



Discussion Paper: Enhancing student mental wellbeing through curriculum and teaching

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This discussion paper explores the key issues related to the mental health of higher education students. This summary of key current issues is aligned to the institutional context. The focus is on how students can be supported to meet such challenges *specifically within the teaching and curricular space*. It therefore deliberately excludes mental health support provisions which currently sit in the extracurricular space. A proposed approach to meeting some of the key challenges within the teaching and curriculum space is then outlined.

Introduction

The incidence of mental health issues facing students engaged in higher education has steadily increased in recent years (Houghton & Anderson, 2017; Stallman, 2010). This increase in prevalence has also been accompanied by an increase in the severity and complexity of presentations (Orygen, 2017). COVID-19 arguably exacerbates challenges for students in the space of mental wellbeing and illness and therefore heightens the focus on this area as a priority for the higher education sector.

Strengths based and wellness models outside the context of Higher Education have been shown to be protective of mental health (Slade, Oades, & Jarden, 2017) and therefore provide an opportunity to impact on students at an early stage. Contrastingly, approaches to mental illnesses in the higher education sector tend to be more reactionary. They have historically aimed to address issues after they arise, when they have already had detrimental impacts. Typically, these have sat outside of university curricular and teaching functions.

The increasing diversity and complexity of the work of academics has arguably increased such lines of demarcation in the area of student wellbeing (Carter, Pagliano, Francis, & Thorne, 2017). However, in an environment where budgetary constraints continue to have an impact on the range of extracurricular resources available to support students, the teaching and curriculum space can be viewed as the 'front line' of support. This is because it is a touch point with which all students engage (Baik et al., 2017). All students can benefit from learning and teaching climates intentionally designed to support wellbeing. Approaches that support students' mental health in ways that are integral to their engagement in the teaching and curriculum space align to ACUs Mission and Values to assist all students to flourish within and contribute towards the common good in a dynamic world.

This paper focusses on student wellbeing, however the wellbeing of staff is also a core consideration. For students to be supported within a positive learning environment, those engaged in facilitating their learning must also be functioning in a positive environment. Staff wellbeing is central to curriculum design and teaching and the student experience (Houghton & Anderson, 2017). One avenue of promoting staff wellbeing is attempting to empower people through 'giving voice'. As such, this discussion paper is part of that: a process seeking your input to shape a framework to facilitate good practice in curriculum and learning and teaching.

This discussion paper explores the challenges associated with mental wellbeing for students in contemporary contexts. It also explores some of the potential areas in which ACU could have a positive influence on the mental wellbeing of students specifically through teaching practices and curriculum design.

Mental health in the current global environment

The World Health Organisation defines mental health as -

“a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (World Health Organisation, 2020).

Based on such a definition, people must be in good mental health to thrive, flourish and contribute to the good of the community. However, due to its increasing incidence, mental health remains one of the Australian Federal Government's eight national health priorities (Australian Bureau of Statistics,

2009). Given the breadth and severity of the impact of poor mental health on the community, all measures to reduce the burden of disease in this category have broad potential benefit.

This burden of mental illness has become a matter of increasing focus in recent history with the advent of the COVID-19 pandemic (Brown & Kafka, 2020). Known determinants of mental wellbeing, most notably social connection, have been disrupted in line with mass transition to online interaction as the dominant form of communication. Compounding the social disconnection's impact, several other determinants of health have also been touched by the pandemic. These include dislocation, economic burden and physical health. This results in a complex system of interdependent challenges to mental wellbeing which is likely to have a lasting effect beyond the 'COVID era'. Given the compounding effect of this event, the likelihood is that mental health will become an increasingly complex and prominent challenge globally.

Strengths-based, wellness, recovery and self-deterministic approaches have come into favour in recent times in response to the increasing prevalence of challenges around mental wellbeing. These approaches privilege the promotion of mental health literacy and the development of factors known to be protective such as building resilience, the removal of stigma, and early identification and intervention where issues are identified.

Such models assist individuals to flourish, maintain dignity and connect to the community to promote the common good. Adoption of these models can assist our students to truly flourish and contribute within and beyond their lifecycle of a student, and into life as a graduate. This paper explores how such models may be used to advantage in curriculum design and teaching practice to promote student wellbeing.

Mental health profile of students in higher education

In line with broader population trends, growth in the prevalence and severity of mental health challenges for university students is a critical issue in higher education (Baik, Larcombe, & Brooker, 2019; Baik et al., 2017). Most mental health conditions emerge prior to the age of 25 years (Martin, 2010; McGorry, Purcell, Goldstone, & Amminger, 2011). As peak onset for mental health issues is the age that young people are in higher education (Reavley & Jorm, 2010), the initial onset of a mental health condition can coincide with attendance at university. Statistically, over 50% of people aged 18-24 are engaged in higher education in Australia (Reavley, McCann, & Jorm, 2012). This therefore represents an opportunity for early action in relation to mental health support and literacy.

Superficial assumptions may lead to the conclusion that university students have attained a level of success and therefore have better mental health than their peers. The evidence indicates that such views are not accurate. Australian and international studies have shown an 'extremely high' incidence of mental illness in university students (Houghton & Anderson, 2017; Stallman, 2010). In fact, university students have higher incidence of mental illness than same age peers not attending university and report a lower sense of personal wellbeing than the general population (Cvetkovski, Reavley, & Jorm, 2012; Houghton & Anderson, 2017). Statistically, it could be conservatively estimated that upwards of 210,000 Australian university students aged 18-25 years will experience mental ill-health annually, accompanied by a prevalence of complexity and severity of presentations (Orygen, 2017). Due to these factors some researchers assert that student wellbeing is the central challenge facing higher education (Steuer & Marks, 2008).

In light of some of the risk factors that students of higher education face, the story makes sense. *Some* of the major risk factors facing students include academic pressure, financial pressure, relocation, transition to independence, drug and alcohol use, poor diet associated with financial constraints, and lack of sleep (Orygen, 2017). Compounding this, it is generally accepted that students can expect to enter an increasingly competitive and unpredictable environment as graduates. This is a cause for concern for many students who are grappling with multiple commitments, often with no clear sense of a traditional career path (Baik et al., 2017).

The massification of higher education and consequent increased participation of non-traditional groups can have a further complicating impact in terms of student wellbeing. Direct evidence indicates higher risks to mental wellbeing are associated specifically with known student groups. These known groups include international students, rural and regional students, those enrolled in law and medicine, students from low SES backgrounds, Aboriginal and Torres Strait Islanders, students with physical disabilities, and first in family students (Orygen, 2017).

In addition to these 'known' groups, evidence indicates increased incidence of mental health issues in broad population groups who participate in higher education. The prevalence of mental health issues in LGBTQI people is disproportionately high (Leonard & Metcalf, 2014) when compared to the broader population. These health outcomes are directly related to experiences of stigma, prejudice, discrimination and abuse on the basis of being LGBTI (National LGBTQI Health Alliance, 2020). It follows that students who identify as LGBTQI also have higher risks to mental health as higher education students. As many are coming to terms with gender and sexual identities at the age of engagement in higher education, they can have an additional level of vulnerability in terms of mental health.

Success and retention

Higher education providers have a critical role to play in promoting the wellbeing of their students and thus also their graduates as individuals as well as contributing more broadly to the community. The individual benefit is clear in the data indicating the lowest unemployment and highest workforce participation rates for those with a bachelor degree or higher (Orygen, 2017). As wellbeing is on critical co-determinant to the capacity to learn, addressing issues compromising wellbeing is critical to student's academic success and completion (Houghton & Anderson, 2017). Although such success in tertiary education has been shown to be protective in mental health and a key element in recovery (Orygen, 2017), retention of students to get them to the point of graduation is strongly influenced by mental wellbeing. Evidence indicates that poor mental health has a direct impact upon academic performance and completion rates (Orygen, 2017). This has a clear commensurate effect on the community as those workers are positioned to make a positive impact professionally and personally.

Improving wellbeing and therefore retaining students can be promoted through an effective partnership between students and higher education providers (Baik et al., 2019). Frameworks aimed at improving such retention have previously focussed around the first-year experience where the highest attrition rates have historically been evident. *Transition Pedagogy* as an organising framework focussed on intentional first year curriculum design that carefully scaffolds, mediates and supports first year learning (Kift, 2005, 2008, 2009a, 2009b; Kift & Nelson, 2005; Nelson et al., 2006). The principles of transition pedagogy, however, are equally applicable to all students at all stages of their experience as they are always in a state of transition. Evidence shows a trend towards worsening mental health as student progress through their programs (Stallman, 2010). As such, it is arguable that strategies aimed at retention are more critical for later year students, particularly given the time already invested in these students.

The fundamental principles of transition pedagogy align well to teaching practices that promote student wellbeing. Elements of this framework identify the value of teaching practices which are supportive of diversity and inclusivity, promote engagement through the student experience, assessment practices and ongoing monitoring of students (Kift, 2009). These features align to the principles of inclusion which are known to promote wellbeing and are protective of mental health (Houghton & Anderson, 2017). Moreover, a number of these principles align to aspects of adult learning theory which recognise the value of the life experience of the student and empower them by putting them in a position where they play an active part in learning (Knowles, 1990; Kolb, 1981). As such, promoting mental health and student retention can be as simple as applying sound andragogy within a safe learning environment.

ACU context, mission and strategy

ACU's Mission is to act in truth and love. Wellbeing and dignity are critical to enacting such a mission. Further, Catholic Social Teaching (CST) extends beyond the wellbeing of an individual and aims to support human flourishing in order to contribute to the common good of a community. Mental health is not simply, or even, the absence of mental illness, but about thriving and flourishing in life (Houghton & Anderson, 2017). As this ability to thrive and flourish is dependent on wellbeing, student mental health is inextricably linked to mission.

In acknowledgment of the critical nature of mental wellbeing to success, ACU's Student Mental Health Strategy and Implementation Plan (*ACU Student Mental Health Strategy and Implementation Plan*, 2019) aims to support student wellbeing using a whole-of-university approach to raise awareness, reduce stigma, support students with mental health issues and particularly support students identified as at risk. It is envisaged that wellbeing will be achieved through creating a sense of belonging, fostering healthy relationships, creating a sense of achievement, creating resilience and self-management and fostering a sense of community. As it promotes a whole of university approach, it is critical that these factors are promoted in curriculum design and teaching and not left to be addressed purely within the extra-curricular space. Specifically, within the learning and teaching functions the plan aims to create an environment built on inclusive practice through developing curriculum inclusive of diversity and multiple perspectives, development of staff resources to promote collaborative learning and provide feedback and engagement with students.

Further to the alignment to mission and strategy, curriculum and teaching approaches that are designed to promote wellbeing are further validated within the Education Centred Innovation Framework which promotes a "student experience that is relevant, satisfying and focused on students achieving their potential" (Skrbis, 2020).

Opportunities for practices in curriculum design and teaching to promote wellbeing

ACU continues to strengthen its international ties through collaboration with Advance HE in the United Kingdom (formerly the Higher Education Academy). ACU is receiving increased recognition of the merits of its academic staff through this scheme, however this relationship has also opened up numerous other ways to collaborate internationally. One such avenue is the international project conducted by Advance HE on Embedding Mental Wellbeing into Curriculum. In early 2020, ACU joined 13 universities to collaborate on constructing whole of university approaches to improving the mental wellbeing of students through teaching and curriculum.

In recognition of the increasing significance of mental health promotion within higher education, this project aims to foster national and international collaboration to support development of resources within the curricular and teaching space. This collaboration has assisted in gaining insight into such approaches to mental wellbeing used across the sector, inclusive of access to a range of professional development resources to support staff.

One of the resources made available to ACU through this collaboration was a survey¹ designed to get a snapshot view of the mental wellbeing of students from the perspective of teaching staff. This survey was administered at the end of 2020 and 8 staff members responded. While this is not a large sample size, the results provide a useful starting point for discussion. In answer to question 3, for instance, less than half of respondents agree that teaching staff know what action they need to take if a student is experiencing a mental health crisis. This situation could be addressed by the provision of resources and a flexible professional learning program.

¹ The following six open-ended questions were posed: 1) What do you think your students like the most about studying at your university? 2) What do you think your students like the least about studying at your university? 3) Can you share an example of what you think might be a strength of your degree program, course or module? 4) What do you believe is the main area for improvement (if any) when considering your degree program, course or module? 5) The mental wellbeing of our teaching staff has good support from our institution 6) The mental wellbeing of our non-teaching staff has good support from our institution

In a qualitative summary report of the results from all participating institutions, the need for better training and support for staff was highlighted as the main area for improvement. Suggestions fell into two main categories:

1. explicit training on mental health so that teaching staff are aware of their immediate responsibilities in response to a student in distress
2. improved training and professional development so that teaching staff have an increased awareness of the potential causes that can contribute to poor mental wellbeing.

In addition to the collaboration with AdvanceHE, the majority of Australian Universities currently have well established student wellbeing plans in place. Although several of these are more focused around extra-curricular support services, the University of Melbourne and RMIT plans are notable for their deeper focus on the teaching and curriculum space. The rationale for this is that this is where the primary interaction with students takes place (Baik et al., 2017) and that academic staff are integral to an institutional strategy for improving student mental health (Spear, Morey, & van Steen, 2020). The corollary to this is that if the curriculum is not designed with features which promote autonomous motivation, it will inadvertently undermine students' psychological resources (Baik et al., 2017). These plans are modelled around self-determination theory².

The net result ultimately aligns practices to good practice in curriculum design, teaching and assessment. Such practices have the following key features –

- Curriculum design aligns to real world needs and uses well justified teaching and assessment approaches which promote student engagement through collaboration, authentic learning and assessment
- Teaching practices which also promote collaboration, safe learning environments and engagement
- Fostering a culture of trust which promotes wellbeing and normalises discourse around mental health

Proposed ACU wellbeing model

Mental wellbeing is core to the curriculum both in *what* and *how* it is taught. As such, curriculum design around mental health needs to be done in such a way as it captures relevant content and uses teaching and assessment approaches that support wellbeing. Whilst this can be achieved to an extent by making mental health a priority at the course review and design stage, curriculum design is complex. Curriculum is developed, delivered and engaged with at a range of levels. These include the 'intended' level of design through the governance process, the 'enacted' level of resource development and teaching and the 'experienced' level at which students engage (Marsh & Willis, 2007). Therefore, in order for students to experience learning which promotes wellbeing, curriculum needs to be consciously constructed at both the intended (governance) and enacted (implementation) levels. It follows that in order for intended curriculum to flow to the enacted level, professional development is required. This requirement sits around development of curriculum at unit level and use of specific teaching practices that promote wellbeing.

To achieve this, it is proposed that mental health be integrated into curriculum and teaching using a 3-step model. This is to be further developed based on the following fundamental approach.

- Intended curriculum - Design
 - What – literacy and relevant content around wellness embedded at course and unit level through course review process (e.g. exercise, nutrition, mindfulness, social inclusion, community connection)

² Self-determination theory espouses that people who are self-motivated are more likely to perform/ succeed than those who are controlled. Self-motivation is achievable when people have opportunities to experience competence, autonomy, positive relationships and belonging (Vansteenkiste, Lens, & Deci, 2006).

- How – teaching rationale and assessment rationale promote active student-centred learning
- Enacted curriculum - Teaching
 - What – literacy embedded at implementation/ development level and teaching practice where relevant
 - How – learning activities designed to maximise engagement, interaction, collaboration and activity
- Experienced curriculum - Support and collaboration
 - What – foster academic community approach to support collaboration and build capacity
 - How - curate/ share models of good practice transferable to different discipline contexts, develop PD resources through LTC PLP, staff consultation

Consultation and implementation

This Discussion Paper has been directed to you as a key stakeholder to invite your feedback on Enhancing student mental wellbeing through curriculum and teaching. Any feedback you may have on this discussion paper is of great value to ensuring ACU graduates develop characteristics to support them into the future.

Please send your comments to [Dr Georgia Clarkson, Senior Lecturer in Academic Development and project lead at Georgia.Clarkson@acu.edu.au](mailto:Georgia.Clarkson@acu.edu.au) by **DATE**. If you have any questions about the project or the Discussion Paper, these can be directed to Dr Georgia Clarkson or Dr Vanessa Fredericks (Vanessa.Fredericks@acu.edu.au) in the Learning and Teaching Centre.

Following the consultation period, appropriate revisions will be made to the proposed model before seeking approval through governance processes. It is envisaged that the proposed approach will be phased in following consideration by the Academic Board in **2021**.

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