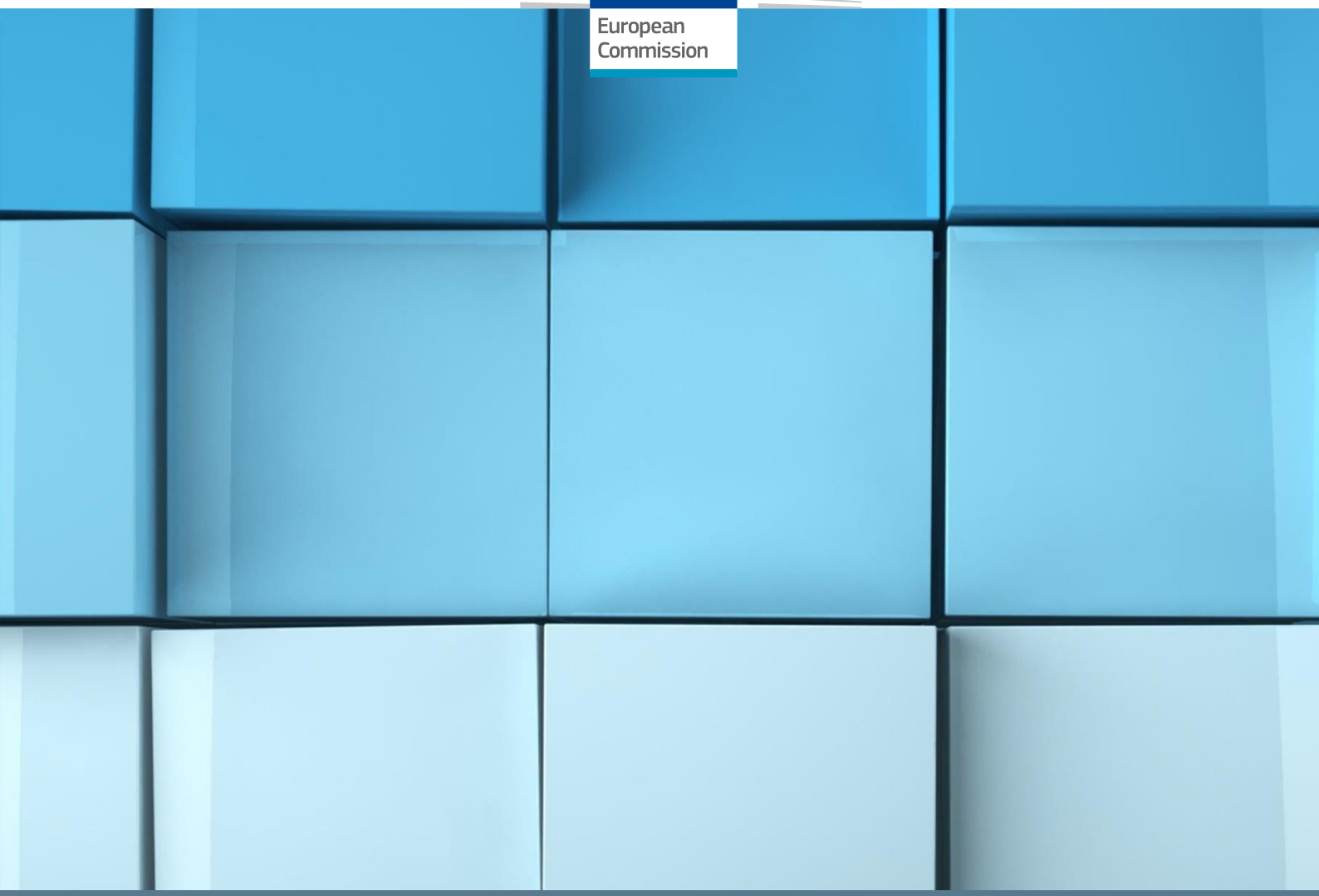

Student and staff mental well-being in European higher education institutions

Analytical report

Education and Training

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NESET is an advisory network of experts working on the social dimension of education and training. The European Commission's Directorate-General for Education and Culture initiated the establishment of the network as the successor to NESET II (2015-2018), NESSE (2007-2010) and NESET (2011-2014). The Public Policy and Management Institute (PPMI) is responsible for the administration of the NESET network. For any inquiries please contact us at: info-neset@ppmi.lt.

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Student and staff mental well-being in European higher education institutions

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Executive Summary

Context and rationale

In recent years, the higher education sector in Europe (and internationally) has become increasingly aware of – and concerned about – the declining mental health and well-being of staff and students. High-profile media attention towards student mental well-being, together with increasing pressure from sectoral bodies urging care for the mental health and well-being of both staff and students (Hughes and Spanner, 2019; Office for Students, 2019), has made universities more aware than ever that mental well-being must occupy a prominent place in policy and strategy (Hughes and Spanner, 2019; Universities UK, 2020), and has placed it high on academic research agendas (Hartrey, Denieffe and Wells, 2017). Unsurprisingly, research has shown that mental health and well-being can have a significant impact on the likelihood of students achieving success in their studies (Richardson, 2015; Office for Students, 2019). It has also been shown to have significant impacts on the experiences of staff in academia (Smith and Ulus, 2020; Urbina-Garcia, 2020; Shen and Slater, 2021). Research also suggests that the nature, culture, norms and practices of higher education institutions (HEIs) can negatively affect the mental health and well-being of both staff and students (Tinklin, Riddell and Wilson, 2005; Gilbert, 2016; Ribeiro *et al*., 2018; Neves and Hillman, 2019; Urbina-Garcia, 2020; Lister, Seale and Douce, 2023).

Prioritising interventions to prevent and improve the poor mental health and well-being of staff and students within higher education communities has become an even more acute necessity since the COVID-19 pandemic, given the rising rates of anxiety and depression in the population in general, with the highest rises occurring among 14- to 24-year-olds (Zhai and Du, 2020). Indeed, the Eurobarometer on Youth and Democracy in the European Year of Youth (Flash Eurobarometer, 2022) indicated that improving mental and physical well-being is the fastest-growing priority for many young people in the EU.

Improving mental health and well-being requires a portfolio of approaches spanning from childhood to young adulthood, and into adulthood (Otto *et al.*, 2021). Thus, promoting well-being in HEIs is a key pillar in such a portfolio, as university-based interventions can reach many young individuals. A student's move to university is a high-risk period for the onset of poor mental health and well-being, as it coincides with a critical developmental period and involves exposure to major stressors such as leaving home, academic pressures, gaining independence, developing new friendships and managing finances. Rightly, university student mental health and well-being is increasingly seen as a concern. Meanwhile, as demands on the time of university staff for the purposes of research, teaching, leadership and pastoral support have also increased, this concern is mirrored by worries about staff well-being.
The NESET report 'The impact of COVID-19 on higher education: a review of emerging evidence' (Farnell *et al.*, 2021) documents the novel post-pandemic challenges to the psychological and emotional well-being of students and staff alike, echoing other findings across relevant academic literature. I addition, students and staff currently face many pressures, including financial concerns linked to the cost-of-living crisis, as well as anxiety related to future employment opportunities (Johnson, Bauman and Pociask, 2019), given the uncertainty of the current political and economic climate.

Objectives of the report

This report reviews the international literature that explores mental health and well-being issues for staff and students in higher education, and looks at approaches at institutional and national levels that can support the mental health and well-being of university communities. It presents a review of institutional approaches, with a focus on the EU's higher education sector, highlighting models that have been successfully applied within diverse higher education contexts. Lastly, it provides a set of recommendations for improving mental health and well-being of students and staff at HEIs across the EU through the implementation of holistic, whole-institution approaches.

Language and terminology

The term 'mental well-being' is used throughout this report to describe the positive aspects of mental health, whereas the term 'mental health' refers to the full spectrum of experience ranging from mental well-being to mental illness (Keyes, 2005). An individual's mental well-being is described as both feeling good (hedonic well-being) *and* functioning well (eudaimonic well-being) (Ryan and Deci, 2001). Conversely, 'mental illness' refers to conditions and experiences that involve thoughts, feelings, symptoms and/or behaviours that causes distress and reduce functioning, negatively impacting an individual's day to day experiences, and which may receive (or be eligible to receive) a clinical diagnosis. The terms 'mental health problems' or 'poor mental health' are applied to a broader range of individuals experiencing levels of emotional and/ or psychological distress that go beyond normal experience, and are beyond their current ability to effectively manage. This includes individuals experiencing mental illness, as well as those whose experiences fall below this threshold, but who are not experiencing mental well-being (Hughes and Spanner, 2019).

In this report, the term 'well-being' encompasses a wide framework, of which mental well-being is an integral part, but which also includes physical, social well-being and (where appropriate) spiritual well-being. This uses a model provided by Richard Kraut (2009), in which optimum well-being is defined as an individual's ability to fully exercise their cognitive, emotional, physical and social powers, leading to them flourishing and contributing positively to society. Thus, the conceptualisation of well-being used in the report expands on the definition of well-being adopted in other NESET reports, whereby well-being is seen as 'a multidimensional concept' that is [equated] 'with the terms quality of life, happiness, life satisfaction, and prosperity (Eger & Maridal, 2015)'. Adopting this expanded definition, the authors further explore the societal and environmental aspects of well-being, as well as the interplay between societal and personal well-being. Indeed, this definition can also capture the current focus of the European Commission on well-being as being sustainable and inclusive (European Commission, 2023), with the individual and societies looking at resources for future well-being within planetary boundaries, nature preservation, intergenerational solidarity and inclusiveness (Matti *et al.*, 2023).

Findings

Barriers to well-being in higher education

The report finds that higher education staff and students, both within the European Union and internationally, experience a high prevalence of issues and barriers relating to mental health and well-being. These include issues relating to:

- culture and common practices within higher education, which prioritise individualism and competition rather than community and well-being;

- inequalities, discrimination and marginalisation within higher education, which affect high numbers of staff and students; and
- the impacts on staff and student well-being of wider global challenges and crises, when combined with stressful work or study environments

The report finds that there is little acknowledgement of the interlinked relationship between staff and student well-being within higher education. Instead, institutional interventions and approaches appear to explicitly or implicitly prioritise student well-being, with staff well-being initiatives appearing disjointed, inconsistent or less valued in comparison to those that relate to students. However, there is an opportunity and potential to move away from this current state of play. To achieve this, we should start by identifying how structural and cultural challenges affect both students *and* staff . The existing neo-liberal culture and environment in higher education is associated with additional cognitive, emotional and practical demands on staff that impede teaching, learning, research and well-being for both students and staff. For example, the current cultures and structures regarding workload, which are characterised by unhealthy staff working hours and a lack of work-life balance, can negatively impact staff and student well-being, because stressed and sometimes burnt-out staff are unlikely to be able to fully engage with and support students. As the popular saying goes – 'one cannot pour from an empty cup'. Wider institutional policies such as competitive outcomes-based performance metrics (Berg, *et al.,* 2016), as well as precarious academic contracts and financial pressures (Morrish, 2019), have seriously detrimental implications for the well-being of the whole university community. Indeed, existing metrics often do not acknowledge pastoral support to students, which substantially increases the emotional and practical demands on staff and impacts the level of provision for students.

Cultural pressures of performativity have a detrimental impact on the well-being of both staff and students alike, as they are both subject to such pressures. Lynch (2010) has argued persuasively that neo-liberal structures in the marketised higher education sector have compounded the Cartesian dissociation of rationality and emotion in academia (Noddings, 2003), promoting a competitive and individualistic culture of 'carelessness' that devalues caring responsibilities and self-care, creating obstacles to healthy learn and work. However, if staff productivity can be associated with a positive working culture and environment – one with purpose and well-being – it could enable staff to deliver pedagogical and pastoral support that would sustain student learning and well-being.

Staff and students often face similar forms of discrimination (i.e. in relation to gender, sexual orientation, religious beliefs, disability, etc.) that act as barrier to their learning and/or working experience and impact on their well-being. These forms of discrimination may manifest differently, but the root causes are the same and need to be addressed.

The above challenges for both staff and students have been exacerbated due to the recent COVID-19 pandemic, the uncertain economic climate and the ongoing wars in Europe and beyond, which continue to have an impact on both staff and students.

This report posits that staff and student well-being are not separate issues, but need to be considered as mutually dependent parts of the same ecosystem. The literature suggests – and it is the authors' firm belief – that working towards an integrated, holistic approach to staff and student well-being would be beneficial for all.

A whole-university approach to mental well-being

The literature surrounding mental well-being in higher education clearly recommends that holistic, whole-institution approaches are needed, with university leaders taking ownership of and accountability for ensuring that mental well-being is considered throughout higher education cultures, systems and practices.

A crucial aspect of this leadership is the requirement to have in place policies and strategies relating to well-being, both at institution level and more broadly. An example of this is Ireland, where there is country-wide policy and strategy around mental health (Hill *et al.*, 2020). Closely related to this is the need for governance and accountability – for institutions to continuously monitor the effectiveness of their practices and to continually make changes and enhance practices where necessary.

At a granular level, considerations relating to mental well-being need to be embedded into:

- Institutional culture, i.e. through institutional values and mission statements that explicitly reference mental well-being; through aiming to reduce or eliminate toxic cultures that have a negative impact on well-being; and through a commitment to embedding compassionate leadership, as implemented in health and social care contexts;
- Inclusive student support services and practices, ensuring they are well designed so that students are adequately supported from the very beginning and throughout their studies;
- Curricula (including assessment), pedagogy and practice, i.e. through inclusive curriculum and assessment design; through significant commitment to staff development; through formal quality assurance processes; and through assessment accommodations and adjustments;
- Institutional processes and administration that impact on the student's university experience, both in terms of the inclusive design of processes (accommodating extenuating circumstances requests, and so on) and in terms of embedding accountability for well-being into processes via measures such as Equality Impact Assessments; and
- Staff recruitment, promotion and staffing practices, and working conditions for staff, through accommodations, adequate training, the provision of relevant support, inclusive practices and commitment to eliminating bias and discrimination.

In addition, there is a need to ensure institutions offer proactive support for mental health and well-being to both staff and students, promoting a culture of well-being for all. A crucial aspect of this is enhancing the well-being and mental health literacy of both staff and students, and offering support to students and staff who are impacted by global or individual circumstances beyond the remit of the institution. This should be operationalised through the availability of counselling and support, as well as through inclusive practices such as deferrals of study, extensions to assignments and the availability of contingency leave or leave of absence for staff, without judgement or impacts on career or study goals. Well-being counselling services should also be culturally competent to respond adequately to the different needs of a diverse university community (Daddow *et al*., 2020).

By pressing for such a change in culture, focused upon compassion, community, connection and belonging, better well-being can be promoted for all (Hughes, 2020; Riva *et al.*, 2020). Crucially, a successful whole-institution approach should be planned and deployed in partnership with and including the voices of all stakeholders, so that actions taken are timely and relevant to the higher education setting in which staff and students operate.

Recommendations

This report makes the following recommendations:

1- Universities should work to implement holistic, whole-institution approaches to well-being and mental health, which are planned and deployed in partnership with staff and students.
2- Policies and strategies relating to well-being and mental health should be developed, both at institution level and more broadly (e.g. country-wide), that can inform an effective and continuously monitored practice.
3- Change should be promoted in institutional culture, with university leaders taking ownership of and accountability for ensuring that mental well-being is considered throughout higher education systems and practices, and for delivering a strategic vision that supports a culture of compassion, belonging and equality for staff and students.
4- Support services (e.g. counselling) and practices (e.g. deferrals of study or leave of absence) should be inclusive and culturally competent, so that students and staff are adequately supported from the very beginning and throughout their studies and/or contract.
5- Well-being should be embedded throughout curricula, assessment, pedagogy and practice, with inclusive design becoming the standard.
6- Institutional processes, systems and administration should actively consider well-being, in terms of both the inclusive design of processes (accommodating extenuating circumstances requests, and so on) and in terms of embedding accountability for well-being into processes via measures such as Equality Impact Assessments.
7- Well-being should be actively considered throughout staff recruitment, working conditions and promotion practices, and should including accommodations, adequate training, the provision of relevant support, inclusive practices, and a commitment to eliminating bias and discrimination.
8- Support for mental well-being should be proactive, promoting mental health literacy among staff and students towards a culture of well-being for all.

Conclusion

We are moving towards a future in which higher education must be increasingly relevant to and active in society, playing a substantial role in shaping sustainable, inclusive and resilient societies, economies and leaders. It is essential that universities find ways to counter the toxic and competitive cultures of the past and move towards a strategic vision that supports a culture of compassion, belonging and equality for staff and students.

Chapter 1 – Introduction

Europe has a diverse and flourishing higher education (HE) sector, deeply enrooted within European culture. Europe is home to almost 5,000 higher education institutions (HEIs), 17.5 million tertiary education students, 1.35 million people teaching in tertiary education and 1.17 million researchers (European Education Area, 2023). HEIs produce Europeans who are highly skilled – and, ideally, engaged citizens participating in democratic life. They are also crucially positioned to help the European Union (EU) reach some of its more important goals: shaping sustainable and resilient economies, and making our society greener, more inclusive and more digital (Matti *et al.*, 2023). Indeed, Europe needs more people with high-level skills; therefore, the EU Member States have set a target that by 2030, at least 45 % of those aged 25–34 should obtain a higher education qualification (European Council, 2021). Many steps have been taken, and more are needed in order to ensure such a goal is achieved, as well as to make sure that those Europeans who enter HE can have a positive experience and can flourish as part of their education journey.

In recent years, the higher education sector in Europe (and internationally) has become increasingly aware of, and concerned about, **the declining mental health and well-being of its staff and students.** High-profile media attention towards student mental well-being, together with increasing pressure from sectoral bodies urging care for mental health and well-being of both staff and students (Hughes and Spanner, 2019; Office for Students, 2019) have made universities are more aware than ever that mental well-being must occupy a prominent place in policy and strategy (Hughes and Spanner, 2019; Universities UK, 2020), and has placed it high on academic research agendas (Hartrey, Denieffe and Wells, 2017). Unsurprisingly, research has shown that mental health and well-being can have a significant impact on the likelihood students achieving success in their studies (Richardson, 2015; Office for Students, 2019). It has also been shown to have significant impacts of the experiences of staff in academia (Smith and Ulus, 2020; Urbina-Garcia, 2020; Shen and Slater, 2021). Research also suggests that the nature, culture, norms and practices of HEIs may negatively affect the mental health and well-being of both staff and students (Tinklin, Riddell and Wilson, 2005; Gilbert, 2016; Ribeiro *et al*., 2018; Neves and Hillman, 2019; Urbina-Garcia, 2020; Lister, Seale and Douce, 2023).

The language of well-being, mental well-being and mental health can often be shifting, nebulous and confusing (Davies, 2014). The terms 'mental well-being', 'mental health' and 'well-being' are often used synonymously, but within different theoretical frameworks, they can represent separate concepts. This can lead to a lack of clarity and misunderstanding. Importantly, it is not our intention to attempt to resolve this problem here, nor to offer absolute definitions. Nevertheless, before we begin, it is important to define the meaning of these terms within the context of this report. In doing so, we accept that it is possible that alternative definitions might be more appropriate, helpful or accurate on other occasions.

We use the term 'mental well-being' throughout this study to describe the positive aspect of mental health, whereas the term 'mental health' refers to a full spectrum of experience ranging from mental well-being to mental illness (Keyes, 2005).

An individual's mental well-being is described as both feeling good (hedonic well-being) *and* functioning well (eudaimonic well-being) (Ryan and Deci, 2001). Specifically, the hedonic outlook focuses on happiness, and is generally defined as the presence of positive moods and absence of negative moods (affective components), as well as life satisfaction (Diener et al., 1999). Eudaimonic well-being is associated with living life in a full and deeply satisfying way (Deci and Ryan, 2008), and is related to the search for

optimal personal development or human flourishing (Waterman, 2008), accompanied by meaning in life, personal growth, autonomy, positive relationships with others, self-esteem, and cognitive flexibility (Ryff and Singer, 1996; Ryff, 2014). In summary, mental well-being means more than the absence of illness. It is a dynamic state of internal equilibrium (Galderisi *et al*., 2015) in which an individual experiences regular and enduring positive feelings, thoughts and behaviours *and* can pursue personal development, making a positive contribution to their community.

'Mental illness', on the other hand, refers to 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 experiences, and which may receive (or be eligible to receive) a clinical diagnosis. 'Mental health problems' or 'poor mental health' are applied to a broader range of individuals experiencing levels of emotional and/or psychological distress that go beyond normal experience, and are beyond their current ability to effectively manage. This includes individuals who are experiencing mental illness, as well as those whose experiences fall below this threshold, but who are not experiencing mental well-being (Hughes and Spanner, 2019).

The term 'well-being' in this report encompasses a wide framework, of which mental well-being is an integral part, but which also includes physical, social well-being and (where appropriate) spiritual well-being. This uses a model provided by Richard Kraut (2009), in which optimum well-being is defined as an individual's ability to fully exercise their cognitive, emotional, physical and social powers, leading to flourishing and contributing positively to society. Thus, our conceptualisation of well-being expands on the definition of well-being adopted in other NESET reports, whereby well-being is seen as 'a multidimensional concept' that is [equated] 'with the terms quality of life, happiness, life satisfaction, and prosperity (Eger & Maridal, 2015)'. Adopting this expanded definition, we further explore the societal and environmental aspects of well-being, and the interplay between societal and personal well-being. Indeed, this definition can also capture the current focus of the European Commission on well-being as being sustainable and inclusive (European Commission, 2023), with the individual and societies looking at resources for future well-being within planetary boundaries, nature preservation, intergenerational solidarity and inclusiveness (Matti *et al.*, 2023).

Objectives of this report

Prioritising interventions to prevent and improve the poor mental health and well-being of staff and students within higher education communities has become an even more acute necessity since the COVID-19 pandemic, given the rising rates of anxiety and depression in the population in general, and with the greatest rises being among 14- to 24-year-olds (Zhai and Du, 2020). Unsurprisingly, the Eurobarometer on Youth and Democracy in the European Year of Youth (Flash Eurobarometer, 2022) showed that improving mental and physical well-being is the fastest growing priority for many young people in the EU.

Improving mental health and well-being requires a portfolio of approaches that spans from childhood to young adulthood, and into adulthood (Otto *et al.*, 2021). Thus, promoting well-being in HEIs is a key pillar in such a portfolio, as university-based interventions can reach many young individuals. A student's move to university is a high-risk period for the onset of poor mental health and well-being, as it coincides with a critical developmental period and exposure to major stressors such as leaving home, academic pressures, gaining independence, developing new friendships, and managing finances. Rightly, university student mental health and well-being is increasingly seen as a concern. Meanwhile, as demands on the time of university staff for the purposes of

research, teaching, leadership and pastoral support also increase, this concern is mirrored by worries about staff well-being.

The NESET report 'The impact of COVID-19 on higher education: a review of emerging evidence' (Farnell *et al.*, 2021) documents novel post-pandemic challenges to the psychological and emotional well-being of students and staff alike, echoing findings across the relevant academic literature. In addition**, students and staff currently face many pressures, including financial concerns linked to the cost-of-living crisis, as well as anxiety related to future employment opportunities** (Johnson, Bauman and Pociask, 2019) given the uncertainty of the current political and economic climate.

Thus, the present report firstly seeks to review the international literature that explores the mental health and well-being issues afflicting higher education students and staff in the EU, looking at the factors and drivers that impact them. Second, it investigates, reviews and reports approaches at institutional and national levels that can support the mental health and well-being of university communities, with a focus on the EU context and taking in account the increasing calls for universities and HEIs to take a more compassionate, proactive and holistic approach to supporting student and staff mental health and well-being (Houghton and Anderson, 2017; Hughes and Spanner, 2019; Universities UK, 2020).

Recognising that there is a lack of consensus in higher education around how best to do this (Hartrey *et al*., 2017), this report presents a review of institutional approaches, with a focus on the EU higher education sector. As part of this, it highlights models that have been successfully applied across the community of staff and students within diverse higher education contexts (universities, further education institutions, campus-based institutions, remote learning-based institutions, etc.). As part of this review, the report also seeks to identify best practices that hinge on the approach of a more social model (Oliver, 1983) to address the barriers to well-being within the higher education environment, working in partnership with students and staff (Piper and Emmanuel, 2019; Lister, Riva *et al.*, 2022), instead of a deficit model focusing only on individuals.

In the light of the objectives above, this report provides a set of key policy recommendations for improving the mental health and well-being of higher education students and staff across the EU through the implementation of holistic, whole-institution approaches.

Evidence for a whole-institution approach to mental health and well-being

The mental health and well-being of students and staff is key to the success of universities, as it underpins their performance, productivity, learning, teaching, retention and reputation (Dooris *et al.*, 2018). As highlighted above, there is also a growing appreciation that the health of people, communities and the planet are interconnected (WHO, 2016), and universities are called upon to engage with and impact positively on communities and society (Lo *et al.*, 2017).

Within this framework, in recent years, there have been calls for the higher education sector to adopt a whole-institution approach to mental health and well-being (Okanagan Charter, 2015, Newton *et al.*, 2016). This reflects an increasing understanding of the factors that contribute to mental health and the important role played by context. Indeed, the mental health and well-being of an individual is influenced by a wide range of societal and environmental factors, as well as by their thoughts, behaviours, experiences, biology and learning (Barton and Grant, 2006; Natsuaki *et al.*, 2019).

Thus, universities should consider both an individual's background and context and the environment of the institution as a whole. University culture, learning environments, institutional common practices and values, departmental structures and relationships, as

well as the physical environment of the university, are all factors that impact on the mental health and well-being of their communities (Friedli, 2009; Morrish, 2019). A whole–institution approach (also often referred to as 'whole-university' approach) acknowledges this complex reality and aims to adopt a multi–stranded approach which recognises that all aspects of university life can support and promote mental health and well-being, as famously suggested by the World Health Organization Regional Office for Europe (Dahlgren and Whitehead, 2006). Thus, if applying such a vision, an institution must aim to provide adequately resourced, effective and accessible mental health services as well as proactive, preventive interventions aimed at sustaining the mental well-being of both staff and students. Moreover, staff and students should be supported in developing their own understanding and skills for sustaining their own well-being (Eriksson and Lindstrom, 2008).

Adopting a proactive, preventive approach is especially important as **many staff and students who experience mental illness or poor mental health may not declare it to their universities and/or do not seek formal support** (Morrish, 2019; Macaskill, 2013). Moreover, it also recognises that no single intervention, whether medication, therapy or lifestyle changes, works for the entire population (Grant and Schwartz, 2011; Berk and Parker, 2009; Kirsh *et al.*, 2008).

It is important to highlight that the whole-university approach proposed herein is based upon the same principles and mirrors the systemic, whole-school approach to the promotion of mental health and well-being recommended in a recent NESET report aimed at supporting the thriving of schoolchildren across the EU (Cefai *et al.*, 2021).

While the scope of this report is to sustain universities in their role of supporting the well-being of their communities, it is important to highlight that addressing the issue of mental health and well-being is not something that any individual university can do alone – not only because this is not their primary purpose, but also because the mental health and well-being of personnel and students alike are affected by factors outside of the institution's control. Thus, collaboration across the higher education sector can lead to a better understanding of what is needed in order to sustain healthy universities and more effective responses to every institution, student and staff member. Crucially, the higher education sector also needs to work towards whole-community approaches, including collaborations with national health systems, social services, third-sector organisations and the local communities within which universities are located.

Methodology

The authors have undertaken a review of the international literature and particularly of reviews-of-reviews, systematic reviews, meta-analyses and, where necessary, other key studies on mental health, mental well-being and well-being within higher education settings.

In doing so, the authors have focused on exploring relevant literature that specifically considers whole-institution approaches and related interventions, as well as barriers to and enablers of the mental health and well-being of staff and students.

Searches were limited to studies published in the English language only. The authors recognise that this is a limitation, as publications in other languages may have been excluded, and that accessing work in a broader array of languages might have enhanced the comprehensiveness of this report. Moreover, it is important to note that the review undertaken is of published literature; the authors recognise that universities may not have published their business-as-usual practice, and this means that such practice may have been inadvertently excluded from this review. To identify evidence that was most likely to be relevant to current student, staff and educational contexts, searches were limited to a 20-year date range (from 2003 to 2023). Some of the conclusions drawn in

this report are based on the results from the systematic reviews and reviews-of-reviews analysed, which are in turn based on the results from the primary studies included in each review.

Importantly, given its scope, this report includes an additional focus on exploring the landscape of literature on student and staff mental health and well-being within the EU higher education sector. Due to the paucity of reviews-of-reviews, systematic reviews and similar studies in this respect, when looking at EU literature, the authors opted to gather an overview of the diverse studies across EU countries that pertain to the topic of interest without introducing specific criteria for exclusion.

Furthermore, the authors have conducted a search for initiatives and examples of good practice in the promotion of mental health and well-being in higher education among the EU Member States. Reference is also made to reports by EU sectoral bodies and regulators, policy documents, previous NESET reports in this area, and to relevant EU-funded projects (e.g. COST Actions, research studies under the Erasmus+ programme of the European Union, etc.).

Following its review of the literature and best practice examples, this report makes recommendations on future initiatives and steps to promote staff and student mental health and well-being in the EU higher education sector.

Outline

This report consists of five chapters, as follows:

- Chapter 1 – Introduction. This chapter defines mental health and well-being in higher education. It also outlines the objectives and methodology used in the report.
- Chapter 2 – Student mental well-being: a review of the international literature. This chapter reviews the international literature on the mental health and well-being of students in higher education, with a focus on European contributions. This includes areas such as curriculum and pedagogy, community, belonging and identity, including marginalised groups and communities, mental health and well-being literacy, the physical and spiritual sides of well-being, student finance and fees, placements and distance learning. As part of this, this chapter also explores the impacts of current global events such as the COVID-19 pandemic, lived experiences of war and conflict, and economic uncertainty.
- Chapter 3 – Staff mental well-being: a review of international literature. This chapter reviews the international literature on the promotion of well-being and mental health of staff in higher education, with a focus on European contributions. This includes areas such as culture and workplace practices, the casualisation of staff, the impacts of different forms of discrimination, workload, work/life balance, burnout, sense of belonging and mattering, compassionate leadership and culture, finance, and the recognition of 'third space' professionals in higher education, which are those whose roles that span the academic/non-academic dichotomy (i.e., learning technologists, etc.). As in chapter 2, it also explores the impacts of current global events such as the COVID-19 pandemic, the ongoing war in Ukraine and economic uncertainty.
- Chapter 4 – Whole-institution and partnership approaches. This chapter reviews elements and examples of whole-institution and partnership approaches to promoting staff and student well-being in higher education. This review includes examples of practices implemented across institutions, with a focus on the EU context, and the importance of participatory approaches in which students, staff

and other stakeholders work together in partnership to enhance mental health and well-being for all.

- Chapter 5 – Conclusions and recommendations. Based on the previous chapters, the final chapter of this report makes recommendations concerning the effective recognition of barriers to and enablers of staff and student mental health and well-being, and suggests approaches that European institutions could implement to promote staff and student well-being.

Chapter 2 – Student mental well-being: a review of the international literature

Introduction

Students in higher education, both within the European Union and internationally, are subject to a high prevalence of mental health and well-being issues (Sarasjärvi *et al*., 2022; Aristovnik *et al*., 2020; Franzoi *et al*., 2021).

As reported by the European University Association (Van Hees and Bruffaerts, 2022), while 60 % of EU students navigate higher education without emotional problems, 40 % experience mental health and well-being issues, and approximately one in five struggles with a mental disorder.

Specifically, the international literature reveals that university students report high levels of depression and severe anxiety, with these being the most prevalent mental health problems among higher education students (Bayram and Bilgel, 2008; Pereira *et al.*, 2019). A recent systematic review of international studies suggests that approximately one-third of undergraduate students experience elevated levels of non-specific anxiety, a figure that exceeds those seen in epidemiological studies in the general population (Ahmed *et al.*, 2023). Similarly, a variety of systematic reviews and meta-analyses looking at the prevalence of depression among university students report international trends of around 30 % of students experiencing symptoms of depression (Ibrahim *et al.*, 2013; Li *et al.*, 2022; Deng *et al.*, 2021). Worryingly, a large national study in France[1] has revealed that the prevalence of 12-month major depressive episodes (MDEs) and suicidal ideation are much higher in students than in the general population, with more than one in seven students suffering from severe depression, and almost one in 10 having suicidal thoughts (Frajerman *et al.*, 2023). The French data are representative of the incidence of these issues among EU students, as reported in a variety of other EU national contexts such as in Sweden (Lageborn *et al.*, 2017) and Italy (Bert *et al.*, 2022). Indeed, depression and anxiety are common mental health difficulties, and are associated with a number of negative outcomes for students such as academic underperformance and an increased risk of dropping out from university (Eisenberg et al., 2009).

Importantly, other manifestations of poor or ill mental health such as binge drinking, eating disorders and non-suicidal self-injury have increased steadily in recent years among students in the Member States (Bruffaerts *et al.*, 2019).

There are a number of factors that may contribute to this complex and worrying scenario. First, as anticipated in Chapter 1, when entering higher education, many students are transitioning from adolescence to adulthood – a vulnerable period, as most of the mental health and well-being issues described above tend to have their onset before the age of 24 (Reavley and Jorm, 2010). Transitioning to university can include pressures such as becoming more financially and socially independent, gaining autonomy, exploring new relationships within different social environments, mastering new ways of learning, and figuring out career plans during times of uncertainty (Macaskill, 2013). Trying to successfully fulfil these expectations is reported to be stressful for many (Bail *et al.*, 2019). Although stress and competition can be opportunities for personal growth and the development of resilience (DiCorcia and Tronick, 2011), unmanaged stress can negatively impact on students' mental health and well-being. Other factors include the nature, culture, norms and practices of HEIs, which literature has shown can be intensely competitive (Gilbert, 2016, 2017), and can

[1] 18,875 students at universities across France were surveyed.

negatively impact student well-being (Tinklin, Riddell and Wilson, 2005; Ribeiro *et al.*, 2018; Neves and Hillman, 2019; Urbina-Garcia, 2020; Lister, Seale and Douce, 2023).

Poor mental health and well-being can impact academic achievement (Geertshuis, 2019), and low levels of resilience can limit a student's learning capacity and engagement, with consequences for continuation and attainment (Turner, Holdsworth and Scott-Young, 2017). Indeed, mental well-being is *integral* to learning (Bücker *et al*., 2018).

Higher education concerns the development of a 'whole, integrated person', (Keeling, 2014: 144), preparing students to thrive, flourish and deal with an unknown future, as Barnett (2012:65) argues. While some of these ambitions may be undermined by the marketisation of higher education (McCulloch, 2009), good teaching and learning is a process of 'becoming', and it is essential for the development of individual agency, which is necessary for longer-term well-being (Sabri, 2011).

This chapter reviews the international literature on the mental health and well-being of students in higher education, concentrating on identifying stress factors and groups at risk, and with a particular focus on EU studies (where such studies and data are present). Thus, it explores areas such the role and impact on student mental health and well-being of the curriculum; pedagogy; assessment and feedback; community; belonging and identity – including the experiences of marginalised groups; mental health and well-being literacy; the physical and spiritual side of well-being; student finance; the fees and hidden costs of education; work-based learning placements; digital spaces; distance learning; and isolation. As part of this, the chapter also analyses the impacts of recent or current global events such as the COVID-19 pandemic, the war in Ukraine, and economic uncertainty.

Well-being in curricula and pedagogy

When looking at the factors that impact students' mental health and well-being, it can be useful to begin by drawing one's attention to the main aspect of their university experience: the learning journey. Indeed, the process of learning, including teaching and assessment, has been found to not only impact students' overall experience at university, but also on their personal mental health and well-being and their ability to flourish and become engaged citizens (Baik e*t al.*, 2019; Fernandez *et al*., 2016; Okanagan Charter, 2015).

As demonstrated by research conducted in England involving 120 students and staff participating in extensive focus groups (Riva *et al.*, 2020), the classroom (whether online or face-to-face) and teaching practices contribute to experiences of mental health and well-being. This echoes the findings of earlier international studies in Australia[2] (Baik *et al*., 2019) and Canada[3] (Zandvliet *et al.*, 2019). Importantly, all aspects of the student learning experience – from classroom culture to physical learning spaces, from course design and curriculum content to assessment and feedback strategies, from group work and teacher-student dynamics to the online support available – can impact student mental health and well-being in a positive or a negative manner, and can act as enablers of or barriers to student mental well-being (Lister *et al.*, 2021; 2023).

Notably, when asked to make suggestions as to what institutions could do to better support their mental health and well-being, students' recommendations often relate to the curriculum (e.g. changes to course design, teaching practices and/or assessment, etc.). This finding emerged in both a large cross-European study involving an online survey of 2,707 university students in France, Germany, Russia and the United Kingdom (Plakhotnik *et al*., 2021), and in international research (Ozer and Schwartz, 2020). In

[2] 2,776 students in Australia were involved in an online survey.
[3] 29 Students at Simon Fraser University in Canada were involved in longitudinal focus group studies.

both of these studies, students identified the ways in which they were taught and assessed as a potential source of distress (Sampson *et al.*, 2022). For example, from the aforementioned cross-European study, it emerged that the methods of assessment used (exam-based approaches, essays, etc.) and their misalignment to learning outcomes, as well as a lack of clarity regarding the marking and assessment criteria, drive high levels of student frustration, dissatisfaction and withdrawal from active learning, clearly impacting student mental well-being. A large study conducted in Ireland (Deasy *et al.,* 2016) confirms assessment to be the one of the main stressors for students, together with workload. This is also confirmed by a UK study involving 584 students, which found that assessment and life circumstances were seen by students as the factors most likely to be barriers to mental well-being (Lister *et al.*, 2023).

Life circumstances during study are crucial predictors of mental well-being (Lister *et al.*, 2023). Many students combine their studies with work and family commitments, resulting in a significantly increased workload (Brougham *et al*., 2009). Interestingly, a joint study involving higher education students from Austria and Ireland (Darmody *et al*., 2008)[4] highlights how students often correlate workload with the number of assignments they are required to complete rather than the actual amount of work they do. Deasy and Mannix-McNamara (2017) reflect on how this is an interesting commentary on the Bologna process and the conceptualisation of workload under the European Credit Transfer and Accumulation System (ECTS), as envisaged by most European universities. European credits are associated with the hours spent on a study module; they vary between countries but on average, one ECTS credit equals between 25 and 30 study hours. In Ireland, Spain and Italy, one ECTS credit equates to approximately 25 hours study; in Finland, ECTS credits generally equate to 27 hours, while in the Netherlands, they equate to 28 hours (Atack, 2022). Despite this, some disciplines or programmes of study remain more heavily timetabled and workload-heavy than others (e.g., teacher education, medicine and nursing), and the potential negative impact on both student well-being and learning experiences needs to be considered and acted upon (Laidlaw, McLellan and Ozakinci, 2016).

In this complex context, which clearly highlights possible negative implications for both student mental well-being for their learning experiences, academics are called upon to embed inclusive well-being interventions and considerations into their curricula, in recognition of the fact that well-being is dynamic and that positive teaching, pedagogy and assessment practices can support higher education students' well-being (Houghton and Anderson, 2017; Hughes and Spanner, 2019; Baik *et al*., 2019).

Mental health and well-being literacy

As discussed above, several studies have explored the impact of the learning experience on student mental health and well-being. However, this is not the only way of conceptualising well-being as part of the curriculum. Other discussions look at the relevance of embedding mental health and well-being into the curriculum as a topic of study, with the aim of increasing student mental health and well-being literacy (Houghton and Anderson, 2017). This is because there are clear indicators that such literacy has a strong impact on an individual's mental health and well-being.

Indeed, there is solid evidence on the role played by both health and mental health literacy in protecting health and mental health. The World Health Organization (WHO) has established that health literacy, defined as 'the degree to which individuals can obtain, process, understand, and communicate about health-related information needed to make informed health decisions' (Berkman *et al*., 2010), is one of the strongest predictors of health status – more so than income, education, ethnicity and employment

[4] 3,900 students in Ireland and 3,303 students in Austria responded to a questionnaire.

status, with poor health literacy having a negative impact on health (WHO, 2013). Looking at existing research on health and mental health literacy among university students, a recent systematic review conducted by a German research group (Kühn *et al*., 2022) worryingly revealed that the majority of studies in this field report health literacy scores among university students as being low compared with reference samples in the different papers analysed. The health literacy of students is influenced by different variables (age, gender, number of semesters, course of studies/curriculum, parental education, and socioeconomic background). Moreover, a Romanian study involving 1,381 students (69 % male)[5] revealed that higher digital health literacy (DHL) was associated with higher levels of well-being when controlling for age, gender and study programme (Ungureanu and Coman, 2022). DHL is described as 'the ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem' (European Public Health Alliance, 2019).

Mental health literacy (MHL) is defined by Jorm *et al*. (1997) as 'knowledge and beliefs regarding psychological disorders, which in turn foster the ability to identify, manage, and prevent such disorders' (Jorm *et al.*, 1997). Recent UK-based studies (Kotera *et al*., 2019[6]; Gorczynski et. al, 2017[7]) reveal that students who lack sufficient mental health literacy skills are less able to recognise problems or, where there are attitudes that foster shame at admitting to having mental health problems, this can result in students not recognising problems and/or failing to seek professional help. Research involving 315 students from Dutch and German institutions (Reichel *et al*., 2021) revealed that mental health literacy might play an important role in preventing depression, and that there is potential for improvement in the levels of mental health literacy among university students, especially among males and non-health related students. Furthermore, in Norway, a study of 357 young people aged 15-21 found that mental health literacy had a positive impact on mental well-being (Bjørnsen *et al*., 2018).

A US study involving 1,213 respondents again established how an increase in knowledge and awareness of mental health among American college students was crucial to their overall psychological well-being, and that the main contributor to variations in mental health literacy scores was having taken a clinical psychology course, followed by majoring in psychology (Miles *et al*., 2020). Similar results were reported by a study that involved 3,405 university students in Portugal, in which participants with positive mental health also displayed higher levels of mental health literacy (Teixeira *et al*., 2022).

Oades *et al*. (2021) defined well-being literacy as 'a capability to comprehend and compose well-being language, across contexts, with the intention of using such language to maintain or improve the well-being of oneself, others or the world'. To date, the body of research that looks at well-being literacy is still in its infancy, but results similar to those recorded for the positive benefits of MHL on increased well-being literacy are emerging (Oades, 2021).

Notably, a large cross-national project in this area is currently being undertaken within the European University for Well-Being (EUniWell, 2023a, 2023b). This study, entitled 'Mental health literacy among students (MATTERS)', aims to obtain sufficient knowledge about the current mental health literacy status of European students. It involves participants from several European universities (the University of Cologne, Leiden University, Semmelweis University, the University of Florence, Nantes Université), and will thus be fundamental in harvesting findings and recommendations in this area.

[5] 83% of students were studying at Bachelor level, while the rest were Master's or PhD students.
[6] The study involved 138 UK business students from a single university.
[7] A total of 380 university students at a single university in England took part in the study.

A positive learning environment for mental well-being

The need for affiliation has been established as a basic human need (McClelland *et al.*, 1976). Thus, it is unsurprising that the international literature demonstrates the importance to students of connections and social support during their academic journeys (Lindsay *et al.*, 2023). Indeed, interpersonal relationships play a crucial role, and are both a source of life satisfaction and a stressor as students adapt to and progress through university life (Unite, 2016; Hurst *et al.*, 2012). Students often report negative relationship events (e.g. major arguments, the ending of romantic relationships or friendships, infidelity) to be a main contributor to mental health difficulties, although lacking close relationships and social isolation are also associated with a greater likelihood of a lack of student mental well-being (Reyes-Rodríguez et al., 2013; Hysenbegasi *et al.*, 2005). Thus, forming close and supportive relationships may contribute to reducing the risk of poor mental health and well-being (Bifulco and Thomas, 2012).

In this context, it is important to recognise that the learning experience hinges on relationships; namely, teacher-student and peer-to-peer relationships. Unsurprisingly, it has been recognised that student-to-student relationships, both in the classroom and on campus, are critical to the student learning experience and mental well-being (Lindsay *et al.*, 2023). Similarly, negative staff-student relationships in the classroom or within a tutoring setting, characterised by a lack of attention, respect and approachability, can also affect student mental well-being. Conversely, a positive student-teacher relationship, rooted in openness, respect, support, connectedness and engagement (Jacklin and Le Riche, 2009; Fitzmaurice, 2008), can support learning experiences that are conducive to mental well-being (Riva *et al*., 2020; Upsher *et al*., 2022).

Importantly, while acknowledging the role played by staff-student relationships in creating a teaching and learning environment that is positive for student well-being, it is essential to pay attention to the well-being of the other 'actors' involved in this relationship: the teachers (Brewster *et al.*, 2022). When thinking about student well-being, it is therefore important to realise how their well-being is linked to that of their teachers, in what it has been defined as 'student/staff well-being loop' (Riva *et al*., 2020). Indeed, the ability of staff to positively impact student well-being is impeded if their own well-being is poor, and this can be a barrier to a caring, kind, and compassionate learning environment. Student and staff well-being are two sides of the same coin, and as priorities within institutions, they require the same protection and acknowledgement. Chapter 3 discusses in detail the international literature that looks at the issues impacting staff well-being.

Identity, belonging and community

As highlighted above, it is important to acknowledge that the mental health and well-being of students is influenced by a variety of environmental factors, including interactions between their identity, environment and community. The sections that follow further review the international literature on social support and community, also exploring the experiences of international and transnational students, as well as the experiences of students from marginalised groups, focusing mainly on the EU.

Wandersman and Florin (2000) suggest that being part of and contributing to a community can reflect an individual's state of mental health and well-being, whereby increased ability to engage with a community reflects a positive state of well-being. Thus, it is crucial to consider this sense of community engagement within the university

context. Cicognani *et al.* (2008)[8] studied the impact of social participation and a sense of community on student mental well-being, through a study of Iranian, Italian and American students. It was found that a sense of community correlated with increased social participation, and for Italian students, this led to increased levels of thriving and mental well-being.

Closely related to a sense of community is a sense of belonging (Blake *et al.,* 2022). Students developing and retaining a sense of belonging has long been associated with student success and improved mental well-being (Suhlmann *et al.*, 2018; Foley and Marr, 2019). A sense of belonging has long been believed to be fundamental to human nature (Maslow, 1943; Hagerty *et al.*, 1992). Belonging is a complex and multi-layered phenomenon; it is perfectly possible for people to feel a sense of belonging within a group of friends, a class or a school, and yet feel that they do not belong in other 'collectives', such as their community or wider society (Yuval-Davis, 2011), or to feel a deep-rooted vocation for a subject and yet struggle to 'negotiate a sense of belongingness both in student and professional communities' (Cardwell and Lewis, 2017). However, research in Germany has found a positive correlation between students' 'sense of belonging to the university' and their 'increased well-being', 'increased academic motivation' and 'lower intention to drop out' (Suhlmann *et al.*, 2018)[9]*.*

As students enter a university setting, they are met with new groups of people and new opportunities for friendships and for belonging to different communities. Morris (2021)[10] investigated experiences of postgraduate students in the UK and found that a sense of belonging was key to enabling positive well-being, and a lack of belonging was linked to reduced mental health and engagement in studies. The author also highlighted that a sense of belonging is a product of cultural and academic factors as well as an individual's circumstances. Karaman and Tarim (2018) conducted a study of university students in Turkey, investigating their sense of belonging and well-being[11]. This research used the 'Belonging to University Scale' developed by Karaman (2013). The study also confirmed that a sense of belonging is important to ensuring students thrive within a university environment and showed the benefits, in this context, of student clubs and societies, as these can help to foster a sense of belonging to particular groups and communities.

Digital spaces and distance learning

As discussed above, belonging to a community can improve the mental health and well-being of students in higher education. Building on this, it is also important to consider student experiences of digital spaces and distance learning. Distance learning refers to the provision of education that is delivered outside of a physical classroom, such as online degree programmes and courses. The majority of research on student well-being and mental health focuses on the campus environment, and so well-being in distance learning is less well understood (Richardson, 2015; Lister *et al.*, 2023). Di Malta *et al.* (2022)[12] distributed a survey to 208 distance education students in a British distance learning university during the COVID-19 pandemic. The study found that the mental health of distance learners declined during the pandemic, and identified links between poor mental health and reduced emotional intimacy, increased loneliness and poorer self-reported academic performance. This was supported by other studies during this period; Giusti *et al.* (2021)[13] conducted a study in Italy looking at the well-being of distance learners, and reported that student mental health during the pandemic was poor, with an

[8] A total of 125 American, 200 Iranian and 200 Italian students.
[9] Student-university fit model tested by a cross-sectional online study among 367 German university students.
[10] Postgraduate students in the UK, including 33 written interviews and reflections, and 20 oral interviews..
[11] Involving 276 participants aged 18-26; 178 women and 98 men.
[12] Online survey of 208 distance education students aged 18-84; 144 women, 60 men, 3 non-binary.
[13] Italy-based study – an anonymous online survey distributed to 203 students (76.4% women).

increased number of students reporting depressive symptoms. In Germany, Büssing *et al* (2022)[14] investigated the mental health of medical students prior to the pandemic, and subsequently during distance learning and hybrid learning due to the pandemic. It was found that psychological well-being decreased most during the pandemic semesters in which distance learning took place, and satisfaction with university support was lowest during hybrid semesters. Di Malta *et al.* (2022) found that many distance learners undertake additional work or caring responsibilities alongside their studies, which may add additional stress.

Thus, recent existing research suggests that distance learning can lead to loneliness and isolation for students, with negative impacts on mental health and well-being.

However, it should be noted that recent studies focus on distance learning at the time of the COVID-19 pandemic, making difficult to separate the effects of distance learning from those intrinsically linked to the pandemic itself. In this context, it is important to note that there could be aspects of distance learning that lead to positive outcomes for students. Indeed, distance education can support the mental well-being of students with disabilities by providing more inclusive opportunities. For example, in Turkey, Firat and Bildiren (2022) investigated the experiences of students with visual impairments studying degrees through distance education[15], and indicated that such education was appreciated for the accessibility and flexibility it offered. Nevertheless, this positive aspect came amid the aforementioned issues of social isolation, as well as challenges that can emerge if there is a lack of adequate digital support, which can in turn generate additional stressors. This echoes the findings of a study conducted by Lister *et al.* (2020), which looked at knowledge and attitudes to supporting students with disabilities in a distance learning university in the UK. While staff demonstrated positive attitudes towards inclusive practices, this was not always accompanied by skills and knowledge in the area, thus failing to address the digital needs of the students.

Work-based learning

When looking at the concepts of belonging and community as key factors impacting on student mental health and well-being, it is also important to consider other learning experiences that take place outside the classroom and which impact university students. Students across many HEIs undertake work-based placements or internships, and in some university courses, such as in health care professions, this is a formal requirement. Hodge *et al* (2021)[16] studied the experiences of social work students who undertook unpaid placements as part of their course. Unpaid placements cause anxiety for many students, negatively affecting their work-life balance and impacting their mental health and well-being. Often, students undertake additional part-time work to support themselves while undertaking unpaid placements. This in turn puts a strain on students' relationships and general satisfaction with life. In the UK, students who undertake placements as part of their university degree can receive financial support to help with living costs (Hodge *et al.,* 2021). Meanwhile, in Europe there have been calls to ban unpaid internships in order to avoid the strain they cause for young adults (Brzozowski,2020). Nevertheless, there is a paucity of research studies that further explore the impacts of such higher education programmes on the mental health and well-being of students who undertake placements and internships, and of students who complete apprenticeships. In fact, reviews of study programmes that include placements and internships reveal that most research in this space focuses on exploring the employability and attainment outcomes for students (Silva *et al.,*2016).

[14] Data from a survey of 1,061 medical students.
[15] These data were collected from seven students aged 23-38 at a Turkish university (five men and two women), using the case study method.
[16] Online survey of 60 students at Victoria University in Australia.

International and transnational student experiences

Increased globalisation in recent decades has meant that student mobility has been promoted by HEIs and governments around the globe (Roy *et al.,* 2018). Research has highlighted many cultural, personal and employment benefits for students taking part in internationalised educational opportunities (Roy *et al.*, 2018; Marx and Moss, 2011; DeGraaf *et al;* 2013; Kratz and Netz, 2016). This increased globalisation and mobility of students means that mental health and well-being needs to be considered within the wider, globalised context.

Research in this area is still sparse yet, in the context of the EU, Czerska-Shaw and Krzaklewska (2022) conducted a study on transnational study programmes within the European Higher Education Area.[17] This research focuses on Erasmus Mundus Joint Master's Degree programmes, under which students pursue a joint degree across different universities (European Commission, 2021), studying at institutions across two to four countries over a two-year period, without a 'home' institution. By conducting interviews and focus groups with students, the researchers' findings show that the fast-paced and high-pressure nature of these degree programmes has a toll on the well-being and mental health of these students, related to increased feelings of isolation and difficulties with finding a sense of belonging. There are, however, also positives for students who undertake the EMJD, such as an opportunity for personal development and globalised career prospects. Nevertheless, findings show that the more ambitious and driven students are in terms of striving for an international career, the more anxiety they experience. Therefore, the well-being of students who undertake these types of transnational educational experiences must be at the forefront of the design and implementation of such opportunities.

International students and exchange students on study abroad placements face a range of challenges that impact their mental health and well-being, such as difficult adjustments to academic standards (Poyrazli and Grahame, 2007), financial hardship (Butcher & McGrath, 2004), and issues with language proficiency – with greater language proficiency usually resulting in better student adjustment (Ng, 2006). A study looking at the experiences of short-term international students in Ireland found that students suffered lower levels of loneliness and academic-related stress if they reported having a high level of social support (O'Reilly, Ryan and Hickey, 2010). Nevertheless, students in the above study also reported difficulties in adjusting to socio-cultural changes, which resulted in distress. In a review of literature on East-Asian international students, Wang and Xiao (2019) identified that challenges for students arise due to the factors mentioned above, but also due to homesickness (Poyrazli and Lopez, 2007) and perceived discrimination (Wei *et al.,* 2008). O'Reilly, Ryan and Hickey (2010) highlight that greater attention needs to be paid to whether students are short-term international students, or whether they are studying abroad for the duration of their studies, in order to better understand the effects on mental health and well-being for different groups of students.
Research on the well-being of refugee students in European countries is limited (Gruttner, 2019). Gruttner (2019) compared the levels of mental health and well-being of international students and refugee students in Germany; the findings show that worries about xenophobia and discrimination unsurprisingly have a negative impact on student mental health and well-being. However, resilience plays an important role, and the more resilient a student is (also referred to as having personal resources), the more protected they are against these stressors. The findings show that quality of pre-study preparation courses is important to the experiences of refugee students. Such courses should aim to foster a sense of belonging for refugee students and should bring in aspects of social integration with the host country. Universities should 'encourage the

[17] Focus groups with 40 first- and second-year university students, mostly women, average age 24-25 years.

resilient coping behaviours of refugee students as well as give effort in facilitating the feeling of belonging to preparatory courses and society' (Gruttner, 2019, p. 42).

Minority and marginalised communities

It is important to acknowledge that students from marginalised groups and communities experience other challenges that can impact their well-being while at university. This section explores research on the experiences of black students and students from ethnic minorities, and of LGBTQ+ students, as well as literature on religion and gender. It is important to note, however, that negative experiences may potentially be exacerbated when an individual displays more than one under-represented trait, due to increased discrimination (i.e. an intersectional approach must be taken). Grollman (2012) found that among young adults, those who identified as being part of multiple minority groups reported increased discrimination and consequently lower levels of psychological well-being.

Discrimination related to race and ethnicity

Individuals from minority ethnic groups are underrepresented in research into mental health and well-being, particularly in higher education settings where deeply ingrained institutional racism continues to exist (Mirza, 2018). In the UK, Arday (2018) studied the experiences of black students and students from ethnic minorities, and found that students face barriers when it comes to accessing support for their well-being, often due to stigma around poor mental health issues among minority communities. This has a detrimental effect on the psychological well-being and academic attainment of black students and students from ethnic minorities (Pilkington, 2013). This is exacerbated by experiences of racial microaggressions, which are defined as a form of 'systematic, everyday racism', which is often subtle in nature but detrimental to the experiences of minority groups (Johnson and Joseph-Salisbury, 2018, p.145). Racial microaggressions can pose a threat to the positive well-being of black students and students from ethnic minorities in higher education (Sue, 2010). As outlined above, increased student mobility means that more black students and students from ethnic minorities are choosing to study abroad. Willis (2015) looked at the experiences of African American women students from the US who went on study abroad programmes in Europe and West Africa. It was found that the students experienced microaggressions in all regions, but that racial microaggressions were most prominent in Spain and Italy; it was reported that having other students who identified as black women on the study abroad programme helped in dealing with these stressors. As Willis (2015) highlights, although microaggressions may not always be intentional, they have a psychological, physiological and emotional impact on individuals (Smith, Hung and Franklin, 2011).

Roma are Europe's largest ethnic minority. Out of an estimated total of 10-12 million Roma across Europe as a whole, some six million live in the EU, most of whom are citizens of an EU Member State. A significant number of Roma people live in very poor socio-economic conditions, and the social exclusion, discrimination and segregation they face are mutually reinforcing. Their restricted access to education, as well as difficulties in entering the labour market, result in low incomes and poor health compared with non-Roma people (European Parliament Briefing, 2023). As summarised by Hinton-Smith and Padilla-Carmons (2021, p. 455), Roma communities have a 'long history of experiencing racism and marginalisation, and they continue to experience educational segregation'. Thus, the higher education and well-being experiences of Roma[18] students also need to be acknowledged. As Alexiadou (2019) outlines, despite an increased focus in policy and some progress being made in this area over recent years, students with Roma backgrounds continue to face barriers to higher education through a lack of adequate

[18] Following the example from Alexiadou (2019), the term 'Roma' refers to various different groups (Roma, Sinti, Kale, Gypsies, Romani-chels, Boyash, Ashkali, Egyptians, Yenish, Dom, Lom) and acknowledges the diversity of lifestyles among these groups, as set out by the European Commission (2012).

transnational and national policies. Roma students report discrimination throughout their schooling experiences, which leads to many leaving school early and therefore not pursuing higher education (Eurofound, 2016). According to data from the European Union Fundamental Rights Agency (2018), young people aged 16-24 with Roma backgrounds have higher rates of early school leaving compared with the general population in almost all countries in Europe. In Spain, Roma students are the most underrepresented group in higher education, with only 2.2% of the student-age Roma population in higher education, compared with 35% of their peers in the population as a whole (OECD, 2016). Many Roma students fear disclosing their ethnicity due to fear of discrimination (Davers and Hinton-Smith, 2022; Goenechea, Gallego-Noche and Fernandez, 2021). Therefore, data on the participation and mental health and well-being of these students is difficult to obtain and measure (Hinton-Smith and Padilla-Carmons, 2020). Roma exclusion from education, as well as general discrimination against them, is considered to be a transnational issue with the European Union seen as crucial to driving policy in this area for the improved experiences and inclusion of Roma students (Vermeesch, 2017).

Gender inequalities

Gender is also an important factor to consider in relation to mental health and well-being. Recent literature that will be further explored in this chapter demonstrates that women students are more susceptible to experiencing stress and anxiety in response to stressors such as the pandemic and war (Limone, Tota and Messina, 2022; Kurapov *et al.*, 2023).

Moreover, as also reported in the societies of EU Member States, including among young EU citizens (Council of Europe, 2019), sexual misconduct and harassment (as defined in EU Directive 2002/73/EC[19]) constitute a severe concern in higher education, and affects both men and women students, with its prevalence being greater among women (UN Women, 2019). Bondestam and Lundqvist (2020) conducted a review of international research on sexual harassment and gender-based violence in higher education and found that on average one in four women students report experiencing sexual harassment. Experiences of sexual harassment in education can lead to depression and psychological problems for victims (Martin-Storey and August 2016). Bondestam and Lundqvist (2020), found that there is no evidence to suggest that the prevalence of gender-based violence in higher education is decreasing.

When looking at access to higher education, while women's participation is high, it should be noted that this is not reflected in the staff population, where the proportion of women in senior academic positions is lower than expected (European Commission, 2019). The issues faced by women academics are explored in the next chapter but are noted here due to the potential impact they can have on women students' aspirations and well-being, as it has been established that staff well-being can influence student well-being (Riva *et al.*, 2020).

The aforementioned gender inequalities in higher education negatively impact female students and create barriers to well-being. However, emerging data and research also reveal the mental health challenges faced by students who are men. Worryingly, a recent UNICEF report identified that in Europe, one in five boys between the ages of 15 and 19 suffer from mental health problems (UNICEF, 2021). The same report, when looking at higher education specifically, reveals that women students appear more likely to seek help for mental health problems through university services compared with their peers who are men (Sagar-Ouriaghli, 2020). Furthermore, it is sadly relevant to highlight that student men make up 69 % of university suicides in the UK (Sagar-Ouriaghli, 2020).

[19] Directive 2002/73/EC of the European Parliament and of the Council of 23 September 2002 amending Council Directive 76/207/EEC on the implementation of the principle of equal treatment for men and women as regards access to employment, vocational training and promotion, and working conditions.

Oliffe (2010) conducted a study into international male students in Canada, and found that expectations and societal norms concerning masculinity, as well as preferences for taking control and self-managing, prevented male students from accessing adequate mental health support.

Homophobia and LGBTQ+ discrimination

Minority stress theory suggests that LGBTQ+ individuals experience increased psychological distress due to experiences of prejudice and discrimination, which are rooted in social structures and policies (Meyer, 2003; Woodford *et al*., 2018). For LGBTQ+ students, this persists in higher education (Woodford, Kulick, Sinco, & Hong, 2014). Greathouse *et al* (2018) conducted a large-scale study looking at students across 918 HEIs in the US, focusing on students on the queer and trans spectrums. The study found that students who identify as having LGBTQ+ identities experience higher levels of anxiety and depression at university compared with their *cis*-gendered heterosexual peers. Nevertheless, it was found that these students do tend to access psychological student services on campus, although the rates of poor mental health remain high. This suggests that psychological services would benefit from a review to ensure their provision is culturally competent and that practitioners receive adequate professional development on how to support students with diverse psychological needs.

In Europe, attitudes and levels of acceptance towards LGBTQ+ individuals vary between countries. A transnational European project conducted by Woodford *et al*. (2018) found that LGBTQ+ initiatives in HEIs can help to improve the psychological well-being of students. Institutions can employ multiple strategies to enable positive well-being for LGBTQ+ students, such as pro-LGBTQ+ policies, educational resources, and supporting student organisations. Greathouse *et al.* (2018) suggests that campus climate can be a barrier to or an enabler of positive well-being for LGBTQ+ students. Unwelcoming campus environments can lead to students experiencing social and emotional isolation, whereas welcoming and inclusive campuses allow students to thrive.

Disability and ableism

Ableism refers to the customs and practices that favour individuals without disabilities, as opposed to people with disabilities; this can refer to physical, cognitive and mental health-related disabilities (Campbell, 2009). Historically, universities were not designed with the diversity of students in mind, and therefore structural inequalities continue to exist that disadvantage disabled students (Dolmage, 2017). For students with disabilities, various aspects of the university experience, as well as academic cultures and practices, can act as barriers to positive well-being. These include study experiences and the administrative processes that support them (Lister *et al.*, 2021b; Coughlan and Lister, 2018). Nieminen (2022) conducted a study in Finland looking at the experiences of assessment of 139 students at a Finnish university who have a disability. It was found that assessment practices exacerbate the inequalities faced by students with disabilities, as assessment is designed through an ableist lens, with a 'typical' (i.e. non-disabled) student in mind. Students with disabilities can apply for accommodations such as extra time to make assessment more accessible; however, these are not always easily granted, and are not always effective (e.g. if the mode of the assessment is not accessible). Students taking part in the study reported often having to fight to have their accommodations approved. Goode (2007) writes about the 'extra visibility' of disabilities, which refers to the burden of having to disclose a disability on many occasions in order to gain access to adequate support; this was also reported by students in Nieminen's study. Overall, the research highlights that there is awareness of the negative impacts of higher education practices on students with disabilities and their well-being; the next area of focus for research and policy is to critically unpack how and why these inequalities continue to exist, and how ableist approaches can be eradicated. Nieminen refers to Slee

(2019), who writes about the notion of 'failing better' to achieve inclusive education practices. This refers to the practice and mindset of seeing failures or setbacks simultaneously as challenges and learning opportunities; in this context, it would mean not being afraid of trying new initiatives and strategies. Miller *et al.* (2021) studied the experiences of 140 university students in the US who identified as disabled and LGBTQ+. The study identified that the overlapping marginalised identities of these students meant that ableist academic practices further exacerbated issues affecting the mental health of students. It was found that university campuses provided limited information about LGBTQ+ sexual health, and lacked disability resources for students. This shows a problematic lack of culturally competent university services that recognise, support and celebrate the identities and disabilities of students. This absence of adequate support therefore impacts the mental health and well-being of such students. In the EU, research into the effects of university services on the mental health and well-being of students with disabilities remains limited.

Religious beliefs

In Chapter 1, it was acknowledged that well-being comprises several aspects – social, physical and, in some cases, spiritual. During the COVID-19 pandemic, many students who disclosed spiritual or religious beliefs reported lower levels of stress and anxiety, as religion was perceived to be a protective factor for positive mental health and well-being (Skwirczynska *et al*., 2022; Alsolais *et al.*, 2021). Despite a growing number of studies that explore the link between religious and spiritual beliefs and impacts on mental health, research in this area remains limited. In general, many of these studies have shown a positive link between religious beliefs, spirituality and improved subjective well-being (Yonker *et al.,* 2012). Religion has also been conceptualised as a form of social capital (Meijer, Klingenberg and Lagerstrom, 2022). On the other hand, Bryant and Astin (2008) conducted research with university students in the United States and found that individuals who are going through religious strain while at university (struggling with aspects of their faith) may experience poorer physical and mental health. A detailed investigation into religiousness and its relationship with mental health and well-being is beyond the remit of this report. Nevertheless, it is useful to acknowledge the existing literature in this area when investigating the impact of different personal characteristics on mental health and well-being, as it suggests that, as reported above, university services need to be culturally competent and aware in order to avoid a negative (or lack of) impact on the mental health and well-being of students (Frawley *et al.*, 2020; Sue *et al.*, 2009; Whitley *et al.*, 2012). Moreover, as with other forms of discrimination, research suggests that discrimination on the basis of belonging to a particular denomination or religion can have a negative impact on mental health and well-being. This can be seen within the higher education environment; for example, Friedman and Saroglou (2010) studied the experiences of Muslims in Belgium. The study found that students who experienced discrimination due to their religious beliefs reported increased levels of depression. Universities must keep in mind the religious and secular identities of their students and ensure that the culture on campus is supportive of diversity.

Mature students

The term 'mature students' is often used to describe students who commence their higher education studies later in life, above the typical starting age. However, the exact terminology in this area is contested. In Portugal, students are considered 'mature' if they are over the age of 23, whereas in Spain the minimum age of a mature student is over 25 (Fragoso *et al.*, 2013). Research in this area often categorises students into younger and older mature students – those aged between 21-30, and those aged 31 and over (McCune *et al.*, 2010). According to the existing literature, mature students often have difficulties with the social aspects of university due to a fear of rejection by their younger classmates (Fragoso *et al*., 2013). Mature students also often have other commitments outside their studies, such as work and family responsibilities, which can

be the source of additional stress for these students in their university experiences, as these are not always understood and accommodated by their teachers (Correia and Sarmento, 2004). Santos *et al*. (2016) conducted a study looking at the experiences of 641 mature students from two universities in Portugal, by combining data from questionnaires, focus groups and university databases. In this study, mature students reported challenges in joining in with group work due to other commitments, in balancing their studies with part-time work, and some difficulties in engaging with content. However, many mature students also reported high self-esteem and confidence, and appreciated the ability to apply their knowledge to their work experience and *vice versa*, often reporting that returning to education appeared to be worth the investment. University policies and initiatives to support student mental health and well-being should consider the experiences of non-traditional students such as mature students, and should take into account the additional impacts of their commitments and studies on their mental well-being.

Lifestyle choices and mental well-being

Physical activity

Several studies have reported a link between engaging in physical activity and positive well-being and mental health in the general population (Mammen and Faulkner, 2013; Biddle, 2016; Chekroud *et al.*, 2018). For university students, research has shown that students who engage in physical activity report lower levels of anxiety and depression (Pengpid and Peltzer, 2022). Rodriguez-Romo *et al.* (2022) conducted a study in Spain to investigate the relationship between physical activity and mental well-being involving a sample of 847 undergraduate students attending public or private HEIs in Madrid, who completed a survey. The findings showed that the prevalence of mental health conditions among students was high (43 %); however, students who reported higher levels of physical activity were more likely to report lower levels of negative mental health symptoms. In addition, it was found that physical activity performed as part of recreation or leisure was the most effective in improving well-being (as opposed to commuting or occupational activity). Leontopoulou and Triliva (2012) distributed a questionnaire to a sample of 312 university students in Greece, investigating the relationships between physical health, mental health and character strengths. In this study, physical health was associated with mastery of their environment, self-acceptance and the character strengths of courage and justice. Grasdalsmoen *et al*. (2020) reviewed the findings from a national health survey of higher education students in Norway (responses from 50,054 students aged 18-35 years). The findings show a negative association between physical exercise and poor mental health, as well as a lower tendency towards suicidality and self-harm.

The lifestyle choices of the general population continue to change over time. It is currently estimated that university students spend 8-9 hours per day sitting down (Castro *et al.*,2020). Gestsdottir *et al.* (2021) studied the physical exercise and mental health behaviours of 115 first-year undergraduate students in Iceland during the COVID-19 pandemic. Their findings show that the overall mental health of these students declined during the pandemic; 70 % reported more sedentary behaviour, which was more prevalent among men. This is probably due to social distancing measures and the closure of facilities such as gyms, and inability to engage in group sports, which meant that many students had limited opportunities to engage in physical exercise. Added to this, students reported that during the pandemic, their sleep quality was worse than it had been before. Rathonyi *et al.* (2021) conducted a study tracking the physical activity of 57 students in Hungary, using activity trackers worn by the students for over three months. The aim of this study was to monitor whether the students consistently reached the recommended 10,000 steps per day. The results found that the students achieved this step goal on only 17 % of the 92 days. It was also found that the physical activity of

students was lower around exam and assessment time, prompting questions around possible actions that should be taken by universities in this context.

Diet and eating habits

As outlined by Lane *et al.* (2022), mental health and diet are considered to have a bidirectional relationship, affecting each other – as in the case, for instance, of the consumption of processed food and poor mental health. Antonopoulou *et a*l. (2020) conducted a study looking at links between the dietary habits of university students and mental health, with a focus on Mediterranean diets (high consumption of fruit, vegetables, olive oil, sea foods and low consumption of red meat). While the study identified that adherence to a Mediterranean diet correlated with a lower risk of depression, it also suggested that students are increasingly consuming less healthy diets in favour of processed foods, with a lower intake of fruit and vegetables. In Germany, Hilger-Kolb and Diehl (2019) conducted interviews with 20 university students to identify barriers to healthy eating while at university. The study found that students experienced time-related barriers, such as not having enough time to cook healthy meals between university commitments; these were also related to motivational barriers, as students reported a lack of motivation to cook after a day of studying. Environmental barriers were also reported, such as a lack of affordable and healthy meal options on the University campus. The authors note that the majority of research into the eating patterns of university students has been conducted in the USA, and that further research is needed in European contexts, particularly as eating habits are often affected by lifestyle and cultural factors.

Quality of sleep

The recommended duration of sleep for adults ages 18-64 is between 7 and 9 hours (Hirshkowitz *et al*., 2015). University students are considered to be at risk of developing sleep problems due to lifestyle choices that result in reduced sleep duration. These include going to bed later after attending evening social events, as well as living with housemates and room-sharing (Cellini *et al*., 2020; Curcio et al., 2006). Other lifestyle factors that affect sleep quality may include smartphone use and increased alcohol and coffee consumption. Demirci, Akongul and Akpinar (2015) conducted a study on university students in Turkey with regard to their smartphone use, sleep quality and mental health. The results suggest that depression, anxiety and sleep quality may be associated with high smartphone use before sleep. Cellini *et al.* (2020) conducted a study involving 82 university students in Italy, and found that depressive symptoms, alcohol and coffee consumption had an effect on the quality and duration of sleep.

Global events

Global events such as the COVID-19 pandemic, economic crisis and war have affected student well-being, prompting recent research in this field. A sense of balance and a sense of community are extremely important for mental well-being and well-being (Quality Assurance Agency, 2023). In recent years, it can be seen that for many people, this sense of balance has been disrupted by these global events, which may have distorted or removed a sense of community for many students. Nevertheless, it should be noted that these global events will impact the mental well-being of individual students in different ways, due to personal factors and intrinsic determinants such as social background and characteristics – some of which have been already explored in this chapter.

War and conflict

Studies have long found that war has a negative impact on mental health and well-being, for people affected both directly and indirectly (Kanter, 2008). At the time of writing, the war between Russia and the Ukraine has been active for more than a year, and the

conflict between Israel and Palestine has intensified. Due to their relatively short timescales, literature on the impacts of these conflicts on students' mental well-being is limited, but studies are beginning to emerge.

Kurapov *et al.* (2023) found that the Russian-Ukrainian war has had devastating effects on the mental health and well-being of Ukrainian university students and staff. **The study used an online survey to collect information on loneliness, fear, burnout and resilience, substance use and eating behaviours, which was distributed to around 500 students and staff.** At the time of the survey, 131 respondents reported being outside of Ukraine. The data were collected over a short period of time (12 days), so the results should be treated as a snapshot of this point in time. More detailed research is required in order to make comparisons between students and staff who have stayed in Ukraine and those who have moved to neighbouring countries during the war. In total, 97.8 % of participants reported a deterioration in their mental health. This was more prevalent among students more than among staff, and was more widespread among women than men (Kurapov *et al.*, 2023)

It is clear that the war in Ukraine has also affected the well-being of students beyond Ukraine. Skwirczynska *et al.* (2022) studied anxiety levels among Polish students during the Russian-Ukrainian war through a survey distributed to 510 students in a Medical University in Szczecin (Poland). Over half of the students in this study (52 %) responded that they feared an armed attack on Poland by Russia. Among these students, anxiety levels were higher. The study found that overall, women students reported higher levels of anxiety in response to the conflict. It was also found that in cases where students disclosed a religion, their anxiety levels were lower. This finding is in line with earlier studies on COVID-19, in which religion was identified as a coping mechanism in times of stress (Alsolais *et al.,* 2021). Final-year students and those who reported having financial savings during this time also reported lower levels of anxiety. Similarly to the above survey, this study collected data over a short time (1-30 March 2022), and therefore we cannot draw conclusions regarding long-term anxiety levels during the war, or its wider impact on the general well-being of the student population. It is important to continue to review emerging research on the impacts of international conflicts on student mental health and well-being.

Global pandemic

It is important to highlight that both the conflict in Ukraine and the COVID-19 pandemic occurred over the course of a short timeframe; therefore, for many students these events (and others, such as the economic crisis) will have overlapped and occurred throughout a large part of their university experience.

Limone, Tota and Messina (2022) conducted a systematic review of the literature looking at the impact of both COVID-19 pandemic and the Russia-Ukraine war on the stress and anxiety levels of students. The review focused on 32 studies, involving a total of 81,395 participants across a range of countries (China, Turkey, Poland, Saudi Arabia, France, Spain, Ethiopia, Czechia, India, Switzerland, Ukraine and Jordan). The authors emphasised that research on the impacts of the war is currently extremely limited (the literature search only returned two studies about such impacts) and therefore, most of the conclusions drawn in the review focus on the impact of COVID-19 on student well-being. The study identified that the predictors of stress and anxiety during the pandemic period included being a student on a STEM course, experiencing loneliness, lockdown confinement (particularly in an urban area), having a pre-existing medical condition, and having relatives or friends infected with COVID-19. As typically seen in the general population, women students experienced higher levels of stress and anxiety. Sources of anxiety for all students independent of their gender identities included academic workload at university, uncertainty and the postponement of graduation ceremonies, the cancellation of plans, and finances.

Ochnik *et al.* (2021) conducted a transnational study on the prevalence of mental health issues during the COVID-19 pandemic on students in various countries, including Poland, Slovenia, Czechia, Ukraine, Russia, Germany, Turkey, Israel and Colombia. The prevalence of high stress, depression and generalised anxiety symptoms within the total sample were 61.30 %, 40.3 %, and 30 %, respectively. As also supported by Limone, Tota and Messina (2022), identifying as a woman was a credible predictor of stress. In addition, an individual's place of residence (town, rather than rural village) and being a first-year student were also found to be risk factors (Ochnik *et al.,* 2021).

Financial challenges

The current global financial crisis has been exacerbated by the pandemic, and is an increasing issue at the time of writing (International Monetary Fund, 2023).

Richards (2023) writes about the current 'cost of living crisis' and the importance of providing support to higher education students during this period. This is particularly important in the context of this report as, unsurprisingly, financial stress has been found to lead to lower subjective well-being, and that reactive financial management behaviours impact individuals' ability to flourish in both the general population (Hassan *et al.*, 2021) and among higher education student populations (Serido *et al.,* 2014). The Class Foundation's European Student Living Monitor report of 2023 (Class Foundation, 2023) confirmed these findings in the literature, highlighting that students who encounter financial difficulties are affected by lower levels of mental health.

While the 'cost-of-living crisis' is a current global issue, the issue of finance has constituted a risk to student mental health and well-being prior to this. Bartholomae and Fox (2021) conducted a review of 20 studies in the US that looked at university students and finance over the last decade, and have identified that the debt burden among young adults continues to grow, with 7 in 10 students reporting financial stress (Heckman *et al.*, 2014). Meanwhile, Skwirczynska (2021) identified that students who reported having financial savings were less likely to report high levels of stress in response to the war in Ukraine. which shows that in some instances, having financial security can act as a protective factor for students.

The impact of financial issues on the mental health and well-being of higher education students is not only an issue for countries with famously high university fees such as the US or the UK. Previous research conducted among 1,127 students in Sweden (Vaez and Laflamme, 2008) and 1,557 undergraduate students in Ireland (Deasy *et al.*, 2014) confirm these findings and indicate that an unstable economic climate has led to an increased financial stress for students. In Ireland, the changing education and economic landscape has resulted in a substantial increase in student fees and reduced student grants (Deasy and Mannix-McNamara, 2017). Nowadays, and within the current financial scenario, this is true in a variety of other national contexts due to hidden costs of education such as rent, food and other essentials, which have increased over the last few years, and because support such as the maintenance loans students receive are now lower in real terms compared with previous years. Indeed, the availability and affordability of student housing is a significant contributor to financial difficulties and subsequent mental well-being issues, even in contexts with low higher education fees. Across the European Union, the cost of student housing increased by an average of 38 % between 2010 and 2020, making it increasingly unaffordable for many (Eurostat, 2021). The Netherlands, for instance, has faced a severe student housing crisis; in Amsterdam there is an estimated shortage of over 13,000 student accommodation rooms (National Student Housing Monitor, 2023). This crisis has become so severe that at the beginning of 2023, the Dutch government urged universities to temporarily suspend the recruitment of international students until adequate housing solutions could be implemented (ICEF Monitor, 2023). Again, according to data from the German Academic Exchange Service (DAAD), housing shortages in Germany have left large numbers of

students, many of whom are international, scrambling for affordable accommodation – leading to increased stress and a negative impact on academic performance (Whittle, 2023).

Worryingly, a report by Universities UK (2022) warns that during the current financial crisis, students are at risk of being a highly impacted yet forgotten group, even by their own institutions. Richards (2023) highlights a review undertaken by the UK Universities and Colleges Admissions Service, which stresses that many students have reported a lack of communication and support from their universities with regard to the financial crisis.

In this context, it is important to reflect here on the role of financial literacy, defined as 'the ability to understand and analyse financial options, plan for future and to respond appropriately to events' (Phillipas and Avdoulas, 2021, p.360). As such, financial literacy might help to support individuals in their financial management, reducing the negative impacts of financial difficulties on mental health and well-being. Researchers conducted a study of Generation Z (the generation of people born in the late 1990s and early 2000s) students in Greece (456 students selected through random sampling), and found that financial well-being is an outcome of financial literacy. The researchers identified predictors of financial literacy, such as the education levels of students' parents. Notably, financial literacy can be embedded within communication from universities to students, in the form of better information about financial planning and support (Richards, 2023). Financial strain can be a barrier to student mental health and well-being, and a lack of financial literacy can exacerbate such issues. Financial literacy could therefore be an enabler that can support students to thrive.

Chapter 3 – Staff mental well-being: a review of the international literature

Introduction

This chapter explores the international literature on the promotion of well-being and the mental health of staff in higher education. Although, of course, the European academic landscape is far from homogeneous, common issues exist across Europe that have been connected to decreases in staff well-being. **These include job precarity, a pervasive culture of performativity (Jayman *et al*., 2022), poor work-life balance, presenteeism and gender and equality issues, among others.** Many of these issues appear to be rooted in the rampant development across Europe of a neoliberal university landscape associated with the marketisation of education. In fact, despite some national variations, this appears to be a common denominator across Europe, causing similar effects on the workforce (Berg *et al*., 2016).

The COVID-19 pandemic appears to have exacerbated existing issues and added further problems related to imbalanced 'tele-working' – triggering or increasing symptoms of overwork, increased stress and emotional exhaustion, among others (Colombelli *et al*., 2022; Górska *et al*., 2021; Heiden *et al*., 2021). Indeed, excessive workloads, insecure employment and punitive metrics-driven performance management policies have turned universities into 'pressure vessels', with severe implications for the well-being of their workforce (Morrish, 2019a).

Moreover, the current uncertain economic and social environment, affected by the current war in Ukraine and the rising cost-of-living, certainly has implications for the well-being of staff in higher education. Even though there is a scarcity of research studies looking specifically at such impacts, emerging literature reports the negative public health implications of the cost-of-living crisis on European citizens (Broadbent *et al*., 2023; EuroHealthNet, 2023). In addition, and unsurprisingly, preliminary research also testifies to the deterioration of the psycho-emotional status of those university personnel directly afflicted by the war in Ukraine (Kurapov *et al*., 2022).

The subsections that follow explore these themes in relation to the well-being of academics in greater detail.

Academic workplace culture

Academic culture is often perceived as competitive to the point of toxicity, as it affects staff well-being in a negative manner (Smyth, 2017). Below, a discussion of how different aspects of the academic culture can yield such an unwanted outcome.

Competition

A comprehensive, large cross-international study by the Wellcome Trust explored the extent of toxicity in research culture (Wellcome Trust, 2020)[20]. It found that 78 % of researchers think that high levels of competition have created unkind and aggressive conditions; nearly two-thirds of researchers (61 %) have witnessed bullying or harassment; and 43 % have experienced it themselves. The study also found that just one in three (37 %) researchers feel comfortable speaking up, with many doubting that appropriate actions will be taken. Worryingly, the study also found that just over half of researchers (53 %) have sought, or have wanted to seek, professional help for depression or anxiety. The study reports that researchers say that conditions are being worsened by a complex network of incentives from government, funders and institutions

[20] In all, 94 UK researchers were interviewed individually; 36 UK researchers participated in focus groups; 4,267 researchers completed a worldwide online survey.

that appear to focus on quantity of outputs, and narrow concepts of 'impact', rather than on what they understand as quality research. **This means that they feel intense pressure to publish, with too little value being placed on how results are achieved and their human costs.** The report states that researchers say they accept competition as a necessary part of working in research, but believe that it is often becoming aggressive and harmful. It states that they also express widespread concerns about job security, especially in academia. Crucially, the report finds that for researchers, poor research culture is leading to stress, anxiety, mental health problems, strain on personal relationships, and a sense of isolation and loneliness at work.

Presenteeism

Another culture issue in academic workspaces is 'presenteeism'. This can be defined in several ways, but it most commonly refers to situations in which people continue to work despite feeling sufficiently unwell that they could take time off sick (Johns, 2010). Already a historical issue in academia (Kinman and Wray, 2018; 2022), presenteeism has heightened since the advent of the COVID-19 pandemic, and has been shown to affect staff stress and well-being (Van Der Feltz-Cornelis *et al*., 2020). Since the beginning of the pandemic, 'virtual presenteeism' has arisen as an issue, whereby university staff feel compelled to work from home even when sick, thus affecting their physical and mental health (Hadjisolomou *et al*., 2022). This phenomenon arises from the combination of increased job insecurity in the sector and the rise of blended learning following the pandemic. This has led to a culture in which work pervades home life, damaging staff well-being.

Casualisation

Casualised work has become a prevalent business model for universities, which are highly dependent upon a pool of low-paid, exploitable and expendable workers employed to teach and conduct research on precarious and unfavourable contracts. Loveday (2018) has drawn specific attention to the impacts of casualisation on well-being, with rising cases of stress and anxiety (Lee *et al*., 2022), and the onus being placed on the individual to take personal responsibility for this within the neoliberal academy. This is even more concerning, as precarious and unfavourable contracts are widespread in the European academic arena. In Denmark, Hirslund found that more than 50 % (in some cases up to 70 %) of academics are either PhDs, postdocs, non-tenured assistant professors or casual teaching fellows (in Denmark known as 'external lecturers') (Hirslund *et al*., 2018). This trend is evident across Europe (European Commission/EACEA/Eurydice, 2017). In Germany, Estonia, Austria, Finland and Serbia, only around 30 % of academics are employed under an indefinite contract[21]. At the other end of the spectrum, the highest proportions of indefinite contracts (80 % or more) are found in France, Malta and Turkey, followed by Sweden, where around 70 % of academics have an indefinite contract. One strong determinant of contractual stability is the stage of an academic's career. Indeed, junior positions often involve fixed-term or project-based contracts, whereas the advanced stages of academic career are associated with more stable contractual arrangements. Thus, young academics usually face periods of contractual uncertainty, whereas seniority generally brings opportunities for permanent employment (Aarrevaara *et al*., 2015). Research data also suggest that there is a strong relationship between contractual stability, part-time/full-time employment and academic career stage, as indefinite contracts are more widespread for full-time and senior positions, whereas fixed-term contracts are often attached to part-time employment opportunities and junior positions (Ates and Brechelmacher, 2013).

[21] In this report, 'indefinite contracts' refers to contracts for an indefinite period of time. This concept includes permanent contracts as well as contracts without a permanent guarantee, but with no predefined term. 'Fixed-term contracts' refers to contracts that expire at the end of the period specified.

Moreover, according to a 2019 survey of higher education in the UK by The University and College Union (UCU), around 70 % of the 49,000 researchers and 37,000 teaching staff are on fixed-term contracts (the majority of the latter being paid by the hour), and a further 71,000 teachers are employed as 'atypical academics', not counted in the main staff record (Mason and Megoran, 2021).

Unsurprisingly, **precarious contracts are a great cause of anxiety, and therefore affect employees' stress levels, health and well-being**. As such, precarity affects both the private lives and the professional development of staff. Worryingly, casualised employment also makes personnel particularly vulnerable to harassment, abuse of power, discrimination and exploitation. Furthermore, the employment practice of flexible contracts is detrimental to the quality of education offered at universities, and therefore has a damaging effect on the higher education sector and on knowledge production overall (Casual Academy, 2022). In 2021, staff at German universities reported their experiences of living with temporary contracts in academia using the hashtag #IchbinHanna ('I am Hanna') on social media and other communication channels, sharing their pain, trauma and deep frustration with a system that does not value them (Bahr *et al*., 2021).

Workload

Academia is prone to excessive workloads, which negatively impact staff well-being. Expanding on and reinforcing previous findings (Tight, 2010), a recent study across 10 universities in Europe[22] found **that excessive workload was linked to both teaching and research, primarily because academics were 'overloaded by considerable administrative and management activities' and excessive documentation of their work** (Pace *et al*., 2021). These bureaucratic tasks can impact the psychosocial well-being and stress levels of academics (Pace *et al*., 2021), particularly when combined with the precarity and competitiveness of academic environments discussed above.

Moreover, academics are frequently subject to unrealistic workload models that poorly reflect the time associated with performing their duties. Under these models, a fictitious amount of time is attributed to complex tasks (e.g. in UK universities, 1.7 hours are assigned to marking an entire cohort's assessment) (Morrish, 2019b).

These excessive demands are coupled with the dominance and brutality of metrics (mentioned above), generating excessive workloads that often result in 'overwork' (Erickson *et al*., 2021), defined as 'working 50 or more hours per week' (Kelly *et al*., 2014; Cha, 2013), which has a dramatic impact on mental health and well-being.

The experience of overwork may arise through one job within a single institution (Ylijoki, 2013), but because academic precarity often requires academics to hold multiple part-time jobs in different institutions or to work on multiple projects at the same time, overwork may be concealed by the fact that it is spread across multiple institutions, each with its own excessive demands and inaccurate workload models. This can have a significant impact on mental well-being and work-life balance. One study in Sweden, Norway and Finland found that the need to work on simultaneous projects or for more than one institution resulted in what the author defines as 'work-work balance' – the ways in which academics seek to steady conflicting concurrent work demands made on them, which are damaging to well-being. Such detrimental work intensification is directly linked to an auditing system that pushes academics to overwork in order to demonstrate their 'value' (Griffin, 2022). This issue of work–work (im)balance affects academics at every-level – mid-career academics or the 'Mittelbau', as they are known in German-

[22] A total of 252 academic professors from 10 different universities across Europe (in Italy, France, Spain and Ireland) were involved in the study.

speaking countries (Holderberg 2020; Metz-Göckel 2016), but also those in more junior (Caretta *et al*., 2018) as well as more senior positions.

Moreover, a study in Czechia has found that the demands of academic work have led to work-family conflicts, stress and health impairment. The study recommended that policies around work-family balance be implemented in universities (Mudrak *et al*., 2018).

This pre-existing situation of strenuous workloads among staff was exacerbated by COVID-19, as academics and researchers experienced an extreme increase in workload and financial pressures following the outbreak of the pandemic, resulting in many academic staff reconsidering their future prospects within higher education (Cahusac de Caux, 2022).

Workaholism

Further exacerbating the combined issues of high workloads, intense competition and job precarity, 'workaholism' appears to be culturally approved of (and in some ways encouraged) by the academic community (Van Wijhe *et al*., 2013).

Numerous definitions of workaholism are available, some of them associating it with the number of hours worked, while others refer to workaholism as an attitude or an addiction. Nevertheless, most scholars agree that workaholics tend to work exceptionally hard and have an obsessive inner drive towards work. Moreover, cutting-edge research in this field to date shows that **workaholism is linked to negative health and psychosocial outcomes, such as burnout, sleep problems, stress, anxiety and depression, ill health, job dissatisfaction and poor performance** (Hogan *et al*., 2016).

It is important to note that in Norway (Torp *et al*., 2018) and Ireland (Hogan *et al*., 2016), university academics report a higher level of workaholism than any other employees at universities, with workaholism having a negative impact on work-related outcomes and psychological well-being. Moreover, an Italian study identified specific links between the well-being of academics and a culture of workaholism. The study strongly recommended the need to limit the negative consequences of two different workaholic behaviour models: the exhausted-workaholic and the engaged-workaholic. Both these profiles are associated with high levels of workaholism, albeit with low-pleasure (exhausted workaholic) or high-pleasure (engaged workaholic) inclinations (Guidetti *et al*., 2020).

A study from Norway on workaholism and work-family conflict among university academics found that academic personnel were especially likely to be affected by this; that workaholism was positively associated with work-family conflict; and that excessive job demands, particularly workload, affected both workaholism and work-family conflict, thus affecting the health and well-being of the family as well as the individual academic (Torp *et al*., 2018).

Burnout

Burnout is a serious issue in academia (Mijakoski *et al*., 2022; Khan *et al*., 2019). For example, 30 % of British academics suffer daily symptoms of burnout (Wray and Kinman, 2021). Only doctors and nurses have a higher risk of burning out than educators. Other reviews of international studies and national-level research predating the COVID-19 crisis (Watts and Robertson, 2011; Morrish, 2019) have consistently documented higher levels of stress and burnout in the profession compared with the general population.

The literature suggests that burnout has three dimensions: emotional exhaustion (feeling emotionally drained from working with people); depersonalisation/cynicism (treating

some people like impersonal objects and not really caring what happens to them); and reduced personal accomplishment (feeling that they are making no difference to people's lives). Growing research in the area of academic staff burnout and well-being confirms that the **high levels of burnout seen in academic environments may relate to lower psychological and physical well-being, as well as to dissatisfaction and employee turnover** (Sabagh *et al*., 2018). There is some initial, emerging evidence from research that staff burnout and declining well-being may also be a factor contributing to lowering student well-being. For example, Madigan and Kim (2020) demonstrated that burnout among teachers affects the students they teach, and that academic burnout may have implications for students' performance, motivation and well-being. However, further studies in this area need to be pursued in order to effectively measure such a relationship.

A German study found that the high levels of burnout among academics relate to career satisfaction and career turnover intentions (Barthauer *et al*., 2020). Barthauer also found that perceived departmental support had a buffering effect on burnout, proposing that different kinds of social support can be a promising resource for career sustainability.

A study across the international landscape[23] (Kolomitro *et al*., 2020) also confirms high levels of burnout among educational developers, defined as a 'group of university employees, mostly women, who, whether they consider themselves academics, administrators, or both, often find themselves negotiating space and power on the precarious periphery of their institutions, working hard to gain respect for their contributions, find their place, and keep it' (Bernhagen and Gravett, 2017). Indeed, the well-being of educational developers comprises a number of cultural issues, such as a lack of respect or recognition, that appear to span multiple organisational levels.

Doyle and Hind (1998) found that women academics generally experience higher overall levels of occupational stress and burnout in their jobs. There is some evidence of the presence of a 'glass ceiling' in institutions, as reported by a cross-national European study involving academics from Austria, Belgium, Iceland, Italy, the Netherlands, Slovenia and Switzerland (Dubois-Shaik and Fusulier, 2015), and confirmed by a UK/Australia-based study (Burkinshaw and White, 2017), with women holding more junior positions, and remaining in them longer than men. Moreover, higher grades are predictive of greater job strain for women, but not for men.

Furthermore, academic burnout has been heightened by COVID-19. The exacerbation of existing inequalities is expected to have long-lasting impacts in terms of remote working, research delays, financial cuts, increased precarity and childcare obligations. These inequalities are taking their toll, causing stress and anxiety, and leading to pandemic-related burnout, which is rampant in academia (Gewin, 2021).

Space efficiency

Institutional dedication to efficiency is another issue of academic culture that affects staff well-being in higher education. As reported by the UK's largest academic trade union, the University and College Union (UCU), 'institutions appear to be driven by a desire to "better utilise" building spaces rather than improve the staff working conditions or the student learning experience.' The UCU reports **strategic pressure to enhance 'space utilisation', driving poor or worsening working conditions, especially for early-career, part-time and fixed-term staff.** These includes hot-desking, which involves shared office spaces (normally open-plan) in which no individual is assigned specific seating, as well as high-stress administrative processes and other barriers to well-being.

[23] A total of 210 participants, from the United States (42 %), Canada (38 %), Australia (12 %), New Zealand (5 %), and the remainder from Europe, Asia and Africa.

These practices impact academics' abilities to teach and support their students, as well affecting their stress levels and mental well-being (Baldry and Barnes, 2012).

Inequalities and discrimination

Many of the issues affecting staff well-being in higher education are caused or exacerbated by inequalities deeply rooted within the sector. These include (but are not limited to) gender inequality, racial discrimination, disability discrimination and homophobia, each of which we analyse in detail below.

Gender inequality

Gender inequality is a perennial and international issue in higher education.
An EU-funded project named GARCIA (GARCIA, 2012) identified a number of problems with regard to gender inequality:

- the impact of national and local welfare, and the fact that work is organised in a gendered way;
- the limited application of a gender perspective in both research content and student curricula;
- gender biases in recruitment and selection; and
- the fact that decision-making is opaque and institutional practices are gender biased.

Sexual misconduct in academic workplaces disproportionately affects women academics. The literature recognises **that many women researchers experience sexual harassment or misconduct, working in a precarious academic environment in which they 'face institutional abandonment and even violation of basic professional ethics'** (Viaene *et al.*, 2023). This can have significant, even long-term impacts on their mental well-being. Moreover, a recent study (Lopes *et al.*, 2023) involving 1,750 lecturers and researchers in Portuguese higher education and research institutions revealed how the pandemic has impacted the dynamics of academic work. Specifically, it uncovered the fact that women – especially those who are younger, single, have specific caregiving responsibilities, and are in the early stages of their careers – were more vulnerable to experiencing 'everyday' microaggressions such as silencing, exclusion, belittlement, being ignored, lack of validation, and invisibility during the pandemic compared with men.

Another issue affecting well-being in academia is the lack of progression opportunities for women academics. Despite the passage of time, the proportion of women in senior academic and decision-making positions in European Union countries is much lower than would be expected, given the growing numbers of women earning PhDs and completing postdoctoral studies over the last two decades (European Commission, 2019). It is understood that women academics' careers are impeded due to structural barriers, as demonstrated by the vast literature investigating the 'leaky pipeline', 'glass ceiling' and 'sticky floors' (e.g. Jones and Palmer 2011; Resmini, 2016; Brown, 2020). The 'leaky pipeline' literature discusses the decreasing presence of women at higher levels of academia, while women are overrepresented among early-career researchers ('sticky floors'). Among others, structural impediments include hiring and recruitment (van den Brink and Benschop, 2014). If women do survive the barriers of recruitment, they frequently end up in unstable employment positions, which in turn reduces their opportunity of an academic career (the so-called 'glass ceiling'). Indeed, it is commonly accepted that selection and promotion processes are not equitable, as reported by the League of European Research Universities, LERU (Gvozdanović and Maes, 2018). This situation has since been further exacerbated by COVID-19 pandemic.

'Tele-working' has reshaped conventional work practices by giving individuals greater levels of flexibility and autonomy to control and organise when and where they work.

Tele-working also has the potential to promote gender equality in the labour market, breaking down traditional gendered roles: men can play a greater role in daily family life, while women can access work opportunities while still attending to caring responsibilities (Institute for Employment Studies, 1996). However, this can only become a reality if tele-working is introduced in ways that maximise choices, instead of minimising them. Indeed, such flexibility and perceived control over working conditions places higher demands on individuals' ability to separate work and non-work time and space, both physically and mentally, with often less-than-positive outcomes (Widar *et al.*, 2022). In fact, tele-working presents general challenges for academic staff well-being, with the literature finding that personnel ratings of stress and work conflicts are higher among academics who tele-work several times per week (Heiden *et al.*, 2021), as this mode of working is often coupled with virtual presenteeism and excessive workload, as discussed previously. Importantly, the impact of the COVID-19 pandemic and extensive tele-working has disproportionately affected women, especially women academics with caring responsibilities (Minello, 2020). Moreover, its impact on women workers has exacerbated existing issues of a lack of recognition and opportunities to progress, especially among early-career women academics, who are often already loaded with academic tasks that are not adequately recognised in promotion criteria (e.g. mentoring, pastoral care, etc.), thus contributing to mental overload, time pressures and emotional exhaustion among women, and to men's career advantage (Heijstra *et al*., 2017). Tele-working and its consequences take on particular importance in the case of women academics with school-age children, for whom 'workload spikes' and difficulties in separating 'work' and 'non-work' times and spaces bring about a conflict of role derived from the demands of both spheres. Such women feel obliged to extend their working hours into evenings and weekends, with a substantial impact on their well-being (Górska *et al*., 2021; García-González *et al*., 2020; Grünenfelder, 2014; Sümer and Eslen-Ziya, 2023). Early analyses of available data, together with initial reports from journal editors, show a rapid decline in the number and share of journal articles submitted by women since the pandemic began, which is having a substantial impact on career progression (Murdie, 2020; Viglione, 2020). Initial quantitative analysis also shows that the COVID-19 pandemic is having a profound effect in this respect on women academics with younger children (Yildirim and Eslen-Ziya, 2021).

Nevertheless, it is crucial to highlight that the 'lessons learned' from the pandemic could have potential to open up new possibilities, as COVID-19 measures have efficiently shown that jobs that are considered 'essential' involve care – and many of these are female-dominated. As Craig (2020) aptly puts it, COVID-19 has laid bare how much we value women's work, and how little we pay for it: 'The coronavirus crisis has made brutally clear that care work, both paid and unpaid, is fundamental to our economic and social survival'. Thus, there are calls for a movement to place greater value on care work, both within the domestic sphere and beyond. Al-Ali (2020) highlights the possibility – and necessity – to develop transnational feminist solidarity, for the wider recognition of social reproduction and caregiving. One overall purpose of this study has been to draw attention to the similar problems that women academics face in different national contexts, across Europe and beyond, to highlight the gendered elements of academic neo-liberalism, and to argue against tendencies to individualise these problems as being due women's own choices. Changing the 'solidly masculinized' (Ma, 2011) organisational cultures and prevailing gender stereotypes in academic institutions and beyond is not an easy task, and demands a multi-dimensional consideration of factors operating at different levels.

Race and ethnicity-related discrimination

According to Gray *et al.* (2020), 'Structural racism in academia' is also a perennial and 'destructive' problem. While research into this topic is mostly confined to US- and UK-based institutions, it is important to signal this issue, as findings in line with this direction

of travel are also emerging from European-based studies, which are often hindered by a scarcity of data on the race and ethnicity of university staff and students (Bourabain, 2021). Arday (2022) argues that racial discrimination in the UK has a substantial effect on the well-being of university staff, both academic and professional services. Literature from Anglo-Saxon societies recognises that **higher education is 'undeniably inequitable', and that the racism inherent in academia causes oppression through 'varying and sophisticated instruments of discrimination'** (Ahmed, 2012; Arday, 2022). Examples of this discrimination include epistemic exclusion and perceptions of scholarly devaluation for faculty of colour (Settles *et al*., 2022), which have a substantial impact on well-being (Nadal *et al*., 2014). Rollock (2021) argues that further discrimination in British universities is added via an intersectional dimension, whereby black women experience additional discrimination in academia, in terms of promotion prospects, intercultural relationships, work expectations and other factors, resulting in 'Racial Battle Fatigue' and impacts on their mental well-being (Rollock, 2021). Bourabain (2021) has discussed the prevalence of 'everyday racism' (major and small/micro practices that are too ambiguous to determine individually whether or not they are racist (Essed, 1991)) and its impact on the academic careers of PhD and post-doctoral students who are female people of colour in Belgium, where, in 2018, only 18.3 % of professors were women, lower than the EU-28 average of 23.7 % (European Commission, 2019). Notably, no data exist regarding the presence of ethnic minorities as faculty at HEIs in Belgium.

The everyday racism and discrimination experienced by EU and European academics remains under-researched. Thus, unsurprisingly, even though Roma people are Europe's largest ethnic minority, and they suffer high levels of discrimination and segregation, no data nor studies were found regarding their access to the academic labour market and subsequently about their experiences of discrimination in this context. Rightly, Gray *et al*. call for greater awareness, saying that to deny or ignore the existence of racism and ethnicity-related discrimination in academia is to 'fertilize the soil in which it thrives. Uprooting it demands, at the very least, a fundamental transformation in institutional education' (Gray *et al*., 2020).

Disability and ableism

Disability-related discrimination and the impact of this on staff mental well-being is another serious issue in higher education, and one that is also under-researched in European academia. Lindsay and Fuentes (2022) report that subtle ableism in academia can affect whether or not staff members disclose a disability to their institution, with some disclosures feeling 'involuntary or forced and as though they had no other option but to tell their employer' (Lindsay and Fuentes, 2022). Likewise, Kattari *et al*. found that only 4 % of disabled academics felt safe sharing their disability-related needs. Crucially, Olsen *et al.* found that **endemic instances of 'silencing disabled academics' voices', 'attitudinal barriers' and 'discriminatory practices' unsurprisingly have a substantial psychological impact on academic well-being** (Olsen *et al*., 2020).

Homophobia and LGBTQ+ discrimination

Homophobia and transphobia exist in European academic spaces. These affect students, as discussed in Chapter 2, but also staff, as is well argued by a small-scale, mixed-methods study (Gallardo-Nieto *et al*., 2021), which recently looked at LGBTQ+ discrimination in six Spanish universities and its detrimental impact on the well-being of students and academics. Although this is an understudied topic (Reggiani *et al*., 2023), it has been noted that academia is 'still characterised by patterns of exclusion, disadvantage, and discrimination', in the words of one recent UK study (Reggiani *et al*., 2023). E**vidence of homophobia has been found among faculty staff in a variety of contexts**, with one Turkish study finding a particular increase among male faculty members in smaller universities and, interestingly, an increase in academic staff expressing the belief that 'there is no discrimination against LGBT students' (Arslantas *et*

al., 2022). Studies undertaken in Switzerland suggest that homophobic attitudes can be manifested in a number of different ways, including radical, prohibitionist, denialist, avoidance, tepidness, and veiled homophobic behaviour (Lyonga, 2021). Unsurprisingly, these have a substantial negative impact on the well-being of LGBTQ+ staff.

Third space, recognition, professional services

When considering staff well-being, it is also important to explore the experiences of professional services, sometimes referred to as 'non-academic staff'. This can include staff with various jobs and roles, such as administrative staff; project, executive and strategy groups; or commercial areas within HEIs. It should be noted that the term 'non-academic' has been criticised in the literature (Sebalj, Holbrook and Bourke, 2012) for its perceived deficit and negative associations, and the term 'professional services staff' is preferred (Allen-Collinson, 2009). There are also 'third space' professionals, who often hold credentials and experience in both professional roles and in academic spaces – for example, learning technologists (Clark, 2021) or individuals working in widening participation or community engagement in universities (Whitchurch and Law, 2010). Within this space, staff members may be required to interpret academic literature and research and to put it into practice by implementing programmes and initiatives. Research relating to the well-being of these groups of staff is limited, as the majority of work in this area focuses on academic staff (professors, researchers, teaching fellows). For professional staff such as those in the 'third space' or in other roles in higher education, research focuses mainly on the themes of leadership, development or occupational identity (Coomber, 2018; Holmes, 2021; Bacon, 2009). In general, there is limited research on the well-being of professional services staff.

Johnson, Willis and Evans (2019) compared levels of well-being among academic and professional services staff in UK universities. Data were collected from a survey of 2,821 staff members (864 academic; 1,937 professional services personnel; 20 unknown). In general, there was no significant difference in levels of well-being between the two groups of workers, but the reasons for workplace stress varied between the two groups. For example, academics had better physical health, higher levels of workload and poorer work-life balance. The stressors afflicting professional services staff, meanwhile, related to particular aspects of their jobs, such as relationships with work colleagues, as well as benefits and pay (which is often lower for professional service staff). Rising stress levels among all staff could be attributed to increases in student numbers and a consequent increase in workload, as well as the reasons explored above. Wray and Kinman (2021), in a study of 2,046 staff in higher education (14.1 % from professional services) found that in general, professional services staff reported better workloads and working hours than academic staff, who also perceived a higher degree of stigma surrounding mental health in their roles. Nevertheless, a recent study that evaluated the well-being of women administrative staff in managerial positions at HEIs in Poland found that the invisibility of work; low levels of empowerment; increased stress, workload and expectations; reduced resources; high levels of anxiety, combined with fatigue and low levels of vitality, negatively impact the well-being of administrative staff (Górak-Sosnowska and Piwowar-Sulej, 2023).

Well-being and mental health literacy

As discussed in the previous chapter, well-being literacy and mental health literacy (WBL and MHL) may be able to play a crucial role in the development of 'healthy universities'. The importance of enhancing MHL and WBL is key for the mental health and well-being of students, but also that of staff, given the fact that, as previously reported, mental health and well-being literacy are predictors of mental health and well-being. As studies on well-being literacy are still in their infancy, this study analyses and reflects on the literature surrounding staff mental health literacy.

In recent years (and especially in the United Kingdom), mental health training courses have been developed for staff, mostly in order to support student well-being (e.g. Mental Health First Aid, 2023; University of Manchester, 2023). Indeed, academics are often the first point of contact for many students experiencing difficulties (Frederico and Davies, 1996). Students may approach academics for advice because they are easily accessible, and because they have a pre-existing relationship. However, research conducted for Student Minds (Hughes *et al*., 2018)[24], indicates **that academics are struggling to respond effectively to student mental health issues, and report only moderate confidence in their ability to provide emotional support to students, while feeling under-equipped to deal with student mental health problems overall, criticising a systemic lack of adequate training**. This echoes findings in Australian universities (Gulliver *et al*., 2018)[25]. Moreover, within the European and international higher education sector, little is known about levels of mental health literacy among staff, as well as about staff attitudes towards mental health issues (stigma), or whether these factors impact their capacity or willingness to assist students with mental health problems (Gulliver *et al*., 2019). Thus, supporting academics in this respect, providing them with relevant information via training, seems a reasonable approach in order to provide and promote both formal training in mental health responses and explicit guidelines for staff on when, how and where to refer students for help. Nevertheless, the recurrent framing within the literature of the necessity to increase staff mental health literacy solely as a tool to support student well-being can be problematic. Brewster *et al*. (2022) identify how such an approach falls short in acknowledging the need to increase the mental health and well-being literacy of staff in support of *their own* well-being, suggesting that institutions fail to acknowledge the integral nature of staff and student well-being and the need to protect them both. Moreover, it is important to note that where some form of institutional mental health training is available, the way in which tasks are organised within a university may leave those staff who are heavily involved in pastoral roles (i.e. teaching staff) unable to access the training, either because of their temporary job status or because of more general pressures of workload (Brewster, 2022). In additionally – and problematically – pastoral tasks and the training involved are often not adequately recognised, as previously highlighted.

[24] Fifty-two academics at five UK universities were involved in the study.
[25] A total of 224 teaching staff at the Australian National University involved in the study.

Chapter 4 – Whole-institution and partnership approaches

The complex challenges faced by students and staff in European universities, as explored in Chapters 2 and 3, necessitate a comprehensive and holistic approach to addressing mental health and well-being. This chapter explores the various elements that might be required for a holistic approach, including whole-institution strategies, proactive approaches and partnership initiatives in European HEIs to promote, enable and support the mental well-being of both students and staff.

Mental well-being policies and strategies

A core element of a holistic, whole-institution approach to mental well-being is a ***strategic commitment to student and staff mental health and well-being*** at both institutional and sector level, which clearly and transparently lays out a university's commitment to supporting its students. This is often conceptualised in the form of university policy or strategy around student and staff mental well-being, and in commitments by sectoral bodies.

A review of literature and policy reveals distinct differences in the policy and strategy approaches towards student mental well-being in different areas of Europe. In Ireland, for example, there has been a strong move toward holistic mental well-being policies to support university students. In addition to student mental well-being policies in individual universities, there has been a coordinated nationwide effort to align policy activity. In 2020, Healthy Ireland and the HSE Department of Health Promotion developed a Healthy Campus Charter and Framework (HEA, 2020a) and a National Student Mental Health and Suicide Prevention Framework (HEA, 2020b). These frameworks were created in collaboration with a range of stakeholders (Hill *et al*., 2020), and are accompanied by practical guidance (HEA, 2022). Their policies encompass prevention, early intervention and support services for students and staff. They aim to create an environment that destigmatises mental health issues and fosters a supportive community.

In the UK, universities are also developing individual policies on student well-being, and sectoral bodies have called for whole-university approaches to student well-being. In 2019, Student Minds released its University Mental Health Charter (Hughes and Spanner, 2019). This was followed by a Universities UK report entitled 'Stepchange: mentally healthy universities'. These reports were closely aligned; both built on investigative work carried out by Student Minds with university staff and students; both called for holistic, whole-institution approaches; and both identified four key domains for action: learning, support, work and life (Hughes and Spanner, 2019; Universities UK, 2020). Both reports identified five enabling factors, in which the need for participatory approaches and meaningful collaboration with students and diverse stakeholder groups featured prominently. Student Minds now runs a charter programme and award which at the time of writing, over 100 UK universities had committed themselves to pursuing, in order to embed a whole-institution approach to mental well-being into their strategy, policy and practice.

The literature and policy review revealed a notable lack of student mental health policies and strategies in universities across the continental EU Member States. Strategies, policies, commitments and plans exist in relation to other areas of inclusion, such as gender equality (e.g. UNED Spain's Gender Equality Plan (UNED, 2023)) or accessibility (e.g. the University of Marburg's accessibility statement (Philipps-Universität Marburg, 2023)), but at the time of writing, the authors were unable to find strategic commitments in the form of policy or strategy regarding student mental well-being in the continental EU Member States.

However, in the wider mental health policy space, clear opportunities for countries to become more joined up and coordinated in their mental health policies have been identified and realised (Fears and Höschl, 2011) through collaborative projects such as the European Pact for Mental Health and Well-being (Wahlbeck *et al*., 2010), and the European Union mental health governance initiative, which includes strategies for action, pacts, high-level expert groups, projects, initiatives and research (Edquist, 2021). There are still disparities between countries in terms of mental health policies and approaches (Fjellfeldt, 2023; McDaid *et al*., 2023), but efforts to collaborate with participants and create joined-up approaches have clearly been made (Novak and Petek, 2018). Universities may now choose to follow this approach in order to create coordinated commitments to student mental well-being in higher education.

There is also a need for universities to commit to their staff mental well-being through well-being policies and strategies. A recent report for the European Parliament found that 'efforts at EU and national level are currently insufficient to protect employees from psychosocial risks' (Makarevičienė *et al*., 2023). In particular, the report noted that work in the education sector was associated with high levels of work-related stress. The report highlights disparities between the policy approaches of different countries towards staff mental health and well-being at work, stating that while all EU Member States recognise the importance of mental health at work, legislation is more advanced in some countries than others. For example, Belgium and Denmark have legal and policy frameworks in place that specifically focus on staff well-being at work; Lithuania, Spain and Finland have policy frameworks on well-being; while other countries only mention mental well-being or stress factors (such as discrimination or the regulation of working hours) within wider policy or legal documents (Makarevičienė *et al*., 2023). The report concludes that 'EU-level legislation on work-related psychosocial risks is therefore needed to set the minimum health and safety requirements for mental health at work' (Makarevičienė *et al*., 2023). Similarly, European universities have an opportunity to show commitment to the well-being of their staff as well as that of their students, at both institutional and sector level.

Definitive strategies need to exist at the level of individual institutions in order to raise awareness of staff and student mental well-being, and to commit institutions to inclusive practices and policies. Such strategies need to support a shift in the cultural mindset in higher education towards respecting the whole person, the whole life, and the value of individual well-being to the institutional mission. Cultural change necessitates leadership to create norms, values and strategies that suffuse throughout multiple levels, encouraging, influencing and supporting the well-being of higher education staff and students (McGrath, Roxå and Bolander Laksov, 2019).

Mental health promotion and holistic support services

Another element of the whole-institution model for mental well-being is a ***proactive mental health promotion approach to well-being***, as opposed to a reactive, treatment-focused approach (WHO, 2013; Davies, 2014). Whole-institution approaches to student mental well-being recognise that 'there are multiple causes and consequences of mental health and well-being in higher education requiring a collective, creative response' (Hill *et al*., 2020), and aim to create supportive spaces that proactively promote mental well-being rather than reactively dealing with mental health problems when they arise (and when harm may have already been done.)

Many European institutions have implemented mental health promotion programmes that go beyond addressing crisis situations and take a proactive approach to supporting student well-being. For students, these programmes focus on aspects of mental health such as building resilience, improving coping skills, and enhancing emotional intelligence. Examples include activities, workshops and seminars to equip students to protect and enhance their mental well-being by developing these skills, as well as campaigns to raise

awareness about mental health. For instance, cognitive behavioural therapy for insomnia courses are offered at universities in Austria, Estonia, Finland, France, Germany, Italy, Norway, Poland, Sweden and Switzerland (Baglioni *et al.*, 2020). Meanwhile, there are a number of mindfulness and/or compassion-based interventions are carried out in universities in Spain (Martínez-Rubio *et al.*, 2020; González-García *et al*., 2021; Modrego-Alarcón *et al*., 2021), and mental health promotion chatbots in Italy (Gabrielli *et al.*, 2021), the Netherlands (Dekker *et al*., 2020), Finland, Sweden, Northern Ireland, Scotland and Ireland (Kuosmanen *et al*., 2022).

Looking at proactive interventions to sustain mental well-being for university staff – which are essential for the successful delivery of whole-institution approaches – employee assistance and staff counselling programmes are growing in popularity among European public sector employers (Sommer, 2023), although there is still some way to go before these become mainstream mental health promotion programmes. Another, different example, is presented by the EU project GARCIA discussed in Chapter 3, which proposed an innovative, proactive approach to supporting gender equality and well-being for early-career researchers, particularly researchers with non-tenured positions, since they are usually not included in Gender Action Plans (GAPs). Under the project, GAPs were implemented in six beneficiary institutions and targeted both SSH (social sciences and humanities) and science, technology, engineering and mathematics (STEM) departments. Researchers analysed the influences that welfare and gender regimes have on structuring the career opportunities for women in academic occupations. This helped them to expand self-tailored GAPs that are specific to both the national and local context. They also deconstructed the traditional, dominant ideology regarding women's purported inferiority in STEM disciplines, as well as the mechanisms for gender discrimination that occur in SSH. A design and methodological toolkit on how to support early-career researchers through GAPs was created for use at all administrative levels and in all academic fields in European academic and research institutions (GARCIA, 2012).

Proactive student and staff mental health interventions such as the ones described above, which include both clinical and non-clinical support, are indeed a crucial aspect of a whole-institution approach. Nevertheless, in the continental EU they are still adopted in isolation and not as part of a wider, strategic, coordinated and holistic approach to mental well-being. In order to do so, interventions that target individual students' emotional intelligence, mindfulness, stress management and coping strategies should be supplemented by strategies for the wider institutional environment. These include fostering self-efficacy by increasing students' choice and control over aspects of their learning; facilitating social connections (e.g. mentoring programmes); reviewing courses to ensure scaffolded exposure to challenges within the curriculum; and preparing students for the complexities of the 21st-century workplace (Brewer *et al.*, 2019). These should be integrated with the implementation of all the other elements of the whole-institution approach described in this chapter.

HEIs in Europe are increasingly offering ***holistic support services*** that cater to various aspects of mental well-being. These services may include counselling, but also peer support, career guidance and academic accommodations for students facing mental health challenges. The European Commission website provides a list of examples from universities in various European countries and the kinds of holistic support services they offer (European Commission, 2021). For example, well-being services at Ghent University in Belgium (Ghent University, 2023) include initiatives *for* students *by* students, opportunities to improve study skills, workshops on mental well-being, medical services and emergency help. In Croatia, student counselling and support services at the University of Zagreb offer group and individual counselling, academic and life skills development, workshops and lectures on well-being and the development of educational and self-help materials (University of Zagreb, 2023). In France, the psychological support

services at the Université de Paris include counselling, emergency hotlines and online psychological support (Université de Paris, 2023). Riga Technical University in Latvia offers comprehensive psychological support services (Riga Technical University, 2023), and in Luxembourg, the Université de Luxembourg offers a wide range of mental health and well-being services, ranging from 'tea and talk', self-help and academic support, through to well-being and mental health counselling and emergency support (European Commission, 2021). Again, the deployment of such services should be part of the delivery of whole-institution model – examples of which are, at time of writing, lacking across the EU with the exception of Ireland.

It is important to note that as part of a mental health promotion approach, there is a need for culturally sensitive mental health support for diverse and multicultural higher education communities, and particularly for marginalised staff and student groups. Citing Malta as an example, Galea and Galea (2023) identify the need for holistic health services, multicultural awareness, sensitive linguistic expression, and mutual respect and acceptance within diverse higher education populations. Mental health promotion and literacy, as well as holistic support services, are increasing in European universities, for both staff and students, and offer enormous potential for a move towards multi-stranded, whole-institution approaches to mental well-being that encompass both staff and students.

Mental health and well-being as part of the learning experience

In schools, contemporary frameworks for mental health promotion frequently involve whole-school approaches, such as the World Health Organization's 'whole-school approach to mental health promotion'. This commonly used approach is based on three interrelated pillars: curriculum, teaching and learning; the school ethos and environment; and family and community partnerships. Together, these present a clear and manageable framework with which schools can engage (Cefai, Simões and Caravita, 2021), and which is relevant to the higher education sector.

It is notable that one of the crucial element of the WHO's whole-school approach is curriculum, teaching and learning. As discussed in Chapter 2, ***inclusive learning environments and embedding mental well-being into the learning experience*** of students presents an opportunity for a holistic, student-centred approach to mental well-being, and is an essential element of the whole-institution approach. This involves adopting inclusive pedagogical approaches (Riva *et al.,* 2020); embedding well-being interventions into the curriculum in the recognition that teaching, pedagogy and assessment practices can support the well-being of students in higher education (Baik, Larcombe and Brooker, 2019); and including (or 'infusing') discipline-relevant mental health-related content into the curriculum (Houghton and Anderson, 2017; Toledo-Rodriguez and Lister, 2022). Strong peer connections, teacher-student interactions (Riva *et al.*, 2020) and communication are also pivotal to well-being and learning (Upsher *et al*., 2022).

It is important to highlight that pedagogical practices that promote well-being also align with recommended elements of good teaching, such as deploying Universal Design for Learning when planning the curriculum (UDLL, 2016), and considering appropriate assessment methods followed by effective feedback. Guidelines regarding Universal Design for Learning have been produced as part of the project 'Universal Design for Learning in Higher Education – Licence to Learn', funded by the Erasmus+ programme of the European Union (UDLL, 2016). Examples of effective, inclusive curriculum and assessment design in higher education EU settings (Norway, Sweden and Slovakia) are provided by the European project 'UNIALL – Accessibility of Higher Education for

Students with Special Needs', co-funded by the Erasmus+ programme (Ceresnova and Rollova, 2018).

Moreover, institutional processes and aspects of administration that impact the teaching and learning experience should also be shaped on the basis of a well-being perspective, both in terms of the inclusive design of processes such as those for extenuating circumstances requests (in order to reduce student stress), and in terms of embedding accountability for well-being into such processes – for example, via Equality Impact Assessments[26] (Advanced HE, 2023). In the higher education sector, it is also necessary to reconcile such adaptations with academic rigour, the accreditation requirements of professional bodies and other quality-related or vocational curriculum needs.

One important aspect of embedding mental health and well-being into the learning experiences of students is implementing not only curricular, but also extracurricular interventions aimed at increasing students' mental health and well-being literacy. Supporting mental health literacy (as discussed in Chapters 2 and 3) also constitutes an important aspect of mental health promotion. In Ireland, Hill *et al.* have commented that 'A key element of a whole system approach is education and training in mental health literacy and suicide awareness for staff and students, to help identify signs of distress and direct students to appropriate resources' (Hill *et al*., 2020).

Interventions to increase mental health literacy can be found in a number of different European contexts. For example, a study using a video intervention found non-significant positive trends towards increased mental health literacy among 101 university students in France (Queroue *et al.*, 2023). The University of Copenhagen in Denmark has recently launched both online and in-person courses aimed at increasing the mental health and well-being literacy of students (Koushede and Rasmussen, 2020), following actions already taken in the UK by the University of Warwick (Riva *et al.*, 2024).

It must be noted that, as seen in Chapter 3, the mental health and well-being literacy of staff also needs to be improved and sustained – primarily for the benefit of their own mental health and well-being, but also to ensure that members of staff are able to deploy effective signposting and support to the students they interact with as part of their teaching or pastoral duties. In this respect, enhanced mental health and well-being literacy can help staff to overcome issues of stigma and lack of knowledge that can impact the delivery of effective support to students. Examples of successful mental health training for staff – while mostly related to supporting student well-being – have been widely implemented in the UK (e.g. Mental Health First Aid, 2023; University of Manchester, 2023).

Partnership and collaborative approaches

It is increasingly recognised within the higher education sector that ***partnerships and collaborations*** are crucial to the success of initiatives and to achieving sectoral goals (Borg and Pålshaugen, 2019). This is especially true in the area of mental well-being, where the landscape is so vast – ranging from the widespread promotion of mental well-being through to targeted mental health interventions and suicide prevention – and affects staff and students across the sector (Piper and Emmanuel, 2019).

Mental health partnerships may be practice-focused or research-focused collaborations; they may be formed between different universities, between universities and charities or sectoral bodies, or between staff and students within a university. They may also be a combination of any of the above; for example, EUniWell is a collaborative project

[26] Evidence-based approaches designed to help organisations ensure that their policies, practices, events and decision-making processes are fair and do not disadvantage or present barriers to the participation of any protected groups.

between 11 European universities in multiple countries, looking at policy, practice and research, and collaborating with students, academics and professional staff (Cooke *et al.*, 2023; EUniWell, 2023a). EUniWell focuses on conducting relevant, cross-European research (such as the project MATTERS, which aims to gather knowledge about the current mental health literacy status of students at the participating universities – see Chapter 2) by holding collaborative, educational programmes and events; brokering partnerships; driving civic engagement on well-being issues via collaborations with relevant stakeholders in the cities and regions in which participating universities are located; sharing practices and concerns; and publishing recommendations. Again, the ongoing COST Action Researcher Mental Health Observatory (ReMO) (COST Action ReMO, 2020) has brought together academics, practitioners, policy-makers and consultants for HEIs from 38 European countries (most of which are EU Member States) with the aim of gathering further insights into the causes of the poor mental health and well-being of academics, and to subsequently provide suggestions for developing tailored, effective and efficient prevention and action programmes to improve working conditions in academia.

Universities in Europe may choose to partner with local healthcare providers to ensure students and staff have access to professional mental health services. Such collaborations facilitate referrals, crisis interventions and continuity of care. An example is Ireland's National Student Mental Health and Suicide Prevention Framework for Higher Education (HEA, 2020b), which was created in collaboration with 'health professionals, government representatives, educators, students, policy makers, community organizations, researchers and clinicians', and under which partnerships with support providers have been implemented across institutions (Surdey, Byrne and Fox, 2022). A 2021 report by a UK sectoral body found that (with one exception) 'almost all HE institutions work in one way or another with external services and organisations' (Pollard *et al.*, 2021).

Working in partnership with students is increasingly recognised as an important aspect of a whole-university approach to mental well-being (Lister *et al.*, 2022; Riva, Gracia and Limb, 2022), and this approach is increasingly prioritised within the sector. In the UK, the University Mental Health Charter (Hughes and Spanner, 2019) requires universities to work in partnership with students throughout the various dimensions of the framework, and examples of staff-student partnerships are becoming increasingly common. For example, also in the UK, Hill *et al.* (2019) describe case studies of pedagogical partnerships with regard to field trips and assessment to support emotional well-being in learning. Meanwhile, Lister *et al.* (2022) describe co-creation projects at two universities to create resources and initiatives to support student well-being. Such collaboration can involve working with Students' Unions (Pollard *et al.*, 2021), self-selecting groups of students (Riva *et al.*, 2020), or wider consultative approaches (Brewster *et al.,* 2022).

Challenges and future directions

The higher education sector still has some way to go before holistic and partnership approaches are embedded effectively as common practice. As previously discussed, a key element of the WHO's whole-school model concerns the ethos and environment of the school.

Atkins and Parker (2012) found that embedding care and compassion into leadership and organisational culture can lead to the connectedness, resilience and well-being of employees. This has been widely demonstrated within health and social care settings (West, 2021); however, Waddington identified 'an inherent dissonance, discord and a dark side to life inside universities', which she terms a 'compassion gap' (Waddington, 2016). As discussed in Chapter 3, a compassionate ethos and working environment is at odds with much of the neoliberal instrumentalisation and commodification of higher

education; thus, there is real lack of examples of compassionate leadership within universities, or of evidence that universities have tackled this issue successfully. There is also a need for greater cultural sensitivity and multicultural awareness within European universities to promote greater compassion, empathy and understanding of mental well-being across diverse higher education populations (Galea and Galea, 2023).

A crucial challenge in the implementation of a holistic approach to mental well-being is the sufficient allocation of resources. As highlighted in Chapter 3, workloads in higher education are increasingly stretched, and supporting comprehensive mental well-being initiatives requires the allocation of adequate resources. Funding constraints and workload-induced stress are barriers to the implementation of effective mental well-being initiatives, programmes and services. Another challenge is to ensure that there is robust and effective evaluation of the approaches implemented. Ongoing evaluation is needed of the effectiveness of whole-institution and partnership approaches and their impact on student and staff mental well-being. Clear metrics and evaluation tools are required, including measures that are suited to a university environment, and evaluation approaches that ensure partnerships are fair, equitable and effective.

Conclusions

Promoting the cross-institutional embedding of well-being, compassion and care complements, supports and reinforces the widely recognised 'whole-university approach' to mental health and well-being championed in the University Mental Health Charter as a 'multi–stranded approach which recognises that all aspects of university life can support and promote mental health and well-being' (Hughes and Spanner, 2019). HEIs in Europe are making significant strides in promoting mental well-being through whole-institution and partnership approaches. However, there is no 'one-size-fits-all' solution; each university must tailor its initiatives to its own unique context and needs. This review underlines the importance of ongoing research, resource allocation and collaboration in fostering mental health support systems in higher education institutions across Europe. Addressing these challenges is essential to creating a culture of mental well-being that benefits all members of the academic community.

Chapter 5 – Conclusions and recommendations

It is clear from the literature reviewed in the previous chapters that much work is needed before European higher education can truly be said to support student and staff mental well-being. This concluding chapter summarises the barriers to student and staff mental well-being in higher education, and makes recommendations about the steps that European institutions can take to implement whole-institution approaches that sustain staff and student well-being.

Summary of barriers to well-being in higher education

European and international research literature shows that there is little acknowledgement of the interlinked relationship between staff and student well-being within higher education. Instead, institutional interventions and approaches appear to explicitly or implicitly prioritise student well-being, with **staff well-being initiatives appearing to be disjointed, inconsistent or less highly valued in comparison to those relating to students**. However, the opportunity and potential exists to move away from the current *status quo*. To achieve this, we should start by identifying how structural and cultural challenges affect both staff *and* students. The existing neoliberal culture and environment in higher education is associated with additional cognitive, emotional and practical demands on staff that impede teaching, learning, research and well-being for both students and staff. For example, the current workload cultures and structures, characterised by unhealthy staff working hours and a lack of work-life balance, can impact negatively on staff and student well-being, as stressed and sometimes burnt-out staff are unlikely to be able to fully engage with and support students. As the popular saying goes, 'one cannot pour from an empty cup'. Wider institutional policies, such as competitive outcomes-based performance metrics (Berg *et al.,* 2016), precarious academic contracts and financial pressures (Morrish 2019), have serious detrimental implications for the well-being of the whole university community. Indeed, existing metrics often do not acknowledge pastoral student support, which substantially increases the emotional and practical demands placed on staff and negatively impacts the level of provision for students.

Cultural pressures of performativity detrimentally impact the well-being of staff and students alike, as they are both subject to such pressures. Lynch (2010) has argued persuasively that neoliberal structures within the marketised higher education sector have compounded the Cartesian dissociation of rationality and emotion in academia (Noddings, 2003), promoting a competitive and individualistic culture of 'carelessness' that devalues caring responsibilities and self-care, creating obstacles to healthy learning and work. However, if staff productivity could be associated with a positive working culture and environment with purpose and well-being, this could enable staff to deliver pedagogical and pastoral support that would sustain student learning and well-being.

Staff and students often face similar forms of discrimination (e.g. relating to gender, sexual orientation, religious beliefs, disability, etc.), which act **as barrier to their learning and/or working experience and impact on their well-being**. These forms of discriminations may manifest differently, but their root cause is the same and needs to be addressed.

Lastly, all of these challenges for both staff and students have been **exacerbated by the recent COVID-19 pandemic, the uncertain economic climate, and the ongoing wars in Europe and abroad** which, as described in Chapters 2 and 3, continue to impact staff and students alike.

This final reflection on the barriers that affect both staff and student well-being demonstrates that staff and student well-being are not separate issues, but need to be

considered as mutually dependent parts of the same ecosystem. The literature suggests, and it is the authors' firm belief, that working towards an integrated, holistic approach to staff and student well-being can be beneficial for all.

Recommendations for whole-university approaches to mental well-being

The literature surrounding mental well-being in higher education clearly recommends the need for holistic, whole-institution approaches, whereby university leaders take ownership of and accountability for ensuring that mental well-being is considered throughout higher education cultures, systems and practices.

One crucial aspect of this leadership is the requirement for policy and strategy relating to well-being, both at institution level and more broadly – as in Ireland, where there is a country-wide policy and strategy around mental health (Hill *et al.*, 2020). Closely related to this is the need for governance and accountability; namely, for institutions to continuously monitor the effectiveness of their practices and to enact changes and enhance practice where necessary.

At a granular level, mental well-being considerations need to be embedded in:

- Institutional culture, i.e. through institutional values and mission statements that explicitly reference mental well-being; through aiming to reduce or eliminate toxic cultures that have a negative impact on well-being; and through a commitment to embedding compassionate leadership, as implemented in health and social care contexts;
- Inclusive student support services and practices, ensuring they are well designed so that students are adequately supported from the very beginning and throughout their studies;
- Curriculum (including assessment), pedagogy and practice, i.e. through inclusive curriculum and assessment design; through significant commitment to staff development; through formal quality assurance processes; and through assessment accommodations and adjustments;
- Institutional processes and administration that impact students' university experiences, both in terms of the inclusive design of processes (e.g. extenuating circumstances requests, etc.) and in terms of embedding accountability for well-being into processes, such as via Equality Impact Assessments; and
- Staff recruitment, promotion and staffing practices, and working conditions for staff through accommodations, adequate training, the provision of relevant support, inclusive practices and commitment to eliminating bias and discrimination.

Furthermore, there is a need to ensure institutions offer proactive support for mental health and well-being to both staff and students, promoting a culture of well-being for all. A crucial aspect of this is enhancing well-being and mental health literacy among both staff and students, as well as offering support to students and staff who are impacted by global or individual circumstances beyond the remit of the institution. This should be operationalised through the availability of counselling and support, and through inclusive practices in relation to deferrals of study, extensions to assignments and the availability of contingency leave or leave of absence for staff, without judgement or impacts on career or study goals. Well-being counselling services should also be culturally competent to adequately respond to the differing needs of a diverse university community (Daddow *et al*., 2020).

By pressing towards such changes in culture, which focus upon compassion, community, connection and belonging, better well-being can be promoted for all (Hughes 2020; Riva *et al.*, 2020).

Crucially, a successful whole-institution approach should be planned and deployed in partnership, including the voices of all stakeholders, so that the actions taken are timely and relevant to the higher education setting in which staff and students operate.

We are moving towards a future in which higher education needs to be increasingly relevant to and active in society, playing a substantial role in shaping sustainable, inclusive and resilient societies, economies and leaders. It is essential that universities find ways to counter the toxic and competitive cultures of the past and move towards a strategic vision that supports a culture of compassion, belonging and equality for staff and students.

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