

# MENTAL HEALTH & WELLBEING STRATEGY

## 2021 to 2025

### A mentally healthy university

“Healthier, happier people can do great things”

Professor Sir Cary Cooper, Professor of Organisational Psychology, University of Manchester

## 1. Purpose

This mental health and wellbeing strategy seeks to set the direction and goals of Plymouth Marjon University for four years, from 2021 to 2025. It sets goals and targets linked to our access and participation plan, and thus progress will be regularly reviewed. Research and understanding in the area of mental health and wellbeing is updated regularly, and so the full strategy, including progress to date, will be reviewed after two years, in late 2022 to early 2023.

The strategy considers how we can develop a mentally healthy university community for all staff and students. It reflects our Growth Plan, which describes how we are centred on student success, and seeks to explore how we can ensure that through good mental health and wellbeing we can enable the success of every single student.

It should be considered alongside other university strategies and policies including:

- Access and Participation Plan 2020-1 to 2024-5 (2019)
- People Strategy (2020)
- Teaching and Learning Strategy (2020)
- Campus Development Plan (2020)
- Mental Health and Wellbeing Policy (2019)

These can be found at [marjon.ac.uk/about-marjon/governance--management/university-strategies--policies/](https://marjon.ac.uk/about-marjon/governance--management/university-strategies--policies/)

## 2. National context

Mental ill health is recognised as one of the biggest health issues of our time, and it's an issue that requires a specific focus and response from universities. Increasing proportions of students are arriving at university with diagnosed mental health conditions, and many more have undiagnosed lower level mental health needs. Many people only disclose their mental health condition once they arrive at university.

The statistics surrounding mental ill health are stark. Suicide is the biggest cause of death in young adults. Nearly 1 in 4 young people will experience suicidal feelings at least once in their lives, and 1 in 20 will try to take their own life. At least 95 university students took their own lives in England and Wales in 2016-17. Each suicide affects a much wider circle of at least 135 people. And this is a problem that can be completely invisible until it's too late: only 1 in 3 people who die by suicide are known to mental health services<sup>1</sup>.

People of all ages who may never before have experienced mental ill health have increasing levels of loneliness, anxiety and depression due to the pandemic starting in late 2019<sup>2345</sup>. "Expected" levels of stress from moving home, arriving in a new household, understanding a new teaching style and juggling work, study and social lives have all been exacerbated by the circumstances of 2020: hybrid teaching, self-isolation, reduced social interactions and requests not to travel "home". And at the same time, demands and expectations on staff have gone up. This is a growing problem and an increasingly complex one.

### 3. National Guidance

In the last few years, there have been many frameworks, codes and structures published across the higher education network to encourage a whole university approach to mental health and wellbeing. There are also many general codes published, such as the NHS Five Steps to Mental Wellbeing<sup>6</sup> and Mind's Five Ways to Wellbeing<sup>7</sup>.

This strategy considers all these approaches, listed in the references, but is based around the latest widely accepted measure which is Student Minds' University [Mental Health Charter<sup>8</sup>](#) (2019) as well as UUK's updated [Stepchange Framework<sup>9</sup>](#), updated in January 2020. Each of these documents considers and updates past frameworks. In this strategy we also reflect the latest report from Student Minds, [Planning for a Sustainable Future<sup>10</sup>](#) which provides considerations for mental health specifically within the context of the 2020 pandemic.

Our strategy is therefore built around four domains from these frameworks: **Learn, Support, Live and Work**. It includes 18 themes within these domains, which are described in the Student Minds Mental Health Charter, followed by five enabling factors. The Strategy also includes an addendum specifically with considerations around the pandemic.

In structuring the strategy in this way, our aim is that we are ready to work towards the launch of the Charter Award Scheme from Student Minds (which is expected to launch in late 2020 or early 2021).

For each domain, the strategy considers some key points around the national situation as set out by the Student Minds strategy document, and then considers the local situation at Marjon. This is mainly composed from discussions from workshops in March 2020 attended by staff and students, with groups working specifically on each of these domains, followed by a consultation process.

Each theme then considers what we will do: the broad principles we will follow, and actions to be taken within each section. These actions are mostly medium term to be taken within the next 12-18 months, and we can expect that the actions will develop throughout the course of delivering the strategy.

The strategy concludes with considering the measures of success: what will be in place if we succeed in delivering this plan.

## 4. Headline goals

Whilst there are many individual targets across this strategy, these are some key headlines which we will aim for across this plan:

- I. To develop a mentally healthy university community and culture, in which positive mental health is promoted and mental ill health is thoughtfully and effectively supported.
- II. To measure, understand and take action to improve two significant impacting factors on student mental health:
  - a. To help students to quickly and positively feel a sense of belonging at Marjon
  - b. To significantly reduce loneliness amongst students
- III. To achieve the Mental Health Charter Award from Student Minds (2022).
- IV. To enable more students with mental ill health to succeed in their studies, permanently closing the gap in continuation for students with mental ill health by 2029-30 (from a 6.3pp gap baseline) and ensuring no gap in attainment or graduate-level employment compared to other students.

## 5. Strategic domains

### Domain 1: Learn

#### 1. Transition

This domain considers the process of starting university and transitioning through university.

Starting university, whether as an undergraduate or postgraduate; whether into year 1 or joining in later years; is recognised as a significant milestone. When it goes well, students feel they belong, feel motivated, feel the right level of support, and go on to achieve success. When it doesn't go well, students can feel isolated, confused and alone. To be comfortable at university, to feel like they can thrive in this environment, is critical to long term student wellbeing and success.

Preparation is critical in setting realistic expectations and ensuring students can plan for transition. The first few weeks of arrival are also important, and induction is not simply a process to provide information but a process whereby students feel a part of something bigger, and feel they belong.

The UUK report [Minding our future](#) (Minding our future: starting a conversation about the support of student mental health, 2018<sup>11</sup>) describes the gaps that can occur in transitions which can impact upon mental health:

- geographical (physically moving and thus having to change support services, losing former support systems)
- educational (learning a new way of learning)
- services (moving from child and adolescent mental health services [CAMHS] to adult mental health services [AMHS])
- personal (experiencing independent living, budgeting, new sexual relationships and friendships for the first time)

Within our Marjon workshops, the importance of 'induction' was raised, and a discussion that all students are different and need different levels of information. We need to ensure that students can access information to the right level, so that they are comfortable and ready to start.

In some programmes (PGCE, Psychology, Sports Psychology and Special Educational Needs and Disability are examples), there is a session held early on in the cycle on mental health and wellbeing. For teaching, this reflects that teaching can be a high stress career leading to many people leaving the career early on. It was felt that this approach could be helpful to run across all courses early in the student cycle.

Our principles will be to:

- Engage with students prior to arrival to ensure anyone with additional mental health needs, or simply with worries, can prepare for university.
- Co-ordinate a whole university approach to induction and arrival, across Student Recruitment and Outreach, Marketing, Student Support & Wellbeing, professional services, Student Union, and academic colleagues to ensure a co-ordinated programme lasting a full 18 months (from application through to the end of year 1).

- Ensure our processes include approaches to wellbeing, efficacy, academic integration and social connectedness.

To do this our actions will include:

Convene a group to prepare induction 2021 from January 2021. Develop a theme across all communications to students and events, to prepare them for getting ready and settling in and to last to end of year 1.	2021
Continue to engage with students prior to arrival, including both informal and anonymous briefings for those who want to self-help, signposting to material specific to Marjon, and active invitations to discuss needs one-to-one within our Student Support and Wellbeing team. It will also include recognising those student groups who are at higher risk of mental ill health, such as LGBTQ+ students, refugees and students with autism spectrum disorders. We will use both national resources such as Student Minds <u>Know Before You Go</u> , and online Marjon resources.	2021 ongoing
Continue to develop AIM (Acquire, Improve, Master)) study skills sessions for applicants; access to Learning Space; academic <i>get to know your course</i> sessions; early job applications, campus tours and visits; student clubs and society introductions; blogs and articles about what to bring; and regular opportunities to talk with students to prepare.	2021 ongoing
Deliver an engagement plan for students who are deferred for a year to ensure they stay connected.	2021
Roll out the 4-week introductory module which enables students to focus and feel connected to their course early on.	2021 ongoing

Helpful resources in delivering this:

Student Minds [Know Before You Go](#)

## 2. Learning, teaching and assessment

Whilst extra-curricular life is widely viewed as a critical complementary part of the university experience, the only guaranteed links with students are academic links.

Teaching and learning practice, feedback, grading and assessment, organisation and management of classes, and the appropriateness of the intellectual challenge can all impact either positively or negatively on mental health. There is wide-ranging evidence that the way learning is structured and delivered can make a significant difference to student success<sup>12</sup>.

Within our workshops, a discussion took place around how the tight-knit nature of our teaching and learning experience means that *conversations* are a central tenet of our teaching, and that this is a

critical way in which students feel heard and recognised. It was felt that this theme of *conversations* could be expanded upon as a wider philosophy of teaching.

There were some very good examples cited of peer support systems within some subject areas. Some of these were across years and some within the same year, and both staff and students commented that to have these across all subjects could be very beneficial. There are good examples of this in other universities too.<sup>13</sup>

Several areas of expertise within the groups were highlighted. One area was the potential for discussions on compassionate pedagogy and embedding this into teaching practices. A second area came from teacher training, where teachers are being trained in “Trauma Informed Practice” and it was felt this model could inform our practice as well. Some members of staff had been involved in how to promote resilience in students as a ‘first line of defence’ using e-learning assets and it was felt there was scope to explore this further.

There was discussion around ‘group working’ and how it can cause issues amongst students. It can be particularly complicated when assignments and marks rely upon group work and this can bring additional stress to students.

When students aren’t managing their work, it was highlighted that there is disparity in our approach. Some staff reach out more easily than others; some students don’t want to be talked to. Whilst knowing our students is a strength at Marjon, it was recognised that this doesn’t always work: there are times when any student may not want to be known and we need to find ways to support students in the ways that best help them as individuals in any given moment.

There was a detailed discussion about inclusive learning and how inclusivity is embedded across the curriculum. The feeling was that it would be better to be more flexible and more creative with how students are tested, rather than to always single out students with health conditions as needing an “alternative” means of assessment.

There was also a discussion about forms of teaching and how we could support blended or distance learning, to enable students to succeed by balancing classroom and distance learning. (This discussion was just before March 2020 lockdown when blended learning became more commonplace. Subsequent discussions focus on how we can maintain the benefits of blended learning.)

The consistency of training across academic staff was highlighted, with an example that not all Personal Development Tutors are trained sufficiently to work with students with mental ill health.

Our principles will be to:

1. Deliver on our teaching and learning strategy which encourages a holistic view of learners, using scaffolding to support student skills, confidence and performance at an appropriate pace.
2. Encourage deep learning and mastery of subject, recognising that students that engage in deep learning appear to have better wellbeing<sup>14</sup>.
3. Ensure that curriculum design, practice and processes seek to have a positive impact on students’ mental wellbeing, for example through collaborative classroom practices and by

encouraging sharing of expertise across our teams, e.g. Trauma Informed Practice and compassionate pedagogies.

4. Continue to work closely across the university to ensure that the roles of academics in supporting mental health are clear.
5. Ensure that high quality psychoeducation and meta-learning is included within the curriculum, supporting students to develop their ability to manage their own wellbeing and learning.

To do this our actions will include:

Continue to develop the Student Concern Group which enables a cross-university support and safety net for students of concern, as well as peer support for staff.	Ongoing
Develop AIM sessions around learning techniques and resilience, reviewing the inclusion of psychoeducation and meta-learning within the current curriculum and as optional extras to be accessed at any time within their learning journey, potentially through e-learning.	2021

Helpful resources in delivering this:

Houghton, A–M. & Anderson, J. (2017) Embedding mental wellbeing in the curriculum: maximising success in higher education. York: Higher Education Academy

Hughes, G., Panjwani, M., Tulcidas, P., Byrom, N. (2018). Student mental health: The role and responsibilities of academics. Oxford: Student Minds.

IPPR, Not by Degrees (2017). <https://www.ippr.org/research/publications/not-by-degrees> , Page 50-55 *Prevention and Promotion*

### 3. Progression

This area covers transitions throughout university and out into post-university life.

Students moving through their university journey experience ups and downs, some of which can be planned for, and therefore smoothed. Triggers can come from moving out of halls and into private accommodation; from placement experiences; and from the change from year 1 to year 2 studies, in particular the expectation of greater self-sufficiency alongside pressure to achieve, with assessments counting towards final degree classifications.

As students leave university, there is some evidence that they can struggle with a loss of identity, and a change to their friendships and support networks, as well as practical considerations around finding a job and belonging in a new environment<sup>15</sup>.

In our Marjon workshops, people discussed that transition between year 1 and year 2 is difficult, and it was felt that there needed to be more awareness and training in how to support this. An example given was optional study skills sessions for mature students which could be very helpful throughout

the summer months. There are also issues around mid-year 2, a period when motivation from the start dissipated and it still feels a long way from the end of the degree.

Our principles will be to:

1. Use scaffolding and re-inductions towards the end and at the start of each year, to manage expectations and smooth the transition between year 1 to 2, and year 2 to 3.
2. Prepare students for placements using consistent in-depth and targeted support.
3. Ensure students are prepared for progression out of university through a consistent programme of careers development.
4. Work closely with students who take a break and are returning to study, through our Student Support & Wellbeing team and academics.

To do this our actions will include:

Develop an “outduction” for students to prepare for leaving university.	2021
Prepare end of year and start of year activities to set expectations and provide guidance for students as they make transitions.	2021 ongoing
Develop a staying in touch series of communications for interrupting students	2021 ongoing

Helpful resources in delivering this:

Website – Improving the Student Experience <http://www.improvingthestudentexperience.com/>

Thomas, L., Hill, M., O’Mahoney, J. & Yorke, M. (2017). Supporting student success: strategies for institutional change. (Rep) HEA. [https://www.heacademy.ac.uk/system/files/downloads/full\\_report\\_final\\_draft.pdf](https://www.heacademy.ac.uk/system/files/downloads/full_report_final_draft.pdf)

Two books focusing on developing a growth mindset for work:

Seal, R., 2020. Solo, (How to Work Alone and Not Lose Your Mind). Profile Books Ltd

Husein, M., 2020. The Skills: How to Win at Work. 4<sup>th</sup> Estate Books



## Domain 2: Support

### 1. Support Services

Student support services across higher education are at the forefront of responding to serious mental health concerns, but also play a key role in broader wellbeing support. Support teams are used by some students regularly, and by others only in specific moments of need. It is imperative that our professional support network works proactively, to help promote good mental health and wellbeing, and can react quickly, effectively and with care. Support services are under increasing pressure, across the sector with 81% of higher education institutions reporting an increase in overall demand for services, and 41% reporting an increase of more than 25%<sup>16</sup>.

Within our Marjon workshops, attendees highlighted our small size means that we are able to provide a high level of personal support for students, and a strong support network. We have a strength in the way we work collaboratively across the University, including student support services, academic colleagues, Students' Union, counselling, disability support, residential life, accommodation, financial support, and the Chaplaincy in the network of support. We recognise too that our cleaning teams, security teams and catering teams play a crucial role in supporting students and can be a first line of support. Ensuring that every member of our staff is approachable and has time for people is critical.

Within our services, we have a bias towards reactive rather than proactive services, and would like to move from crisis management to prevention. The importance of resilience-building, good early intervention and effective signposting was recognised.

There was also a view that offering 24/7 support would be helpful, for example a 24/7 support line potentially linked to a peer support system. In addition, whilst many students want a personal approach, others may find it helpful to access information anonymously and disclose information without pressure.

The groups also highlighted that there is a variety of knowledge amongst staff, and often staff are not aware of how support services work.

Our principles will be to:

- Ensure that our support services are safe, effective, accessible to all, appropriately resourced, relevant to local context and well governed.
- Review the effectiveness of support services regularly, including counselling, through triangulating clinical data from counsellors, outcome data and student feedback.
- Ensure that our services are effectively planned to provide an optimal and efficient service which is truly accessible, including considering the physical space where we offer support, the opening hours, the digital accessibility, waiting list times, and synchronous vs asynchronous support.
- Ensure that anyone who may need to support students is culturally competent, understanding the experiences and needs of diverse groups of students including, for example, LGBTQ+ students, black and minority ethnic students, international students, mature students and postgraduate students.

- Ensure that our services are governed effectively including considering risk and ethical challenges.
- Ensure that our services consider and respond to our local situation and specific student needs.

To do this our actions will include:

Review services each year with students, and submit report and findings formally.	2021 ongoing
Ensure that awareness of our services is regularly communicated to staff so that all staff are aware of how to signpost students.	Three times a year
Develop a series of training and communications focusing on growing cultural competence across the university, for example starting with the launch of our trans policy.	2021 ongoing
Develop a governance structure for our student support & wellbeing services.	2022
Consider how to deliver 24/7 mental health support, potentially through digital tools and considering national level options.	2021

Helpful resources in delivering this:

IPPR, Not by degrees: Improving student mental health in the UK's universities, 2017, page 50-55, Prevention and Promotion

Barden, N. & Caleb, R. (2019) Student Mental Health and Wellbeing in Higher Education. A practical guide. London: Sage

Beck, A., Naz, S., Brooks, M. & Jankowska, M. (2019). Improving Access to Psychological Therapies (IAPT) Black, Asian and Minority Ethnic Service User Positive Practice Guide. [online] BABCP. <https://www.babcp.com/files/About/BAME/IAPT-BAME-PPG-2019.pdf>

## 2. Risk

The risks around mental health are myriad. Suicide and suicide ideation are increasing, with 3% of students reporting that they had attempted to end their lives in the last 12 months, and 25% experiencing suicidal ideation<sup>17</sup>. 95 students ended their own lives in England and Wales in 2016-17.

It is estimated that each suicide impacts 135 people, and in a university environment they would include both staff and students. These people are at higher risk of suicide themselves.<sup>18</sup>

There are also risks for both staff and students in managing serious mental crisis such as psychotic episodes.

Finally, there is also a significant risk to mental health for those people who are being harmed by others, for example through domestic violence, through hate crime, harassment or discrimination,

or through bullying. This is a recognised risk for those who experience institutional and structural racism and ableism, and demonstrates that tackling these issues is also a mental health concern.

Whilst universities are by no means solely responsible for the safety of students and staff, and the NHS and social care services play a crucial role, it is important that universities plan for and manage these significant risks.

Our principles will be:

1. Ensure that our training and processes for alerting and assessing risk to staff and students are effective, including risk assessing and referrals to external services.
2. Ensure that staff and students know where to report concerns, about themselves or others, what support will be given and how it will work.
3. Ensure that we review our protocol regularly which considers intervention and post-vention activities around suicide and serious mental health incidents, including protocol around delays encountered whilst waiting for external professional support (for example waiting for an ambulance or waiting for external counselling appointments).

To do this our actions will include:

Planning in frequent communications (three times a year) to staff and students to remind them of how to raise concerns about themselves or others.	2021
Timetabling a review of the protocol for serious mental health incidents through the CIMT each year.	2021
Work with local partners such as the Strategic Suicide Prevention Partnership and the Plymouth Mental Health Network to become a <u>Suicide Safer University</u> , reviewing training and processes, risk assessments and the access staff have to expert medical advice.	2021-22
Providing up to date advice and links (examples below)	Ongoing
Review our processes around how we consider whether students are “fit to study” to ensure that we carefully consider the balance of students with very severe conditions compared to the majority with lower level needs, and with the needs of peer students supporting others.	2021

Helpful references in delivering this:

UUK, (2018). Suicide Safe Universities. London: UUK. [www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2018/guidance-for-sector-practitioners-on-preventing-student-suicides.PDF](http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2018/guidance-for-sector-practitioners-on-preventing-student-suicides.PDF)

Staying safe from suicidal thoughts: <https://stayingsafe.net/>

Suicide Alliance. Free training: <https://zerosuicidealliance.com/>

'Step by Step' Samaritans Post-vention support service [www.samaritans.org/stepbystep](http://www.samaritans.org/stepbystep)

### 3. External Partnerships and Pathways

The link between NHS and social care services and the support received at universities can be a cause of much confusion. Universities report increasing difficulties in helping students to access appropriate care, and strains on national services mean universities are put under ever more pressure. Gaps between services can be fragmented, contradictory and cause more stress and harm<sup>19</sup>.

In some universities, where disability services are outsourced, Student Support can be unaware of a student's serious illness or escalating risk, as their support is outsourced and data is not shared. Whilst this is not currently an issue at Marjon, it is one we should be alert to, as some students do access DSA funded support externally, and we need to ensure that we maintain our safety net system of raising concerns about a student.

In our workshops, we discussed that this is a frequent experience at Marjon, whereby Student Support & Wellbeing often support students in extreme need who are also finding it difficult to access professional external help. This is frequently because emergency services cannot support acute mental health needs, but it can also be when external services expect university levels of support which are beyond our remit, for example by discharging very ill students.

We have some links outside the University, with NHS colleagues and with other third sector mental health services, but we recognise that these are more often tactical or sporadic rather than strategic. For our students, support can be inconsistent with varying NHS services depending on where they live and have come from. We recognise that larger universities, particularly those with health centres on site, may be more linked in to the NHS, and we should explore ways to develop (solidify/ cement) those links. The NHS Improvement 2020 Objectives plan commits to "parity of esteem for mental health"<sup>20</sup>, and this gives us an opportunity to develop strategic plans together.

The workshops also discussed that students can find it hard to get paperwork for extenuating circumstances in a timely manner, which is extending their stress. GPs may not understand the requirements of extenuating circumstances. This was one area where a multi-agency approach could make a big difference.

Our principles will be:

- Commit to working with local mental health providers to develop a shared protocol for students who are accessing both university and NHS support services, with the goal of closing the gap between services.
- Work closely to help shared services understand the support that universities do offer, and the context of student life, for example how study can often form a scaffold of support, and the risk when that is threatened.

To do this our actions will include:

We will develop a clear protocol for crisis situations working with emergency services.	2021
We will develop systems for working with other integrated care or secondary providers to support students with severe mental illness.	2021-22

Helpful references

Universities UK. (2018) Minding our Future: Starting a conversation about the support of student mental health. London: UUK. [https:// www.universitiesuk.ac.uk/minding-our-future](https://www.universitiesuk.ac.uk/minding-our-future)

IPPR, Not by Degrees (2017) – chapter 8. <https://www.ippr.org/research/publications/not-by-degrees-chapter-8>.

## 4. Information Sharing

How information is shared about individuals at risk has been the subject of much media coverage. A fair consensus of opinion described by Student Minds is:

“It is not useful to say that information should never be shared without consent or to say that it must always be shared in cases of risk. Rather, the decision to share or not must be made on a case by case basis, as a result of an appropriate clinical assessment.” (Student Minds, Charter for Mental Health<sup>21</sup>)

Marjon has held this approach for some time, recognising that for some students, sharing information to families without their consent could be harmful due to the family reaction, will make the student feel they have lost more control, and will result in less trust. For those students who feel they are escaping from abusive or troubled relationships, this is even more evident, and where those relationships involve coercion, a student could give consent before arriving at the university which they didn't really mean.

Thus, working with students individually, creating a safety plan for them, agreeing people they feel safe with and who can be contacted if needed, and sharing the responsibility for their safety with them is almost always the most appropriate course of action.

Our principles will be:

- Continue to work with students to mobilise all of their available support networks when they are at risk, for example preparing them and supporting them to inform those who can most reduce their risk.
- Focus on student autonomy and enablement rather than taking autonomy away.
- Ensure data sharing agreements are clear and easy to access, and that sharing information without consent involves an appropriate, well governed, assessment and follows agreed protocols in terms of assessing the risk and agreeing with at least two people (internal or external to the University).

To do this our actions will include:

Introduce use of the National Suicide Prevention Alliance Consensus Statement <sup>22</sup> in making assessments of whether to share information in a crisis in order to support student safety.	2021
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Helpful references:

## Domain 3: Work

### 1. Staff wellbeing

Studies have shown that staff in universities appear to have poor mental health and high levels of stress, but this varies significantly across institutions<sup>23</sup>. Stress and poor mental health should not be accepted as an inevitable part of working in a university. Indeed, higher education can be a place where staff feel highly fulfilled in doing meaningful work that is important to them.<sup>24</sup>

Having a good line manager and supportive team are considered essential, as well as a culture and structure within the university that is enabling and positive.

Specific interventions to encourage good mental health can work, but cannot overcome a negative culture. Put simply, if staff enjoy their work, and feel motivated, healthy, autonomous and well-supported, then interventions become less important.<sup>25</sup>

Staff wellbeing is seen as inextricably linked to student wellbeing. Performance in complex, creative and problem-solving roles is optimised when staff feel psychologically safe and have good wellbeing. In uncertain times, staff need to feel able to think creatively and dynamically and not feel constrained by fear.<sup>26</sup>

Staff who are not well themselves can naturally struggle to give their best to students.

PGR students are a group that is recognised across the sector as needing specific consideration, as they are juggling different roles and can often fall between the lines of either staff or student.

Within Marjon, our latest internal staff survey in 2018 reflected a high proportion of staff who felt valued, but also raised concerns about workload and stress which are reflected in the rest of the sector.

With the Marjon workshops, there was a recognition that a wide variety of work has been done with many initiatives to support staff mental health.

Participants wondered if there could be consideration given to staff transitions into work, to help people to understand the nature of the work before they arrive.

There was also a recognition that resources need to be more easily accessible to staff when they need them, with clarity over what help is available to them as an individual, as someone helping students, and as a manager supporting a member of staff. In general, it was felt that training for managers across Marjon could be more consistent: some are well aware or well trained and others less so.

A training matrix has been produced by the Mental Health Working Group, but adding more detail and setting this out by different levels and roles would be a helpful next step for this. It was recognised that one issue is that there are differing levels of engagement and interest (and often the most engaged and interested are already also the most expert). Finding ways to train and engage those with less interested in mental health is crucial to bring about a cultural change.

There was very positive discussion of the idea of *mental fitness* training, reflecting the positivity that physical fitness training projects.

Our principles will be to:

- Continuously assess our culture to ensure it is supportive and positive, reflecting on feedback and aiming to call out or end negative behaviours, systems or processes.
- Encourage conversations about mental health without fear of judgement or negative career consequences.
- Ensure our welcome to Marjon offers optimal support, making arrival at Marjon easier for new members of staff, for example through a work buddy system.
- “Call it out” when there is negative stigma from colleagues or management.
- Ensure counselling opportunities and assistance are clearly communicated with confidentiality guidelines in place.
- Build further on our Balance scheme to encourage specific positive interventions to build physical, nutritional, social and mental health.
- Equip managers to build good mental health within their teams and respond appropriately to concerns about poor mental health.
- Enable staff to spend the majority of their time on work that feels meaningful and important to them.

To do this our actions will include:

Run a staff survey on a regular basis to assess our culture, and use regular checks with staff groups such as Academic Management Team and Professional Managers’ Group.	2021 and ongoing
Review our induction to include obligatory mental health training awareness, work buddies, and pre-emptive advice before arrival, such as is given to students.	2021
Keep our Balance scheme well publicised, active and vibrant, and use this to communicate specific support such as counselling.	Ongoing
Hold conversations within Performance Development Reviews about career trajectories and finding meaning and value within work.	Ongoing

Helpful references to deliver this:

Mind (nd) How to implement the Thriving at work standards. London: Mind <https://www.mind.org.uk/media/25263166/how-to- implement-the-thriving-at-work-mental-health-standards-final-guide-online.pdf>

What Works Centre for Wellbeing (2019). Work: What Works Centre for Wellbeing. [online] [Whatworkswellbeing.org](https://whatworkswellbeing.org/our-work/work/). Available at: [https:// whatworkswellbeing.org/our-work/work/](https://whatworkswellbeing.org/our-work/work/) [Accessed 20 November 2020]

## 2. Staff development

Most staff in universities, whatever their role, state that they have had to respond to instances of poor mental health, whether from staff or students.<sup>27</sup> Knowing how to manage this is critical: maintaining boundaries, being confident in the level of support that can be offered, and knowing where to get additional help. Where staff don't feel confident and supported, such instances can then affect their own mental health.<sup>28</sup>

Just as responding to crises in mental health does not sit only with named individuals, equally, all staff in a university contribute to a culture of positive wellbeing. Ensuring staff know how they can contribute to this culture could make a significant difference.

For staff in front line mental health roles, or who have responded to instances of mental health crisis, there is a need for managers to understand the emotional impact of this work. Staff can gain benefit from the opportunities to talk through situations and share experiences with other colleagues.<sup>29</sup> This is frequently done at Marjon within the Student Support and Wellbeing team.

For professional mental health staff, they need to be supported to be kept up to date with continuing professional development and training.<sup>30</sup>

Within the Marjon workshops, it was felt that it would help for mental health training to be compulsory rather than optional, and that some training such as mental health literacy training could be simpler with less jargon. Staff also recognised a wide variety of expertise and the need to ensure that resource availability is clear to all: where to signpost on to, and how to do this. There was a reflection that joint staff/ student sessions were positive.

Students felt that reporting mental illness could be a concern, in case they were seen as unable to cope with pressure, or in case it stayed with them into their future career.

Some courses have introduced resilience and coping strategies into courses, for example PGCE. Psychology and Youth and Community Work students link up each work for enhancement sessions such as 'resilience' and 'mental fitness training'. Those involved in this felt that it could be a model which could be broadened and offered across more courses.

Our principles will be to:

- Ensure all staff gain confidence in promoting good mental health and responding to poor mental health.
- Develop mental health training that considers the context and specificity of roles.
- Ensure an environment in which reflection and peer support is encouraged, for those affected by instances of poor mental health.
- Ensure staff in mental health roles can engage in quality ongoing training and development.

To do this our actions will include:



Review the Mental Health training matrix so that appropriate training can be agreed for each role, setting the expectations around both cultural awareness and practical actions. This could include cultural awareness or suicide awareness for all staff, and stress risk assessment training for managers, for example.	2021
Continue to offer optional additional training, which could include Mental Health First Aid training at least annually to build up an ecosystem of well trained staff, and offering a shorter mental health training session for all managers and anyone who wishes to take part.	2021
Investigate peer support groups for broader groups of staff who have had complex or difficult workloads, (for example the “Shwartz round” model delivered monthly in Derriford Hospital for anyone who wishes to attend)	2021
Budget for personal development for staff in frontline roles to maintain their skills and reflect on their work.	2021 onwards

## Domain 4: Live

### 1. Proactive interventions and a mentally healthy environment

This theme is about the space *outside* formal support, and particularly how the environment plays a crucial role in good mental health.

It can be expected that a wide variety of people who experience poor mental health do not access formal support. It's therefore important to recognise that whilst specific formal interventions can support those who use them, the environment and culture play a critical role to support good wellbeing across the whole community.

Whilst educating students and staff about mentally healthy approaches is now relatively commonplace, this needs to be delivered alongside an environment and culture which is conducive to good mental wellbeing.<sup>31</sup>

A university that encourages and enables physical exercise, engaging with nature, eating well and good sleep will be a much more positive environment for mental wellbeing.

Finally, there can be a role for specific interventions for particular student groups, co-designed with those groups.

Our principles will be to:

- Encourage physical exercise, good nutrition, engaging with nature, and good sleep as conducive to good mental wellbeing.
- Ensure we are highly visible in talking about the importance of these steps to mental wellbeing – thus normalising the conversation about good mental health.
- Work with students to understand whether there are specific groups that need specific types of intervention.

To do this our actions will include:

Sign up to the Healthy Universities campaign.	2021
Develop a healthy lives campaign which is visible across the University to replace our Safeguarding our Community campaign from September 2021.	2021
Support the Student Union's campaigning and information gathering work	Ongoing
Review our Student Experience Survey in 2021 to understand whether there are specific groups which require additional interventions, and then work with those groups ongoing.	2021

Helpful references:

Healthy Universities, (2019). Home – Healthy Universities. [online] Available at:  
<https://healthyuniversities.ac.uk/>

Okanagan Charter. (2015). An International Charter for Health Promoting Universities and Colleges <http://www.healthpromotingcampuses.ca/okanagancharter/>

Action for Happiness: <https://www.actionforhappiness.org/>

## 2. Residential Accommodation

Home, for any individual, is not just a functional space. Many students will spend a great many hours each day in their accommodation, and it plays multiple roles. It's a place to sleep, to study, to eat, to connect with others and to feel safe.

By its nature, student accommodation is transitory, and that can lead to worries, relationship difficulties and a feeling of being unsettled.<sup>32</sup> It's therefore essential that universities consider how to help students to feel secure and "at home" when they are living in their university accommodation.

Student bedrooms must promote good sleep, in order to keep students ready for study, so they are able to block out light and sound, are comfortable and clean, and are the right temperature.

Shared spaces such as shared kitchens can also promote good social interaction, peer support, close friendships and cohesion.<sup>33</sup>

Relationship breakdowns within accommodation are very difficult to manage and can cause serious mental health difficulties. Equally, if students do not feel safe in their homes, due to bullying, abuse, harassment or behaviours which make them feel uncomfortable, such as drug-taking, this can cause mental ill health.

Serious instances of mental ill health often occur in accommodation settings, and are managed by staff and students for whom the impact can be substantial. Guidance, training, advice and debriefing needs to be clear for such situations.<sup>34</sup>

At Marjon, we have an established network of support for resident students on-site, with an Accommodation Manager, Resident Student Assistants for each hall or area, a Student Life Tutor, and two Student Life Officers who support students, and security on site 24-7. Our flats and houses are relatively old in style, which has both benefits and drawbacks. The condition of them is not completely up to date, but they were built with student communal space in mind. Students must interact with those they live with, sharing kitchens, bathrooms and living spaces. In some cases this can cause difficulties when relationships break down, but it can also enhance the sense of community and belonging for most students.

As with across the rest of the sector, our on-site team act as first responders for instances of mental health first aid and are quite regularly involved in some very distressing situations.

Our principles will be to:

- Prioritise in our Campus Development Plan ensuring our accommodation meets physical and psychological student needs, offering a place of safety, warmth, comfort, and belonging, as well as a place in which practical needs are met such as reliable internet access.
- Ensure that briefing, training, protocol and after-support is appropriate for both staff and students involved in instances of serious mental ill health within an accommodation setting.
- Be alert to any instances of relationship breakdown or students not feeling safe and comfortable in their homes. Support students with appropriate measures and actions depending on the situation.

To do this our actions will include:

Continue to liaise with students on the delivery of our Campus Development Plan and maintain close links particularly in design and delivery phases.	Ongoing
Further develop our on-campus support with our Student Life Co-ordinators and Resident Campus Assistants, considering a formal system of support for those involved in very serious instances of mental ill health.	2021-2
Ensure that students are aware of the options around support for relationship difficulties within their accommodation, (whilst recognising the difficulties associated with the pandemic).	2021-2
Develop regular communications for students within on-site accommodation.	2021-2

Helpful references:

Piper, R. (2016). Student living: collaborating to support mental health in university accommodation. (Rep). Oxford: Student Minds [www.studentminds.org.uk/studentliving](http://www.studentminds.org.uk/studentliving)

### 3. Social integration and belonging

Everyone, including students, has a need to be seen, heard, and recognised, and feel that they belong.<sup>35</sup> Various research has shown that this supports wellbeing but also attainment level, and persistence to graduation.<sup>36</sup>

Loneliness is one of the strongest predictors of mental distress, and it's important to note that someone can appear socially connected but still feel lonely.<sup>37</sup> There are some student groups who are higher risk of feeling isolated<sup>38</sup> and specific groups or interventions can really help to connect them.

There is some evidence that establishing early friendships is critical, as once someone perceives themselves as isolated, it's harder to help them feel connected.<sup>39 40</sup>

There is evidence that participatory sports and arts, and a strong sense of connectedness to place and space can enhance wellbeing and reduce loneliness.<sup>41</sup>

At Marjon we have a strong set of Values that connect us. Staff understanding of these Values is high, and they are used regularly to make decisions, to set annual objectives and to appreciate good work done. For students, they are increasingly recognisable.

In our Mental Health Strategy workshops, people agreed there is a good sense of belonging at Marjon, but there are some discreet groups which may feel less connected to the wider community, for example: commuter students, mature students and carers and international students (cultural and language barriers). An example discussed was the Mature students Facebook group which is working well to support and link up mature students, but we must ensure continuity when students move on from Marjon.

Our principles will be:

- Ensure a safe, diverse community in which we actively work to ensure students feel integrated and connected and can make lifelong friends.
- Take action to tackle loneliness and social isolation.
- Ensure everyone feels welcome by tackling harassment within a framework of strong community values.

To do this our actions will include:

To develop with students a community pledge which reflects our values and means that students are clear on how they are expected to behave to each other (and to staff).	2021
To continue to encourage the creation of societies and clubs that can tackle loneliness and to encourage a wellbeing approach within all clubs at Marjon	Ongoing
To support the Students' Union or other students to actively campaign on loneliness or mental health, for example through a Marjon Change Maker project.	2021-2

Helpful resources

What Works Centre for Wellbeing loneliness reports and resources, available at:  
<https://whatworkswellbeing.org/?s=loneliness>

#### 4. Physical environment

Design of workspaces and study spaces, just like design of university accommodation, is critical to wellbeing. Staff and students need spaces that physiologically and psychologically meet their needs, such as warmth, good lighting, quiet and privacy.<sup>42</sup> Engagement with nature can boost mood and bring many positive mental health benefits.<sup>43</sup>

We are lucky in our location to have a beautiful campus with plenty of green space and space to “get away”. We are also close to spectacular scenery, beaches and national parks.

In our discussion groups, the groups highlighted that we have many great spaces on campus but often students are not aware of them, for example the Marshall Room in the Chaplaincy, The View and digital study spaces in the Library. There was a question raised that to have more neutral spaces would be good, and in addition, there are few spaces that are confidential. It was agreed that these spaces need to be more widely publicised.

Our principles will be:

- Ensure that as we deliver our campus development plan, we continue to engage with research and our community to forefront community living and wellbeing, developing appropriate living, working and social spaces that are well used and attractive to our communities.
- Increase the usage of meeting and learning spaces outdoors.
- Continue to develop our campus to highlight and encourage engagement with the natural spaces on our campus.
- Ensure that as the campus develops, wayfinding and accessibility work well for all of our community.

To do this our actions will include:

Continue to develop social, meeting and informal learning spaces to meet a variety of student needs, reviewing the Snug, the copy shop space, and the Library area and West Wing and developing convenient spaces right across the campus.	Ongoing
Promote our “hidden gem” spaces on campus through our social media feeds so that more students are aware of them.	Starting 2021
Work with the Students’ Union to encourage engagement with nature, for example through walking, surfing or climbing groups.	Ongoing

Helpful references:

Significant additional resources around the built environment are listed on page 88 of the Student Minds [Mental Health Framework](#).

# Enabling factors across all domains

## 1. Leadership, strategy and policy

It's critical that a focus on mental health comes from right across the leaders of a university, not just Senior Management Team but all those in management positions.

It's also critical that mental health and wellbeing are part of other strategies, processes and policies, such as people strategies, campus strategies and learning and teaching strategies.

Our principles will be to:

- Ensure that our Mental Health and Wellbeing Strategy is developed and reviewed with a wide variety of input from across staff and students, that it considers mental health across the whole university, and that this forms part of our core university mission.

To do this our actions will include:

Ensure the Mental Health & Wellbeing Strategy has wide consultation in being developed, and that it is updated, again with consultation, after two years.	2020, 2022
Ensure in launching the strategy that all managers are aware and sufficiently trained to support the delivery.	Early 2021
Ensure that a prioritisation of mental health and wellbeing is evident in other strategies, processes and policies.	Ongoing
Aim to achieve Mental Health Charter Award from Student Minds by 2022.	2022

## 2. Student voice and participation

A critical part of empowering people with mental ill health is participation in decisions.<sup>44</sup> Because people have different needs and respond differently to interventions depending on context, working in partnership with students regularly and consistently is crucial. Triangulating student voice, outcome measurement and clinical expertise and evidence will result in more effective and targeted interventions and services.

Being engaged in work to design strategies can provide students with additional skills and confidence, as well as getting a much better result than designing plans without student input.

Our principles will be to:

- Recognise the significance of student voice in the particular context of mental health, where a lack of agency and input can have a disproportionately disempowering effect.
- Recognise that student input must be wide and that mental health is a very personal matter: it is very hard for students to speak "on behalf of each other" on this topic.

To do this our actions will include:

Continue to develop our student engagement practice, aiming to move from simple consultation, through involvement, participation and partnership (for example Change Makers).	2021
Ensure our support services are reviewed by and with students each year.	2021
Support peer-led interventions to ensure they are safe and well managed, (for example RSAs, Listening Post). <sup>45</sup>	Ongoing

### Helpful resources

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

Not by degrees: Improving student mental health in the UK's universities, 2017, <https://www.ippr.org/research/publications/not-by-degrees> Page 53 on peer support initiatives.

### 3. Cohesiveness of support across the provider

Students managing a mental health condition can find one of the most difficult areas is the gap that exists between different services. Effective and correct signposting, handing over, and consistency of support are critical to avoid negative impact on someone managing poor mental health. When information is shared effectively and teams work closely together, the service will feel helpful and supportive.

Our principles will be to:

- Work towards a shared vision of mental health support across Marjon, where all services work cohesively and the student experience feels well-managed, welcoming and supportive.

To do this our actions will include:

Regularly review our triage services to ensure that students feel they are supported efficiently and get the support they need from the right team first.	Annually
Make data sharing clearer between different parts of the University to make support smoother, including understanding how to triage information from different areas.	Ongoing review
Regularly communicate to ensure that all staff are clear about the support services students can access, how to signpost them, and where to get advice themselves.	Three times a year



## 4. Inclusivity and intersectional mental health

This theme is about students who may face additional barriers due to background, characteristics or identity, but also students who face barriers due to the way they access learning (such as part-time students or commuter students).

Inequality can have a negative impact on mental health in and of itself.<sup>46</sup> Barriers such as physical barriers for disabled students, or a white-centric curriculum for students from black, Asian and minority ethnic groups, can drain energy which could be put into studying.<sup>47</sup>

Actions which provide additional interventions in order to level up the unequal challenges students face is crucial, but more important is developing a culture in which inequalities are removed.

Our principles will be to:

- Work towards a culture in which there is genuine equality of opportunity for all students, recognising that inequalities exist in wider cultural experience and we must work to remove them.

To do this our actions will include:

Through our Access and Participation Plan, understand the differing needs of our university population and the groups which might experience different barriers to mental wellbeing, including groups with protected characteristics, but also groups that may experience inequality due to mode of accessing education (eg part-time students)	2021-22
Develop specific interventions that address specific needs as they are raised.	2022-23

## 5. Research, innovation and dissemination

Findings in the Charter show that there is insufficient research in the area of student mental health. When research was focused in academic areas without involvement of support services staff, it often came up with solutions detached from day to day reality, and yet frequently staff in support services roles were discouraged from active involvement in research.

Our principles will be to:

- Focus our Value of curiosity onto the question of mental health and wellbeing and work to add to the evidence around what works to best support student and staff mental health.

To do this our actions will include:

Encourage the involvement of groups of staff in researching and evaluating services, including working collaboratively across the institution, and across other institutions.	2021-22
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## The impact of the pandemic

This strategy has been created during the course of a global pandemic: one of the most significant impacts on mental health in decades. The coronavirus pandemic is widely recognised to have had a negative impact on mental health of all ages. Students have felt more isolated and anxious, and self-harm and suicidal thoughts have increased. In the latter half of 2020, self-isolation in households which have only just formed and in which students may not feel they have close friends has been recognised as a particular risk. The sense of community between students is acutely challenged as they take differing approaches to their own sense of physical risk: those who are shielding or more vulnerable, or nervous for their families have shown both fear and anger towards those who take a laissez-faire approach to restrictions.

In the media, students have been under attack with many reports of students bringing the virus to cities<sup>48</sup>, holding parties, and a media narrative that often presents students as irresponsible<sup>49</sup>. Meanwhile, most students just want to study hard for their degrees, make some close friends and feel they belong. These are not unreasonable needs and yet are increasingly hard to achieve.

Both staff and students across the country are feeling more nervous about their future job market. For many staff the shift to online teaching and the reduction in close contact with students has significantly reduced their enjoyment in their role. Teaching staff across the country generally report that to prepare and deliver a lecture online takes many hours more than doing the same in person: previously well-honed delivery has had to be rethought and planned afresh, with an increase in workload as if all lecturers are back in their first year of teaching with no lesson plans already prepared.

Health, social and educational inequalities have been heightened by the pandemic, with certain groups being impacted significantly more in terms of mental health and access to online learning. Groups experiencing significant challenges or higher impact include: low-income, female, those with pre-existing mental health conditions, living in overcrowded households, living in urban areas, living with children, those from lower socioeconomic groups, nurses, carers, care leavers and estranged students, students with disabilities, international students, placement students, year abroad students, postgraduate research students, early career researchers, key workers, staff and students in clinical practice, BAME communities and those experiencing domestic violence, abuse and race-related hate crime.

Within Marjon, we saw an uptake in some access to student services when they moved online, for example one-to-one specialist support. However we also saw a decrease in students willing to start new counselling sessions, finding this particularly difficult to approach online. We have issues with students being unable to use a private space, both to study and concentrate which can then cause stress and anxiety about workload, but also, critically, to take part in confidential online discussions such as mental health mentoring, counselling or extenuating circumstances discussions. Some students have said they know they have underlying issues to address, but in the context of home schooling and practical issues, they don't have the space to tackle these issues yet.

We recognise and discuss weekly the mental health needs of students who are isolating and recognise this as a risk to be considered in the same way as the risk of transmission. Phone calls and walks for isolating students have shown to be very helpful in getting them through isolation.

Our principles will be to:

- Support students to transition to a different learning environment, scaffolding their learning and explaining how hybrid learning works, to make sure that they can thrive.
- Consider students with specific access needs, such as those with limited access to technology.
- Be creative in how to support students without private spaces to access support services, continuing to engage with students to try to solve this problem.
- Continue to provide as much safe, well-connected study space as possible, as well as private spaces, to encourage students to access campus and feel connected.
- Consider how we can be aware of students and staff who are at risk when they are less visible on campus, and it will be harder to spot concerns with online learning than with face-to-face.
- Continue to offer as much located teaching as we can within safety guidelines, recognising that the risks of isolation if students are away for too long are significant.
- Recognise the additional burden on staff of delivering their work through the pandemic, and find appropriate ways to support them. This includes reducing workload pressure where that is possible.
- Offer a safe, reliable home to students within on campus accommodation and work to ensure they feel connected.
- Ensure clear, consistent and timely communication to lessen the impact on mental health from uncertainty.
- Co-produce plans with students, recognising we won't get it right first time.
- Ensure plans are inclusive and consider impacts across diverse student groups.
- Consider and explore the benefits of hybrid learning, particularly for certain under-represented groups, to ensure that these are maintained when life returns more to normal.

To do this our actions will include:

Developing induction session to enable applicants to become familiar with hybrid teaching well before arrival	April 2021
Communicate and keep developing safe spaces for study, and investigate more spaces for privacy (for example to take part in online confidential conversations)	2021
Continue to develop AIM sessions (study skills sessions within the Library) that enable students to thrive with online and hybrid learning rather than feel they are just surviving it	2021
Explore and encourage ways to explicitly ensure social interaction during online classes	2021
Deliver regular communications updates on the pandemic	Ongoing
Ensure the student voice can be heard through the SU and work closely with students to co-produce plans	Ongoing

#### Useful resources

Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic [Online]  
<https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-healthpandemic>

RSPH (2020) RSPH calls for more mental health support for young people in lockdown [online] <https://www.rsph.org.uk/about-us/news/rsph-calls-for-more-mentalhealth-support-for-young-people-in-lockdown.html>

NUS (2020) Coronavirus and students survey [Online] <https://www.nusconnect.org.uk/resources/covid-19-and-students-survey-report>

## 6. Measures of success

If we deliver this plan, by the end of 2025 we should expect:

1. Our Mental Health & Wellbeing strategy will be embedded across the University.
2. The training requirements for different roles will be clear, easy to access and effective.
3. Students will experience smooth, simple processes as they access different areas of support at Marjon for mental health.
4. We will have an agreed shared protocol with external partners to work with minimal friction putting student needs first.
5. Students and staff will be confident in how to access support in both emergency and non-emergency situations.
6. We will deliver a 3-4 year support plan for students to scaffold their mental health, from application and transition into University, through progression into year 2, and an outduction to support their mental health as they leave.
7. We will run effective partnerships with students in supporting mental ill health with innovative, well-trained peer support.
8. By partnering with students, we will constantly improve our policy and practice and the lived experience of students and staff at Marjon.
9. Risks around mental health will be closely managed and reviewed.
10. Support for those involved in distressing incidents of mental ill health will be formalised.
11. Through induction, a training and communications matrix, and PDR planning, all staff will be clear about their responsibilities around mental health, to their peers, to students, as managers and to themselves.
12. Staff and students will normalise talking about steps to wellbeing, for example through exercise, nutrition, nature and good sleep.
13. Our Campus Development Plan will be well underway, with multiple examples of new development delivered to improve holistic health and wellbeing.
14. Our on-campus accommodation will be celebrated as a home which prioritises health and wellbeing, taking into account healthy relationships, healthy ways of life and a healthy living environment.
15. Our community will actively engage with nature whether on campus or off, enjoying the full extent of our location.
16. Our community will feel comfortable to make everyone welcome, tackling discrimination quickly and effectively and reducing loneliness.
17. We will understand how intersectionality impacts mental health at Marjon, and have embedded effective interventions to support specific groups.
18. A focus on mental health and wellbeing will be evidenced in strategies, policies and decision making.
19. Our research in partnership across academics, professional services staff and students will enable us to be confident we are delivering a sector-leading experience.
20. Students with mental ill health will be able to succeed equally at Marjon, with gaps in continuation closing, and no gaps across attainment or graduate-level employment.

## 7. Definitions

The language of mental health can often be shifting, nebulous and confusing. Terms such as 'mental illness,' 'mental health problems' and 'mental health difficulties' can be used as if they have different meanings or as if they mean the same thing. 'Mental health' and 'wellbeing' are often used synonymously, but within different theoretical frameworks, may represent completely separate concepts.

As the author and campaigner Natasha Devon MBE, argued at one of our consultation events, we often lack good, clear, everyday language for our conversations about our mental health and our emotions. Much of these conversations resort to metaphor (e.g. speaking of mental health as though it is physical health) or to clinical terms, which risks pathologising normal experience. This can lead to a lack of clarity and misunderstanding. When words do not have a clear agreed definition, individuals may interpret words differently but believe they share a common viewpoint.

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

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

**Good mental health** means more than the absence of illness. It will refer to a dynamic state of internal equilibrium in which an individual experiences regular enduring positive feelings, thoughts and behaviours, can respond appropriately to normal negative emotions and situations and is able to make a positive contribution to their community.

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

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

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

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

In this strategy we follow the same definitions as used in Student Minds Mental Health Framework, and so their definitions statement is copied below. This can be seen at:

[https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/191208\\_umhc\\_artwork.pdf](https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/191208_umhc_artwork.pdf) From *Student Minds Mental Health Framework*:

## 8. Conclusions

Mental health and wellbeing for staff and students is a critical consideration for any higher education institution.

It is critical on a human level: because poor mental health can have such a devastating personal impact on human potential and happiness. We need to do anything we can to ease that burden and enable our students and staff to flourish.

It is also critical because being part of a university, whether as a student or a member of staff, is not a light decision. It is a significant part of someone's life: indeed it can be all-consuming. People may live, work and study on the same campus; and staff take their roles and responsibilities seriously and passionately. Universities thus have a special responsibility to ensure that they consider wellbeing, because they are such a major part of individual's lives.

And finally, Marjon will always retain a great ambition for our staff and students and what we can achieve together. We know that being a part of Marjon makes a major difference to individual lives, and our Growth Plan lays out how we want to improve how we do this, and how we want to offer this opportunity to more people. To deliver on our ambitions will require a community which is close-knit, supportive, and enabling.

Together, we can build a community in which everyone can thrive.

## 9. Further reading

1. Charter G. & Spanner, L. (2019). The University Mental Health Charter. Leeds: Student Minds <https://www.studentminds.org.uk/charter.html#>
2. Planning for a Sustainable Future, Student Minds, 2020 [https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/2005\\_planning\\_for\\_a\\_sustainable\\_future\\_a5.pdf](https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/2005_planning_for_a_sustainable_future_a5.pdf)
3. Minding our Future <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/minding-our-future-starting-a-conversation-support-student-mental-health.aspx>
4. Suicide Safer Universities, UUK and Papyrus, 2018, <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/guidance-for-universities-on-preventing-student-suicides.aspx>
5. UUK Stepchange: 2017 <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2020/uuk-stepchange-mhu.pdf>
6. Changing the culture — Universities UK Changing the culture: examining violence against women, harassment and hate crime affecting university students (2016) <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2016/changing-the-culture.pdf>
7. Student Minds Know before you go: supports the transition from school to university <https://www.studentminds.org.uk/knowbeforeyogo.html>
8. SMaRteN is a national research network to improve the understanding of student mental health in higher education.
9. What Works Centre for Wellbeing provides evidence, effective practice and other resources on wellbeing in higher education
10. UK Healthy Universities network: <https://healthyuniversities.ac.uk/healthy-universities/key-concepts-health-wellbeing-sustainability/>
11. 5 steps to mental wellbeing, NHS, 2019 <https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/>
12. Five ways to wellbeing, Mind <https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/>



## 10. References

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