

U21 University Mental Health Declaration

Revised set of principles for endorsement

April 2020

1. Purpose

The purpose of this briefing paper is to:

- provide an update on the U21 University Mental Health Project Working Group;
- present a revised set of principles titled the 'U21 Declaration on University Mental Health' for endorsement.

2. Background

The 2018 U21 Health Sciences Group Annual Meeting, hosted by the University of Melbourne, included a theme on mental health and student wellbeing. The meeting programme brought together a number of presenters and panellists from across the U21 HSG network and considered:

- The prevalence of mental health issues in universities
- The impact on students, staff and the broader community
- Student wellbeing within university policies, course design and professional accreditation
- Examples of good practice and/or evidence for effective mental health interventions in university settings.

At the conclusion of the student wellbeing session, a draft 'Declaration on Student Mental Health' was presented to attendees as a potential platform for international cooperation, information data collection and sharing and reporting on activities and actions.

It was proposed to the U21 HSG Committee that a sub-working group be established to progress work on the Declaration with a view to securing endorsement on a final statement/declaration from the U21 leadership. This was supported by the committee and progress to date has included:

- A desktop review of existing and publicly available mental health policies across the U21 network which was mapped to the principles contained in the draft Declaration
 - Presentation of the draft Declaration and the outcomes of the desktop review to the U21 AGM at the University of Maryland where the U21 Presidents requested further development of the wording of the principles before agreeing endorsement.
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Further work on the draft Declaration occurred at the U21 HSG meeting in Glasgow in September 2019. Approximately 100 attendees participated in a workshop where the principles were redrafted and suggested opportunities and challenges for implementation were mapped against each principle.

Wider consultation on the wording of the principles across the following U21 key groups took place in January 2020:

- U21 Senior Leaders Group
- Educational Innovation Cluster Group
- Research Engagement Cluster Group
- Student Experience Cluster Group
- Health Sciences Group

36 members across the above groups completed the survey. Feedback and suggestions by members have been carefully considered to help refine the wording of the principles. The summary report on the survey is included at **Attachment 1**. Overwhelmingly the intent of the principles were supported by the survey respondents, while additional valuable commentary was provided regarding the opportunities and challenges for implementation in practice.

Concerns were raised, however, regarding implementation of Principle 3, which focused on data collection and monitoring. Respondents identified two primary issues: 1) privacy and purpose of collecting data from staff and students on their experience of mental health, and 2) that there was a degree of duplication with Principle 5 focused on evaluation and informing future policy, program and service development.

As the intent of Principle 3 was to build and strengthen a strategic and evidence-based response to mental health across the university, a decision was made to merge Principles 3 and 5 together for the final Declaration provided here for endorsement (now Principle 4).

3. Current context

There has been significant attention given in recent years to the role of universities in supporting the mental health and wellbeing of both students and staff. Many universities across the U21 network have developed mental health and/or wellbeing strategies for mental health promotion, prevention and responding to risk and consequences of mental ill-health. In some countries a national approach has been undertaken to provide guidance to universities on evidence-based practice in whole of institution approaches to supporting the mental health and wellbeing. Examples include the:

- Step Change Framework and the Charter on University Mental Health in the UK
- Standards for Post-Secondary Mental Health and Wellbeing in Canada and
- National University Mental Health Framework in Australia.

The 2020 COVID19 pandemic has also significantly disrupted business and life on many university campuses resulting in increased levels of anxiety and distress for both students and staff. Staff are concerned about tenure in their positions (particularly with many employed as sessional and contract teaching staff) and will be adjusting to a new way of delivering learning online. Students have and will continue to experience unique challenges and psychological stressors including:

- Disruption to studies and concerns about academic progress
- Financial distress due to reliance on employment through the hospitality and retail sectors
- Quarantining of some students within university campus accommodation which has led to mental health impacts from isolation and stigmatisation of some cultural populations
- International students who have experienced restrictions of entry into the country they are enrolled to study in or who have been sent home due to enforced border protection and prioritised support for national citizens.

Now more than ever, universities will be delivering education in the context of increased levels of stress and anxiety across their staff and student populations. Universities across the U21 network and beyond will be seeking leadership and direction on how they should respond.

Revised U21 Declaration on University Mental Health

Members of the U21 University Mental Health Project Working Group are now seeking endorsement of the revised version of the U21 Declaration on University Mental Health by the U21 Executive Committee. Please find the revised version of the Declaration below for your consideration.

<p>Principle 1: The University and everyone in its community commits to its role in creating, promoting and sustaining a positive environment for optimal mental health and wellbeing amongst its staff and students.</p>
<p>Principle 2: Students and staff are at the heart of our concern; therefore all discussions and delivery of improved services around mental health will consult and engage with the community it aims to serve.</p>
<p>Principle 3: The University commits to its role in linking staff and students who require additional support for their mental health to professional and evidence-based mental health supports either on-campus or off-campus.</p>
<p>Principle 4: The University will facilitate the building of an evidence base through monitoring and evaluating the need for, and outcome and effectiveness of, all mental health and wellbeing policies, programs and services delivered by the University.</p>

Principle 5: The University takes seriously and will address promptly, prejudice related to mental ill-health and will endeavour to foster a stigma-free environment of support and understanding.

4. Next steps

Should the U21 leadership endorse the Declaration principles the working group will then progress the work already commenced in developing a guide to implementation and action against the Declaration. This will include:

- The U21 working group would invite the U21 membership to provide examples on how their institution is currently actioning any of the principles listed. Once examples are collected and collated they will be published in an online resource to share good practice and ideas across the network. This resource could be added to over time.

U21 University Mental Health Project Working Group members:

Vivienne Browne (Chair), Orygen, University of Melbourne

Professor Barbara Dooley, University College Dublin

Professor Michael Grimm, University of New South Wales

Professor Stuart Carney, University of Queensland

Annie Temaine, University of Johannesburg

Dr Angela Cogan, University of Glasgow

Dr Maria Gardani, University of Glasgow

Dr Kirsty Hill, University of Birmingham

Professor Lisa Phillips, University of Melbourne

Corrina Greenwood, U21 Health Sciences Group

Trudie McGuinness, U21

Rachel Edwards, U21

Attachment 1

U21 Declaration University Mental Health

Survey summary report

Survey was run between 16 January to 6 February 2020 and was promoted to the:

- U21 Senior Leaders Group
- Educational Innovation Cluster Group
- Research Engagement Cluster Group
- Student Experience Cluster Group
- Health Sciences Group

***Limited to university staff only, as no ethical clearance was sought to engage students.**

Total respondents: 36

Position (33 responses):

- 14 (42.42%) Academic/teaching roles
- 7 (21.21%) Leadership/management
- 12 (36.37%) were a mix of other, administration, student support services and academic/research

Countries:

- United States
- New Zealand
- Singapore
- Japan
- Australia
- South Africa (note a large number of survey respondents were from South Africa)
- Ireland
- United Kingdom
- Scotland
- Canada
- Switzerland.

All respondents were asked to:

- indicate their level of support for each of the draft principles of the Declaration;
- assess how realistic they were to implement;
- describe challenges/barriers to implementation; and
- re-word the principles.

The summary below is limited to responses to the first two points. An analysis of the quantitative data was used to inform the re-wording of the principles into their final draft to be presented for endorsement at the U21 AGM 2020.

There was agreement or strong agreement for all of the principles (ranging between 75-85%) and respondents generally found the principles realistic to implement (ranging between 58-73%). However, Principle 3 (relating to measuring and monitoring mental health and wellbeing of staff and students) was seen to be the most challenging to

Attachment 1

implement, with only 39% indicating it was moderately or extremely realistic to implement. Analysis of the qualitative responses indicated issues relating to privacy of data.

PRINCIPLE 1. The University commits to its role in creating, promoting and sustaining a positive environment for optimal mental health and wellbeing amongst its staff and students (36 responses).

- 83% either strongly agreed or agreed with this principle
- 8.5% either disagreed or strongly disagreed
- 57% thought it was moderately or extremely realistic to implement.

PRINCIPLE 2. Students and staff are at the heart of our concern; therefore all discussions and delivery of improved services around mental health will consult and engage the individuals it aims to serve (35 responses).

- 86% either strongly agreed or agreed with this principle
- 2.8% (1 respondent) either disagreed or strongly disagreed
- 73% thought it was moderately or extremely realistic to implement.

PRINCIPLE 3. The University will measure and monitor the mental health of its community in order to gain an accurate picture of the wellbeing of its staff and students (36 responses).

- 75% either strongly agreed or agreed with this principle
- 11% (4 respondent) either disagreed or strongly disagreed
- 39% thought it was moderately or extremely realistic to implement (39% thought it was slightly realistic).

PRINCIPLE 4: The University commits to its role in linking staff and students who require additional support for their mental health to professional and evidence-based mental health supports either on-campus or off-campus (36 responses).

- 85% either strongly agreed or agreed with this principle
- 5.5% either disagreed or strongly disagreed
- 66% thought it was moderately or extremely realistic to implement

PRINCIPLE 5. The University will contribute to building the evidence base by monitoring and evaluating the outcome and effectiveness of all mental health and wellbeing policies, programs and services delivered by the University.

- 75% either strongly agreed or agreed with this principle
- 2.8% either disagreed or strongly disagreed
- 67% thought it was moderately or extremely realistic to implement

PRINCIPLE 6. The University will operate a zero tolerance policy/approach towards prejudice related to mental ill-health and will endeavour to foster a stigma-free environment of support and understanding (36 responses).

- 78% either strongly agreed or agreed with this principle
- 2.8% either disagreed or strongly disagreed
- 58% thought it was moderately or extremely realistic to implement