

# Hot Topics Hot Seat: Mental Health in Higher Education

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## The Hot Topic – Mental Health in Higher Education

Mental health awareness has never been higher, across society and therefore across higher education too. This is undoubtedly a good thing – the more aware individuals are of their own mental health the more likely they are to seek help. The more aware society is of the mental health challenges affecting people the more likely that institutional barriers and stigma will be reduced. But the pace of the rise in awareness - and therefore declaration of difficulties and conditions - is far outstripping that of the resources to respond. The NHS is chronically underfunded to deliver the appropriate level of mental health care required and university services are squeezed to the limit. Regular headlines appear across all forms of media stating that universities need to do more, and every student suicide is deemed as evidence that the sector is failing in its duty to students.

The sector is responding – it is hard to imagine any university in the UK that hasn't spent some time focussing on the issue in recent years - but is it enough? Will the issue ever go away? Is there more that can be done? And how will the issue be prioritised by universities in the coming years, as the funding system seems set to change again?

## In the Hot Seat – Chris Shelley, Director of Student and Academic Services, University of Greenwich

Chris has spent his whole career in Higher Education, starting behind the students' union bar at Liverpool Hope University while he was studying Drama and Theatre Studies. He went on to be the Vice-President and then President of the SU, followed by a senior role in the Residences team at Hope, before NUS came calling. In nearly 7 years at NUS he held various roles around the country supporting students' unions, culminating in leading the registration of students' unions with the Charity Commission.

He left to join King's College London in 2013 as Director of Student Services, where he led a series of welfare focussed functions and grew the remit to incorporate many other functions of the student experience. It was in this role that the prevalence of mental health and wellbeing issues in society and HE became clear to Chris, and he made it his goal to change the way it was viewed at King's. He led a stream of a new Education Strategy to embed wellbeing within the curriculum and introduced a new team of Wellbeing Coaches to the service model, broadening the range of interventions that students could have to improve their wellbeing. As Chris says, "King's are known worldwide for their research into mental health that will impact on wider society in future years - the challenge was using that knowledge to develop tangible interventions for students on a day to day basis".

In 2017 Chris moved on to the University of Greenwich as Director of Student and Academic Services. Despite the more senior position Chris has still found that mental health is high up his agenda and has recently led the creation of a Health and Wellbeing Strategy for the university. "The strategy has proved to be a great way to engage all levels and areas of the university to think about their role in tackling the issues, but it is only the start" says Chris.

Chris is also Deputy Chair of Trustees at the Suzy Lamplugh Trust, and a former Executive Member of AMOSSHE, the Student Services Organisation.



*"If you know someone who works in a higher education mental health team, such as a Counsellor, thank them for what they do. They save lives, daily."*

## Awareness around mental health and its impact has never been higher, but why do you think Higher Education has particularly been in the spotlight?

Universities are a popular and easy target for the media, so if an issue can be given a 'HE angle' then it seems to be a journalist's dream. Students are right in the eye of the storm when it comes to pressure – undergraduates leaving further education are often financially independent of the first time, leaving home, learning how to manage their own life with the pressure of getting a good job to justify the cost and debt at the end of it. And all this with the eyes of the world on them via social media, or so they often believe. Suicide is sadly a more prevalent occurrence in recent times, and the perception seems to be that a student suicide should be preventable because universities should have the resources to identify those at risk. In reality of course, it is often easier to be invisible in a large crowd, and someone who may be contemplating suicide can be hard to identify in a cohort of 200 on a campus of 2,000. Nevertheless, the public perception is universities should have the resources to do better. I also think we are in the spotlight because we talk about it more openly than in other areas of society, and have loud voices talking about it, such as NUS, Student Minds, students' unions and media and sector organisations. We should embrace that focus, not shy away from it.

### Did you know that:

Data from the Office for National Statistics states that in 2017 there were [5,821 suicides](#) registered in the UK, and that there were [95 student suicides](#) in the year ending July 2017. So, crudely, roughly one in 58 suicides is a student.

However, media reporting often focusses on student suicides more than other demographics. This misaligned reporting creates a perception that suicide is a HE problem which the data simply disproves. The media focus on students is perhaps understandable due to the likely age of the person concerned, but the expectation seems to be that suicides should be preventable in higher education, and that is simply unrealistic.

The [ONS report](#) in June 2018 states that:

“Higher education students in England and Wales had a significantly lower suicide rate compared with the general population of similar ages”.

So the evidence demonstrates that we aren't failing – yes there is more to do but a significant impact is already made on thousands of students' lives every day.

### The next challenge:

I think the next big challenge for universities and students' unions working together on this issue is how to properly engage students in the solutions. This is partly about agreeing and understanding the use of language around 'wellbeing' and 'resilience'. There is a lot of resistance to the word 'resilience' among students as they feel it creates a perception that the problem is theirs to solve – “toughen up and it will be OK”. This absolutely is not the case, but a part of dealing with lower periods of mental health is learning techniques and skills that work for individuals. It is about understanding the causes of a particular difficulty, if there is a diagnosis that requires medication or if it is more complex than that. Engaging students who are or have previously experienced significant mental health challenges is crucial, but also a potential trigger for them as individuals. So finding ways to engage with them in safe, supportive ways that enable appropriate interventions to be developed, and promoted appropriately, will be vital.

### What is your institution doing to improve its whole organisation approach to mental health and wellbeing?

We've just launched a Health and Wellbeing Strategy which has been well received across the university and proved as the catalyst for a few significant activities already. We have launched Big White Wall - a digital platform of mental health support for students, accessible and moderated 24/7 - and are about to roll out a full programme of mental health first aid and awareness training to over 1200 staff over the next year. We are seeking to address staff and student mental health concerns together, and that really requires a culture change. The main principle of the strategy is **“Everyone will experience challenges with their wellbeing at some point in their life and we aspire to creating a culture of openness and support”** – if we can crack that nut, we will have made a real difference. Strategies and training won't address the problem without engaging staff and students in the issues, the causes of difficulties and encouraging discussion - with each other and with support services where needed.

### What improvements around mental health and wellbeing have you noticed in the HE sector over the past few years, and are there particular areas that you think institutions struggle with?

I don't think there is a university out there that isn't trying to improve what they do, but there isn't a single magic wand we can wave to do so. The great thing about the sector, and particularly this area of it, is how we talk to each other. Sector organisations like AMOSSHE create the spaces to discuss challenges, share ideas, test solutions and that is hugely positive. Meanwhile guidance and tools are developed by organisations like Student Minds that we can all access and utilise. I am also heartened that the discussion around mental health is not just about “Counselling” anymore. There is a tendency to think the 'problem' is in Counselling waiting times, but mental health is a spectrum and is one part of a person's wellbeing. I think many of us are now considering how we support students' overall wellbeing – financial, social, academic, physical and mental health – in our strategies. This helps reduce stigma and encourage disclosure and positive action, but takes time. Crucially we want to ensure students are engaging with the issue, helping create solutions and develop policies on the ground, although that has its challenges (see “The next challenge”).

### What advice or message would you like to offer to any leaders reading this article who are yet to tackle mental health and wellbeing in their organisation, and why should this be one of their strategic imperatives?

If anyone isn't trying to tackle this then I'd be amazed, but I think there is a tendency to concentrate on resources as a limiting factor so perhaps that can mean it isn't a top priority. Resource inevitably is an issue but that doesn't mean that progress can't be made without investment – and once some progress is made then the case for investment becomes stronger. If student retention rates improve then the investment will be easily repaid. The starting point is getting our communities talking about health and wellbeing, understanding the positive and negative elements of it and not trying to address students' wellbeing without including staff wellbeing too. If this isn't an institutional priority, then the warning signs are there in other universities where a sudden burst of incidents creates the need for immediate reactive investment and prioritisation. Unfortunately prioritising this issue won't come with any guarantees but doing nothing seems increasingly to be an option not worth considering.

The other key point is not to think about student mental health in isolation from staff. Our staff are at the forefront of this issue, and need help to help students, as well as themselves. Academics need to know how to refer students in need appropriately – not just send anyone with a problem to Counselling – but not be expected to become default therapists in the process. This is a societal issue, but in HE terms it is one for our whole community.