Non-refereed articles

Connecting the Dots:
Facilitating a Positive University Educational Journey with an Organisational Mental Health and Wellbeing Strategy

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Abstract

This paper presents the development and implementation of an organisational Mental Health and Wellbeing Strategy in a particular university. The paper presents the five differing facets of the strategy which includes the promotion of positive mental health and wellbeing; improving mental health and ill health literacy; supporting people who are experiencing mental health concerns; providing organisational responses that support mental health; and research and evaluation. The authors argue that a university Mental Health and Wellbeing Strategy for staff and students, with a clear philosophy and vision for mental health and wellbeing promotion and support, can positively contribute to organisational goals and strategic plans. Furthermore, the authors contend that formal partnerships with local community health services can support health promotion and prevention in universities and other educational environments.

Background

Tertiary education can offer many positive experiences for students. Individuals obtain new knowledge and skills, alongside fresh social engagement, often over a sustained period of a university course of several years. Yet whilst offering many positive self and career development opportunities for individuals, university study can generate individual challenges. Given this, there may be times when a person's health and wellbeing and mental health status may change. For the purpose of this paper, health refers to "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (World Health Organisation, 2014, p. 1). Wellbeing is strongly associated with a positive sense of "happiness and life satisfaction" (Council of Australian Governments, 2012, p. 46). The concept of mental health builds on wellbeing in which a person can "realise his or her own abilities, can cope with the normal stressors of life, can work productively and is able to make a contribution to his or her community" (Council of Australian Governments, 2012, p. 43).

Tertiary student health, mental health and wellbeing is an area of growing international discourse and research after recognition that mental health concerns are common experiences for university students (Hunt & Eisenberg, 2010; Zivin, Eisenberg, Gollust & Golberstnein, 2009). A study offered by Ansari et al. (2011) assessed the perceived health status, alongside wellbeing indicators, of 3706 UK undergraduate students. In their study, self-reported physical and psychological health data was collected. Students were also asked questions to determine their own health awareness, their use of health related services and their social support and stressors. The study identified a high level of health concerns such as headaches, back and neck pain. Psychological needs, in particularly nervousness, anxiety and depression were identified among the student community, particularly for female students. Ansari et al. (2011) explicitly called for greater engagement by university administrators, leaders and policy makers to focus on student health and wellbeing. The Ansari et al. (2011) study offered further support for findings drawn by an earlier study, (Ansari & Stock 2010) that highlighted better health self-perception as positively correlated with higher self-

perceived academic performance. The study by Ansari and Stock (2010) found alcohol bingeing and sleep disturbances to be negatively correlated with educational outcomes. As a consequence Ansari and Stock (2010) called for both preventative and early intervention approaches to be incorporated within university health and wellbeing strategies and programmes.

Alcohol is commonly identified as a substance overused and abused within the student populations. An American study of 2843 students highlighted smoking and tobacco use to be an additional concern for students who were experiencing depression, panic disorder and anxiety (Cranford, Eisenberg & Serras, 2009). Ansari et al. (2011), Ansari & Stock (2010), Hunt & Eisenberg (2010) and Zivin et al. (2009) suggest that a wider conceptualisation of health and wellbeing is relevant, as opposed to considering in isolation student mental health and linked concerns.

Research by Tucker & Irwin (2011) reports on a study of 1778 undergraduate Canadian students and identifies physical health and levels of activity to be of greatest concern to university students. They particularly highlighted the following: student concerns about their level of physical activity, concerns about dietary habits and concerns about body image. These concerns were also supported by research from Greece, which noted that 41.8% of students rated their individual health status as fair or poor (Lionis, 2005). Alcohol and tobacco use, alongside dietary habits and nutrition are thus identified as areas of health concern in relation to university students. These areas were also highlighted as three main health targets within the NSW Plan 2021 (NSW Government, 2013). Given this, formal partnerships between educational providers and local Population Health Services are pertinent and well placed to address health promotion and student health needs. Striving for an optimum sense of student wellbeing can support the university community's wellbeing and contribute to the core missions of the educational organisation. Further, the authors of this paper argue that student health should not be considered in isolation. The positive health and wellbeing of university staff alongside a focus on healthy workplaces can provide a sense of organisational purpose and contribute to a philosophy of social inclusivity (Heath & Carnell, 2013; Thompson, 2013) which can increase overall business productivity (Australian Human Rights Commission, 2010).

Organisational Mental Health & Wellbeing Strategy

The development of an organisational Mental Health & Wellbeing (MHWb) Strategy at the Western Sydney University began in 2011. Western Sydney University is an Australian metropolitan university with an enrolment of approx. 43,000 students from more than 160 ethnic backgrounds (2014 data), the great majority of whom are the first in their family to attend university. Concerns were raised by the Western Sydney University Counselling Service and Disability Service about the increasing number of students with mental health concerns, and/or complex comorbidity engaging with these services. There has also been growing international discourse surrounding the disproportionate distress levels for students, compared to that in the general population, alongside a greater focus on early interventions (Bewick, Koutsopoulou, Miles, Slaa & Barkham 2010). Findings from Australian studies also demonstrated that students were at increased risk of developing mental health concerns whilst having some reluctance to seek additional support and help (Ryan, Schochet & Stallman, 2010; Stallman, 2011). University academic schools and differing departments had begun to offer ad hoc mental health and wellbeing initiatives. A cross-service group of university staff with health and wellbeing in their portfolio, believed that a central philosophy of mental health would offer a sustainable coordinated approach to university mental health and wellbeing and would facilitate a clear governance framework for all initiatives. Western Sydney University is a multi-campus organisation spanning a large geographical area, with university pathway colleges and residential colleges. Given this, a collaborative and inclusive approach was required. In keeping with a Healthy Universities approach (Dooris & Doherty, 2009; Dooris & Powell, 2012), the strategy endorsed a whole of university and a whole of person philosophy, focusing on both staff and student needs. The strategy encompassed

a philosophy of wellbeing, promotion of positive health, prevention, early identification of mental health changes or concerns and a normalisation approach alongside recovery. Further government papers demonstrated that the university's approach aligned with a contemporary ethos of mental health care (Council of Australian Governments, 2012). Given that this was a Mental Health and Wellbeing Strategy, it was important that it articulated both a sense of wellbeing in addition to facilitating organisation philosophy in keeping with contemporary mental health practice. The aforementioned philosophy of the university strategy was collaboratively developed by a range of staff and student orientated services across the organisation including Student Support Services, Equity and Diversity Unit, WHS Unit initially and then expanding out to other areas such as International Office, Human Resources, Residential Colleges, CONNECT (clubs & societies), UWS College, childcare centres and academic representation as a part of the consultation process. These areas are all represented on the Mental Health & Wellbeing Strategy Group. Volunteer student representatives contributed to the development of the strategy ethos. External non-government organisations and community services were asked to provide comment on the strategy. In summary, the university strategy incorporated five main pillars:

1. Promotion of positive mental health and wellbeing

Activities associated with this pillar involved facilitating a health promotion and prevention ethos across the university through a range of activities and materials, offering a variety of delivery modes. Examples of initiatives under this pillar included campus events such as Mental Health and Wellbeing Month; RUOK Day; Diversity week events and a nutrition project including product positioning in university catering outlets. A Transcultural Working Group was established with a focus on transcultural perspectives of mental health and wellbeing. This group initiated a cultural competence benchmarking project across Student Support Services. A formal partnership between the university and local Population Health services provides another example of activity that supported positive mental health and wellbeing promotion. The partnership established three specific working groups based on the health priorities areas of Tobacco; Alcohol, Other Drugs (AOD) & Sexual Health and Healthy Lifestyles (NSW Government, 2013). The formal partnership (under a Memorandum of Understanding) between the university and local health districts and the associated working groups will be discussed in further detail at a later stage in this paper.

2. Improving mental health / ill-health literacy

Training for members of the university community can increase awareness and help people recognise the impact of mental health on study, work and life (Orygen Youth Health Centre, University of Melbourne, 2011). At the Western Sydney University training and provision of mental health resources for broad sectors of the university community has enhanced the ability of university peers and friends to respond appropriately to a person in need. This has been supported by feedback and testimonials from staff who have undertaken mental health training and later reflected they had identified risk situations and managed student/staff incidents more effectively. To date, this pillar has focused on improvements to mental health literacy and mental health and wellbeing awareness through the provision of student and staff training programs, mental health and wellbeing websites, forums and publications, as well as through the introduction of a wellbeing mobile phone app which details both emergency and ongoing support agencies.

3. Supporting people who are experiencing mental health concerns

Specialist mental health practitioners and counsellors in Student Support Services have provided consultancy services to university staff regarding student mental health concerns and have assisted in managing risk. Student Support Services offer direct engagement with individual students offering mental health assessment and/or counselling. In addition, strategic links and networking have been developed with all local mental health emergency and acute care teams in the

university's locale and primary geographical footprint. Initially, the university's Mental Health and Wellbeing Team employed a project officer to facilitate ongoing contact with all emergency mental health teams in the geographical areas surrounding the university campuses. This resulted in contact with fifteen mental health teams. Given the culturally diverse community at the university, specific networking with Transcultural Mental Health Services strengthened referral pathways to offer greater continuity of care for students.

4. Providing organisational responses that support mental health and wellbeing

Student-friendly policies and procedures do support the promotion of positive mental health and wellbeing. In line with good practice the Strategy Group provided a large cross-section of expertise in developing, examining and reviewing university policies, such as the university's Alcohol Control Policy. Furthering the purpose of formalising the organisational commitment, a Mental Health & Wellbeing policy is currently being finalised.

5. Researching & evaluating

The working groups and networks across academic areas provided by the Strategy Group have created greater opportunity to develop and explore research links. Evaluation is embedded in every activity undertaken under the strategy.

Using a university and local population health services partnership to support organisational strategy

As noted earlier, the university established a formal organisational partnership with two surrounding local health districts. The Population Health partnership was positioned under Pillar One of the university's Mental Health & Wellbeing Strategy. The programme operated within a shared vision to promote positive health projects and interventions, in line with national and state health targets. A clear governance structure for the partnership was established by positioning 'positive health' and a 'preventative approach' as core to the university's organisational Mental Health and Wellbeing Strategy. In order to ensure sustainability of the philosophy and operations of the partnership, three working groups were established encapsulating: AOD and Sexual Health; Tobacco; and Healthy Lifestyles. Each working group met quarterly, with representation from the local health districts and pertinent university teams and services. Each working group had clear terms of reference, alongside agreed objectives within the realms of training, offering contemporary guidance for relevant university policies, research and health promotion. Each organisation also provided a named partnership coordinator to ensure streamlining of communication systems. In order to demonstrate the impact of the partnership to date, the progress of each working group, along with some of the associated outcomes will be highlighted.

AOD & Sexual Health working group

In keeping with a harm reduction approach, all university Campus Safety & Security Services were offered specialised AOD training, provided by AOD specialists from Health Promotion Services. Undertaking training with a whole-of-department approach greatly enhanced emergency care pathways for students and built a supportive, non-judgmental approach for individual students. A 'Train the Trainer' programme was established for university welfare staff, which enabled them to deliver alcohol, drug and sexual health promotional sessions with residential assistants within student accommodation. Staff from AOD Services played an active role in providing specialist health promotion materials for university students, along with participating in university-wide health and wellbeing events such as 'Mental Health and Wellbeing Month'. An important aspect of the formal partnership was the focus on implementing sustainable strategic organisational change which was designed to positively influence student health and wellbeing. With this in mind, the AOD & Sexual Health Working Group was instrumental in facilitating university related policy reviews.

Tobacco working group

The university was fortunate to establish links with peak national bodies in the area of public health and tobacco, as a result of the formal partnership with local health districts. The university accessed contemporary research findings and good practice principles to guide a policy change from designated smoking areas on campus to a university-wide Smoke Free Policy that was implemented in 2014. Student Support Services staff, including welfare and counselling services staff completed tobacco cessation training in order to offer the service directly to students. In addition, the university's local health district partners provided specialist equipment and training for Student Support Services' staff, to enable greater exposure of health promotion and preventative interactional activities at university events.

Healthy Lifestyles working group

The Healthy Lifestyles group continues to be a very active group with sub-groups forming as initiatives have grown and developed. Much of this work involves working in partnership with the university's Internal Communications and Marketing departments. The free 'Get Healthy' and 'Go4Fun' programmes were widely advertised at the university, receiving several thousand university website hits. An extensive audit was undertaken to consider wellbeing-related infrastructure on university campuses. Networks have been developed between the Local Health Districts and the university childcare centres to actively promote child and family nutritional programmes. Furthermore, the university accessed several hundred free healthy cookbooks, which were strategically placed in student residential kitchens as well as being provided to other members of the university community at campus health and wellbeing events.

Benefits and challenges of an organisational Mental Health & Wellbeing Strategy

Generating an organisational Mental Health and Wellbeing Strategy and creating partnerships with Local Health Districts and Population Health Services have been shown to support universities and educational providers to achieve organisational change. The authors argue this can positively impact on student and staff health whilst contributing to a culture of wellness within the university community. The strategy framework and strategy group engaged senior university management in structured dialogue and invited feedback, generating further engagement and interest in the strategy developments. This positioning is supported by Stensaker et al. (2012) who note that while individuals can make instrumental change, administrators can contribute to positive change of organisational culture. In their work, Stensaker et al. differentiate between two types of identities; one related to organisational identity and the other related to individual identity. Yet, as Gilbreath (2012) and Munro and Hubbard (2011) recognise, the interface between the organisational identity and the culture perceived by individuals must be considered. In essence, the policies, processes and practices of the place of work or study, can influence a person's wellbeing, along with their perception of their own wellbeing (Gilbreath, 2012). Individuals also have the power to support an organisation to prosper (Salanova et al., 2012). Support from the university management was critical to achieve the development of a wellbeing culture and a healthy university community. Further, support at management level provided positive reinforcement of the strategy when networking with others within the organisation.

A noticeable benefit of the strategy has been the increased scope of networking both within the university and with external community services. The university strategy has provided a forum for experience, knowledge and resources to be shared, including research and expert knowledge both on and off campus. Networking has been identified as a positive driver to promote organisational innovations, share skills and promote knowledge growth (Pittaway et al. 2004; Chapman & Aspin, 2005). Yet, while Mifsud (2015) highlights the obvious benefits associated with networking, specifically within the educational context, her study also identifies some resistance to networking. While she noted there was some positive dialogue coming from leaders regarding networking, she

found "a strong presence of the discourse of isolationism" (p. 7) among teaching staff. Thus she concluded that a reflective approach to engagement and networking is critical. During the conception and development of the Mental Health and Wellbeing Strategy at the Western Sydney University, a reflective approach was critical to ensure all were represented. Networking and robust discussions, while developing the philosophy and ethos of the strategy, were perhaps the most challenging aspects. Initially, conceptualisations of the overarching strategy were highly varied. It was a slow, thoughtful and respectful process which facilitated discussions between group members to harness ideas and innovation while maintaining positive relationships.

Supporting effective relationships across university services and enhancing coordination of mental health related activities were positioned as important facets of the Mental Health and Wellbeing Strategy. However, supporting students who were experiencing mental health changes was also critical. Networking both within and externally to the university has facilitated the development of clear processes and referral pathways for mental health support. The Council of Australian Governments (2012) has recognised a need for improved and timely access to high quality services. Further, they advocate for "tailored and innovative approaches to meeting the needs of at-risk subgroups" (p. 24). With this in mind, the Mental Health and Wellbeing Strategy has worked to enhance engagement between university Student Support Services and local community mental health services, including the emergency assessment teams. This has provided a streamlined and timely referral system, with greater understanding of the services offered and the supports available for staff and students.

Conclusion

The authors conclude that organisational investment in a health and wellbeing strategy that spans both the university staff and students communities is worthwhile. Contemporary universities and other educational institutions are now subjected to rapid change and it is appropriate to carefully consider an approach to manage the human elements impacted by this change effectively to support business productivity, student retention and educational outcomes. In this way the organisational moral consciousness can provide a driving force for organisational health and wellbeing. A Mental Health and Wellbeing Strategy can offer a clear, non-stigmatising philosophy of mental health, alongside a shared vision of support across the organisation. Formalised partnerships, which promote a shared vision of preventive health and a philosophy supportive of early intervention, can contribute to the overall goals of the university and strengthen the depth of expertise and the effectiveness of networks.

Acknowledgement

References

Ansari, W.E., Stock, C., Snelgrove, S., Hu, X., Parke, S., Davies, S., John, J., Adetunji, H., Stoate, M., Deeny, P., Philips, C. & Mabhala, A. (2011). Feeling healthy? A survey of physical and psychological wellbeing of students from seven universities in the UK. *International Journal of Environmental Research Public Health, 8,* 1308 - 1323. doi: 10.3390/ijerph7020509

Ansari, W.E. & Stock, C. (2010). Is the health and wellbeing of university students associated with their academic performance? Cross sectional findings from the United Kingdom. *International Journal of Environmental Research Public Health, 7*(2)*, 509-527.* doi: 10.3390/ijerph8051308

Australian Human Rights Commission, (2010). *Workers with mental illness: A practical guide for managers.* Retrieved from https://www.humanrights.gov.au/publications/2010-workers-mental-illness-practical-guide-managers/4-creating-safe-and-healthy#s4_1

Bewick, B., Koutsopoulou, G., Miles, J., Slaa, E., & Barkham, M. (2010*).* Changes in undergraduate students' psychological well-being as they progress through university. *Studies in Higher Education*, *35*(6) 633 – 645.

Council of Australian Governments. (2012). *The roadmap for national mental health reform*. 2012 – 2022. Council of Australian Governments: Australia.

Cranford, J. A., Eisenberg, D., & Serras, A.M. (2009). Substance use behaviours, mental health problems, and use of mental health services in a probability sample of college students. *Addictive Behaviours*, *34*, 134-145. doi: 10.1016/j.addbeh.2008.09.004

Dooris, M., & Doherty, S. (2009) *National research and development project on healthy universities: Final report*. London: Higher Education Academy Health Sciences and Practice Subject Centre. Retrieved from http://www.healthyuniversities.ac.uk/uploads/files/doherty_150514.pdf

Dooris, M. & Powell, S. (2012), *Healthy universities. Developing leadership and governance for healthy universities-Final report*. Higher education Funding Council for England. Retrieved from https://www.rsph.org.uk/en/policy-and-projects/projects/developing-leadership-and-governance-for-healthy-universities.cfm

Gilbreath, B. (2012). Educating managing to create healthy workplaces. *Journal of Management Education, 36*(2), 166-190.

Heath, J., & Carnell, K. (2013). *Good mental health in the workplace.* Perspectives: Mental Health and Wellbeing in Australia. Retrieved from http://mhca.org.au/publication/perspectives-mental-health-and-wellbeing-australia-2013

Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behaviour among college students. *Journal of Adolescent Health, 46,* 3-10. doi: 10.1016/j.jadohealth.2009.08.2008

Lionis, C. (2005), Assessing university students' health needs: Lessons learnt from Crete, Greece. *European Journal of Public Health, 112*. doi: 10.1093/eurpub/cki225

Mifsud, D. (2015). The setting-up of multi-site school collaboratives: The benefits of this organizational reform in terms of networking opportunities and their effects. *Improving Schools, 1-1*. doi: 10.1177/1365480215591253

Munro, E., & Hubbard, A. (2011). A systems approach to evaluating organisational change in children's social care. *British Journal of Social Work, 41*, 726 – 743.

New South Wales Government (2013). *NSW 2012. A plan to make NSW number one.* Retrieved from https://www.nsw.gov.au/2021

National Institute for Clinical Excellence. (2002). *Principles for best practice in clinical audit.* Radcliffe Medical Press: UK.

Orygen Youth Health Research Centre. (2011). *Guidelines for tertiary education institutions to facilitate improved educational outcomes for students with a mental illness.* University of Melbourne: Australia.

Ovretveit, J. (2002). *Action evaluation of health programmes and changes. A handbook for a user-focused approach.* Radcliffe Medical Press: UK.

Pittaway, L., Robertson, M., Munir, K., Denyer, D. & Neely, A. (2004). Networking and innovation: a systematic review of the evidence. *International Journal of Management Reviews, 5/6* (3&4), 137-168.

Ryan, M.L., Schochet, I. M., & Stallman, H. M. (2010). Universal online interventions might engage psychologically distressed university students who are unlikely to seek formal help. *Advances in Mental Health, 9,* 73-83.

Salanova, M., Llorens, S., Cifre, E. & Martinez, I.M. (2012). We need a hero! Toward a validation of healthy and resilient organisation (HERO) model. *Group & Organisation Management, 37*(6), 785 – 822.

Stallman, H. (2011) Psychological distress in university students: A comparison with general population data. *Australian Psychologist, 45*(4), 249-257.

Stensaker, B., Sarrico, C., & Valimaa, J. (2012). *Managing reform in universities. The dynamics of culture identity and organisational change.* Palgrave MacMillan: UK.

Thompson, D. (2013). *Work is good for you if you can get it*. Perspectives: Mental Health and Wellbeing in Australia. Retrieved from http://mhca.org.au/publication/perspectives-mental-health-and-wellbeing-australia-2013

Tucker, P., & Irwin, J.D. (2011). University students' satisfaction with, interest in improving, and receptivity to attending programs aimed at health and well-being. *Health Promotion Practice, 12*(3), 388-395. doi: 10.1177/1524839908330814

World Health Organization. (1986). *The Ottawa charter for health promotion*. Geneva, Switzerland, Retrieved from http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index1.html

World Health Organisation. (2014). *Constitution of World Health Organisation principles.* Basic Documents. (48th ed.). Retrieved from http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf#page=7

Zivin, K., Eisenberg, D., Gollust, S.E., & Golberstein, E. (2009). Persistence of mental health problems and needs in a college student population. *Journal of Affective Disorders, 117,* 180-185. doi: 10.1016/j.jad.2009.01.001

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