

STUDENT MENTAL HEALTH & WELLBEING MAKING A WHOLE-UNIVERSITY APPROACH WORK

**A report written in response to CR166
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ABSTRACT

This document reflects on key issues concerning mental health and wellbeing promotion in the context of the updated report entitled 'The Mental Health of Students in Higher Education' (CR166), released by the **Royal College of Psychiatrists (RCP)** on 30th September 2011. It aims to expand on the concept of a 'whole-university approach' to wellbeing, some of the challenges with the implementation of the approach, and steps that can be taken. It proposes ways in which national stakeholders can establish coordination as a sector.

SUMMARY OF CR166

This latest report from the RCP is an update to a 2003 version which was published in response to concerns about the mental health of students. It has been widely cited over the past 8 years as the most thorough overview of student mental health in higher education.

In 2003, Dr Mike Hobbs, chairman of the student mental health working group at the Royal College of Psychiatrists, said: *"The growth of mental health problems among students, and the variability of mental health services for this vulnerable population, is a matter of considerable concern. It is vital that we develop high quality mental health services for all students who need them and that these services are adequately resourced."*¹

This was 8 years ago. The first question then is 'have things changed?' The updated report's answer is that although mental health provision has developed significantly over the past decade or so, concerns absolutely remain.

*"Since the publication of the previous report in 2003, the concerns highlighted there have shown no sign of abating and in many respects have become more pressing"*²

*"Although there are examples of good practice in prevention, treatment and rehabilitation, in general there is a pressing need for an increase in the availability of comprehensive assessment and treatment services as well as mental health promotion activity both at organisational and individual level."*³

CR166 backs this up with the latest research into the mental health of students and uptake of services. It explains the pressures that students face, vulnerable sub-groups, and the challenges universities are dealing with at the moment.

The paper suggests that students face unique circumstances, and that Psychiatrists and the NHS must be mindful of these, and those of particular sub-groups. To facilitate this, the paper calls for greater coordination between the NHS and HE institutions, and highlights the need for more research into student mental health.

1 <http://www.guardian.co.uk/education/2003/oct/16/studenthealth.students>

2 CR166, p.17

3 CR166, p.20

The paper acknowledges and applauds the role of counselling services and mental health advisors. It recommends that universities maintain and develop their support services framework, and enhance the support they offer to students with mental health problems.

The report calls for all universities to establish a mental health policy, including clarification of support mechanisms, training for staff, mental health promotion, and developing & evaluating of initiatives. It highlights the ‘pressing need for greater mental health promotion activity’, and recommends that universities show greater coordination, and pursue a ‘whole-university’ approach, as promoted by the **Healthy Universities** project⁴.

The paper does not address or raise the question of what promotional activity is currently occurring on campuses, or who the stakeholders are that will participate in a whole-university approach. Absent from the paper are the pre-existing agencies and projects, locally and nationally, that are increasingly engaged in student mental health promotion and will be pivotal to the success of whole-university approaches. This represents a significant gap in the material, and restricts the opportunity for those reading the report to act upon the issues it raises and its recommendations.

This document hopes to fill some of these gaps and help create a complete picture of the student mental health landscape from which agencies can work collaboratively to design coordinated strategies.

INTRODUCING THE UNIVERSITY LANDSCAPE

There are approximately 2.5 million students in higher education⁵. The number of young people in higher education has risen exponentially over the past 20 years. Where in the early 1960’s only one in twenty young people went to university, it is now almost one in two⁶.

As anyone in touch with the Higher Education sector will be aware, the past 18 months has been a turbulent and uncertain period. The financial crisis, the government reforms, and rising unemployment, have placed higher education at the centre of public debate. Whilst the cost of a degree has never been higher, the number of unemployed graduates suggests that its value has never been lower⁷. Heightened attention upon higher education brings the opportunity to reassess priorities and make constructive changes. The wellbeing of students is surely central to this.

CR166 introduces the latest research into the extent of mental health problems amongst students, referencing a survey at four universities that found that ‘29% of students exhibited clinical levels of psychological distress’.⁸ It also notes the increasing demand for support services, fueled at least partially by the growth in the student population: “Just over 80% of the respondents to a recent survey of UK higher education institutions undertaken by the MWBHE reported that demand for mental health provision had

4 Healthy Universities: www.healthyuniversities.ac.uk

5 http://www.hesa.ac.uk/index.php?option=com_content&task=view&id=1897&Itemid=239

6 <http://news.bbc.co.uk/1/hi/education/8596504.stm>

7 Graduate unemployment at 17 year high: <http://www.bbc.co.uk/news/education-11652845>

8 CR166, p.23

*significantly increased over the previous 5 years, and a further 13% thought that it had 'slightly increased' (Grant, 2011)*⁹

The paper acknowledges students as a special group worthy of attention: *"the student population is in some ways more vulnerable than other young people ¹⁰... students are at a stage of transition between dependence and independence. Many have to cope with the stresses of moving from home to university at an age when they are negotiating significant developmental changes."* ¹¹

It also identifies peer pressure, financial worries, and concerns about graduate employment prospects, as risk factors ¹². Although the paper notes the transition into university life as being an area of concern, it doesn't acknowledge the transition out of university. For many students this is a period where there are strong pressures to find employment, and various challenges associated with coming to the conclusion of a life-stage during which a young person's identity is one of being a 'student' ¹³.

With the increase in student numbers and the decrease in employment opportunities over the course of a generation, prevailing beliefs associated with being a student and getting a degree are outdated compared with a decade or two ago. Graduate unemployment figures, and the evidence that more graduates than ever are having to move back in with their parents due to financial stresses¹⁴, risks creating a divide between expectation and reality that causes stress and disappointment. Additional pressures come from generalisations associated with being a student. For example freshers week is often touted as "the best week of your life" and the time when a student makes their long term friends, but this can pressure students to try and match stereotyped expectations.

The paper acknowledges international students as an at-risk group that may struggle with isolation, and be burdened by high expectations. Medical students are also highlighted for the significant relationship between their own mental health and their profession - which will involve vulnerable patients and distressing situations. The paper stops at medical students, but there are of course other courses that will bring students into contact with distress and vulnerability, such as teaching and social work. ¹⁵

Mental health services are praised in the paper. Agencies concerned with mental health promotion are largely unnoticed. Most student unions run mental health campaigns around the academic calendar, usually led by a student sabbatical officer. There are a growing number of student-led groups actively engaged in mental health promotion on campus, such as those associated with **Mental Wealth UK** and **Nightline**. There are also a number of charities with projects and campaigns that support student mental health

9 CR166, p.20

10 CR166, p21

11 CR166, p.18

12 CR166, p.22 ; since the publishing of the report, new statistics put youth unemployment at 1m, the highest since 1994

13 Young Minds are campaigning on the issues around transitions: <http://www.youngminds.org.uk/campaigns-policy>

14 <http://www.gradplus.com/graduate-news/increasing-number-of-graduates-forced-to-move-back-home.aspx>

15 Mike Bush, a Leeds based mental health advocate, has worked tirelessly to promote the case for mental health training to be provided to social work students. He has produced a leaflet with Mental Health in Higher Education (MHHE). Available [here](#).

promotion, including **Mind**, **Rethink**, **Young Minds**, the **Charlie Waller Memorial Trust**, the **Matthew Elvidge Trust**, and **PAPYRUS**.

The fact that these agencies are neither mentioned, nor alluded to indirectly is evidence that the lack of coordination between agencies concerned with student mental health is not only an issue locally, but nationally. If universities are to demonstrate cohesive and coordinated approaches, the consistency of the messages they are receiving from external support bodies is surely of great significance.

A WHOLE-UNIVERSITY APPROACH TO WELLBEING - WHAT IS IT?

CR166 applauds the 'Healthy Universities' framework and the concept of a 'whole university approach to wellbeing', as mentioned in a paper published by the Healthy Universities Network in March 2010¹⁶. The approach is centred around 'systems thinking', based upon a "*recognition of interconnectedness, interrelationships, interdependencies and integration between elements of the university system*"¹⁷.

*"This involves not only responding to and being driven by both public health and core business agendas, but also securing high-level leadership, engaging a wide range of stakeholders, and combining high visibility health-related projects with system-level organisation development. It also requires a proactive and systematic process that designates responsibilities and accountabilities; harnesses and connects activities; assesses needs and capacities; sets priorities; implements and monitors progress against a delivery plan; conducts wider evaluation; and celebrates achievements."*¹⁸

This 'systems thinking' view towards health can be traced back to work by the **World Health Organisation** in 1980 and the 1986 Ottawa Charter for Health Promotion which called for a 'Healthy Settings' approach, characterised by the realisation that "*Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love.*"¹⁹

The Healthy Universities Framework asserts that a Healthy University is one that:

"Aspires to create a learning environment and organisational culture that enhances the health, well-being and sustainability of its community and enables people to achieve their full potential."

This is based on two premises:

- *"health is largely determined outside of the NHS*
- *health underpins organisational and societal achievement and productivity and that investment for health can contribute positively to a setting's performance and the delivery of its core goals."*²⁰

16 <http://www.healthyuniversities.ac.uk/hefce.php?s=202&subs=49>

17 <http://www.healthyuniversities.ac.uk/toolkit/guidance-package-page.php?subSite=5&ss=5&ssubs=3>

18 <http://www.healthyuniversities.ac.uk/a-model.php?s=66&subs=56>

19 http://www.who.int/healthy_settings/en/

20 http://www.phorcast.org.uk/document_store/1299683768_MGGL_4b_health_universities_model_-_discussion_report..pdf

The approach recognises the shift towards holistic, integrated models of health, underpinning the recommendation in CR166 that universities should be health promoting institutions that appreciate the relationship between a person's health, lifestyle and environment - not just institutions with good mental health services. It further acknowledges that mental health is not a black and white issue that can be compartmentalised, and that universities have an important role to play in promoting positive health and wellbeing, rather than just treating ill-health.

*"Individual services need to be set in the context of a healthy organisation to have the greatest impact".*²¹

Attitudes towards health are moving away from a narrow, defensive 'health and safety' culture, towards a more progressive culture of 'wellbeing'²². Over the past few years – and especially the last 12 months - there has been significant growth in public and political interest in the topic²³, and it's study has become rooted in scientific study²⁴. Research has broadened understanding around mental health and wellbeing, strengthening the link between psychological attributes (such as resilience, self-control, creativity, optimism), and a productive and meaningful life. Psychological wellbeing has become a yardstick for policy, and an end worthy in itself.

Lifestyle behaviours have also increasingly become a health consideration. Diet and exercise are now prescribed by doctors, and social activities are being considered in a medicinal context through what's known as 'social prescribing'²⁵. The boundaries between health and lifestyle have been blurred, with the onus being on the building of pathways and frameworks to support health promoting activities.

Universities are increasingly recognising this. Many universities now have Wellbeing Directors, and promote a holistic view of mental health and wellbeing. CR166 notes that *"of the 84 institutions that answered the relevant question, 20% already considered themselves to be 'health promoting institutions', and a further 27% were 'working towards' this status (Grant, 2011). This points to a growing appreciation of the need for a comprehensive whole-system approach that can map and understand interrelationships, interactions and synergies within higher education settings, with regard to different groups of the population, different components of the system and different health issues. Such a system-based approach has significant added value. It offers the potential to address health in a coherent and coordinated way and to forge connections to both health related and academic targets within higher education".*²⁶

21 CR166, p. 49

22 The respected theory of wellbeing from Ryff and Keyes and a test for it's measurement is outlined here: <http://www.liberalarts.wabash.edu/ryff-scales/>

23 'Government to measure wellbeing': <http://www.number10.gov.uk/news/britain%E2%80%99s-wellbeing-to-be-measured/>

24 See work at Cambridge University: <http://www.cambridgewellbeing.org/index.html>

25 See this paper on social prescribing: <http://www.mhne.co.uk/files/MHNE126.pdf>

26 CR166, p.50

WHAT DOES IT LOOK LIKE IN PRACTICE

A whole-university approach to wellbeing appreciates the intrinsic relationship between health and learning, and the way in which they are crucial to one another. It sees health promotion not as a byproduct or side issue of university, but as something of central importance. Such an institution recognises its role in constructing useful pathways between health and learning to support the development of its members.

A whole-university approach can be observed on three levels:

1. Member-level: There is visible activity and dialogue on campus to maximise awareness of, and participation from, the membership. All of the agencies are in dialogue, and students are active in peer-led initiatives to change attitudes and raise interest. Information is being spread widely to influence attitudes and increase awareness.
2. Institution-level: Health-promoting activity is embedded into the institution as policy. Systems of management, promotion, and evaluation are in place. Stakeholders and resources are connected through clear communication channels, and aligned towards a shared vision for wellbeing. Support systems, training, and promotional activity all form a coordinated, strategic approach to supporting and promoting mental health.
3. Community-level: The institution has built pathways with organisations in the wider community, and the activities of the institution are visible. The institution is imparting knowledge to, and engaging with, the wider community in a way that is aligned with the university's principal objectives. It is also engaged with the national agenda, utilising the resources and guidance of national agencies, and providing feedback and influence.

EXAMPLES

At **Leeds Metropolitan University**, John Hamilton, Head of Health, Safety & Wellbeing, has used his previous experience in the corporate sector to design an innovative way of matching the wellbeing expertise within the institution to the needs of public and private sector organisations. MyWellbeing.org is a digital platform that contextualises health and wellbeing information and advice into a form that is user-friendly, interactive, and flexible. The platform contains information for students and staff on all areas of health and wellbeing, and signposts to appropriate services and resources. It was first made available to staff and students at the university, and after testing and evaluating it, it was made available to external organisations. The content is provided by campus experts, and is updated based on the feedback of students and staff.

The platform offers a means of reaching out to students and staff and increasing their awareness of, and engagement with, resources and services – thereby aligning the institution towards a culture of wellbeing. It is one manifestation of John Hamilton and his colleagues' commitment to taking advantage of the resources on campus, and bringing stakeholders together around a shared vision for wellbeing.

They have also engaged strongly with the student union and given financial and strategic support to student-led initiatives. In 2009 a PR student at the university linked up with Wellbeing staff to run a poster competition incentivising creative students to design posters which promote the counselling service. The competition received an excellent response from students, and the winning design went on to get nationwide press coverage, as well as becoming a valuable promotional tool which the university has used widely around campus. In 2011 a student-led mental health and wellbeing advocacy group was launched (in association with Mental Wealth UK) which ran various campaigns around campus. Events students also held a wellbeing fair which brought together

wellbeing stakeholders internally and from the wider community, provided students with inflatables and free food whilst promoting awareness and engagement with wellbeing services and resources. In engaging students with the institutional goal of promoting wellbeing, the university is not only building a health-promoting institution, but fostering the development and learning of the students concerned. Whether students are studying PR, events, marketing – whatever it is – they have the opportunity to leave university with a history of work that they've done in partnership with their institution.

This is an excellent example of a whole-university approach to wellbeing, and shows the way that higher education will perhaps need to progress if it is to provide it's students with transferable skills and experience that are valued in the jobs market. By moving towards a whole-university approach to wellbeing, the institution takes a leadership role in the community and invites organisations outside to follow suit. The result has been awards, successful conferences, a profitable platform, and consultancy contracts.

Leeds Metropolitan University is a member of the triumvirate of institutions in Leeds that are taking a holistic, systems-based approach to wellbeing. The three institutions are represented through the Leeds Student Mental Health Group, which meets several times a year – along with representatives from key local mental health and wellbeing agencies – to review the situation for students, and to foster a joined-up approach across the city. The Group welcomes innovation and enterprise, and rather than taking only a top-down view, is well represented by student unions, and has given backing to initiatives driven by students. In 2010 the Group launched the Mind Your Head campaign, a city-wide initiative to promote student mental health. The campaign was launched with a website and promotional merchandise designed by students.

The University of Leeds also offers a good example for the way in which whole-university approaches to wellbeing can progress. The institution encourages entrepreneurial thinking from students through training, support, and funding. In 2009 it launched the Leeds for Life Foundation, which recognises that all aspects of university life can be interpreted in the context of the wellbeing and the personal development of it's students. The website for the Foundation encourage students to think about their development as an individual, signposts them to resources, and offers small grants for projects. By providing recognition, incentives, and support, the University empowers students to take greater control of their own wellbeing and education. In doing this it encourages a person-centred approach, appreciating that a sense of having control and mastery over one's environment, is central to wellbeing.

MAKING IT HAPPEN

1. A shared vision

A whole-university approach to wellbeing aspires to align the entire organisation towards a shared understanding and shared vision, where each member feels able to influence the community and contribute to it's wellbeing. To this end the institution recognises it's responsibility for influencing attitudes and developing culture.

The organisation must work to move beyond an introverted, suspicious culture towards one of openness and trust. Those university stakeholders engaged in delivering the approach are curious, enthusiastic, open to new ideas, empathetic towards others, and confident enough to work as part of a larger team that transcends traditional divides.²⁷

A useful metaphor can be to see the university as a living organism. All parts of the

27 See the Leeds Student Mental Health Group for an example of this in action.

institution have their unique role to play in contributing to the whole. The lifeblood of the institution is the flow of information, informed by the wellbeing committee and policy that draw the sub-groups of the institution together into an aligned operation.

Bringing together stakeholders to share viewpoints and explore opportunities is the first step towards creating an approach that encompasses the entire institution.

2. Peer-to-peer initiatives

A whole-university approach recognises the influence that each member of the institution has upon their peers, and therefore upon the whole. It aims to empower each member to take responsibility for the influence they have, and to make it a positive one.

Research has supported the effectiveness of peer-led initiatives for health promotion:

- *“Peer-led initiatives have a positive effect on several factors that influence young people’s health...”*
- *The perception of young people themselves as “problems” and as passive recipients of professional help exacerbates the experience of worthlessness and powerlessness that some young people suffer..*
- *Peer-led initiatives are an exciting and promising development in the field of young people’s health and effective health promotion more generally.”²⁸*

There are a various examples of successful peer-education initiatives that have been embedded into the university system. At Oxford University, students are trained to provide peer support.²⁹ Harvard University has a significant peer-led health programme, which encompasses peer counselors and peer educators.³⁰

“Through involvement with these programs, students gain knowledge and experience, enhance interpersonal skills, and develop new relationships. All student volunteers receive training and ongoing supervision from professional staff members at HUHS.”³¹

Amongst students and student unions, interest in mental health and wellbeing promotion has grown significantly over the past 2 to 3 years. A good proportion of Welfare Officers now deliver mental health campaigns to try and stimulate interest in mental health amongst students. There are also an increasing number of student-led mental health advocacy groups (c. 15 at the time of writing this). Such groups challenge unreasonable attitudes amongst their peers, create a more open culture towards mental health, and signpost towards resources and services. They offer support services a means of communicating health messages, and promoting services, amongst the often hard to reach areas of the student community.

Encouraging greater participation from students moves away from outdated models of education in which students are seen as passive recipients of information. In an age of mass communication that has witnessed students launch some of the fastest growing and most influential corporations in the world, young people ought to be encouraged to take greater responsibility for their own learning and development, and indeed for

28 Page 1 of “Peer support and young people’s health”, Turner, Journal of Adolescence, 1999, 22: 567-572. Also see “Improving Emotional Health and Wellbeing through peer support”. Dunne, O’Neill and Friel, 2009, Education and Health, 27:1

29 <http://www.ox.ac.uk/students.shw/peer>

30 Also see <http://nightline.ac.uk> for UK example affiliated to student unions around the UK

31 <http://huhs.harvard.edu/HealthServices/StudenttoStudentSupport.aspx>

the learning and development of the communities around them.³² If universities do not aim to make leaders of their students, the divide between graduation and meaningful occupation will surely only grow even greater.

Universities can encourage peer-led initiatives by making funding available for projects, and by recognising successful initiatives. They can design campuses to be environments that present opportunities and challenges to students within the curriculum and outside of it, so that students are encouraged to become more responsible and to work in partnership with management. To encourage peer-led initiatives is to move beyond rigid structures and outdated conceptions of worth and merit, towards an organisation where every member is recognised for the contribution they can make.

3. A whole-sector approach

The degree to which universities adopt a whole-university approach will be influenced by the degree to which there exists a whole-sector approach to wellbeing. It is unrealistic for universities to become more coordinated if they are receiving complex and conflicting messages from the outside.

There are dozens of agencies concerned with the mental health of students. Here are some of the things that have been discussed as initiatives that would engage all stakeholder agencies:

- A charter that sets certain structural and linguistic standards around mental health in universities. A way of overcoming the obstacles caused by inconsistent use of language.
- A national committee which is recognised by all stakeholders and all universities as a central body to determine mental health strategy within the sector.³³
- A campaign that promotes the role for student unions and student leaders as advocates for student mental health, and provides them with guidance and resources, including best practice for working with university support services.³⁴
- A national awareness day for student mental health.³⁵
- A toolkit that is distributed to all universities and contains contributions from each of the stakeholders in an aligned way.
- A national conference to share best practices in student mental health, developed through a working committee that has representation from all stakeholders.
- Awards for innovations and achievements in student mental health.³⁶

32 There is compelling evidence for the creative capabilities of young people. See McRae et al. <http://www.ncbi.nlm.nih.gov/pubmed/3268202>

33 Naomi Garnett from the Charlie Waller Trust, and Hamish Elvidge from the Matthew Elvidge Trust have been interested in mapping out all of the major national stakeholders and finding ways to create coordination through a national committee.

34 In February 2011 I met with NUS staff Ben Whittaker, Sarah Wayman, and Talat Yaqoob at NUS Headquarters in London to propose the creation of a major national student mental health campaign. The NUS staff agreed to the proposal. I have heard nothing since.

35 This is suggestion that Time to Change raised at an UMHAN event in 2010. Sarah Ashworth from the Warwick University has been taking a lead on the development of this.

36 Former Mind Champion Liz Miller has lobbied Mind to launch a Student Mental Health Champion

For universities the first step towards coordination is identifying the resources and agencies engaged with the agenda, and bringing them together for a purposeful discussion. The same surely goes for national stakeholders.

*“Individually, we are one drop. Together, we are an ocean.”
Ryunosuke Satoro, Japanese Poet and Systems Thinker*

END

ABOUT THE AUTHOR

Edward Pinkney has spent the past four years working to promote better mental health on university campuses. He founded a student mental health society at the University of Leeds in 2008, and launched ‘Mental Wealth UK’ - a support body for student mental health societies - in 2010. He has travelled the country visiting university campuses, running campaigns, and meeting with staff and students from 80+ institutions. He has worked for the Leeds Mind project ‘Information for Mental Health’, and has consulted Leeds NHS and educational institutions on how to communicate wellbeing messages and increase engagement. He is an Associate Staff Member at Leeds Metropolitan University, he graduated from the University of Leeds in 2010 with a degree in Philosophy and Management, and is currently studying an MSc in Applied Positive Psychology. Contact: e.pinkney@mentalwealthuk.com | 07904 787969 | @smwproject

LINKS

Examples

Leeds Metropolitan Wellbeing Program (www.mywellbeing.org) - http://www.leedsmet.ac.uk/news/index_wellbeing_award_280710.htm ; http://www.leedsmet.ac.uk/news/index_wealthofknowledge_100910.htm ; <http://www.lmu.ac.uk/about/app-aims-to-boost-staff-wellbeing-08092011.htm>

Wellbeing Fair at Leeds Metropolitan - <http://www.youtube.com/watch?v=icOV0TUH9R0>

Wellbeing Fair at Leeds TASC - http://www.leedstrinity.ac.uk/news_events/news/Pages/Mind_matters_at_Leeds_Trinity%E2%80%99s_pioneering_Mental_Wealth_Fair.aspx

Wellbeing Fair at University of Leeds - <http://www.youtube.com/watch?v=TG1foRL-wZo>

Mind Your Head Leeds (produced by Leeds Student Mental Health Group) - <http://www.mindyourheadleeds.co.uk/>

Leeds for Life - <http://www.leedsstudent.org/2011-02-04/sport/sport-news/who-done-it-leeds-for-life-behind-campaign>

Leeds campus wellbeing talk - http://www.wellbeing.ac.uk/events/?event_id=27

Leeds student mental health design competition - <http://www.creativeboom.co.uk/yorkshire-the-humber/news/leeds-has-got-talent-mental-health-winner/>

Leeds Metropolitan mental health design competition - <http://www.behindthespin.com/news/campaign-to-raise-awareness-of-mens-mental-health-names-competition-winner>

Award. Mind CEO Paul Farmer has not responded yet, although Time to Change have expressed interest.

References

- <http://www.rcpsych.ac.uk/publications/collegereports/cr/cr166.aspx>
- http://www.mwbhe.com/inc/files/documents/publications/mental_health_policy_framework.pdf
- <http://www.guardian.co.uk/education/2003/oct/16/studenthealth.students>
- <http://www.guardian.co.uk/education/2001/feb/13/highereducation.news>
- <http://www.telegraph.co.uk/earth/greenpolitics/population/6762298/One-in-five-of-boomerang-generation-graduates-now-living-at-home.html>
- <http://huhs.harvard.edu/HealthServices/StudenttoStudentSupport.aspx>
- http://www.phorcast.org.uk/document_store/1299683768_MGGL_4b_health_universities_model_-_discussion_report..pdf
- <http://healthyuniversities.ac.uk>
- http://www.who.int/healthy_settings/en/
- <http://www.youngminds.org.uk/campaigns-policy>
- http://www.hesa.ac.uk/index.php?option=com_content&task=view&id=1897&Itemid=239
- <http://www.mhne.co.uk/files/MHNE126.pdf>
- <http://www.cambridgewellbeing.org/index.html>
- <http://www.number10.gov.uk/news/britain%E2%80%99s-wellbeing-to-be-measured/>
- <http://www.mhhe.heacademy.ac.uk/resources/developing-emotional-intelligence-resilience-and-skills-for-maintaining-personal-wellbeing-in-students-of-health-and-social-care.html?keywords=resilience>
- <http://www.liberalarts.wabash.edu/ryff-scales/>
- <http://news.bbc.co.uk/1/hi/education/8596504.stm>
- <http://www.ox.ac.uk/students.shw/peer>
- <http://news.bbc.co.uk/1/hi/education/8596504.stm>
- <http://www.bbc.co.uk/news/education-11652845>

APPENDIX

WHO ARE THE NATIONAL STAKEHOLDERS? *

Higher Education

AMOSSHE (<http://www.amosshe.org.uk>) – National membership body for Student Support services

AUCC (<http://www.aucc.uk.com/>) – Association for University Counselling Services,

BASSHE (<http://www.bahshe.co.uk>) – National membership body for Healthcare services

Healthy Universities (<http://www.healthyuniversities.ac.uk>) -- Proponents of whole university approach to health and wellbeing, provide guidance and toolkits.

HUCS (<http://www.hucs.org>) – National membership body for Heads of Counselling services

Mental Wealth UK – National membership body for student-led mental health and wellbeing advocacy groups

MHHE (www.mhhe.heacademy.ac.uk) – Associated with the Higher Education Academy; promotes mental health in curriculums.

MWBHE (<http://www.mwbhe.com/>) – Working group for Mental Health in Higher Education containing representation from other stakeholder groups

Nightline (<http://www.nightline.ac.uk>) – Listening services for students with student-led branches around the UK

NUS (<http://www.nus.org.uk>) – The Scotland branch delivered the Think Positive project in 2010, providing mental health training to student unions.

UMHAN (<http://www.umhan.com/>) – National membership body for Mental Health Advisors

Universities UK (<http://www.universitiesuk.ac.uk/>) – Representative body for UK universities

Mental Health and Wellbeing

Action for Happiness (<http://www.actionforhappiness.org>) – Concerned with promoting a broad agenda of wellbeing in all areas of society

Mental Health Foundation (<http://www.mentalhealth.org.uk>) – have an excellent mindfulness programme.

Mind (<http://www.mind.org.uk/>) – Have been supportive through their Time to Change campaign

The Charlie Waller Memorial Trust (www.cwmt.org) – Behind StudentDepression.org, an information website and student blog, and supporters of Mental Wealth UK.

The Matthew Elvidge Trust (<http://www.themattthewelvidgetrust.com>) – Have supported Mental Wealth UK and explored national strategy

PAPYRUS (<http://www.papyrus-uk.org>) – Have funded student mental health campaigns, and supported a student mental health society at the University of Manchester

Rethink (<http://www.rethink.org>) – Young Persons programme. Held a fantastic conference in 2010.

Time to Change (<http://www.time-to-change.org.uk>) – National project working to tackle stigma, has provided support materials to student unions

Young Minds (<http://www.youngminds.org.uk>) – Their VIK project appoints young mental health ambassadors.

* Any missing organisations would be appreciated.

AUTHOR'S NOTE

1. The fragmentation problem

CR166 holds that the benefit of closer collaboration is “self-evident”. But why, if this is the case, does poor collaboration persist?

Based on my experience over the past four years, fragmentation seems to be an endemic problem within the non-profit sector. I had the privilege of working at Information for Mental Health In Leeds, an innovative organisation associated with Leeds Mind, which seems to be one very few groups concerned with tackling communication gaps. Why is it that people and organisations concerned with promoting the same cause, do not devise even the most basic of mutual promotion arrangements to ensure that the beneficiaries of their organisation receive the best possible support?

There are Welfare Officers, passionate about promoting mental health, that have no contact with their university's Mental Health Advisor. Some Mental Health Advisors I spoke to didn't know the name of the Welfare Officer. Clearly for efforts to be coordinated this has to change. One of the reasons for this might be that students and student leaders change from year to year. Another reason might be that student unions have to maintain a degree of independence in order to fully represent their students and advocate on their behalf. But surely the mental health of students transcends all partisanship?

A lack of coordination is probably in part a consequence of universities growing exponentially over the past 10-20 years. There tend to be various agencies within the university concerned with mental health, and they often design and implement policy independently of one another. Rather than communicating with students through a shared strategy, they often have their own independent websites, and marketing channels. Only when these agencies establish central communications channels and decision-making frameworks can they design, implement, and evaluate policy in a coordinated manner and present it effectively (see page X for more on policy).

One example of good coordination is found in the Student Support Services at the University of York. Their 'Open Door Team' operates as a first point of call for students experiencing distress, and unlike many universities, which sometimes have waiting lists of 6-8 weeks, they can offer an initial assessment within 5 days. By engaging all of the stakeholders, and designing their operations from a student perspective - complete with a neutral and welcoming name - they are able to maximise efficiency and provide a service that is known as the starting point for any student experiencing emotional distress.

CR166 recognises that, in addition to producing talent and expertise, universities have the opportunity to use their own campuses as testing grounds for mental health and wellbeing initiatives, and as knowledge hubs for local communities.

“This is perhaps one time in a person's life in which work, leisure, accommodation, social life, medical care, counselling and social support are all provided in a single environment. Furthermore, this environment is one that has research and development as one of its core functions. This provides opportunities to develop and evaluate new possibilities for the prevention and treatment of mental disorders that may be difficult to achieve

elsewhere.”³⁷

With increasing industrial interest in health and wellbeing, there is significant potential for universities to generate revenue through testing initiatives locally and harnessing the resources and expertise at their disposal. This is particularly appropriate in a ‘knowledge-based economy’, as defined in a report from the Work Foundation:

“Economic success is increasingly based on upon the effective utilisation of intangible assets such as knowledge, skills and innovative potential as the key resource for competitive advantage. The term “knowledge economy” is used to describe this emerging economic structure” (ESRC, 2005).³⁸

The opportunity is for universities to expand their knowledge transfer programs and use them as a driving force for institutional growth.³⁹

2. The language problem

CR166 notes the significance of language - and of the existence of different definitions and interpretations - which can be both a cause, and a consequence of, a lack of coordination.

“One problem with coordination is that different agencies may have different concepts of the nature of mental disorder. This is reflected in the multiplicity of terms that has come into use when this matter is addressed, such as ‘mental illness’, ‘mental health problems’, ‘mental health difficulties’, ‘mental health issues’.”⁴⁰

Without consistent definitions it is difficult to expect any semblance of consistency in the way mental health is promoted or understood. This is of course partly an issue with the complex nature of mental health itself. But this complexity only emphasises why it’s so important for universities to create coordinated approaches. If they are not consistent with the terminology they use then they risk causing unnecessary confusion and distress.

In 2010 a student at the University of Central Lancashire interviewed students on campus, asking what the term ‘mental health & wellbeing’ meant to them. All responded in negative terms, associating ‘mental health’ with dysfunction, disability, disease, and in one case – prison. The responses highlighted the prejudices often attached to the term⁴¹. Further misunderstanding exists around the term ‘disability’. Disability Services and Disability Support are available to those experiencing a mental health problem, but many students will not associate their problems with the term ‘disability’. The danger is that as a consequence of these misunderstandings, students will not access the support

37 CR166, p.49

38 From a report entitled ‘Defining the Knowledge Economy’, page 4, from www.theworkfoundation.com

39 The Knowledge Transfer Partnership scheme (KTP) is a government backed initiative to encourage knowledge transfer between universities and industry: <http://www.ktponline.org.uk>

40 p.7

41 See the World Health Organisation’s definition in contrast to common perception: http://www.who.int/topics/mental_health/en/index.html

they might greatly benefit from. Consistent definitions and descriptions for mental health and mental health support would help universities to reinforce desirable messages, and address misunderstandings around particular terminology.

3. The understanding problem

Those working within the mental health field will be aware of the many questions and debates that mental health raises, increasingly voiced through newspapers, blogs and television. There is a growing public forum for it's discussion.

In 2009 The Mind Matters Society carried out a survey at the University of Leeds, for which 900 responses were gathered. It revealed that 50% of students feel that there is a stigma towards mental health. This was supported by research at the University of Ulster which concluded that 60% of students wouldn't want anyone else to know if they had a mental health problem.⁴²

But to what extent does this represent an increase in awareness of the idea of 'mental health stigma' as a consequence of more public discussion? What is meant by the word 'stigma'? And how much is it perpetuated by the way in which we talk about it? I received an email recently from a "retired mental health journalist" who argued that every reference to 'mental health stigma' reinforces discrimination by giving it undue validation, and creating an artificial category of discrimination. The counter argument is that discrimination against mental health exists, is unique, and therefore cannot be ignored.

These debates should not divide advocates, but should be recognised as constructive and healthy feature of a united effort to promote positive mental health and wellbeing. I believe that a forum that facilitates such discussion between all of the major stakeholders in student mental health can help determine recommended policy and guidelines for higher education institutions, and influence global attitudes towards mental health.

42 http://www.uusu.org/news/index.php?page=article&news_id=124563