The perceptions of academic staff supporting students with mental health/wellbeing concerns and students' experiences of such support across some schools at UH: Implications for pedagogy and policy

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Executive summary

Mental health (MH) is now considered one of the biggest challenges facing the higher education sector, with 94% of institutions reporting an increased demand for the services in recent years. This study is timely due to the vey recent announcement (28 June, 2018) from the Department of Education 'Universities Charter for Mental Health' drawn up by key university partners, including the MH charity Student Minds and the regulator the Office for Students. It will require universities to adopt a baseline of good practice, including early intervention, collecting data on students most at risk, closer working links with local health services and making MH of students a top priority to help with retention and attainment rates. With the growing prevalence of MH problems in schools and universities and its strong links with poor wellbeing, disrupted learning and reduced academic achievement, it is vital that MH is taken seriously by universities.

It is acknowledged all students have a degree of challenge due to, for example: anxieties and difficulties from school; friendships; popularity; social media; exams; new challenges; new environment; moving away from home for the first time; increased access to alcohol and substances; independent living and study; seen as adults responsible for themselves and their own health and wellbeing (i.e. support from parents /guardian limited to consent from student).

If a student has a MH diagnosis they will be transferring to adult MH services at 18 years; away from normal support structures in NHS and at home; parental / guardian involvement is minimised (i.e. they need the student's consent to listen but cannot share in return); the student is making all the decisions about support, organising medical appointments etc and expected to be proactive and responsive. The student wellbeing service contacts all who have disclosed, however the student decides for themselves who is told what about their MH (or no-one is told anything). Although with the government Universities Mental Health Charter there may be an opt-in clause at application whereby the student can nominate a parent or trusted adult with whom the university can liaise for any MH concerns, so students do not feel so isolated.

This report is of an original qualitative study exploring several UH academic staff experiences of offering support to students with MH/wellbeing concerns, and the stories from students with MH/ wellbeing concerns who have been in receipt of such support from academics. It recruited 15 academic staff, two e-learning technical staff and five students from across UH schools/SBUs. No other study to the authors' knowledge has collected qualitative data on both staff and student experiences in the field of student MH and wellbeing in higher education. Its significance lies in the themes generated from the data which can inform policy, raise awareness for students and staff; advise on staff training in, and the development of, pedagogic reflection and practice for academics in higher education to enhance student learning outcomes and overall experience. Furthermore, the research team has a partnership with students giving a unique flavour to the study. The study team consisted of an academic staff as principal investigator, the head of the student wellbeing services and the MH advisor (otherwise known as the mental wellbeing advisor) together with three under and post graduate students and an alumni intern who helped to conduct interviews, analyse the findings, administer the recruitment and read drafts of this the report. Students and the intern attended a LTIC Learning and Teaching Symposium, contributed to a report on staff student partnerships in research and helped with the design of a poster and handout at the LTIC conference 2018. This partnership supports a research-rich environment, opportunities for collaboration and for students to add to their knowledge, skills and experience.

A literature review was conducted to frame the study's context beginning with MH in the UK, young people's MH, student MH in higher education, and academic staff support for students in higher education for their MH concerns. The background to the study includes the individual context of student mental health and wellbeing at UH.

A qualitative approach was taken employing semi-structed interviews followed by a thematic analysis of the data. The research question was to discover views and experiences of support for student MH concerns from both academic staff and student perspectives. To ensure a diversity of staff and student demographics other relevant data was collected and analysed together with the expectations staff and students hoped for from the study. The rich descriptive narratives derived from the data gave an appearance of the lived world experience of the participants. The thematic coding involves noting specific passages of text from the transcriptions of the interviews linked by, or contrasting with, a common theme allowing the indexing of the text into categories to establish a framework of thematic ideas about the phenomena. By systematically interpreting and coding the textual data replicable and valid inferences were able to be made. The process followed Braun and Clarke's (2006) six steps: familiarization with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and producing the final report. Staff recounted, through narratives, their specific handling of different cases. They became narrators of student stories.

It appears staff had different propensities to engage in students' mental and emotional problems. Some had an understanding approach, a more reflective stance and there was greater disclosure of emotional

2

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problems by the students to them. Accounts showed that staff understood the student's pattern of thinking and expression of their emotional state. Another group of staff showed a more limited understanding and asked questions about, for example, placement and family problems. Others could be unreflective regarding the student's perspective. They might feel irritated making them seemingly unhelpful, defining emotional matters as not belonging to their working role. They have all mentioned the importance of giving time, being open to what the student had on their mind and showed openness to hear the student's story.

Following a thematic analysis of academic staff's transcriptions, the following themes were arrived at:

- The types of MH /wellbeing concerns being presented by student
- The staff role (knowing what to do; support offered; role boundaries)
- Awareness of low mental health concerns
- Student help-seeking behaviour
- The academic roles which see these students
- How staff identify a student with MH/ wellbeing concerns
- The personal effect on staff of supporting students; the support academics believe is needed for themselves when supporting students
- Support for staff affected by supporting students
- The students staff mainly met with, when they met with them, how often and how many
- The academic advice given by staff to support students
- Where staff signposted students and who staff contacted themselves
- The time taken, and space used for meetings with students
- Confidentiality and its limitations
- Recording procedures and access
- The reasons staff believe students present with MH /wellbeing concerns

Following the analysis from student data, these were arrived at:

- Common mental health concerns, how they might be identified and the importance of low mental health /wellbeing concerns
- Personal stories of academic staff support whilst experiencing mental health concerns
- Where to go to gain help and barriers to seeking help
- The staff role and what it needs to entail for supporting students
- Staff training suggestions and the need for choice
- Confidentiality, recording and access
- How staff might be affected, personally by providing support for students
- Time to meet staff
- The support students with mental health/wellbeing needs require to engage with academic procedures/access treatment

This report presents a few selected typical stories from staff and student experiences and makes recommendations for improvements in university-wide initiatives, policy and pedagogic practice for supporting students with MH/ wellbeing concerns.

Additionally, all staff were asked whether MH awareness training had been received from the MH advisor, and any evaluation of it documented. Only two of the staff who volunteered for this study had received the input unfortunately.

The recommendations from staff and students were plentiful, a selection offered below:

- **Staff training** - in supporting students more effectively, what and how to record meetings with reference to the limits to confidentiality (GDPR) and informing students beforehand what the procedure would be needs to be clarified. Staff training in listening skills, unconscious bias/own stigma with reference to mental health concerns, communications skills, for example, how to encourage students to speak to their personal tutor about their concerns, to gain permission from the student for referring on, how to speak about suicidal thoughts, to ask the right questions sensitively and how to handle a MH crisis so as not to make the student feel worse. Ensure all staff are fully trained to recognise early warning signs/low MH concerns and are comfortable talking about MH. Train personal tutors in their specific role of supporting student with MH needs. Raise staff awareness they can telephone the counselling/wellbeing service for advice if unsure what to do. For current staff, design an interactive activity to raise awareness. Provide a short 8-minutevideo of 'spot the signs' to surface some issues for staff.
- **Recording** – how to record meetings with students with MH/wellbeing concerns and where to store them needs thought and a university-wide system designed in which all academics would need training.
- **Access** to recordings **- s**tudents and staff need to be made aware at the outset of who else may have access to recordings of student meetings with staff about their MH/wellbeing concerns.
- **Curriculum design** - could be revisited to consider how programmes might buffer against and/or contribute to MH concerns. For example, including one to one meetings with personal tutors timetabled as tutorials and on days when students are on campus. To consider named staff for a student tutor group who goes on all the way through their course with the option to change groups if required. A workshop where students can ice-break and then go into personal tutor groups which could be timetabled for staff and students. Students could meet all personal tutors in intensive workshops in the first four weeks, discussions on, for example, 'this is going to be anxiety-provoking', 'people are going to be lonely/ feel homesick' etc. raising awareness early on that these are normal feelings. A module on every degree on personal development and MH – as a form of MH education.
- **Publicity**- leaflets for the student wellbeing services etc. distributed to all academics to give to students as required. Leaflets/ handout/cards with emergency phone number for MIND/Samaritans and any other relevant MH charity. Design a flyer like the one for the stroke association. An acronym like 'FACE' with just a short message to trigger awareness. Posters for staff with signposting ideas, for signals to watch out for in students. Posters for students on where to go for support and how to recognise the signs.
- **Services** -a satellite of the College Lane student wellbeing service at De Havilland. A drop-in service at De Havilland for those in immediate crisis. A medical bay at De Havilland.
- **Student attendance** - distribute regular print outs electronically from the swiping system for attendance since swiping alone leads to lack of follow-up.
- **Mental Health champions -** appoint student and staff volunteer champions in each SBU
- **Support for staff** –consider offering someone knowledgeable for advice/support and to help staff to understand the role boundaries in different scenarios, a phone number for staff to call to debrief. Feedback to staff from, for example, the wellbeing service, that the student they had supported was now getting the help they required, it is currently down to the student to let staff know which does not always happen.
- **Awareness-raising university–wide** - could be mandatory, conducted at staff induction and for current staff. There was a general feeling that MH needs to be out in the open. Raise awareness with staff and students to help remove the stigma associated with MH. **G**enerate more awareness and engagement through the arts, a theatre production for example.
- **Academics' role and responsibilities** - overall, more specific guidance from UH on the responsibilities of academics with reference to supporting students with MH difficulties.
- **Personal tutors** – consider training for supporting students with wellbeing/MH concerns and provide staff with a choice as to whether to opt for a personal tutor role if supporting students will be an explicit responsibility to provide effective support.

- **Student wellbeing service -** consider making the appointment for a date in a future week at first contact and send the questionnaire to the student in the meantime, instead of the student completing the form and not getting an appointment until it has been returned. Consider referring students on to external sources with discounted rates for further support after the counselling sessions and increasing the number of session from six.
- **StudyNet** – suggest making information on wellbeing/MH more visible on the home page.
- **Application forms** -disclosure clause on application form – could to make it clear disclosure is not a reason to refuse their application. De-stigmatise so applicants feel able to disclose.
- **Student help-seeking behaviour** – needs encouraging at an institutional level. Messages 'it is a strength to ask for help' and is 'OK to seek support'.
- **Confidentiality and recording**- a robust, institution-wide confidentiality, recording and access procedure appears to be required for all staff across the university and communicated to students. Consider using student ID number or initials to ensure confidentiality.
- **Spaces** – consider the provision of private spaces where staff can meet with students in distress.
- **Survey** - suggest an on-line anonymous survey to profile staff's current understanding of these issues to map the landscape, find out the level of awareness, knowledge and understanding to inform the design of a basic education policy for all staff. Listen to staff and students' opinions about what works to help promote emotional health and prevent mental illness.
- **Particular student populations** - consider raising awareness of/attending to post graduate, international and commuting students as they appear to have specific needs
- **Resources** - increase resources/ funding for counselling. Ensure staff have time allocated to meet with students in distress.
- **Academic procedures** - consider how serious adverse conditions (SAC) procedures can be re-configured to account for MH reasons and take evidence from the personal tutor.
- **Review** the re-submission of assignments when students are failing continuously due to MH issues, bearing in mind the effect on wellbeing if student is disallowed to keep re submitting.
- **Voluntary and statutory services** - pilot and evaluate collaborations with the voluntary sector (e.g. Student Minds) and NHS services.
- **Opt-in clause** – a suggestion from the Universities Charter for MH to add an opt-in clause on application forms, explore how to engage with parents/trusted adult to discuss their young person's MH.
- **Social media** – seek to understand and communicate the negative effects of social media on MH and the role the university can play in alleviating the impact.
- **Substance abuse** - such as alcohol and drugs, seek to understand and communicate the impact of substance misuse (e.g. alcohol and drugs) on MH and wellbeing.

We hope that the issue of MH and emotional wellbeing being raised by this study will result in UH taking a serious look at policy around MH and wellbeing to engage staff to become more aware, and, following pedagogic training, being more capable and effective in supporting students. In turn, this may reduce the stigma around MH still further and increase student help-seeking behaviour to, hopefully, result in even better student learning outcomes. It is hoped the recommendations proposed will inform pedagogy and policy university-wide and subsequently support staff to make effective and appropriate interventions, and to have meaningful conversations with students so they may have an even better overall university experience.

The Research Team, July 2018