventing disabled people from full participation in any situation as the disability, rather than the perceived difference or impairment. This model of disability is particularly useful in higher education and enables an emphasis on identifying and addressing barriers to learning, achievement of potential and full participation in the student experience.
Under the social model, disability is caused by the society in which we live and is not the ‘fault’ of an individual disabled person or an inevitable consequence of their limitations. Disability is the product of the physical, organisational and attitudinal barriers present within society which can lead to discrimination.

(Open University, 2006).

Disabling barriers for people with physical impairments may include the physical environment as well as prejudice, discrimination, fear, pity and underestimation of disabled people’s ability to achieve and to contribute to society. For those with mental health difficulties, socially created barriers such as fear, ignorance, negative media images, stereotypes and discriminatory language may be extremely difficult to overcome and can lead to self-stigmatisation and anticipated stigma, whereby they expect to be devalued and devalue themselves (Thornicroft, 2007). While some students with mental health difficulties may find that their learning is affected through their condition or side effects from medication, stigma is a major barrier to full participation in HE, which can exacerbate the problems, lead to social isolation, low academic expectations and prevent students from accessing advice, information and support. Low expectations and the assumption that additional support will be required may tend to homogenise students with mental health difficulties, not taking into account internal strategies for self-management that students may have developed, and the importance of their own support networks. Furthermore, a consideration of how the learning environment and learning, teaching and assessment practices may impact on student mental health is essential.

Inclusive Teaching Practices

Inclusive teaching practices aim to encourage, include and value a wide diversity of learners. Rather than making adjustments or alternative arrangements for an individual or specific group of learners only, inclusive practices are embedded in the planning and delivery of learning (May and Bridger, 2010). For disabled students, this can diminish labelling, and inclusive practices can have benefits for all students, emphasising that all students have different learning styles and needs. An example is that students with mental health difficulties may need guidance on managing their time, clear, easily
accessible lecture notes provided in a variety of formats, and a range of assessment options. Incorporating these adjustments into course design will benefit a large number of students and support their wellbeing by reducing stress and enabling success. It also overcomes the danger of stereotyping disabled students, avoids the risk that individual students’ disabilities are seen as a problem, and reduces the need for individualised adjustments.

As universities continue to develop their practices, in response to widening participation and changing legislation, further research is required in this area. Individual institutions are conducting internal research, impact assessments, reviews and monitoring of their processes and practices with regard to student mental health issues; there may be also many benefits associated with collaboration with other HEIs and the wider community at local, regional and national levels.

Studies have consistently recommended a whole institution approach to challenging stigma, to promoting positive attitudes and support seeking, and to adopt a preventative approach to student mental health through promoting wellbeing for all. These studies and perspectives inform the Open Mind project’s three-stranded approach of research into inclusive learning and teaching strategies, university wide anti-discrimination work, and the promotion of student mental health and wellbeing – aiming to work collaboratively across the university to support developments in this area.

**Student Wellbeing**

Consideration of student wellbeing moves the focus from labeling students with mental health difficulties to attending to the wellbeing of the entire student population, in line with the preventative ethos. This inclusive approach underpins the fact that anyone can be susceptible to mental health and other health difficulties and so contributes to destigmatising mental health difficulties. It focuses on positive mental health, *‘A state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’* (World Health Organisation). Research suggests that by attending to the wellbeing of a whole population, the incidence of extreme
problems such as stress-related illness is likely to diminish (Chapman and West-Burnham, 2010). Throughout the past ten years, the concept of wellbeing has been utilised in industry, with businesses keen to address stress-related absence and underperformance and to optimise performance and business success in their workforces. It has also been a concern for schools, keen to address health and educational inequalities, and more recently, the Government has funded research into the importance of wellbeing for life-long learning, developing the notion of mental capital (Forsight Report, 2008). The costs to society of stress-related problems is enormous in terms of staff sickness, unemployment and health costs (for more details see for example the Mental Health Foundation website), and studies measuring specific criteria have shown that the UK lags behind other European countries in terms of supporting the wellbeing of its young people (UNICEF, quoted in Chapman and West-Burnham, 2010). The New Economics Foundation Centre for Wellbeing (2007) identifies wellbeing as an indicator of quality in Higher Education with benefits for individuals, society, the economy and the environment. It is suggested that a wellbeing quality mark would be achieved when:

- graduates develop knowledge for living alongside knowledge for working;
- intrinsic and extrinsic motivations for learning are set and met;
- the higher education experience is enjoyable and fulfilling;
- the dual qualities of autonomy and reciprocity are enhanced;
- a sense of connection and relatedness is fostered; and
- learners are empowered to be the change (and to be adaptive to change which lies beyond their control).

However, while increasing numbers of universities are attending to staff and student wellbeing as part of a health promoting strategy, wellbeing has remained inconsistently theorised and underdeveloped or operationalised as a concept. An underlying aim of Open Minds has therefore been to develop the notion of wellbeing and operationalise within a Higher Education context. In the current economic climate, it can be argued that the development of wellbeing strategies throughout their educational career is essential for young people to engage fully in fast-paced, diverse, ever-changing and uncertain job markets and working environments:
The world’s economies and businesses, emerging from a period of increasingly rapid change, need a new set of behaviours and skills. Young people leaving education will need to demonstrate adaptability in dynamic and complex environments. At a personal level, they need to acquire, develop and secure skills, behaviours and strategies. This knowledge also needs to have significant personal meaning so that they can feel confident adapting ideas in different situations. At a social level, their attitude needs to translate into behavior that demonstrates both tolerance and acceptance of different perspectives within a culture of increasing diversity.

(Chapman and West-Burnham, 2010)

RESEARCH

RESEARCH DESIGN

Following an action research model, this project has included the piloting and evaluation of interventions such as awareness raising, anti-discrimination campaigning, mental health promotion, and staff development activities developed in collaboration with colleagues at the University of Brighton. The action research model involves cycles of planning, implementation, reflection and further planning, with the goal of raising awareness, challenging negative perceptions, empowering staff to develop inclusive practices and ultimately to stimulate cultural change.

Mixed methods were applied to the research, with both quantitative and qualitative data drawn from surveys distributed to staff and students. As well as gauging the extent to which mental health issues are a concern to staff and students, surveys were designed to capture a range of positive strategies, in terms of both self-management of wellbeing and inclusive classroom strategies. In addition to the surveys, personal perspectives of coping with mental health difficulties in HE were sought from students,
in order to provide unique insights into their experiences in HE, coping strategies and/or support mechanisms that proved useful while in HE and ways in which they perceive that the university could improve.

A **Staff Survey** was designed and piloted with academic staff at a learning and teaching conference. It was then distributed online across the university and received 46 responses. It was intended to gain staff perspectives on working with students with mental health difficulties, identify staff development needs in this area, and capture positive and inclusive teaching practices that staff have found to be effective.

A **Student Survey** on mental health and wellbeing was designed in order to capture the stress factors at university generally, and in learning and teaching activities in particular; it also aimed to gain a sense of students' own coping strategies and ways in which they feel the university could improve in supporting the mental health and wellbeing of students.

**Case Studies** of students with mental health difficulties at the University of Brighton were sought. While it proved difficult to recruit student participants (to be discussed further), these case studies provide a unique and valuable insight into the students' experiences.

Open Minds has examined mental health and wellbeing, particularly in relation to learning and teaching, through surveys, case studies, evaluation of a variety of interventions, and capturing the staff and student voice at every opportunity. Aimed at contributing to the development of a more inclusive learning culture, it has maximised opportunities for collaboration, discussion and reflection, initiating a wide range of activities aimed at challenging stigma, including awareness raising, mental health and wellbeing promotion, and research into student experiences to underpin staff development and resources.

**ETHICAL CONSIDERATIONS**

Ethics approval was gained from the Faculty Research Ethics Governance Committee in Education. It was essential to gain informed consent from participants, to make it clear that participation would not affect their studies in any way, to provide contact details for support if required, and to make it clear that participants could break or withdraw at
any time. Care was taken not to pressurise any potential participants and potential power imbalances during interview were mitigated as the researcher also disclosed experience of mental health difficulties. It also needed to be made clear to participants that their testimonies of experiences may be used as resources although confidentiality, anonymity and data protection were assured. Participants will have access to project findings and resources. However, during the research it became clear that when researchers are undertaking in-depth research with vulnerable participants, it is essential that they are receiving adequate supervision and support so that the difficult nature of some of the material does not cause stress for the researcher, so it is recommended for future research that this is taken into consideration.

STUDENT SURVEY FINDINGS

Findings from the Student Survey indicate that students feel it is very important to care for their wellbeing while at university, and that they employ a range of coping strategies. In line with findings from earlier research, friends, family and academic staff were perceived to be the most important sources of support for students. Academic work, especially the workload, deadlines (perceived to be too close together), assessment and exams are reported as the main source of stress in university life.

Out of 202 respondents, 70 (35%) reported experience of a recognised mental health difficulty; 50% of these formally disclosed / received some form of formal support within the university. Reasons for non-disclosure included where the student had recovered; was in recovery and the condition was being managed through self-management strategies, medication or other treatment; the student, while having a history of mental health difficulties is currently well; the student is unsure how to access support; mental health difficulties are not perceived as a disability (other disabilities may be disclosed); the student already has external support in place; there has been experience or expectation of stigma; the student does not want to be labelled; their mental health difficulties are emergent, not yet diagnosed or may not be defined as a disability under the current DDA definition.
The term ‘wellbeing’ has a variety of meanings for students and responses highlight the connection with their learning and ability to study effectively [these results contribute to a model of academic wellbeing – Fig. 1 in the summary of findings]:

- Holistic (physical / mental / spiritual)
- Comfortable with self, happy with life
- Able to achieve potential
- Having goals, sense of purpose
- Resilience – ability to adapt and cope with studies
- Work-life balance
- Not having mental health problems
- Physical health

For students, when asked why it is important (or not) to manage their wellbeing at university, 35% indicated that coping with academic demands was the most important reason, followed by coping with the stress of university life generally (20%). Other reasons included the importance of staying well (12%); achieving academic potential (8%); enjoying the university experience (7%); coping with the transition to university (5%); preparing for graduation (5%); and general quality of life (8%).

Responses indicated the importance of caring for wellbeing at university for a wide range of reasons, including optimising learning ability. All responses included are from
students with experiences of mental health difficulties but reflect concerns voiced by
many students and are applicable to all students:

‘University can be incredibly stressful and affect wellbeing. Also, wellbeing is vital in
attaining good results, attendance and the high level of work that is needed at
university.’

‘Wellbeing is important when at uni because the stresses of uni life, including all the
academic responsibilities students are faced with which we would not be able to deal
with if we are suffering with problems that we cannot effectively deal with due to low
self-esteem, lack of confidence and other emotional wellbeing issues . . .’

‘Uni for most people is the first taste of complete independence and if we are not in a
good state of mind the responsibilities we have to ourselves and others are neglected.’

‘Being physically and mentally 'healthy', for example being able to cope with the levels
of university work whilst also balancing some leisure time, exercise and healthy diet
and maintaining relationships with friends and family outside of university.’

As with other surveys (Grant, 2001; Mitchell, 2008) students identified that they tend to
seek support from those they are already close to rather than specialist services, and
that apart from family and friends, in university this tends to be members of academic
staff, whether personal tutors or lecturers. The most important sources of support were
friends (29%); family members (21%); academic staff (16%); partner (5%); self-
management (5%); peers (4%) and student services (4%). Other examples included
spiritual guidance, faith and the Student Union.

Aspects of university life students reported as impacting most on their wellbeing
included factors related to academic work (60%); poor work-life balance (10%);
financial issues (9%) and administration issues (6%) such as correspondence,
timetabling and rooming. Other issues identified included adjusting to independent
living; social integration – problems with peers; coping away from family / friends; peer
pressure (for example pressure to drink alcohol); the university environment;
accommodation; issues in personal lives; and worries about the future.
Specific aspects of academic work students struggled to cope with included deadlines (especially when too close together); workload; exams; coursework; staff unavailability; feedback; and teaching styles.

- Deadlines (too close together) 26%
- *Assessments and exams could be spread more over the year. Currently they are all in the same 2-3 week period.*
- Workload 20%
- Exams 12%
- Coursework 13%
- Academic staff (unavailable / unsupportive) 6%

**Further factors:**

- Not enough information on what is required in academic work
  - *I don’t feel as though I’m given enough information for me to feel confident and assured in what I’m doing.*
- *Clearer assignment tasks – currently vague and open to interpretation meaning that one tutor says one thing while another will mark you down for it – very stressful as you have to try and find a ‘happy medium.’*
- Feedback – not clear
- Pressure (internal / external)
- Teaching styles (e.g. pace)
- Level of work
  - *‘Level of teaching should be adjusted to level of people’s ability on the course, or each course should have dedicated support teachers’*
- Lack of structure
‘The disorganised and uncertain structure of my course, feeling like I’m just a number not a hard working, conscientious individual’

Need to develop skills gradually

Introduce skills earlier to make people familiar with them (like presentations, essays, critical thinking)

Confidence building strategies

‘Asking for more feedback from students to check they feel confident to work independently.’

As with academic staff, students identified a range of inclusive teaching strategies with the potential to support the wellbeing of all students, as well as those with recognised mental health difficulties:

- Clear expectations, learning objectives
- Clear, accessible course information (available online)
- Staggered deadlines
- Approachable / available academic staff
- More study skills development (especially groupwork, presentations, essay writing, coping with exams)
- Allowing for different learning styles
- Regular, clear feedback
- More opportunities for interaction with other students

‘Asking for more feedback from students to check they feel confident to work independently.’ (student with anxiety)

Furthermore, students highlighted the importance of visible, accessible support; social integration; awareness of mental health; and an environment and wider academic culture conducive to wellbeing: When wellbeing is not balanced, or there are things in one’s life that are difficult to deal with, the feeling of no support or time to change things
can really affect one’s academic performance. Along with academic staff, students identified the importance of awareness and good communication to ensure an inclusive culture where students feel accepted:

- Better awareness so tutors treat mental stress and illness as an illness rather than a “lazy” student.
- I’ve experienced severe depression, and have not seeked help at uni, tried, but felt uneasy about [support services] being at uni campus!!!! Don’t want it to be labelled.
- Understanding of problems/mental health issues which may occur - may reduce stress

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**STAFF SURVEY FINDINGS**

Staff indicated a high level of need for staff development in the area of student mental health and wellbeing. One of the main issues of concern for academic staff was identification of mental health problems and lack of knowledge about what constitutes a mental health problem. Some members of academic staff required clarification that mental health difficulties are a disability. There was a lack of distinction between mental health difficulties and other disabilities; also between diagnosable problems and symptoms which could indicate a range of problems (such as shyness, struggling with academic work, poor social skills). Over 50% had worked with students with depression and a high number had worked with students experiencing anxiety, many of which were undiagnosed and so not included in the university’s official disability data. However, a small number of staff were unaware of the prevalence of mental health difficulties and so did not see the applicability of research and development in this area.

In terms of teaching practices, some academic staff find adapting their teaching practices challenging / confusing and are uncertain about the value of adapting teaching practices for students with mental health difficulties. This may be partly due to confusion because of the range of disabilities staff may need to adapt to, and such staff therefore tended to adapt on an individual needs basis rather than changing their
practices to become more generally inclusive. The survey suggests that many academic staff lack confidence and knowledge around teaching students with mental health difficulties, wanting to see further staff development in this area. There may be a tendency among some staff to see the student’s condition as the main problem rather than the environment or learning culture (rather than the social model of disability). One barrier identified was that the staff / student ratio: ‘with teaching groups of over 100 students, identifying vulnerable students and helping them is generally impractical.’ Some staff also indicated that they felt overwhelmed with the number of disabilities they were required to adjust for. There tended to be an emphasis on making adjustments for individual students identified by Disability Services and many staff were unaware of the prevalence of mental health difficulties, believing that they would only come into contact with students with mental health difficulties by chance. There were particular anxieties about identifying students with mental health difficulties and how to refer these students to Student Services. One problem with this approach is that not all students with mental health difficulties choose to disclose or indeed recognise themselves as disabled. However, as we have seen, a high proportion of students are likely to be vulnerable to mental health difficulties. The fact that students may choose not to disclose is hardly surprising given the level of stigma that surrounds mental health difficulties in wider society. The project responded to these concerns through awareness raising, which focused on the prevalence of mental health difficulties, and highlighting wherever possible the availability of mental health awareness training and the Mental Health Policy (which includes details and guidelines for referral). The Centre for Learning and Teaching continues to work closely with Student Services to develop staff development and resources.

Many staff also came forward with excellent examples of inclusive teaching practices, which can easily be incorporated into mainstream practice, including use of formative assessment to build confidence; small learning sets and buddying programmes; establishing ground rules; making course materials as accessible as possible in a variety of formats; providing clear learning outcomes; allowing for different learning styles, e.g. through use of visual aids; offering feedback as a “praise sandwich” and providing choice in assessment. These staff, through their comments, demonstrated a good
understanding of and commitment to inclusivity in their practice, recognising the benefits for all students:

- ‘All material should be clear and easily interpreted by students from a wide variety of backgrounds – I see any sort of modification of this sort as an extension of that. Good teaching material is good teaching material for all.’

- ‘I might set up sessions to incorporate small group work (3 people) rather than a whole group seminar (30 people) takes the pressure off speaking in public and encourages student support networks.’

- ‘I’ve only been teaching in HE for 1 year and have minimal experience both as a teacher and especially teaching students with mental health difficulties. However, I think similar principles to adapt teaching / assessment to suit students with learning difficulties could apply (e.g. providing more time when needed for assignments, ensure materials are available on Student Central in advance of lectures, and being available for students to provide feedback and tutorial support.)’

- ‘Reduce stress on students, adapt for different learning styles’

- ‘Teaching methods where students do not feel “put on the spot”’

Staff also highlighted the importance of the environment in which learning takes place: ‘All learning environments should be as stress free as possible in terms of the physical environment and teaching processes.’ Some staff felt that more teaching in smaller groups would be more inclusive and others recognised the importance of making the learning environment safe and comfortable:

- ‘Learning environment needs to be made very safe for students to share experiences if appropriate’;

- ‘A comfortable learning environment reduces stress’;

- ‘Making the learning environment clearly structured and informal makes it easier for students to relax and to know where they stand.’

In addition to ensuring inclusive practices are incorporated at course design stage for the benefit of all students, staff recognised that students have many individual support needs. Staff availability was seen as the most important factor in ensuring the needs of students who experience mental health difficulties or distress: ‘Availability and approachability of staff are generally valued by students, but these are particularly
relevant for students experiencing mental health issues.’ While some staff were concerned about time management, strategies such as keeping specific surgery hours were suggested. There was a recognition of the vital part one-to-one support can play, especially through the personal tutoring system, and the importance of developing skills in empathetic listening, alongside developing knowledge of mental health difficulties, and how to respond positively and effectively when problems arise, to ensure early intervention when necessary. Understanding roles, responsibilities and boundaries of academic and support staff, along with effective communication is crucial when supporting students in crisis. These are seen as vital skills for all staff and it should be recognised that better awareness and knowledge about mental health difficulties can help to reduce the fear, anxiety and stigma that can surround these issues, and contribute to a more inclusive learning culture:

- ‘Mental health should be a concern for everybody. Anyone can have a mental health problem. Lecturers and others should develop basic skills to deal with basic mental health problems. Dealing with and minimising mental health problems improves the performance of everyone.’

- ‘Students need to know that mental health issues are not shameful, do not have to hinder their degree progression, and that staff can be approachable, reassuring, supportive and accept them as they are.’

- ‘Need to promote positive mental health through seminars, workshops for students and staff too to promote their own wellbeing.’

CASE STUDIES

The study set out to recruit students with experience of mental health difficulties at the university. Recruitment was originally trialled via promotion by student services personnel. However, this did not prove to be successful and instead students responding to the survey were invited to take part. This resulted in around sixteen potential participants providing contact details and three case studies, which provide a rich account of student experiences, although it would have been preferable if more students had chosen to take part. Several students did give reasons for not choosing to participate; one felt unable to because of the mental health difficulties they were
experiencing; one had experienced severe problems and left the university; one had had bad experiences and felt angry towards the university; and another felt that it was not worth taking part as nothing would get done.

Case study 1 had had a successful experience at the University of Brighton, having previously tried to take a degree at another institution and not received adequate support. Having been referred to Student Services by a course tutor, they had been supported throughout by a Mental Health and Wellbeing Officer and had additional support while on placement. They felt that the support had been excellent but felt the university could still do more to address stigma – among students as well as staff. Case study 2 had experienced mental distress due to bereavement and had received good support from academic staff in their department initially. However, when they disclosed ongoing mental health difficulties, this was not taken seriously by the course tutor and was trivialised when they suggested an exercise class. The student then felt embarrassed and uncomfortable and afraid to speak out or ask for help. They saw this as an example of stigma and felt it represented a general attitude within the university towards mental health. They did access counseling throughout the course to gain strategies for coping with studies and found this support very helpful, although found it was often a long waiting list. Going into the final year and preparing to write a dissertation was a particularly stressful time, and the student was not facing this with confidence. The student was not aware of the support they might be entitled to if they disclosed. Case study 3 was re-sitting their third year, having failed previously due to severe depression, anxiety and related alcohol problems. However, despite the severity of their problems they had not sought formal help, although did see a personal tutor on a regular basis and found their understanding, non-judgmental listening approach helpful. This student often did not attend lectures and seminars due to anxiety and also concerns about other students’ perceptions of them, feeling that their problems were stigmatised. They had usually been able to keep up with coursework due to the fact that this was online but nevertheless did not expect to pass the course and was unsure what to do. The student felt that it would be helpful if someone were checking up on them when they were not attending college, as this tended to be the time when they became ill. The student mentioned having previously been suicidal and as this student was identified as being at risk and certainly likely to fail their degree without support in
place, the student was referred to the Disability Team. Due to anxiety, this was a challenge for the student who needed encouragement and support. The student also said there should be much more information about alcohol and related problems as the availability of cheap alcohol locally had contributed to a downward spiral.

The case studies highlight that while Student Services offer excellent support, students are often unaware of what is available. This may be when the services are at a different site and so not visible. Students may also be inhibited from seeking help due to low self-esteem, negative patterns of thinking, anxiety and withdrawal. However, this means that heightened awareness, proactivity and effective communication skills are crucial for all staff in dealing with students when they present with difficulties. More visibility, accessibility and clarity about what support is available may also be required. Staff in pastoral care roles have a particular responsibility for the welfare and wellbeing of students, and intervention may be required if the student is at risk. In terms of studying, practices such as making course materials available online were identified as helping. The students all reported stigma as a major barrier to having a positive experience at the university, and so ongoing development and awareness raising for both staff and students is essential to continue to address this, as underlined by this student quote:

’I think the staff within the student services are excellent... My biggest concern is some of the teaching staff and their knowledge of who they’re teaching. For the benefit of future students I think it would be very detrimental if they don’t gain better knowledge – the lack of understanding comes across as stigma – that should not be the case. I should not be in the classroom thinking they think less of me but I have been – that’s an area of work I think for the university.’

SUMMARY OF FINDINGS

- 35% of student respondents reported experience of a recognised mental health difficulty - in line with the recent survey of 750 students across three institutions (Mitchell, 2008).
- 50% of students reporting mental health difficulties formally disclosed / received some form of formal support within the university.
Reasons for non-disclosure included instances where the student had recovered; was in recovery; the condition was being managed through self-management strategies, medication or other treatment; the student, while having a history of mental health difficulties is currently well; the student is unsure how to access support; mental health difficulties are not perceived as a disability (other disabilities may be disclosed); the student already has external support in place; there has been experience or expectation of stigma; the student does not want to be labelled; their mental health difficulties are emergent, not yet diagnosed or may not be defined as a disability under the current DDA definition.

Students with experience of mental health difficulties reported continued stigma within the university and raised the need for ongoing education, resources, development and awareness raising.

Aspects of university life students reported as impacting most on student wellbeing overwhelmingly included factors related to academic work (60%), alongside poor work-life balance; and financial issues and administration issues such as correspondence, timetabling and rooming. Further issues identified included adjusting to independent living; social integration – problems with peers; coping away from family / friends; peer pressure (for example pressure to drink alcohol); the university environment; accommodation; issues in personal lives; and worries about the future. The importance of managing transitions was a major theme here.

Specific aspects of academic work students struggled to cope with included deadlines (especially when too close together); workload; exams; coursework; staff unavailability; feedback and teaching styles.

As with previous research, students identified that they tend to seek support from those they are already close to, rather than specialist services, and that apart from family and friends, in university this tends to be members of academic staff, whether personal tutors or lecturers. The most important sources of support were friends (29%); family members (21%); academic staff (16%); partner (5%); self-management (5%); peers (4%) and student services (4%). Other examples included spiritual guidance, faith and the Student Union.

Inclusive strategies have the potential to support student wellbeing and optimise learning.
Both academic staff and students identified a range of inclusive teaching strategies with the potential to support the wellbeing of all students, as well as those with diagnosed mental health difficulties, including providing clear expectations and learning objectives; clear, accessible course information (available online); staggered deadlines; approachable / available academic staff; teaching which allows for a variety of learning styles; and regular, clear feedback.

Students indicated that they would like more opportunities to develop their study skills (especially groupwork, presentations, essay writing, coping with exams) and these comprise wellbeing strategies – enabling better organisation, preparation and study / life balance - as well as enhancing learning techniques.

Students indicated that peer interaction, positive relationships and a sense of belonging is important for their wellbeing.

For students, when asked why it is important (or not) to manage their wellbeing at university, 35% indicated that coping with academic demands was the most important reason, followed by coping with the stress of university life generally (20%). Responses highlighted the importance of caring for all aspects of wellbeing at university in order to maximise positive functioning and manage academic work. Where business models highlight the importance of occupational wellbeing, we might look towards a model of academic wellbeing to best enable students to reach their potential, contribute and be engaged, autonomous learners able to adapt, contribute to and meet the challenges of higher education (as illustrated in Fig 1.)
Fig 1 Academic Wellbeing

Academic Wellbeing
- Challenge
- Engagement
- Autonomy
- Contribution

Personal / emotional wellbeing
- resilience
- self-esteem
- positive outlook

Social wellbeing
- Positive relationships
- Belonging
- Connectedness

Spiritual wellbeing
- meaning and purpose
- connections to others, environment

Physical wellbeing
- Health and fitness
- Health and safety
- Physical & mental health

Economic wellbeing
- Welfare
- Disposable income
- Quality of life

Personal / emotional wellbeing

Social wellbeing

Spiritual wellbeing

Physical wellbeing

Economic wellbeing
**Fig 2** provides a model of a wellbeing promoting learning community. Based on the student survey responses, it suggests a whole organisational approach to foster mental capital in its population, minimise stress and maximise success.

- **Fig 2: Towards a mentally healthy (wellbeing friendly) university**

  - Wellbeing resources
  - Embedded Learning skills
  - Values Diversity
  - High visibility services
  - Social integration
  - Inclusive teaching practices
  - Mental health awareness
PROJECT ACTIVITIES

WELLBEING PROMOTION

WELLBEING DAY

AIMS AND OBJECTIVES

Organised by the researcher and Curriculum Development Worker for Counselling and Wellbeing, Wellbeing Day, April 2008, was attended by over 175 students and 60 members of staff. It aimed to:

- Raise awareness among staff and students about the importance of mental health and wellbeing;
- Promote a holistic conception of wellbeing;
- Empower staff and students by providing strategies to manage their wellbeing;
- Normalise talking about mental health and other wellbeing concerns;
- Provide easy access to Student Services;
- Stimulate collaborative working.

Wellbeing Day provided a range of activities throughout the day, including speakers, workshops and creativity sessions, and was successful in engaging staff and students. It began with an opening ceremony, including talks by Registrar Christine Moon, a representative from the Health Promoting University group, and the researcher who talked about her own experiences of mental health difficulties at university and the importance of addressing stigma. Over 100 colleagues contributed to the event including Student Services personnel; the SU, which provided advice on personal safety; staff unions; the Creativity Centre; Catering; and Sports and Recreation. Student Ambassadors helped to promote the event and encourage student attendance, showed visitors around, and ran a headcount; external groups from the community, including speakers, complimentary therapists and workshop leaders teaching tai chi, oriental dance and drumming also contributed. Open Minds ran a book stall with a range of books relating to mental health and wellbeing. The South Downs Trust provided advice on smoking cessation; mental health charity Mind provided interactive activities; and Unisex provided free condoms and sexual health advice. A Wellbeing Café provided free
smoothie samples and recipes, nutritional information, free samples from Brighton based Infinity Foods, and a cookery workshop run by local organisation Cookado. Speakers included motivational speaker Nick Williams, and a representative from the local Food and Behaviour group providing expertise on nutrition. Pauline Ridley, Centre for Learning and Teaching, ran drawing workshops; and the Creativity Centre was transformed into a chill-out zone, which proved popular with students. The day ended with a meditation led by the university Chaplain. The event was filmed and celebrated with colleagues; and resources, including a powerpoint presentation, with photographs from the day, were put online. The evaluation of the day, based on over 200 evaluation forms handed out at the event, demonstrated that staff and students had found the event helpful, relevant, enjoyable and well organised, and that it had contributed to behaviour change among attendees.

**WELLBEING DEVELOPMENT GROUP**

Building on a core group of project stakeholders, a Wellbeing Development Group brought together staff from the Centre for Learning and Teaching, Student Services, Sports Brighton, Occupational Health, Health and Safety, Equality and Diversity, the Student Union, Unisex, School of Health Professions, Social Sciences, and the International Health Development Centre to reflect on current practices around student and staff mental health and wellbeing, to plan for and build on initiatives, and to identify sustainable ways to continue to promote and embed wellbeing across the university. The ultimate vision is of a coherent university wide wellbeing strategy. Meetings provided an opportunity for staff and students to meet and engage in discussions relating to wellbeing within the wider context of developing the University of Brighton as a health-promoting university. This initiative, run from the International Health Development Centre, is currently in progress and so the project has passed on relevant insights and findings from research and evaluation to contribute to the process of taking this work forward.
WELLBEING WEEK

AIMS AND OBJECTIVES
Following the success of Wellbeing Day, the University of Brighton Wellbeing Week was conceived as an institution-wide week of celebrating and enhancing wellbeing in the University of Brighton and its surrounding community with the following objectives:

- Organised by and for staff and students across the university to
- Promote a holistic concept of wellbeing;
- Raise awareness about mental health and wellbeing issues;
- Empower staff and students to ‘choose health’, access available facilities and support and develop self-management strategies;
- Stimulate discussion around and embedding of positive practices around wellbeing;
- Foster a sense of community.

A proposal was drawn up by the Researcher and Curriculum Development Worker for Counselling and Wellbeing, which was then shortlisted for a University of Brighton Innovation Award. The proposal was put forward to the Student Union, who provided Student Services with £9000 to organise the event to take place in Spring term 2009. This was an unprecedented university-wide event and was project managed by the CDW, with support from the administration team and key contacts around the university. A core group including Open Minds, Student Services representatives, the Sustainability team, Sport Brighton, Unisex, and the lecturer for Learning Development provided a roadshow around the university campuses. The wide range of activities included Dr Bike (free bicycle repairs), student film screenings to raise funds for Students Against Depression, complimentary therapies, a smoothie machine, Chlamydia screening, healthy snacks, nutritional information and alcohol awareness. Wellbeing Week proved to be logistically challenging and required a lot of staff and time resources. However, it was extremely well publicised and attended and evaluated positively.

Events organised specifically by Open Minds and the Centre for Learning and Teaching at the Falmer site included a lecture by Professor Gaynor Sadlo, ‘Finding Fun not Stress in Learning’; ‘The Labyrinth’, a unique initiative run by Jan Sellars from the University of Kent, which gave students and staff an opportunity to relax, meditate and reflect;
meditation sessions run by the university Chaplain; and dance workshops. Visitors to the Open Minds stall included staff and students who disclosed mental health difficulties and were able to access information on getting support and learning self-management; as well as external visitors to the university and prospective students, who were interested in finding out what support was available. The student Mental Health and Wellbeing survey proved a popular activity at the event and stimulated discussion between students as well as between students and staff. Students spent time sitting down and responding to the survey, often in groups, which was an excellent opportunity to raise awareness about mental health and encourage students to reflect on the importance of maintaining and improving their wellbeing. The researcher worked closely with the lecturer for Learning Development to engage students and recommend positive strategies for managing wellbeing, in conjunction with studies.

**FEEDBACK**

This selection of comments from wellbeing events relates to what students and staff enjoyed, what they learned, and what they considered changing as a result of attending the event.

‘Thank you for an enjoyable, thought stimulating day... I really do think that Wellbeing Day is a very worthwhile initiative - underlining the importance of something that we all too often neglected - and I look forward to more in the future.’

‘Great idea and friendly staff’

‘Warm welcome, lots of leaflets and info, freebies to take away

‘Learning different ways to manage wellbeing’

‘Feeling good afterwards’

‘Learnt a lot of information, useful’

‘Considering fitness classes now I have the info and a free voucher!’

‘The idea to focus on what I’d like to do and make it happen.’

‘More knowledge on wellbeing, tai chi, my cholesterol level and free condoms’

‘Nice to see people enjoying themselves and being nice to each other.’

‘The importance of individual action and taking responsibility’

‘Feeling refreshed and happy and also with knowledge about wellbeing’

‘Totally relaxed after the massage and the drumming was fun’

‘Was amazing to hear people sharing their experiences and inspiring others... makes you remember what it’s all about.’
‘Feel chilled out and positive’

‘Apart from freebies, I am aware of how to be healthy and safe.’

‘If I do drink I will take care and I know what to look out for with friends.’

‘The event reminded me of the importance of nutritional issues’

‘I’ll try to stop drinking 5 cups of coffee a day’

‘I will try and eat breakfast now and feel more motivated to exercise more’

I will try to encourage colleagues to come swimming with me’

‘Will try again to give up smoking’

‘I may take up Tai Chi and have found some useful information relevant to my work’

‘Absolutely, I adopt a healthy lifestyle anyhow but will most certainly work on encouraging others to do the same.’

‘How to deal with anger, depression and that uni help is there for everyone.’

‘Reminded me of the importance of mental health’

‘Yes, by looking after ourselves, we are stronger to look after others.’

‘Have learnt about alcohol units – thought I knew these already.’

‘Yes – physical health, diet’

‘How to be inspired’

‘Chinese health presentation was very useful’

‘Yes – there is a research project – Open Minds’

‘There are a lot of people working very hard to support and inspire others’

‘I am inspired’

‘More available than previously thought’

**FEEDBACK ON HOW THE UNIVERSITY COULD IMPROVE WITH REGARDS TO MENTAL HEALTH AND WELLBEING**

Wellbeing events and evaluations provided multiple opportunities to hear the staff and student voice with respect to how the university could continue to improve with regards to mental health and wellbeing. This information was passed onto the Health-promoting University team and a selection of responses are included below, raising a range of issues including the environment, staff workload, the availability of healthy choices at all outlets, a better range of social opportunities, and better access to health- and wellbeing-related resources:
Positive messages:

‘Making sure that emphasis on wellbeing is recognised by the university’

‘The message about health improvements should be ongoing and should be incorporated into all aspects of the student experience’

‘Understand the importance of mental, emotional, physical and spiritual health.’

Developmental Activities:

‘Maybe more wellbeing-related workshops could be held.’

‘More days like this for staff to help reduce stress.’

‘More wellbeing days’

‘Mini healing festival, music, art and healing’

‘More events like this with maybe more spiritual advice’

‘More similar events’

‘Have sessions on it as part of my course’

‘Advertise student services more or hold more talks about the subject’

‘Incorporate wellbeing-related sessions into the everyday course of the university’

Access to resources:

‘Cheaper gym membership for all campuses (i.e. somewhere closer to town for GP workers)”

‘Make the gym freely available.’

‘Provide some regular weekly activities on site – almost anything would be welcome!’

‘Massage facilities available all the time’

‘Run free sessions on yoga, relaxation, meditation, stress management, etc.’

‘Free meditation classes’

‘Drop-in stress clinics’

‘Have these more often and reduce the price of healthy food’

‘Have more tasters / sessions more frequently of the selection included in the Wellbeing Day’

Availability of healthy options:

‘More smoothies available at Falmer site’

‘Possibly even greater attention to restaurant menus and their nutritional value – maybe all university dishes should carry nutritional information?’

‘More healthy snacks/beverages at meetings and events! Too many coffees and biscuits!’

‘Lowering the canteen prices and SU prices could really improve my financial wellbeing’
‘Fitness at Grand Parade’
‘Fresh juices in the restaurant’
‘Healthier snacks in the canteen other than chocolate’

Environment:
‘Better relaxation spaces’
‘Provide more areas to encourage relaxation and calm.’
‘More seating / chill-out areas’
‘Very little space available; few staff common rooms. Cockcroft restaurant is appallingly noisy 4/5 days pw.’
‘An area where we can relax away from students – especially important for staff who ‘advise’’
‘Cleaner toilet facilities that are not always out of order! It’s very depressing / annoying to always have basic facilities that are of such a poor standard! This kind of thing on a daily basis does impact on wellbeing.’

Inclusivity
‘Don’t downgrade people and respect people’s feelings more!!!’
‘More one-on-one time for those who need it.’
‘More financial resources for international students.’

Social Opportunities
‘More social clubs to do fun things like play games – there is nothing at Grand Parade.’

Staff workload & wellbeing
‘Look at workload – make sure that there is an equitable spread of duty throughout the year’
‘More strategies for staff to manage their workload/wellbeing’

ACADEMIC WELLBEING SYMPOSIUM AND WORKSHOP:
TAKING WELLBEING FORWARD IN HIGHER EDUCATION

A workshop and symposium were organised to disseminate results from the staff and student surveys, highlight developments in research into postgraduate experiences relating to wellbeing, and also to showcase good practices and developments relating to wellbeing around the university. Cristina Poyatos Matas from Griffith University, Australia was invited to keynote as she has expertise in the area of wellbeing and learning, pioneering a “whole person” approach to the research student and supervision. Her presentation enabled participants to
reflect on the concept of wellbeing and its usefulness in an academic context. An Open Minds presentation focused on the links between wellbeing, learning and the wider academic context, considering what constitutes a "mentally healthy university". Presentations included the Curriculum Development Worker on Wellbeing Week and ongoing curriculum development; the Carer and Service user group from Nursing and Midwifery on the development of a new module on mental health awareness for undergraduate nurses; as well as strategies to ameliorate personal stress on Public Health Nursing pathways; the student experience team from the University of Worcester on their wellbeing initiatives; a representative from the Health Promoting University group; Unisex on their work around sexual health promotion, and drug and alcohol awareness; and the Equality and Diversity adviser on the importance of wellbeing for a diverse student body. The day concluded with a roundtable discussion on how to continue taking wellbeing forward at the University of Brighton and this highlighted the importance of a holistic top-down and also bottom-up approach, embedding wellbeing in university strategies, systems, policies and procedures alongside harnessing the energy, enthusiasm and focus of committed colleagues.

An earlier workshop run by the researcher with Cristina Poyatos Matas explored wellbeing issues in postgraduate learning, and the researcher shared findings from the concurrent HEA funded Doctoral Learning Journeys project, a longitudinal study of doctoral learning, which has identified a range of wellbeing-related concerns. Staff and visitors discussed their own experiences of learning, in relation to student case studies, which illustrated challenges around work / study / life balance, changing identities and anxieties arising from learning. Participants were asked to identify potential positive strategies to address these challenges.

**FEEDBACK**

'It was an enjoyable and useful afternoon with a range of interesting input and chances to network. I felt it was very inclusive and well run.'

'We all enjoyed the day, not just presenting but hearing all the other guest speakers and being part of a great event'.

**WELLBEING AND ACADEMIC LIFE BALANCING SKILLS WORKSHOP**

Cristina Poyatos Matas (Griffith University, Australia) delivered a day-long workshop for research students, exploring different aspects of their wellbeing. The day included yoga, a laughter workshop, meditation, dancing and healthy snacks. This was attended by 20 research students from Brighton and Sussex universities, who explored intellectual, physical, social, emotional and spiritual / philosophical domains of wellbeing in relation their studies. The
workshop focused on the notion of students as ‘active learners’, taking ownership and responsibility for their research and wellbeing. Members of the group continued to meet informally for ongoing peer support.

FEEDBACK

‘I started today, prioritising important tasks instead of doing smaller ones first. Had healthier snacks instead of comfort cookies I used to have. And had my usual to-do list, but inserted the time taken for each activity. Those were some quite significant changes I had to my routine as a result of the workshop. I hope I can keep those, as I did think it improved my schedule, and also take a look at other points that can be improved for a better academic life.’

‘I think the event was great to get more ideas to have a balanced, happier life as a research student.’

‘Renewed enthusiasm for research plus better idea of how to organise my time and make most of it.’

‘All the topics on the workshop were relevant for me. The healthy aspect was an interesting point to think about, sometimes we forget about this.’

‘The awareness that the period of time dedicated to a PhD does not need to be so hard and that it is only a short period in our lives. We do not need to get ill to have a PhD!’

‘I think it was the best event I took part in at the university, it should be part of any postgraduate programme.’

CHALLENGING STIGMA IN HIGHER EDUCATION

WORLD MENTAL HEALTH DAY 2008 AND 2009

World Mental Health Day events linked to the National awareness-raising day, promoted by the Mental Health Foundation, took place in Mayfield House on two consecutive years. These events were designed to normalise talking about mental health, provide relevant information for students and staff, along with strategies to manage mental health and wellbeing, and provide an opportunity for students to find out about and access Student Services in a relaxed, informal setting. Information highlighted the prevalence and normalcy of mental health difficulties, and every opportunity was taken to talk openly about mental health and provide a safe atmosphere for disclosure. All events included a presence from the Counselling and Wellbeing team. The event also featured study skills advice, information about community activities run by the Chaplaincy, the CUSER group from Nursing and Midwifery, Student Support and Guidance
tutors, nutritional and fitness advice, healthy snacks, holistic therapies and meditation. Resources from Mind, Students Against Depression, Mental Health Foundation and the national Time to Change campaign was utilised to highlight the event and maximise the visibility of mental health. The 2008 event was organised in conjunction with Nursing and Midwifery and included an evening of celebration for World Mental Health Day, which was attended by approximately 25 staff and students. It included a mental health documentary about experiences of stigma and discrimination; service user presentations; poetry reading and discussion. This was an invaluable opportunity for staff working in different areas, students and the wider community to forge links, network and discuss current issues related to mental health.

EVALUATION

The events evaluated well, especially with regards to the safe and pleasant atmosphere created. It gave students an opportunity to access services and information, which they described as very valuable. The holistic approach, linking mental health to other related wellbeing concerns proved popular. It was felt that the events could be better promoted and supported by, for example, Heads of Department. Staff and students also felt they would like to see more mental health and wellbeing related events throughout the year. In addition, staff indicated they would like to see more staff development in this area, in particular, how to broach the subject with students and how to feel more confident about their roles and responsibilities in this area. Students wanted more informal opportunities to discuss their mental health and wellbeing.

Overall, while the large-scale wellbeing events attracted more attention and were better attended, the low-key nature of these events was more conducive to disclosure and they were more focused. They are also easy to resource as they can be run over lunchtime, the busiest period, and many free resources on mental health, popular with attendees, are available online. A challenge is to identify suitable spaces with plenty of “through traffic” to attract participants but also to provide quiet spaces and privacy for those wishing to disclose or discuss personal matters.

FEEDBACK

‘Extremely valuable – having a physical presence onsite really helps for a uni which has services spread out over five sites.’

‘A face-to-face talk can be easier than picking up the phone or typing an email.’

‘The friendly smiling faces are just what you need to engage people so that’s great to see!’

‘Invaluable – just to get students thinking about their mental health.’
‘Healthy snacks were appreciated, and a lot of effort to highlight an important issue.’

STAFF DEVELOPMENT ACTIVITIES

TALK ABOUT TEACHING SESSION 2008
This session introduced the Open Minds project and the work of the Curriculum Worker – it included a brief introduction to student mental health and wellbeing; the research background; the need to challenge stigma, and the importance of promoting and embedding wellbeing in the curriculum. Small group and larger group discussion on positive practices, which support students with mental health difficulties and student mental health generally, took place. CLT and Student Services personnel (from the Counselling and Disability teams) took part in the session and helped to address concerns. Overall the session provided a safe space to share experiences / concerns and to discuss positive practices to support student mental health and wellbeing. Verbal and online feedback was positive. Participants found it useful, of immediate relevance, very well organised, they enjoyed talking with other staff and hearing their experiences, but one asked for a bit more structure.

DIVERSITY WEEK 2008
This session was run by Charlotte Morris and Pauline Ridley from CLT with Jo Tomlinson, and was designed to provide a safe space for staff to reflect on the experiences of students with mental health difficulties, to share concerns and issues, and to discuss effective ways to support and adapt teaching to include students with mental health difficulties. The session was attended by 16 participants and included sharing staff members’ experiences of mental health difficulties; a DVD of one student’s journey (from the national Mental Health in Higher Education project); sharing and discussion of individual experiences of supporting students with mental health difficulties; a discussion of the concept of inclusivity and application to teaching students with mental health difficulties, and an introduction to the Mental Health Policy, with particular emphasis on boundaries and referral.

Feedback indicated that participants found the session useful, relevant and well organised and that they found it very valuable to share personal experiences of mental health difficulties. Two participants said they would like further training in inclusive
practices in their subject area and the researcher was able to follow this up with links to further discipline-related resources. It became clear that there was too much material to cover in one session; also it would have been helpful to break some of the session into small group work so that some of the newer staff felt more confident to participate.

CHALLENGING STIGMA WORKSHOP, UNIVERSITY OF BRIGHTON MENTAL HEALTH CONFERENCE 2009

This workshop was attended by mental health professionals, carers, service users, academic staff from the University of Brighton and Sussex and professionals from voluntary organisations and provided. It provided an opportunity to disseminate findings and insights gained from the Open Minds project and to discuss stigma, particularly the challenges of addressing stigma in Higher Education and other settings. A particular challenge identified was addressing mental health concerns with students and staff from different cultures where such discussion might be taboo. Participants found the session stimulating and useful.

DIVERSITY WEEK 2009

This session, on the theme of internationalisation, focused on a growing area of concern – the wellbeing of International students and strategies to support them. Following dissemination of the work of Open Minds, the session gave participants an opportunity to discuss factors that may impact on the wellbeing of International students, and strategies for colleagues to address these in their individual roles and in their departments.

FEEDBACK FROM STAFF DEVELOPMENT ACTIVITIES

Academic Staff who attended staff development events indicated that they require further training via workshops, courses, information, online resources, awareness raising sessions, and inset days (and time to undertake training), and would like to see more training for new staff. These could include:

- Inclusive practices in specific disciplinary areas
- More training on inclusive practices for new academic staff
- Opportunities to share good practices
➢ Stress management (students and staff)
➢ Developing confidence and self-esteem (through teaching and personal strategies)
➢ Knowledge and understanding of mental health difficulties
➢ Identifying when students may have mental health difficulties and following up
➢ Professional boundaries (especially relating to pastoral care)
➢ Referral
➢ Confidence in approaching students and communicating about mental health difficulties
➢ Information on best practices for teaching and support
➢ Awareness raising targeted at male members of staff
➢ Case studies and student experiences
➢ Training in emotional intelligence
➢ Managing in difficult teaching situations
➢ Support for staff dealing with students with mental health difficulties
➢ Staff management of their own wellbeing
➢ Working effectively / liaising with health professionals
➢ Working effectively with student services
➢ Addressing and challenging fear / stigma

COMMENTS

‘Deepening my understanding of student services and the opportunity to chat to other tutors about their experiences.

‘Discussion in small groups – mix of staff was useful to get university in wide perspective’.

‘Ideas to share with others. The importance of involving Student Services early and encouraging students to access support sooner rather than later

‘An opportunity to network with staff involved and interested in the mental health and wellbeing of their students; share current practices and challenges to flag up key players with regards to development of support for students with mental health challenges.’

‘A space to hear others’ (academic schools) very real concerns and blocks with limited resources and time to support students.’

‘Heightened awareness of services’

‘A deeper awareness of issues related to mental health and increased knowledge of Student Services.’
SUMMARY OF PROJECT OUTPUTS

Taking Wellbeing Forward in Higher Education symposium (and forthcoming CLT publication)

Internal and external presentations, workshop and publications

Invited speaker externally (University of Liverpool)

Staff development workshops

Awareness-raising events

Student mental health and wellbeing: A Guide for Academic Staff – under development

Materials contributed towards the development of the CLT website

Display at Environment Group celebration of new Checkland building

Assistance with the development and delivery of mental health awareness training for undergraduate nurses

Outreach work at Millview Hospital for mental health service users with Widening Participation Manager

Funding won for further wellbeing-related work – Escalate wellbeing themed funding in partnership with University of Durham and University of Strathclyde

International links formed with Griffith University, Australia

CONFERENCE & WORKSHOP ATTENDANCE

The researcher has attended the following in order to network, keep abreast of current research, identify positive developments around the sector, and feed back to key colleagues:

HEA Inclusive Practices conference, September 2008

Leicester De Montfort Disability conference, 2008

4th International Stigma conference, Royal College of Physicians, 2009

Leeds Metropolitan University Disability conference, 2009

Mental Wellbeing in Higher Education network conference, 2009
HEA Inclusivity seminars – University of Birmingham, University of Bradford, London University of the Arts, 2009

Mental Health in Higher Education conference, ‘Living and Learning, Learning and Teaching’, Lancaster, 2010

**DISSEMINATION**

Conference workshop, ‘*Open Minds: Challenging Stigma in Higher Education*’ at 2009 University of Brighton Mental Health Conference

Taking Wellbeing Forward in Higher Education Symposium 2009, including presentation, ‘*Open Minds: Student Mental Health and Wellbeing in Higher Education*’

Conference presentation, ‘*Open Minds: Positive Learning and Teaching strategies to enhance student mental health and wellbeing*, 2009 Learning and Teaching conference

Conference presentation, ‘*Open Minds: Developing an Inclusive Learning culture for students with mental health difficulties*, 2010 HEA Equity conference, Nottingham

Invited conference presentation, ‘*Student mental health and wellbeing*, forthcoming 2010 University of Liverpool Health & Social Care conference

**PUBLICATIONS, RESOURCES**

Contribution on student mental health to Wisker, Exley, Antoniou and Ridley (2008) ‘*Working One to One with Students*, Routledge, New York

‘Taking Wellbeing Forward in Higher Education’, forthcoming CLT publication bringing together papers from the 2009 symposium, including paper ‘*Towards a Mentally Healthy University*’ by the researcher

‘*Enhancing Student Mental health and wellbeing through Inclusive Practices*, submitted to the Journal of Inclusive Practices

‘*Wellbeing and the Research Student*, for submission to peer-reviewed journal

*Student Mental Health and Wellbeing: A Guide for Academic Staff* – under development, to be circulated academic year 2010 - 11
The researcher has contributed to Channel, the UoB staff magazine, Pebble, the SU magazine, and has regularly contributed to Academic Practices, the in-house CLT publication.

CONCLUSIONS: EMBEDDING WELLBEING IN HIGHER EDUCATION

SUMMARY

▸ Students reported that wellbeing is vital to optimise learning and academic performance – an essential part of their personal and professional development;

▸ Inclusive teaching practices (mainstreamed for benefit of all) potentially contribute to student wellbeing;

▸ Learning development – especially in terms of personal organisation skills can contribute to student wellbeing (alongside wellbeing strategies);

▸ Academic staff have a vital role to play in supporting student mental health and wellbeing (teaching practices, positive interactions, support, information);

▸ Stigma is an ongoing concern for those with experience of mental health difficulties. This can be addressed through awareness raising; provision of information and resources; development activities; highlighting the prevalence and normalcy of mental health difficulties; demystifying through the inclusion of experiences of mental health service users and those with experience of mental distress; encouraging open discussion and maximising visibility of mental health; challenging stereotypes (such as the link with violence) with relevant statistics; employing the theme of wellbeing to highlight the need for everybody to care for their mental health; tying in with National campaigns which often provide free resources such as postcards, leaflets and posters.

▸ Wellbeing friendly environment is characterised by good communication, accessible information, mental health awareness and positive interactions;
As resources for student support come under more strain, less reliance on specialist services and a more proactive approach to the promotion of health and wellbeing for all across the university may be more sustainable.

Whole institution approach recommended;

An inclusive learning culture: Fosters a strong sense of community; Values and celebrates diversity; Empowers students with strategies to manage their wellbeing / studies; Encourages a sense of responsibility for the welfare and wellbeing of all members; Ensures support systems are highly visible and accessible; Normalises discussion about mental health in variety of forums.

An inclusive learning culture has potential benefits for student progression, retention and achievement, as well as an enhanced overall experience.

Inclusive teaching strategies, which are characterised by good communication, clear information and confidence building, along with opportunities for students to develop effective learning skills can contribute to a preventative ethos, improved wellbeing and student success. Learning, teaching and academic staff play a vital role in student wellbeing, alongside addressing structural and environmental factors. Inclusive teaching strategies are shown to potentially benefit a wide range of students, supporting their wellbeing and success and so these should be mainstreamed and considered at course design stage. Learning development activities are also vital to enable students to manage their studies and wellbeing effectively, and there is also much potential in encouraging as much peer support and interaction as possible.

Since SENDA 2001, universities have worked to ensure their legal requirements towards students with disabilities are met. However, working towards an inclusive, stigma-free culture, which empowers students with mental health difficulties, is a complex and ongoing task that should be appropriately resourced. Stigma in our society is highly pervasive and there is much misinformation (Thornicroft, 2007). It is essential therefore that all staff are equipped with knowledge and understanding about mental health difficulties, and effective ways to respond when a student is in crisis, to ensure that universities are meeting their Duty of Care towards students. Adopting a preventative approach can contribute to de-stigmatising mental health and help to highlight the fact that everyone has mental health and we all need to adopt strategies to
manage wellbeing, while rising to the challenges of learning and working in academic settings.

Students reported that wellbeing is vital to optimise learning and academic performance, and is an essential part of their personal and professional development. By supporting and maintaining the wellbeing of our students we are maximising their learning potential and therefore increasing the likelihood of their success. Empowering students to maintain their wellbeing at university could potentially mean equipping students with essential life skills, which engender long-term learning and health benefits, optimising academic achievement, and building mental capital and resilience for future lives and careers. Much can be achieved through mainstreaming inclusive teaching practices alongside prioritising resources that support student (and staff) wellbeing, and developing an inclusive learning culture and ethos within universities. The project has highlighted the importance of fostering a strong community that values and celebrates diversity; empowers students with strategies to manage their wellbeing; encourages a sense of responsibility for the welfare and wellbeing of all its members; ensures support systems are highly visible and accessible; and normalises discussions around mental health in a variety of forums.

KEY RECOMMENDATIONS

- Continued development of a wellbeing strategy for the university;
- Ongoing regular staff development and information, especially for new staff;
  - This would include providing basic knowledge about mental health; strategies for responding effectively when students are in crisis; the services available; positive communication; referral and boundaries.
- Academic staff require more guidance on inclusive teaching strategies;
- Staff also appreciate opportunities to engage more deeply with these issues, including safe spaces to share their own experiences;
- Compulsory disability awareness training for all staff;
Staff indicated they would like more information, resources and support in terms of managing their own wellbeing;

Further resources on inclusive course design, and classroom practices for academic staff – in a variety of formats;

As academic staff are not always available to attend staff development events due to teaching commitments, an online course may be one solution;

Development and embedding of inclusive practices across the university;

Continued curriculum development around mental health and wellbeing;

Learning Development – this ideally would be integrated into the course design to build students’ skills and confidence, with additional resources available for those who require them;

Continued development of peer mentoring and maximisation of opportunities for social cohesion;

Shared activities to foster a sense of belonging and shared identity;

Ongoing mental health and wellbeing promotion as part of the Health Promoting University initiative; ideally with events spaced across the academic year and university sites;

Review of pastoral care within the university;

Ongoing awareness raising which should include information about mental health difficulties to improve knowledge within the university; the prevalence of mental health difficulties, and strategies for self-management; information of how to seek help, and further resources on wellbeing strategies for all.

Conceptual / theory development around wellbeing and its relation to learning;

Modelling of ways in which universities as organisations can best enhance the wellbeing of their populations, building resilience and reducing the negative impacts of stress.

The accomplishment of wellbeing strategies can be seen as a positive outcome for the student body, as part of their personal and professional development, enhancing their mental capital and equipping them to become effective citizens, employees and employers of the future, able to cope with the demands of fast-paced workplaces and economic uncertainty. The enhancement of wellbeing is
essential for the sustainable development both of academic life and of society as a whole.

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