



Embedding mental wellbeing in the curriculum: maximising success in higher education

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Executive summary

In recent years, the UK higher education sector has paid closer attention to addressing students' mental wellbeing. This report confirms many of the messages in reports and guidance from Universities UK (UUK 2015), the Equality Challenge Unit (ECU 2014), a recent review – Understanding provision for students with mental health problems and intensive support needs (HEFCE 2015) – and student initiatives such as the Grand Challenges in student mental health.

Interest in mental wellbeing is partly due to increased numbers of students disclosing that they have a mental health condition which meets the legal definitions of a disability. It also reflects more general concerns identified in Student Academic Experience Survey regarding undergraduate students' low sense of personal wellbeing compared to the wider population of young people (Neves and Hillman 2016).

Within the report, we draw a distinction between 'mental wellbeing', which we all have, and a 'mental health problem', which only some of us would identify as experiencing. Although there are questions of definition, when promoting mental wellbeing through the curriculum, we are referring to all students regardless of their decision to disclose a disability, and recognise that their sense of mental wellbeing may fluctuate and change.

Drawing on staff and student feedback (see Appendix 1), and a review of the literature, we aim to promote effective learning and teaching that complements the work of support services. Embedding wellbeing in the curriculum is achieved by:

- > acknowledging the potential attitudinal and structural barriers to embedding mental wellbeing in the HE teaching and learning context. Providing a positive learning environment that fosters positive mental wellbeing can seem so obvious that it is overlooked. Often it is too readily connected with mental health or illness, and thus becomes the responsibility of counsellors or mental health advisors with an emphasis on support, rather than academics whose focus is on learning. Additionally, a practical barrier to embedding this and other teaching and learning initiatives is the intensification and multiplicity of demand on academics, and how these can impact on their own wellbeing;
- > recognising the inter-disciplinary opportunities and variety of disciplinary connections which may be achieved through curriculum infusion. Although a new idea for the UK, a curriculum-infusion approach aims to use the discipline to develop students' understanding of mental wellbeing and related issues;
- > Integrating and embedding discipline-relevant mental health and wellbeing resources into the curriculum. We offer discipline specific ideas to support inclusion of mental health content for disciplines outside health and social care;
- > drawing on the New Economics Foundation's five 'Ways to wellbeing' as a framework for considering curriculum content and/or on the teaching and learning process. 'Keep learning', has clear connections with higher education, however, we use the other four ('connect', 'be active', 'take notice' and 'give') to reinforce the idea that learning best supports wellbeing when it is embedded and students are engaged.

A central aim of the report is on keeping the curriculum in focus. To support this, section three provides three reflective tools containing questions for individual academic staff; for discipline, department or programme teams to promote discussion about teaching and learning as well as curriculum design. The third reflective tool offers questions for institutional and central services – educational/academic developers; governance and institutional networking; general communication and information.

To facilitate further discussion, Appendix 2 consolidates the three considerations raised within the report – questions of definition, roles and responsibilities and curriculum content and processes. Together these constitute the Wellbeing in the Curriculum Knowledge (WICK) map which offers the basis for collaboration with students, and by academic and support staff.

For staff interested in supporting or continuing their own professional development, Appendix 3 offers connections with the UK Professional Standards Framework (UKPSF) and a summary of ideas for promoting wellbeing. These ideas connect to the principles outlined in materials relating to the broader inclusive teaching and learning agenda contained in Appendix 4.

Mental wellbeing is core to the curriculum in the way we teach and what we teach. It is not solely the responsibility of support services, rather we have a collective responsibility to promote the wellbeing of our students. Maximising their success in higher education is dependent on ensuring our own and our colleagues' wellbeing too.

Introduction

The World Health Organisation (WHO) defines mental health as:

a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (WHO 2014a).

This report focuses on mental wellbeing in a higher education (HE) context. It aims to promote effective learning and teaching that complements support services and promotes the wellbeing of all staff and students, as well as addressing the needs of students and staff with experience of mental distress.

Although the main audience are staff who teach (academics, part-time tutors, graduate teaching assistants) this report will be of interest to others, including student support staff and academic developers. It was commissioned by the Higher Education Academy (HEA) and carried out by the Researching Equity, Access and Participation (REAP) group at Lancaster University. REAP is part of the Centre for Social Justice and Wellbeing and works closely with the Higher Education Research Evaluation and Enhancement group, based in the Department of Educational Research.

The Embedding Mental Wellbeing in the Curriculum project builds on prior work on mental wellbeing in the curriculum (Burgess et al. 2009), and inclusive curriculum design in higher education (Morgan and Houghton 2011; see also Appendix 2). It confirms many of the messages in guidance from Universities UK (UUK) and the Equality Challenge Unit (ECU) and complements the recent review – ‘Understanding provision for students with mental health problems and intensive support needs’ (HEFCE 2015) – picking up on, and developing, an emphasis on the learning and teaching context.

Aims and methods

The project aimed to:

- > identify how the mental wellbeing of students can be promoted in a learning and teaching context;
- > gain insight into how teaching and learning activities can complement those of student services, as part of a broad ‘whole university’ approach;
- > illustrate how approaches developed within one discipline can be adapted and transferred for use elsewhere;
- > generate questions to support reflection about curriculum design, and teaching and learning that take account of staff wellbeing and potential challenges.

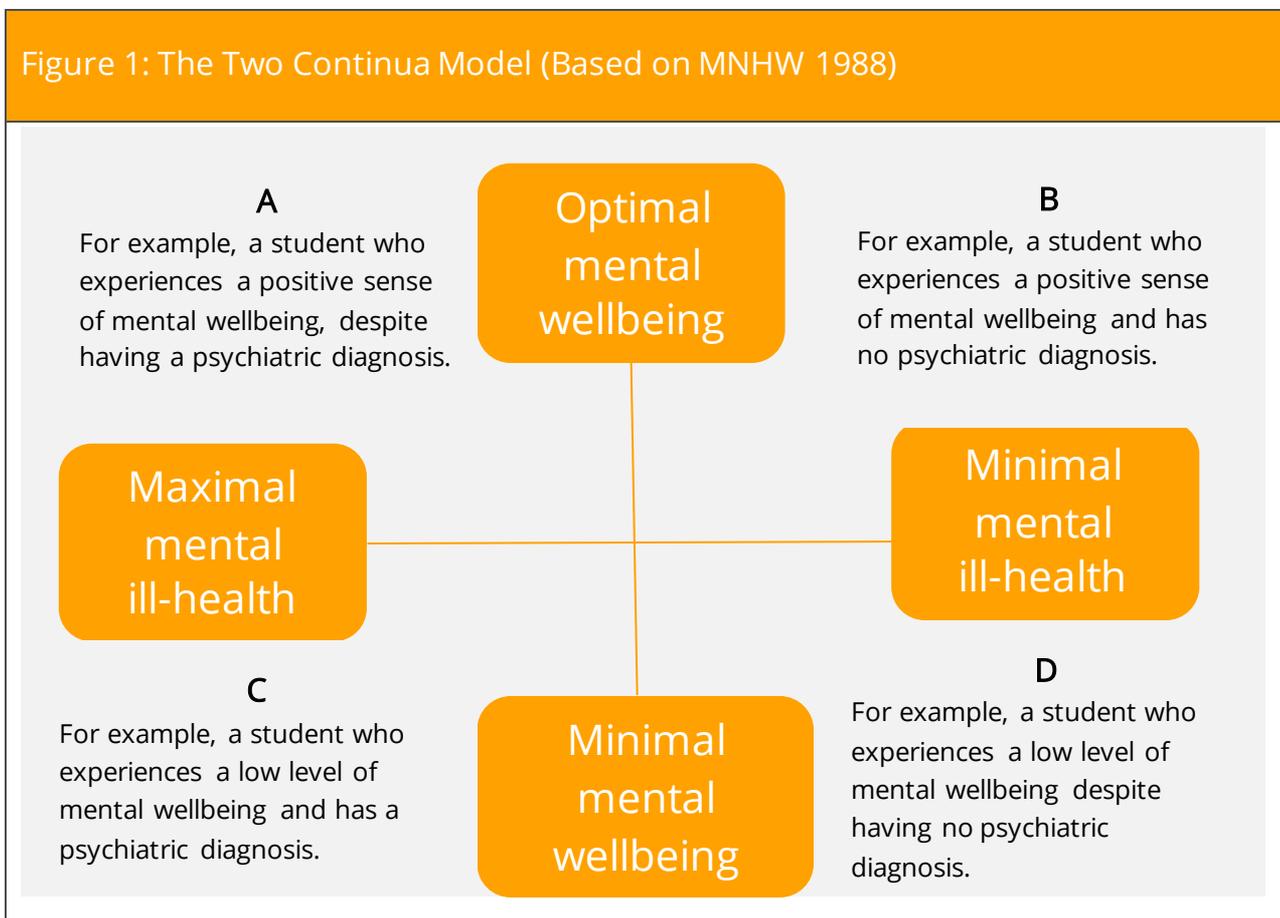
The project involved:

- > a review of the UK and international literature on mental wellbeing and the curriculum, focusing not only on published research but also on small-scale learning and teaching projects across a range of disciplines;

- > a series of “conversations with a purpose” (Burgess 1984) with staff working in academic, administrative and student support services, and four focus groups with full-time undergraduate students;
- > a sector-wide call for examples of current practice.

A note on terminology

In this report, we deliberately use the term ‘wellbeing’ rather than ‘mental health’, as not everyone who experiences a decline in their wellbeing would associate that with a ‘health’ concern. Moreover, we wish to draw a distinction between mental wellbeing, which we all have, and a mental health problem which only some of us would identify as experiencing. We see the two dimensions as independent: a person with a diagnosed major mental health problem may experience a subjectively high level of mental wellbeing. Conversely, someone who has never received a psychiatric diagnosis may experience poor levels of wellbeing.



In our context, there are a number of advantages with the two continua model (based on MNHW 1988). Firstly, it reflects the reality that a student diagnosed with a mental health problem may subjectively experience a higher level of mental wellbeing than a person who has never had contact with psychiatric services. Secondly, it makes clear that, when we speak of promoting mental wellbeing through the curriculum, we are referring to that of all students regardless of their decision to disclose a disability. Throughout our lives, depending

on events and circumstances, our sense of mental wellbeing may fluctuate and change. Finally, it emphasises that mental wellbeing is ‘everybody’s business’.

The higher education curriculum

There are multiple ways of defining the higher education curriculum. Here, we focus on aspects of a student’s experience of higher education that specifically connect with the formal curriculum – that learning which is planned and guided by educators – rather than on the incidental learning that takes place as a student imbibes the culture and ethos of the institution or department in which they are based. Barnett (2009) defines a curriculum as “a pedagogic vehicle for effecting changes in human beings through particular kinds of encounter with knowledge” (p. 429). This emphasises both content (the knowledge) and the teaching and learning process (the *particular* ways in which such knowledge is encountered).

The terms academic and educator are used throughout this report to refer to the wide range of staff who design and teach the curriculum – academics, lecturers, teaching fellows, tutors, visiting lecturers, practice educators, graduate teaching assistants (GTAs) and other contributors (e.g. service users and carers or other members of the public), and support staff who contribute to the formal curriculum.

Structure of the report

This report comprises three broad sections: Section 1 (‘Mainstreaming mental wellbeing’) makes the case for engaging with mental wellbeing issues in the learning and teaching

A question of disclosure

For some students, the decision to disclose a disability or a mental health issue is a complex and personal one. They may not understand their issues *as* a disability; many people with mental health problems do not (Spandler *et al.* 2015; Beresford *et al.* 2010). Reluctance to disclose may also be linked to an individual’s perception that they are undeserving of help or their fear of stigma, discrimination, including negative reactions from some teaching staff (Chew-Graham *et al.*, 2003; Markoulakis and Kirsh 2011). It is not surprising that students prefer to disclose to someone they know and trust. For instance, the Equality Challenge Unit (2014) found that 75% of 1,442 students who reported disclosing had done so to another student. Research by the Mental Health Foundation (MHF 2001) found that students were most likely to disclose to family and friends (69%) and personal tutors (59%).

In contrast to the MHF research, some of the students we spoke to reported that, rather than mentioning mental health, they would disclose a different impairment or provide another reason for requiring an extension for their work. A student with depression and Attention Deficit Disorder (ADD) in a previous study was concerned that their health condition would be regarded as an excuse: “academics just want to deal with work and not the whole person” (Houghton *et al.* 2007, p. 3).

context; Section 3 ('Mental wellbeing in the curriculum') considers both the content and teaching and learning process – outlining good practice, from across the sector, drawing on UK and international examples; and Section 3 ('Working together to keep the curriculum in focus') poses some questions for ongoing consideration by academic staff and academic support staff (e.g. librarians, learning technologists and other staff who support academics' work with students) as well as those responsible for wider institutional policies and practices, systems and structures.

In addition, there are four appendices that provide background to the research and resources to promote discussion about embedding mental wellbeing. The first appendix outlines our approach to data collection; the second offers a framework or map to aid discussion among colleagues in a given institution about where to locate activities, how they can be delivered and by whom; and the third covers continuing professional development (CPD) and the UK Professional Standards Framework (UKPSF). The final appendix provides details of inclusive curriculum design resources that resonate with, and complement, the messages in this report.

Section 1: Mainstreaming mental wellbeing

Introduction

Mental wellbeing is essential to us all. In order to achieve it, we need “to look beyond mental health services into wider public services; then beyond public services into our society as a whole” (DoH 2014, p. 35). It follows that mental wellbeing is an issue that affects us all within a higher education context; as exemplified by the New Economics Foundation’s call for a “wellbeing led approach to quality in higher education” (Steuer and Marks 2008).

In recent years, the UK higher education sector has paid closer attention to addressing students’ mental wellbeing. In part, this is because of increased numbers of students disclosing that they have a mental health condition, which – defined as a disability – constitutes a ‘protected characteristic’ under the terms of the Equality Act 2010 and Public Sector Equality Duty (PSED)¹. It derives, too, from more general concerns. As noted in the Student Academic Experience Survey (Neves and Hillman 2016), undergraduate students appear to have a lower sense of personal wellbeing as compared to the wider population of young people.

Typically, mental wellbeing is discussed in the context of student support services and student-led initiatives rather than in a learning and teaching context. While there are a number of extremely valuable resources on student mental health, few provide detailed

¹ The Equality Challenge Unit (ECU) provides an introduction to legislation as it applies in the four countries in the UK. Available at: <http://www.ecu.ac.uk/guidance-resources/equality-legislation/>

guidance on how to address wellbeing issues in teaching. Some existing research places an emphasis on whole university approaches (RCP 2011); and there is some brief guidance on wellbeing in the curriculum (Burgess *et al.* 2009).

Mainstreaming mental wellbeing is important because we know that wellbeing is necessary to our capacity to learn. Moreover, learning can be intrinsically troublesome and unsettling (Perkins 1999; Barnett 2007). While some level of anxiety can be helpful in achieving success, we know that significant levels of sadness, anxiety, fear and loneliness can impede student learning. Addressing wellbeing issues in higher education is essential in helping students to succeed.

Yet there are a number of potential barriers to embedding mental wellbeing in the HE teaching and learning context, both attitudinal and structural. The first barrier is that mental wellbeing issues are often not talked about; the connection with effective teaching and learning deemed to be self-evident. Do all educators not strive to create environments that are conducive to students' learning and, in the process, address the issues that might undermine students' mental wellbeing? Mental wellbeing, as a concept, can seem so all-encompassing that it stands invisible in plain sight.

The second barrier relates to terminology, where mental wellbeing is sometimes conflated with questions of 'mental health' and illness. There can be a tendency to assume that – because a university has an effective counselling service and a student mental health adviser – any student whose mental wellbeing is compromised will be in receipt of appropriate support. Where services are located, how they are delivered, and by whom, can vary widely across the sector depending on mission, student numbers and profile, faculty and departmental structures and their institutional location (HEFCE 2015). This can leave academic staff uncertain about the boundaries of their own role. As one of our respondents said of a student who came to him:

Well I remember that I wasn't sure what ... I was supposed to do with the information you know because she was also saying don't tell anybody about this. I feel she mostly just wanted to talk to someone, so I felt good to feel like she was reaching out ... but I also felt a little bit like ... um ... you know ... am I supposed to do something with this?

A third barrier relates to the intensification and multiplicity of demands on academics, and how these can impact on their own wellbeing (Gill 2009). Educators' own experiences of mental wellbeing and ill health can (depending on circumstances) either enhance or diminish their capacity to support the mental wellbeing of their students. In a UK staff survey (Kinman and Wray 2013), nearly half of the staff consulted said their general or average level of stress was 'high' or 'very high', pointing to heavy teaching loads, increasing administrative demands, research pressures and uncertainty due to ongoing changes within their work. Lecturers who experience (or have experienced) depression themselves may be well placed to recognise the needs of students who are feeling low. Conversely, they may be too busy managing their own work life–balance to respond.

Academics we spoke to referred to a lack of time and opportunity to explore their own understandings of the relationship between mental wellbeing and learning; and to define their stance in relation to their own students. Rarer still are opportunities to discuss these issues with departmental, discipline or institutional colleagues. That is a pity because, although there are no one-size-fits-all approaches, there is much to be learned from others.

This report aims to promote reflection: on one's own teaching, together with one's colleagues and across an institution. In doing so, it asks some specific questions (Section 3) and provides a framework for discussion (Appendix 4). Examples are offered, from across the higher education sector, both UK-wide and internationally.

Links between learning and mental wellbeing.

Wellbeing has been the focus of national (DoH 2011) and international (OECD 2001) policy initiatives. Education has a measurable impact on wellbeing, through all stages of life: (1) directly, enabling us to develop capabilities which influence our wellbeing; (2) indirectly, leading to outcomes that, in turn, allow us to increase our resilience and capacity to thrive and (3) cumulatively, by influencing the social and economic environment in which we spend our lives (Field 2009). Conversely, a low level of mental wellbeing, and its physical consequences can significantly impede our capacity to learn. That is because of how it affects our concentration, motivation, self-confidence, self-efficacy, and ability to attend sessions or to engage with assessment (Craig and Zinckiewicz 2010; Tinklin *et al.* 2005; Quinn *et al.* 2009).

Within an HE context, the New Economics Foundation report 'University challenge: a wellbeing approach to quality in higher education' (Steuer and Marks 2008) positions wellbeing as central to the challenges facing higher education as a whole. Policy makers, practitioners and student groups have shown interest in the HE experience of students with mental health difficulties and how the HE sector is responding. Arguments have been made in favour of broad changes to: the curriculum and how learning is assessed; specific support provided through counsellors and student mental health advisers; and specialist interventions for students diagnosed with particular problems (HEFCE 2015; ECU 2014; Healthy Universities [n.d.]; and Student Minds [n.d.]).

Such developments are not universally welcomed. Ecclestone and Hayes express concern about the increasing emphasis on wellbeing, termed the "therapeutic turn in education" (Ecclestone and Hayes 2008), arguing that it can act as a distraction from academic scholarship and promotes a "diminished subject" (Ecclestone and Hayes 2009, p.380). They refer to four types or levels of wellbeing intervention: (1) specialist interventions for individuals diagnosed with particular problems; (2) generic interventions aimed at all students and at the development of resilience and mindfulness; (3) specific support, through counsellors and mental health advisers as well as the provision of exam stress and other workshops; and (4) broader changes to curriculum content, pedagogy and assessment (Ecclestone and Hayes 2009).

This report focuses primarily on the final level, dealing with the broader changes to the curriculum. However, the 'Wellbeing in the curriculum knowledge' (WICK) map (see Appendix 2) is intended to facilitate discussion about how all four levels of intervention interrelate.

Mental wellbeing: yet another initiative?

The New Economics Foundation identify five "Ways to Wellbeing", central to ensuring the wellbeing of the population. One, "Keep Learning", clearly positions higher education as central to national wellbeing agendas. The other four – "Connect", "Be Active", "Take Notice" and "Give" – all reinforce the idea that if learning is to contribute to wellbeing, then it needs to be "engaged" (Steuer and Marks 2008; Aled, et al 2008, p. 1). Wellbeing is key to achieving quality in higher education (ibid). Yet there are myriad demands on educators to address other higher education policy agendas through their teaching: inter-disciplinarity, internationalisation, student engagement, retention, sustainability, public engagement, and employability, to name but a few. An understanding of the five 'Ways to Wellbeing' underscores how the promotion of wellbeing is far from being a discrete initiative. Rather, it can be seen as running in parallel with, and being embedded within, other agendas. Inter-disciplinarity and internationalisation are dependent on connecting across disciplines and across the globe. Student engagement and development of a sense of belonging, important for retention, imply students' active participation as partners in their own learning. Sustainability requires that students take notice of environmental, social and economic impacts. Peer support, public engagement and employability initiatives provide opportunities for students to give – to fellow students, their community and institution – and to continue to do so once they graduate.

A whole institution approach

Increasing recognition of mental wellbeing issues across the higher education sector is evident from the following recent reports, each of which addresses specific issues relating to student mental health.

1. Student mental wellbeing in higher education: good practice guide

<http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/student-mental-wellbeing-in-higher-education.aspx>

This resource is designed to support an institution-wide approach to mental wellbeing. It provides a clear overview of national and international policy; explores mental health developments within the HE sector; outlines the institutional policy considerations relating to duty of care, fitness to practice, mitigating circumstances, return to study, training and development; and includes links to further sources of information from external agencies including student led initiatives, NHS and voluntary sector resources and services. Annexes provide an updated framework for an institutional policy on mental health and a helpful summary of the relevant legal implications.

2. Understanding adjustments: supporting staff and students who are experiencing mental health difficulties

Based on staff and student online surveys, this Equality Challenge Unit (ECU) report provides an insight into the experiences of staff and students who are experiencing mental health difficulties, as these relate to: disclosure, requests for adjustment, access to and use of services. Staff and students describe their experiences, and institutional examples of positive practice are provided. Recommendations relate to: talking about and disclosing mental health issues; delivering support and adjustments with a focus on advice for line managers, course delivery and assessment, and improving the built environment; and engaging all staff and students in communications around available support, including through training and development.

3. Competence standards and reasonable adjustments

<http://www.ecu.ac.uk/guidance-resources/student-recruitment-retention-attainment/student-retention/inclusive-learning-teaching/competence-standards-reasonable-adjustments/>

A competence standard is a particular level of competence or ability that a student must demonstrate to be accepted on to, progress within and successfully complete a course or programme of study. Higher education institutions (HEIs) have responsibility for developing non-discriminatory competence standards, and designing a study programme to address these. The ECU has produced some helpful guidance on this issue.

4. The mental health of students in higher education

<http://www.rcpsych.ac.uk/publications/collegereports/cr/cr166.aspx>

Produced by the Royal College of Psychiatrists, this report outlines (from a medical perspective) the prevalence and types of 'mental disorders', the risk factors facing HE students in general and specific challenges experienced by international and medical or healthcare students. It provides an overview of the HE context, with a focus on relevant legislation, Disabled Students Allowance, and initiatives such as Healthy Universities. It examines HE services provided to support students, notably counselling services and the role of mental health advisors, and includes examples of good practice from across the sector. It advocates collaboration with NHS primary care provision and describes referral processes and practical steps to support transition to university for students with a diagnosed mental illness.

5. Grand challenges in student mental health

http://www.studentminds.org.uk/uploads/3/7/8/4/3784584/grand_challenges_report_for_public.pdf

Based on a survey commissioned by Student Minds, this report explores the top ten challenges relating to HE study from the perspectives of students, with and without experience of mental health difficulties, and different categories of staff. A review of each challenge is followed by thematic analysis, with a helpful breakdown of factors covering the whole student life cycle. Factors that relate to wellbeing in the curriculum include: academic pressure and concerns about future employability, study skills and support, and

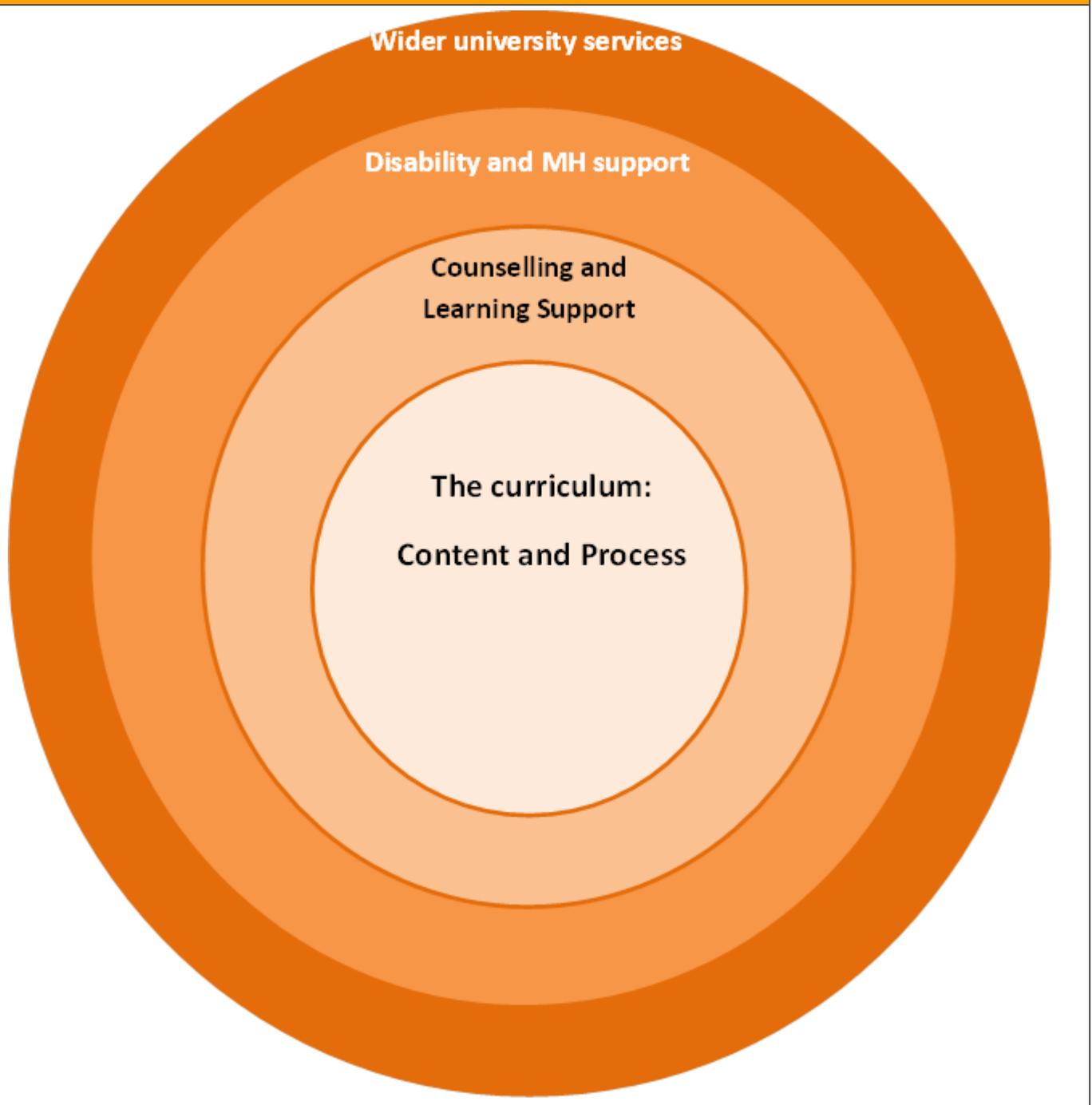
the academic environment. Wider concerns include: managing the transition to university, university lifestyle, life skills and personal development, and relationships. There are also sections on: how students access pastoral support and mentoring, general and NHS support; who co-ordinates student mental health and wellbeing; and the importance of information campaigns and communication.

Our argument here – and it is one that is supported by the more general reports above – is that the *learning and teaching* context should be central to efforts to support and promote student mental wellbeing; and that this can be achieved without compromising the academic goals of higher education. Links with support services (whether learning or wellbeing focused) are often key, and some of the initiatives discussed in Section 2 may be provided – with flexibility about location – within any given higher education institution. For example, exam stress workshops may be provided either within the curriculum or within a learning support or counselling context.

We have argued that although mental wellbeing is sometimes seen to be the province of student support services, there are clear links to learning and teaching in a higher education context. Similarly, mental wellbeing connects to a range of initiatives that may – at first glance – appear discrete. We have noted the critiques of ‘therapeutic education’ (Ecclestone and Hayes 2008), which appropriately warn against a ‘dumbing down’ of curricula, but in our view underplay the role that emotion has always played, alongside reason, in educational processes. We therefore commend a whole-university approach to enhancing the mental wellbeing of students (and educators), which keeps at its core the learning and teaching context.

The whole-university approach values the contribution of all. It sees mental wellbeing as the concern not only of disability, student health and mental health services, but also of educators and learning support staff too, as well as the educational and organisational developers who support those colleagues’ work.

Figure 2: Enhancing student mental wellbeing – the curriculum at the core

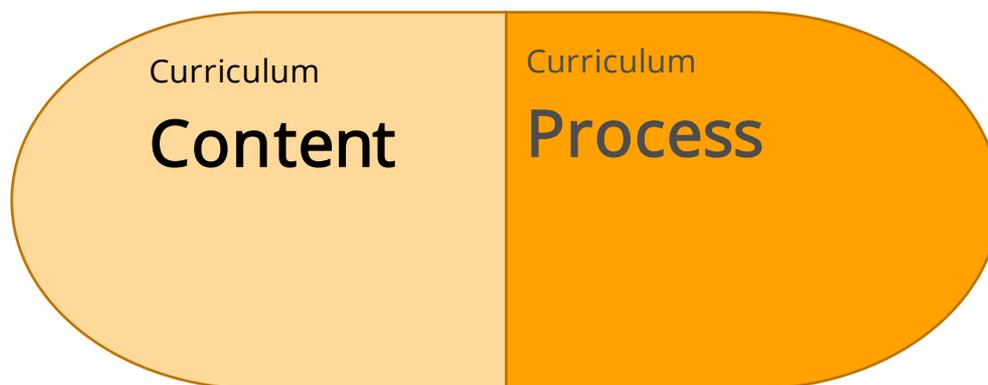


The next section considers in more detail how to address the mental wellbeing of students both within the content, and through the learning and teaching processes, of academic curricula.

Section 2: Wellbeing in the curriculum – content and process

This section draws on literature and examples of good practice and feedback – from Lancaster University students, and staff from across the UK – to illustrate how to promote and support student mental wellbeing in a learning and teaching context. It considers both how to increase awareness, develop an appreciation and acquire knowledge of mental wellbeing, and how to promote the wellbeing of students themselves: each of these objectives can be achieved through a focus on curriculum *content* and/or on *process*.

Figure 3: Learning and teaching – through a focus on curriculum *content* and on *process*



Mental wellbeing through curriculum content

At first glance it may appear that curriculum content directly related to mental wellbeing is the province of health and social care disciplines. Students in these fields need to understand the concept of mental wellbeing and to develop skills in promoting it. Moreover, due to the stresses of working in these professions, students need to develop self-care skills. Mental wellbeing is of much broader relevance, however – linking the social sciences, natural sciences, arts and the humanities. The next section explores how curriculum content can support learning about mental wellbeing. This may be achieved by building on inter-disciplinary connections, adopting a curriculum-infusion approach, and/or drawing on a specific disciplinary knowledge base.

An inter-disciplinary concern

There is growing recognition that mental wellbeing is a truly inter-disciplinary concern, offering the potential for links between the natural sciences, social sciences, arts and the humanities. For instance, there is arguably a biological basis for poor mental health, which can be linked to geography and the environment (Parr 2008) as well as to experiences in early life, including poverty, education, trauma and abuse (Read et al. 2006). In parallel, a range of initiatives build on the idea we proposed earlier, that mental health is not simply, or even, the absence of mental illness, but about thriving and flourishing in life – the ability to be creative. This has relevance to the arts (Hacking et al. 2006) and the performing arts (Morrison and Clift 2012); to spirituality (Cook 2013); and to the philosophy of mental health (Fulford et al. 2013). Moreover, narrative approaches to understanding mental health are increasingly to the fore: forging links between mental health and the humanities (Clarke 2009). Mental wellbeing is, inescapably, ‘everybody’s business’.

Addressing mental wellbeing as a content area within curricula is of intrinsic value – given its importance as a key societal concern. Through raising awareness, it also increases the likelihood that students may be more effective at managing their own wellbeing and able to access appropriate support, where necessary – both for themselves and one another.

Mental wellbeing also lends itself to less structured learning opportunities. For example:

- the One-in-Four film festival, co-ordinated by the Comensus team at the University of Central Lancashire, provides opportunities for students – from across a wide range of disciplines – to attend films with a mental health focus. These promote awareness and combat stigma, but are also ripe for integration into teaching – through curriculum infusion;
- Exeter University’s annual ‘Grand Challenges’ invites first year undergraduates to explore some of the world’s greatest contemporary issues in a week of inter-disciplinary research. It includes mental health as a focus, and is included as an exemplar of social learning in the HEA ‘Flexible Pedagogies’ report (Ryan and Tilbury 2013).

Curriculum infusion

The Engelhard Project for Connecting Life and Learning seeks “to raise students’ awareness of and reflection on wellness and mental health issues in a manner that enhances and reinforces the intellectual content of their courses” (Olson and Riley 2009, p 28). It does this through a curriculum-infusion approach that links academic course content to health and wellness topics through readings, presentations, discussions led by campus health professionals, reflective writing assignments, and, on occasion, work in local communities.

Although a new idea for the UK, curriculum infusion has gained traction in the United States. Examples include: integrating exploration of mood disorders into a module on approaches to biology, looking at how mathematical models can explain the effects of eating disorders and exploring attitudes to ‘madness’ through art and literature. (For further ideas, from across a wide range of disciplines, see (<https://cndls.georgetown.edu/project/engelhard/>).

A curriculum infusion approach aims to use the discipline to develop students' understanding of mental wellbeing and related issues. Where it draws on students' own lived experience, it can help to convey that academic staff value their students not only in their capacity as learners but holistically. This message may be particularly helpful in a large group, where getting to know each student individually may be difficult.

Although the term 'curriculum infusion' may be unfamiliar here in the UK, there are some examples of similar approaches:

- > at York St John University, the Out of Character theatre company brings together performing arts students and people with experience of mental health problems to develop theatre together (<http://outofcharactertheatrecompany.wordpress.com/>);
- > at the University of Sheffield, a School of English project 'Storying Sheffield', enables undergraduates to work alongside local residents, some of whom have experience of mental distress, to co-produce narrative representations of their lives in the city (<https://www.shef.ac.uk/english/school/story>).
- > at the University of the West of England (UWE), a variety of methods are used to integrate knowledge about mental health into the curriculum of Built Environment students. In lectures, students are informed of relevant studies, for example, research on the link between green space and mental wellbeing. Mental health is also infused into student learning through project work. For example, in their first year, Architecture students at UWE have to design a building that promotes the wellbeing of one body system (the 'body/concept/building/concept' project), and some choose to focus on mental health (Pilkington *et al.* 2013).

Discipline specific resources: some ideas

To avoid a tokenistic, or bolt-on, approach it is important to integrate and embed mental health and wellbeing resources into the curriculum that are relevant to the discipline. Once you start to look, high quality, relevant material is not hard to find. For health and social care disciplines, the Mental Health in Higher Education project provides a wide range of resources and approaches, some of which may be suitable for adaptation (see:www.mhhe.ning.com). Here are a few starting points for disciplines outside health and social care:

- > **The Built Environment** – the Storying Sheffield film, Coming Home could provide a useful starting point for students of the built environment (<http://www.storyingsheffield.com/stories/home-a-film/>);
- > **Comics Studies** – students might be encouraged to draw on the increasing number of graphic novels with a focus on mental health (Brick 2010; Green 2013). See also Asylum Magazine, which has produced a number of issues with a focus on comics (<http://www.asylumonline.net/>);
- > **Computer Design** – students of Computer Design may have an interest in this online video game, where you play as someone experiencing depression (<http://www.depressionquest.com/>);

- > **English Literature** – the resources of the Madness and Literature Network may be of interest to those involved in learning and teaching in English Literature (<http://www.madnessandliterature.org/index.php>);
- > **History** – Andrew Roberts' *Mental Health History Timeline* might be drawn upon by students of history (<http://studymore.org.uk/mhhtim.htm>). Similarly, the work of 'Oor Mad History' at Queen Margaret University in Scotland could be drawn upon by History students (<http://oormadhistory.blogspot.co.uk/p/what-is-oor-mad-history.html>), or this Science Museum resource on mental health and illness (<http://www.sciencemuseum.org.uk/broughttolife/themes/mentalhealthandillness>);
- > **Hospitality and Tourism, and Marketing** – students of Hospitality and Tourism, and Marketing might like to research the emerging field of 'Mental Health Tourism' or 'Wellness Tourism';
- > **Mathematics and Statistics** – films are a rich source of insights into mental health, for example, Mathematics students might be encouraged to view *Proof*, *A Beautiful Mind* or *The Imitation Game*. Statistics students might use the Office for National Statistics (ONS) mental health dataset as a starting point for analysis (<http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Mental+Health+Services>);
- > **Media Studies** – Media students may like to draw on the resources – linked to journalism and the media – produced by *Time to Change* (<http://www.time-to-change.org.uk/category/blog/media-tv-and-newspapers>);
- > **Sports** – students of Sports Studies may be interested in the Football Association's resources on mental health (<http://www.thefa.com/football-rules-governance/equality/mental-health>);
- > **Veterinary Medicine** – *Breakdown Breakthrough* is a video of the authentic testimony of a vet, played by an actor, who experienced mental health problems (<http://bundlr.com/b/mental-health-and-veterinary-education>);
- > **Visual Arts** – Bobby Baker's (2010) *Diary Drawings* might provide a stimulus for students of visual arts (<http://www.wellcomecollection.org/whats-on/exhibitions/bobby-bakers-diary-drawings.aspx>); Photography students might critique John Darwell's work, *A Black Dog Came Calling* (<http://johndarwell.com/index.php?r=image/default/category&alias=a-black-dog-came-calling>).

There are also some high quality generic resources for educators wishing to introduce a simple debate about mental health in to their teaching (or to inform themselves). For example:

- > *The Stand Up Kid*, produced by the Time to Change 2013 campaign, is helpful for generating discussion about stigma and the fear of being judged in an educational context (http://youtu.be/SE5lp60_Hjk);
- > *The Animated Minds* series consists of seven three minute documentaries exploring different mental health issues. *Fish on a Hook* is particularly powerful for getting students thinking about the experience of anxiety, and for moving them beyond purely medical-model thinking (http://animatedminds.com/the_films/);

The previous examples illustrate how to develop understanding about mental wellbeing through the content of curricula. The next section explores how to promote mental wellbeing through teaching and learning processes.

Promoting mental wellbeing through the curriculum: a focus on process

It may appear self-evident that good teaching is teaching that will promote student mental wellbeing. There is a range of work that indirectly addresses wellbeing issues. A previous HEA set of resources by Morgan and Houghton (2011) identifies embedding student and staff wellbeing as one of the generic considerations for an inclusive curriculum design. It suggests:

Considering which curriculum elements may cause stress or undue difficulties for particular students at the design stage enables course designers to structure modules and programmes in ways that will minimise the need for individual reasonable adjustments (Morgan and Houghton 2011, p. 2).

The 'What Works' report (Thomas 2012), on student retention and success, highlights the importance of developing students' sense of belonging. Its case studies emphasise the role that academic departments can play in enabling students to engage with their peers and subject, thus promoting wellbeing and supporting students to 'keep learning'.

The HEA's current frameworks and toolkits also cover complementary issues; for example, confidence and resilience, flexibility, peer assessment, respect and inclusive technologies. Yet there is evidence that, within the academic context, students continue to experience unhelpful degrees of stress. 'Fear of being judged' came top of a recent list produced by Student Minds of the ten Grand Challenges in student mental health (Student Minds 2014).

Barnett (2007) writes helpfully about this, identifying three connected fears that face students in a higher education context: the fear of failure in a given *task*, the fear that one has fallen short of the *role* in which one has been cast (that one is not an authentic student) and the fear of rejection *as a person*. It is this latter fear that can affect wellbeing, paralysing a student and restricting their capacity to learn. Criticism can, then, strike at the root not only of a student's confidence in their work, but also of their confidence in their *identity as student* and indeed their own sense of (well) *being*.

So what factors need to be taken in to account if the mental wellbeing of all students is to be supported, and across a range of teaching contexts? We saw how the Five Ways to Wellbeing (Steuer and Marks 2005) provide one way of exploring the connection between learning and wellbeing. We will now consider how each may be embedded in the learning and teaching context.

Connect

It is clear from our own discussions with students, and consistent with prior research (Thomas 2012), that the absence of a sense of connection can undermine wellbeing. One student described her relationship with academic staff as follows: "*There is no personal contact ... you don't really speak to the tutors ... it makes you feel alone.*" That lack of connection can have serious consequences for academic performance – in particular, where issues relating to financial pressures, poor health or a traumatic past experience remain unaddressed.

Where personal connection with academic staff is difficult – in very large lectures for example – other staff involved in teaching and learning may play a supportive role. One student we spoke to referred to a graduate teaching assistant who provided a helpful point of contact:

She asks if we have done the work and we admit it if we haven't. She understands. She said, 'I remember what it was like ... I know you have a lot to do, but please try and do it next time.'

Administrative staff have a key role to play here, which may be overlooked. They can combine awareness of deadlines and the academic requirements of a student's course (which support colleagues may be unaware of) with a human touch. Students we spoke to said how much they value a smile when collecting assessed work. An administrator echoed the importance of humanity and kindness when implementing assessment procedures – where she can, she "*tries to ease it all so it's not too stern*". Student societies related to the discipline, and student peer-support schemes, can be invaluable because they provide reasons for and opportunities to connect with others. We came across a number of examples of the latter, some affiliated to the national PASS (Peer Assisted Student Support) scheme (<http://www.pass.manchester.ac.uk/>), and others independent of it (see information box below, 'Look after your mate').

Enabling students to connect may be contingent on a connected departmental team that sees it as a shared responsibility to establish and maintain attachment points for students. This is particularly important in the context of large group teaching, where students are out on placement, or may feel isolated due to being in the minority (for mature or international students, for example, or students who live at home). It is also important to identify the hidden barriers to connection that may exist. Students told us, for example, of their reluctance to speak about their difficulties and doubts to a lecturer whom they expect to approach for a job reference. Such reluctance may be increased on a professional programme where a student has a diagnosed mental health problem, or other health problem, and fears being judged 'unfit' to practice (Stanley *et al.* 2007).

Look after your mate

New approaches are evolving – under the auspices of Student Minds for example – such as the 'Look After Your Mate' campaign. Although this is located outside the curriculum, it lends itself to being flagged up by lecturers, in teaching sessions:

"Most students talk to their friends when they are having a tough time. We can talk to friends in confidence and they help us to keep challenges in perspective. The truth is that although university can be awesome, life's curveballs still get thrown at us and in these situations we really need our mates to be there for us. Friendship can play a key role in helping someone live with or recover from any difficulties they are facing. But it can be hard to know what to say when a mate is struggling."

The *Guide for Friends*, which is based on students' own experiences, helps students to support their peers during their time at university. <http://www.studentminds.org.uk/look-after-your-mate.html>.

General teaching and learning strategies that may help students to connect both with curriculum content and with other people include: ensuring contact time at the start and end of sessions; paired discussion and groupwork during teaching sessions, peer assessment and ongoing formative evaluation.

Be active

Providing opportunities for students to be active may encompass physical activity. We know that physical and mental wellbeing are closely linked, and long periods of time spent immobile in claustrophobic teaching rooms can be stressful. There is value in thinking through how students can be encouraged to move around during, or between teaching sessions, within the room or outside it (while taking account of the needs of all students, including those with physical impairments).

In the Reinvention Centre at the University of Warwick, a classroom was designed where there was no designated 'top desk' or space that the teacher would automatically occupy (Lambert 2011). A heated rubber floor, moveable furniture, and acoustics that ensure that everyone can be heard wherever they are placed in the room, mean that decisions can be taken by staff and students, on each learning occasion, about how the space will be used. While this location is unusual, many teaching spaces lend themselves to readjustment. Though it may not be possible to rearrange for furniture, it is important to be open to suggestions from students. Even minor changes, such as adjusting lighting or opening a window, can make a difference. A lecturer can often move around the room, but should be aware of how this may impact on students who are lip-reading, and on the effectiveness of microphones. Encouraging students to stand up, move around, turn and speak with a neighbour is also possible.

Being active may not only be physical, but links to notions of 'active learning' too. Meaningful opportunities for engagement can range from simple consultative mechanisms (e.g. through staff/student committees) to engaging students as active producers of new knowledge (see Neary's work on the 'Student as Producer': <http://studentasproducer.lincoln.ac.uk/>).

Keep learning

An emphasis on 'keeping learning' may seem self-evident within a higher education context, where students have registered to read/study for a degree. However, all students are likely to encounter factors that influence their confidence, motivation and capacity to keep on learning. Aspects of curriculum design, such as assessment and independent learning activities, can impact positively and negatively on learning processes.

Assessment is often regarded as a driver for learning, and yet some forms of assessment can result in increased anxiety and stress, which impact not only on wellbeing, but also on academic performance. For example, students we spoke to referred to clashing assessment deadlines. Unless time management is a specific focus, then it is worth reviewing the timing of assessments, from both a module and a programme perspective. The same issue applies to academic colleagues teaching on a range of programmes. Reviewing the assessment schedule across programmes can help prevent marking overloads that can delay feedback

(which may impact on NSS scores) and also damage work–life balance and wellbeing. For practical ideas, see the Transforming the Student Experience Through Assessment (TESTA) project (<http://www.testa.ac.uk/>) and Plymouth University’s Self Help INspiring E-resources (SHINE) materials, which among other mental health topics has a section on academic issues including exams (<https://www.plymouth.ac.uk/student-life/services/learning-gateway/shine>).

Approaching feedback as a form of dialogue (McArthur and Huxham 2013), and designing assessments so that formative tasks prepare the way for summative assignments, can help to reduce pressure. From a pedagogical perspective, this can encourage an incremental approach, whereby formative feedback is used to enhance future learning. Peer assessment also encourages students to connect and to keep learning, developing valuable communication skills, but does require careful planning and facilitation. Collaborative approaches to learning may also increase students’ awareness of alternative perspectives on key curriculum concepts, thus enriching the learning process. Finally, self-assessment, especially when guided by appropriate questions, enables students to become more aware of their own learning styles and of factors that help or hinder them as individuals when learning.

A greater self-awareness may also assist learners to be more receptive to opportunities outside the formal curriculum; such as time management, public speaking and networking workshops organised by careers services. Notions of the independent, self-directed and autonomous learner are, for many, a distinctive feature of higher education (Boud *et al.* 1991). When designing courses, there can be a tendency for academic staff to focus on what they need to do, preparing the lecture, developing the experiment, constructing the problem based case study. However, there is much they can do to foster independence and self-direction among students that will increase engagement in the course. Thinking about what students will do in the learning hours outside of the typically small amount of contact time is another way in which students can be encouraged to keep learning.

Take notice

Students engaged in a particular programme of learning may develop tunnel vision – preoccupied with learning only what is on the syllabus and required for the exam. While an ‘instrumental approach’ to learning can prove useful, a broader view is key to maintaining perspective and wellbeing. Relevance is an important feature of any inclusive curriculum design, relating to reading material, examples used in teaching and formative or summative assessments. Encouraging students to make and take notice of links between their own learning and what is going on in the world outside not only increases curriculum relevance, but also supports employability and internationalisation initiatives. It is important, too, for the promotion of wellbeing. We feel better in ourselves when we are encouraged to take notice of the links between our learning and other aspects of our lives; when we are encouraged to relate it to those things we care about.

Taking notice can relate to looking inwards as well as outwards. Mindfulness approaches have been gaining ground within a higher education context (Bush 2011). Contemplative

Pedagogy (Barbezat and Bush 2014) is promoted as a means to encourage the integration of students' own lived experience into learning, by developing a sense of connection with, and compassion for, others as well as deep thinking and problem solving skills. It has been proposed as an antidote to the stresses of high-tech, multi-tasking environments (Levy *et al.* 2011).

In the UK, the Mindfulness for Students network encourages higher education institutions to offer mindfulness sessions for students, with a view to helping them to manage the normal stresses of student life effectively and to "work in a way which is enjoyable, creative and productive". Mindfulness programmes are running at a range of UK universities, particularly in departments of Health and Social Care where students are introduced to the ideas both as a means of dealing with their own stress and as a possible therapeutic tool for use in practice.

These opportunities are not exclusive to education for Health and Social Care, but have been successfully integrated into other disciplines. For example, the Fashion department at Falmouth University, introduced mindfulness and yoga sessions to provide students with skills in relaxation and self-calming. Interestingly, the sessions have increased students awareness of staff wellbeing issues, resulting in their call for similar sessions to be set up for staff whom one student said she sees "*looking stressed and walking really fast around the campus.*" The benefit of embedding such approaches within teaching sessions was highlighted by one academic we spoke to who said that, now, "*instead of being a bit peculiar it is just part of the course.*"

Give

Myriad opportunities exist for students to give to others while at university, yet all too often students can perceive themselves as simply on the receiving end. Educators can address this through seeking ongoing feedback on their teaching, providing opportunities for students to shape both content and process, and encouraging students to help one another. 'Service learning', and practice-based learning of other kinds, can provide opportunities for students

Mindfulness

The Oxford Mindfulness Centre (<http://oxfordmindfulness.org/>), based in the academic Department of Psychiatry, undertakes international research on mindfulness and offers courses on this topic for students. In other universities, student societies or chaplaincy centres will offer meditation from a variety of faith perspectives and none:

Buddhist, Hindu, Sikh, New Age <http://www.mindfulness-meditation-techniques.com/hindu-meditations.html>; Christian (World Community for Christian Meditation <http://www.wccm.org/>); Humanist pagan <https://humanisticpaganism.com/practice/meditation/>.

The National Spirituality and Mental Health Forum <http://www.spiritualitymentalhealth.org.uk/ourhistory.html>

The Royal College of Psychiatrists Spirituality Special Interest Group: <http://www.rcpsych.ac.uk/healthadvice/treatmentwellbeing/spirituality.aspx>

to contribute to their wider community. Providing feedback on and, where relevant, thanks for such contributions is important.

Students' willingness and opportunity to give within the higher education learning context can be shaped by their previous educational and life experiences. In the context of a module, students' opportunity to give is likely to be greatest when the learning involves them working together. Creating an open and inclusive learning environment is therefore important when planning group work. Collaborative learning may be inhibited where students view education as a competition, or lack confidence and cultural awareness to work with students that they do not know or who differ from themselves. Technology offers a range of opportunities for students to share ideas. However, it is important to recognise that while it can be enabling for some students, for others it may be less accessible or may raise concerns.

Decisions made about teaching and learning can play a central role in breaking down some of the obstacles associated with group work. Fostering a learning environment that enables students to learn how to give and receive feedback from their peers (as well as to and from academic staff) can increase student interaction (connection), and encourage students to take notice, play a more active role and keep learning.

Whole university approaches

It will be clear from the above that some of the approaches that we suggest could be embedded within curricula can also be used outside a teaching and learning context. Mindfulness initiatives, for example, are commonly located within chaplaincies, students unions or attached to counselling services. This points to the value of creating links across a higher education institution and there are a number of examples of good practice in that regard:

- > at Simon Fraser University (SFU) in Canada the 'Wellbeing in learning environments' project aims to provide resources and share ideas to support teaching practices and create classroom environments that encourage wellbeing. 'Embedding wellbeing in academic settings' (SFU 2015) provides case studies from a wide range of departments, for example, first year induction, peer mentoring, group projects on resilience, a course evaluation question on respect, clarifying expectations for learning and career planning;
- > within the student counselling services team at the University of Brighton, two curriculum development workers have specific responsibility for embedding mental wellbeing issues in the curriculum, providing advice and guidance to academic staff and building links.

Section 2 considered how to embed mental wellbeing as a content area within curricula, across the disciplines in higher education. It offered suggestions for how to use the 'Five Ways to Wellbeing' to promote mental wellbeing within a learning and teaching context. Examples of institutional approaches illustrated how wellbeing, like other factors affecting students' learning, can enhance the student experience beyond the classroom. Section 3 introduces three reflective tools, to enable individual staff, departmental and programme teams and broader institutional services to keep the curriculum in focus.

Section 3: Keeping the curriculum in focus

We have seen how mental wellbeing issues can be addressed in learning and teaching, and that this can be achieved in very varied ways. Approaches taken will depend not only on the departmental, disciplinary and institutional context but also on the particular individuals involved. This section aims to promote reflection on the part of individual educators and the staff who support their work. The three sets of questions can be used alone, or in combination, with each feeding in to discussion at the next level.

Reflective tool 1: questions for individual academic staff

The following checklist of questions complements Vogan *et al.*'s (2014) more practical lists of top tips.

1. What do I understand by the term 'mental wellbeing' (and related terms such as mental illness, mental disorder, mental health problems, mental ill-health, madness, distress)? What are the influences that have shaped my understanding?
2. What do I understand to be the relationship between mental wellbeing and learning? What are the influences that have shaped my understanding?
3. What should I, as an educator be doing to support the mental wellbeing of my students?
4. How, if at all, might the mental wellbeing of students be impacted (positively or negatively) by curriculum content and/or teaching, learning and assessment activities linked to my course?
5. In light of the above, how would I conceptualise my own role, and that of immediate colleagues, in supporting the mental wellbeing of students? For example:
 - it is not my role;
 - I am responsible for referring students to colleagues working in support services;
 - it is an integral part of my role as expressed through my teaching and assessment strategies.
6. What factors help or hinder me in carrying out the role identified above (5)? You might like to think here about the following issues:
 - **macro level:** How would I describe the institution in which I work and its approach to student and staff wellbeing? What do I know about the support available to students elsewhere in the university, and how to access that for students?
 - **meso level:** Is there a good fit between my own approach and that of immediate colleagues? Do we ever discuss these issues in our programme team? You might like to consider this in relation to induction of students, approaches to teaching and

learning (including supervision), approaches to assessment including fitness to practise issues;

- *micro level*: What is going on in my own life (professional as well as personal) that might enable me to address, or prevent me from addressing, wellbeing issues through my teaching?

Reflective tool 2: questions for department or programme teams

These questions build on answers to the individual questions above. Discussion of the following might be in a departmental or faculty meeting or away-day, and may or may not include students (in which case some questions may require adaptation).

1. Do we have a common understanding of mental wellbeing and its relationship to learning and teaching? Do we share an understanding of what is meant by mental ill-health?
2. Where, in our programme, do we explicitly address student mental wellbeing issues, and/or signpost to sources of support?
3. What do we currently do, as a team, to promote the mental wellbeing of our students in and through the curriculum? How do we know if that is working?
4. Are there curriculum infusion ideas which might be adopted or adapted for inclusion in our programme(s)?
5. Have we considered the timetable for assessment at a programme level (and, for staff teaching on more than one programme, across programmes)? How can we reduce assessment/marking overload for students/staff?
6. How can we mitigate any potentially negative impacts of our learning designs, for example, those associated with groupwork assignments, examinations, practice learning, study abroad?
7. How can we make better use of: (a) student wellbeing services; (b) learning development colleagues; (c) other stakeholders – for example, service users and carers on Health and Social Care programmes, or other members of the public – to support the mental wellbeing of our students?
8. Could we make better use of technology to support wellbeing in or through the curriculum? For instance, do we use module virtual learning environments (VLEs) to:
 - publicise to our staff and students the learning and wellbeing activities offered by other sections of the university, or external providers?
 - provide students with access to self-study material about time management, mindfulness techniques, and national or institutional wellbeing campaigns?

- embed twitter feeds to alert students to current professional debates about wellbeing (if relevant)?
9. What are the barriers to doing more to support the mental wellbeing of our students? Are there points of tension, for example, around fitness to practice issues?
 10. How do the pressures we face as staff, and issues relating to our own mental wellbeing, impact on our capacity to support that of our students?
 11. What training/continuing professional development (CPD) opportunities do we currently access, and how do we share what we learn from those (in meetings or in other ways)? What are our own unmet learning needs?
 12. How might departmental meetings, or faculty away-days, be used to discuss the issues raised by this report and in this questionnaire?

Reflective tool 3: questions for institutional and central services

Educational/academic development

1. How, if at all, do educational development courses promote mental wellbeing in the curriculum? For instance, is this agenda discussed within workshops covering curriculum design, teaching, learning and assessment? Who, within the institution, might share discipline specific examples of good practice?
2. How are staff encouraged to integrate mental wellbeing issues when reflecting on their professional practice, for example, as part of an institutional Higher Education Academy (HEA) accredited programme or direct application for HEA fellowship (HEA 2011)?

Governance and networking

3. How can institutional networks and committees embed mental wellbeing activities into existing or future curriculum developments relating to assessment, employability, internationalisation and retention?
4. Who in the institution might be best placed to bring educators together, and with staff in other roles, to think about mental wellbeing issues – both for students and for staff?
5. What forums exist for staff working in central services and academic departments to meet together, and how can mental wellbeing issues be integrated in to their discussion?
6. How can national student initiatives – such as the Alliance for Student Led Wellbeing and Student Minds, and local groups and Students' Unions – inform our decisions about the learning and teaching environment, and/or influence academic practice in ways that support wellbeing?

7. Who is our 'Healthy University' champion? Have we completed the Healthy University self-evaluation tool (<http://www.healthyuniversities.ac.uk/toolkit/index.php>)? What implications emerge from that for enhancing our teaching and learning?

General communication and information

8. What, if any, awareness-raising initiatives do we promote within our institution? How might we encourage greater collaboration between different groups, including our students' union or university guild?
9. Some universities have dedicated web pages for mental health resources. Might that be appropriate in our context? If so, are there resources within this report, or examples of good practice, that our HEI might promote?
10. How aware of local NHS, social service and third-sector mental health services are our mental health advisors and disability service staff (in particular those that are small and/or provide alternative perspectives)? How do they publicise these services, to students and to staff?
11. How might we encourage all students and staff to adopt the Five Ways to Wellbeing ("Connect, be Active, take Notice, keep Learning and Give")?

The above reflective tools draw on the earlier parts of this report. They are intended to be used flexibly, individually or in combination, and can be adapted. For instance, some of the questions could be used to promote discussion and reflection in other contexts such as working together with students or with external agencies or between one HEI and a neighbouring institution.

Conclusion

Student mental health has been high on the agenda of the UK higher education sector over recent years, with increasing numbers of students disclosing a diagnosed mental health condition. That mirrors a general increase in awareness, and openness, about mental health across the population as a whole. Yet, just as a mental health problem encompasses much more than a diagnosis, so too wellbeing is more than the absence of mental ill health. It is, as we have argued, intimately bound up with learning – which both promotes and can diminish wellbeing. It is also worth remembering that effective learning can sometimes be impeded in the absence of wellbeing. Mental wellbeing is core to the curriculum and thus to the work not only of counsellors and support staff but also of those involved with teaching and learning in our universities. While that has been acknowledged in recent reports and guidance, their primary focus, inevitably perhaps, has been on student support services.

Our purpose here has been both to place the curriculum at the centre of current debates within the sector about wellbeing issues and to envision wellbeing as core to the curriculum,

key to student success in higher education. Mental health is a sensitive topic and – even when reframed in the way that we have reframed it here – some may be reticent to engage. For others, it is a lack of time and energy that may prevent adoption of the ideas in this report, underlining the link that we have made between student wellbeing and that of academic and other staff.

Our intention in this report has been to draw together not only strong arguments for a focus on wellbeing but also a set of links and resources that can be hard to source elsewhere. We hope that some or all of these resources will be of use to colleagues, wherever they are placed in relation to the issues discussed in the report. Together, as academics, support staff, administrators (and university employees, or contributors, who fall in to none of those categories), we have a collective responsibility to promote the wellbeing of our students. Maximising their success in higher education is dependent on ensuring our own and our colleagues' wellbeing too.

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Appendices

Appendix 1: Data collection

Setting the scene

There is no common definition or interpretation of what constitutes mental wellbeing in the literature. Neither is there consistent use of the umbrella term 'mental health', which is used – in conjunction with 'issue', 'problem', 'condition', 'difficulty', 'disorder' or 'ill-health' – to cover experiences that are clinically diagnosed and/or personally described. To provide a common definition, and explain the broad approach that informs the project, we shared the World Health Organisation definition in our information sheet. Mental health is defined as:

a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO 2014).

Conversations with a purpose

Feedback on issues discussed in the literature was obtained via a series of focus groups and individual interviews with students and staff, who had administrative, pastoral, student service, welfare, academic, educational development responsibilities. These “conversations with a purpose” (Burgess 1984) allowed us to test out and collect ideas based on personal experience.

Focus groups

We presented three sets of cards relating to:

- > **phases** in the student lifecycle;
- > **pedagogy** – teaching, learning and assessment activities;
- > **people** or potential 'helpers' who fulfilled specific roles inside and outside the university.



CARDS USED IN FOCUS GROUP DISCUSSIONS

Participants were then invited to place smiley or sad faces next to as many words as they chose, to indicate where they had had positive or negative experiences. There were cards for best, worst, most, and least – which participants also added as part of the discussion. Following this, we invited them to give specific examples and elaborate on their experience. This proved a valuable tool for generating conversation that was shaped by the participants, and encouraged some rich discussion.

Although not originally designed for this purpose, the words on focus group cards (see below) may prove useful within tutorial groups, peer support sessions or multi-disciplinary discussion between staff with different roles and responsibilities in the university.

Table 2: List of words used in focus groups

Phases	Pedagogy: teaching, learning and assessment	People
Transition into university First year Second year Third year Transition to work	Course information Teaching activities Learning activities Teaching spaces Learning spaces Online learning Residential Personal tutoring <u>Placement learning</u> Day placements Block placement 1 Block placement 2 Work experience Year abroad <u>Assessment</u> Exams Feedback First assignment Presentation Group work	Academic staff Fellow students Administrative staff Graduate teaching assistants (GTAs) Mental health support staff Practice educators Service users and carers:- Experts by experience Family Friends at home Employers Other
Five Ways to Wellbeing	Connect, be active, take notice, keep learning, give	

Interviews and examples of good practice from across the sector

We also held ‘conversations with a purpose’ with 16 colleagues who submitted examples of good practice in response to an open invitation circulated via practitioner networks and the HEA. These allowed us to discuss emerging issues and gather further details on approaches used, which have been integrated into the report.

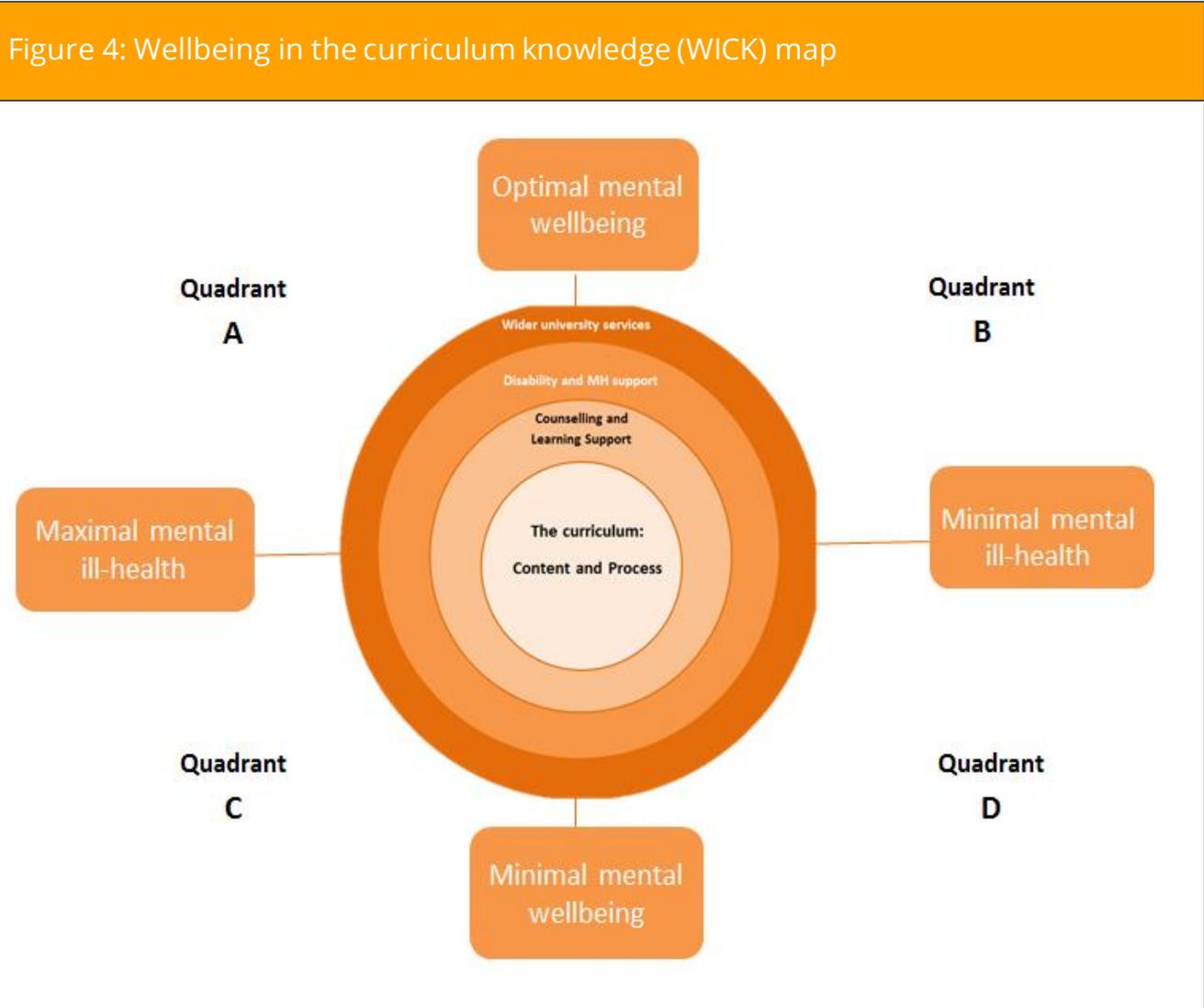
Appendix 2: Wellbeing in the curriculum knowledge (WICK) map

This report considers how mental wellbeing issues can be addressed in planning and delivery of the curriculum and, conversely, how we can keep the curriculum in focus when considering the mental wellbeing of both students and staff.

This appendix consolidates three considerations (see Figures 1-3), which together constitute the wellbeing in the curriculum knowledge (WICK) map:

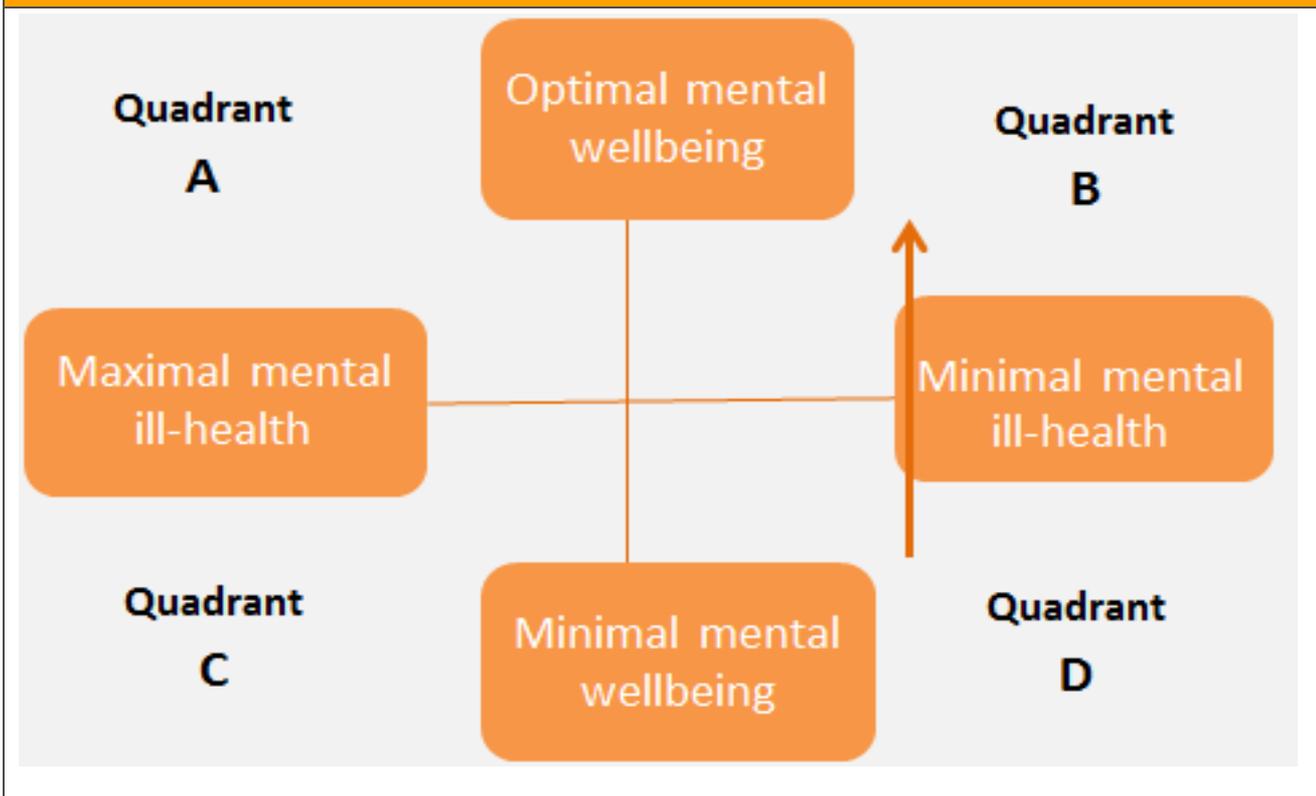
- > Figure 1 considers **questions of definition** (p.7);
- > Figure 2 considers **roles and responsibilities** for services and activities across the institution (p.15);
- > Figure 3 considers curriculum content and processes (p.16).

All three are supported by a set of reflective tools aimed at (1) individual educators, (2) departmental and programme teams, and (3) broader institutional services (see Section 3).



While the tools provided in Section 3 are intended to promote general reflection on the issues covered in this report, the WICK map is intended to promote reflection in relation to an individual student or group of students, placed within a given quadrant of the map. For example, it aims to aid reflection on what steps might we take at the level of curriculum content and processes to help to facilitate the move of an individual student or group of students:

Figure 5: Movement from quadrant D to B



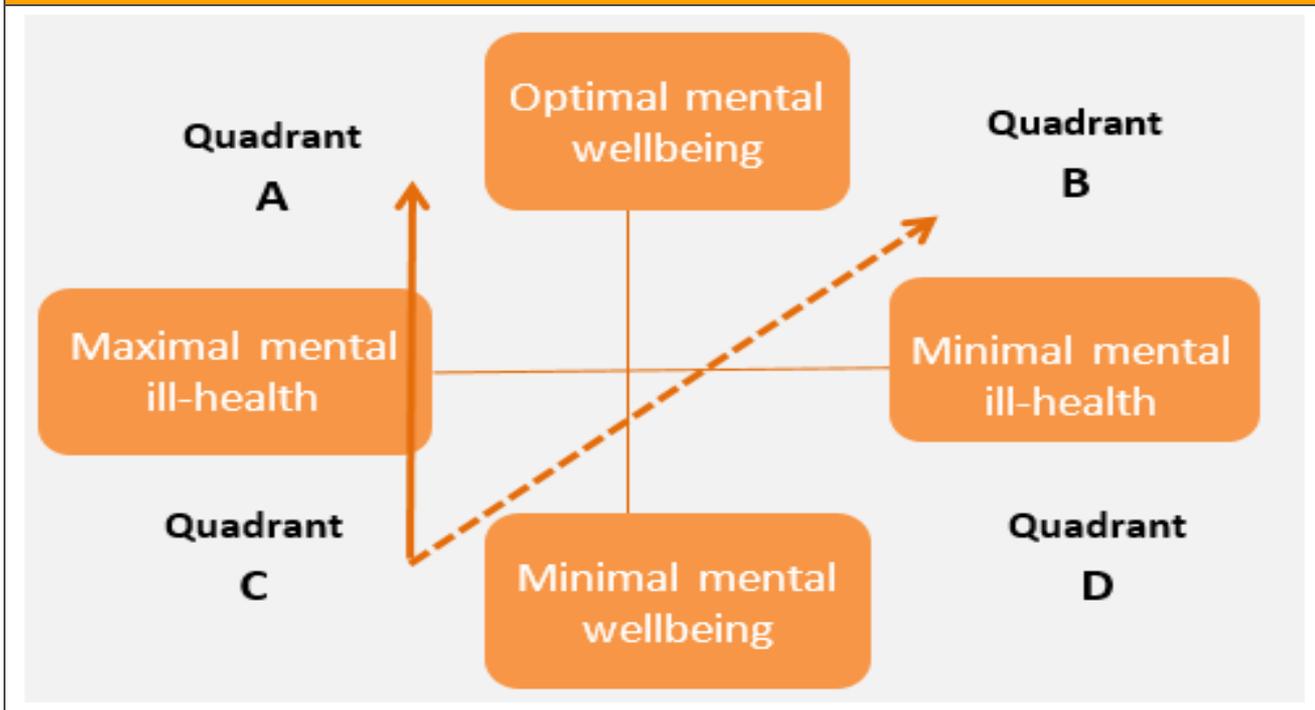
- > from the lower right **quadrant D** (facing a compromised sense of wellbeing that influences their capacity to learn e.g. a student who experiences a low level of mental wellbeing despite having no psychiatric diagnosis) into the upper right **quadrant B** (having an improved sense of wellbeing, and hence capacity to learn); see Figure 5.
- > from the lower left **quadrant C** (having a diagnosed or self-identified mental health problem and a compromised sense of wellbeing that both influence their capacity to learn) in to the upper left **quadrant A**, or indeed upper right **quadrant B** (having an improved sense of wellbeing, with possible impact both on learning and on mental health); see Figure 6.

As an educator, what support might we seek from student services and wider university systems and processes, to support such shifts?

Such discussion might take place within a departmental or programme team meeting, or in a mixed group combining academic and support service staff. Students may or may not be included. The value of the WICK map is that it supports thinking about the specific and tangible measures that might promote wellbeing; who might best provide the support and services required; and how they might differ for students at diverse points on the mental health and wellbeing continuum.

Further work is planned to explore ways in which colleagues might use the WICK map, and the three considerations that constitute it, to facilitate discussion about terminology, roles and responsibility and curriculum content and processes.

Figure 6: Movement from quadrant C to B, or even A



Appendix 3: Continuing professional development and the UKPSF

Staff may need access to training information and resources if they are to address student wellbeing issues and think about their own wellbeing. The Healthy Universities Self-review Tool (2012)² encourages a strategic approach. Answers to the following questions, adapted from the professional development section of the toolkit, may provide a helpful starting point for staff seeking or planning CPD:

1. How does the university provide training, information and resources to support staff in responding to student issues relating to mental wellbeing?
2. How does the university offer training and resources to support staff to integrate mental wellbeing within modules and course curricula (e.g. through curriculum infusion approaches)?
3. How does the university provide training and resources, related to mental wellbeing, to managers and other staff with specific responsibilities to address workplace health issues, including issues relating to teaching and learning?

² [http://www.healthyuniversities.ac.uk/assessment/uploads/fck/Self%20Review%20Tool%20-%20Final%20Feb%202012\(1\).pdf](http://www.healthyuniversities.ac.uk/assessment/uploads/fck/Self%20Review%20Tool%20-%20Final%20Feb%202012(1).pdf)

Accreditation

The UK Professional Standards Framework for teaching and supporting learning (UKPSF) is developed by the Higher Education Academy and endorsed by Guild HE and Universities UK (UUK). It provides staff engaged in the delivery of teaching and learning support in higher education with a framework to guide their initial and continuing professional development. It aims, in part, to foster “dynamic approaches to teaching and learning through creativity, innovation and continuous development in diverse academic and/or professional settings” (HEA 2011, p. 2). It has three dimensions: areas for activity, core knowledge, and professional values.

Staff responsible for university accredited courses and HEA Fellowship recognition routes need to consider how to encourage staff to integrate wellbeing issues into the knowledge and understanding, activities and professional values of the UKPSF.

For example, they could:

- > adopt a curriculum infusion approach (UKPSF Dimension: core knowledge 1);
- > integrate activities that promote wellbeing when they design their curriculum, thereby enhancing the teaching and learning experience (UKPSF Dimension: area of activity 1)

The tutor’s personal response, and the expectations they engender in their ‘classroom’, can also help to foster a culture of wellbeing (UKPSF Dimension: professional value 1).

The reflective tools provided in Section 3, and the WICK map in Appendix 2, are intended for use within CPD sessions. Table 2 outlines some other ways in which CPD sessions might encourage staff to approach curriculum design and delivery in ways that promote wellbeing, as well as to consider the relationship between their own wellbeing and that of their students.

Table 2: Integrating wellbeing into CPD provision

	Examples
Curriculum content	<ul style="list-style-type: none"> > explore the notion that mental wellbeing and mental health are ‘everybody’s business’; > encourage staff to consider the relationship between their own subject area and mental wellbeing concerns; > promote and encourage curriculum infusion approaches; > consider during programme-specific staff development sessions and when courses are being revalidated; > provide assistance in locating and disseminating discipline specific materials.
Curriculum process	<ul style="list-style-type: none"> > promote reflection on the New Economic Foundation’s <i>Five Ways to Wellbeing</i>: connect, be active, take notice, keep learning and give; > identify how opportunities to do these things can be built in

	<p>to teaching sessions (e.g. through groupwork, approaches to assessment, etc.), and some of the barriers to that;</p> <ul style="list-style-type: none"> ➤ share insights from the educational research literature, for example, Vogan <i>et al.</i>'s (2014) <i>12 tips for wellbeing which cover</i>: policy and systems; people and resources; students; delivering support; limits of support; or Jeeawok and Morris' (2011) CLUEE framework: Connecting, Listening, Understanding, Educating and Encouraging; ➤ integrate discussion of mental wellbeing into inputs on developing inclusive curricula and the provisions of reasonable adjustment; ➤ bring academic and student services staff together, to explore their complementary roles, raise awareness and consider how specific sessions – for example, mindfulness, self-management, confidence building, etc. – might be built in to curricula.
<p>Specific information about mental health difficulties</p>	<ul style="list-style-type: none"> ➤ provide access to information and training related to mental health. A variety of programmes are available, both nationally and locally. For example, the 12 hour Mental Health First Aid (MHFA) course, which has tailored, nation specific versions (Scottish MHFA and MHFA Wales); ➤ provide in-house, targeted courses, for example, on eating disorders, alcohol awareness, supporting staff with mental health difficulties. Mental health advisors, mental health and wellbeing practitioners and members of service user groups may be useful resources here; ➤ develop and or signpost to web resources with written or video case studies highlighting barriers, individual responses and institutional reasonable adjustments. A good example are Plymouth University's Self Help INspiring E-resources (SHINE) materials which cover both academic and broader student experience topics (https://www.plymouth.ac.uk/student-life/services/learning-gateway/shine).
<p>General awareness raising about mental health issues</p>	<ul style="list-style-type: none"> ➤ promote access to mental health resources – such as those provided by the Mental Health Foundation – and free online courses, of general interest, for example, those provided by <i>futurelearn</i> on psychology and mental health (good on approaches and understandings) (https://www.futurelearn.com/courses/mental-health-and-well-being) and literature and mental health (https://www.futurelearn.com/courses/literature); ➤ provide information about specialist services, including NHS

	<p>and third sector, university disability and mental health services – including those that are aimed at staff. Include this on websites and in newsletters;</p> <ul style="list-style-type: none">> ensure that mental health and wellbeing issues are referenced in equality and diversity sessions, and related briefings to networks of staff;> offer CPD activities as part of university mental health awareness campaigns.
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Appendix 4: Inclusive curriculum design and delivery resources

An inclusive curriculum design approach is one that takes into account students' educational, cultural and social background and experience as well as the presence of any physical or sensory impairment and their mental well-being (Morgan and Houghton 2011, p.5).

Below are details of inclusive curriculum design resources the principles of which resonate with and complement the messages about mental wellbeing in this report.

We have argued that a focus on mental wellbeing is intrinsic to effective teaching and learning. In a similar way, the Embedding Equality and Diversity in the Curriculum (EEDC) project calls for a reexamination of the management, design and delivery of learning teaching and assessment so as to incorporate equality and diversity. Originally funded by the Scottish Funding Council (SFC), and run independently since 2013, it mutually supports the work of the College Development Network and the Equality Challenge Unit. The EEDC project has generated a comprehensive range of relevant resources (available here: <https://www.heacademy.ac.uk/embedding-equality-and-diversity-curriculum>).

In particular the following resources may be useful:

- Discipline Specific Guides (2015) for Art and Design, Classics, Education, Physical Science and Social Work, available at: <https://www.heacademy.ac.uk/resource/embedding-equality-and-diversity-curriculum-discipline-specific-guides>;
- O'Mahony *et al.*'s (2013) series of videos *Building inclusivity: engagement, community and belonging in the classroom*. This consists of interviews with four experts on inclusive curriculum design. Available at: https://www.heacademy.ac.uk/resources/detail/resources/detail/inclusion/EandD_building_inclusivity_videos;
- Thomas and May's (2010) *Embedding equality and diversity in the curriculum* guidance which explores a wide range of perspectives – including management, policies, resources, student and staff engagement, curriculum design and delivery –using a series of checklists. To ensure wellbeing issues are addressed we would encourage adding the questions from the reflective tools in Section 3 of this report. Available at: https://www.heacademy.ac.uk/resources/detail/inclusion/embedding_eandd_self_evaluation_framework_faq.

Morgan and Houghton's (2011) Inclusive curriculum design guidance shares our focus on maximising student success in higher education. It consists of a series of guiding principles and general considerations applicable to the curriculum design process, one of which is "embedding student and staff wellbeing" and a set of subject-specific guides. These are available here:

https://www.heacademy.ac.uk/resources/detail/inclusion/Disability/Inclusive_curriculum_design_in_higher_education.

Universal instructional design (UID) implies the design of products and environments should be usable by all people without the need for adaptation or specialized design. Adopting a UID approach is intended to remove or reduce the need for reasonable adjustment for individual students. The University of Guelph is well known for its work with UID and has compiled the following set of valuable resources. Available at: <http://opened.uoguelph.ca/en/students/universal-instructional-design.asp>.

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