



Student Mental Health

Training for Higher Education Teaching Staff

Handbook



Co-funded by
the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

SUNMENTORS project - co-funded by the European Union - grant 2023-1-DE01-KA220-HED-000161199

Disclaimer:

This publication reflects the views only of the authors, and the European Commission cannot be held responsible for any use which may be made of the information contained therein.

Licensing:

This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. The licence is available at: <https://creativecommons.org/licenses/by-nc-sa/4.0/legalcode>.



TABLE OF CONTENTS

INTRODUCTION.....7

1. SUNMENTORS Project: Overview and Objectives
2. Curriculum Aims and Structure
 - 2.1 Curriculum macrostructure
 - 2.2 Curriculum microstructure

1 MENTAL HEALTH AWARENESS.....13

Module Objectives
Learning Outcomes
Introduction

COURSE 1a) Introduction and Context.....17

1. The Importance of Mental Health Awareness
 - 1.1 Mental health awareness in higher education
 - 1.2 General risk factors in HEI life for poor mental health
- Want to know more about this topic?
Reflection Questions
Test Questions

COURSE 1b) Stigma and Stereotypes.....25

1. Myth or Truth?
 2. Stigmatisation
 - 2.1 Definition
 - 2.2 Types of stigma and discrimination
 - 2.3 Effects of stigma on students in HEI-life
- Want to know more about this topic?
Reflection Questions
Test Questions

COURSE 1c) Staff Mental Wellbeing.....39

1. Why Staff Mental Wellbeing?
 2. Academic Daily Life and Mental Wellbeing
 3. Understanding Stress: What is a reasonable amount of stress and what isn't?
 4. Strategies for Prevention and Self-Care
- Want to know more about this topic?
Reflection Questions
Test Questions



**COURSE 1d) Understanding the Role of Teaching Staff
Supporting Student Mental Health49**

- 1. Understanding Your Role
 - 2. Practical Example
 - 3. Maintaining Boundaries While Providing Support: General recommendations
- Want to know more about this topic?
Reflection Questions
Test Questions

Conclusions
References
Further Resources

2 BASIC MENTAL HEALTH KNOWLEDGE.....67

Module Objectives
Learning Outcomes
Introduction

COURSE 2a) Concepts of Mental Health.....71

- 1. Definition of Mental Health
 - 2. Mental Health as a (Dual) Continuum
- Want to know more about this topic?
Reflection Questions
Test Questions

COURSE 2b) Stress.....78

Want to know more about this topic?
Reflection Questions
Test Questions

COURSE 2c) Depression.....84

- 1. What is Depression?
 - 2. Prevalence and Comorbidity
 - 3. Symptoms
 - 4. Depression-Related Academic Struggles
 - 5. Depression in High-Achieving Students
- Want to know more about this topic?
Reflection Questions
Test Questions



COURSE 2d) Anxiety.....96

- 1. What is Anxiety?
- 2. Prevalence and Comorbidity
- 3. Symptoms
- 4. Anxiety-Related Academic Struggles
- 5. Anxiety in High-Achieving Students
- Want to know more about this topic?
- Reflection Questions
- Test Questions

Conclusions

References

Further Resources

3 COMMUNICATION.....112

Module Objectives

Learning Outcomes

Introduction

COURSE 3a) Communication Dos and Don'ts'116

- 1. Definition of Communication
- 2. Methods of Communication
- 3. Frame of Reference
- 4. All Behaviour is Communication
- 5. Communication Preferences
- 6. Information Processing
- 7. Neuro-Inclusive Communication
- 8. Strategies for Follow-Up Communication
- 9. Confidentiality
- Test Questions

COURSE 3b) Active Listening.....136

- 1. What is Active Listening?
- 2. Empathy versus Sympathy
- 3. How to Offer Active Listening
- Test Questions

COURSE 3c) Introducing the CALMER Framework.....146

- 1. The CALMER Framework Overview
- 2. Using the CALMER Framework in Practice
- 3. Knowing When and How to Involve Professional Counsellors
- Want to know more about this topic?
- Test Questions

Conclusions

References



4 PUTTING IT INTO PRACTICE.....157

Module Objectives
Learning Outcomes
Introduction

COURSE 4a) Mentally Supportive Classroom Climate.....161

1. Establishing a Classroom Climate that is Mentally Supportive

COURSE 4b) Putting It Into Practice: Student Journeys.....165

1. Practice Examples of Depression and Anxiety
 - 1.1 Practice example of Nadia: a student's journey through depression
 - 1.2 Practice example of Jim: a student's journey through anxiety

COURSE 4c) Crisis Support.....172

1. Recognizing Suicidal Behaviour and Using the CALMER Framework
 - 1.1 Recognising suicidality
 - 1.2 Implementing the CALMER framework (suicidal crisis)
 - 1.3 Navigating confidentiality, boundaries and self-care
 - 1.4 Confidentiality
2. Professional Boundaries and Self-Care
3. Recognising Panic Attacks and Using the CALMER Framework
 - 3.1 Recognising panic attacks
 - 3.2 Implementing the CALMER framework

Reflection Questions
Test Questions

COURSE 4d) Resources.....191

1. HEI Support Services
 2. General Mental Health Tools
 3. Country Specific Resources
- Want to know more about these topics?

Conclusions
References

ANNEX I – METHODOLOGY.....198

ANNEX II – SIGNPOSTING.....201

1. UCLL
2. UNIVERSITY OF PATRAS
3. TU DORTMUND UNIVERSITY
4. UNIVERSITY OF HERTFORDSHIRE





Introduction

Welcome to the handbook *Student Mental Health – Training for Higher Education Teaching Staff* developed within the framework of the SUNMENTORS project ‘Support for University Student Mental Health – Training for Teaching Staff’ (co-funded by EU under the grant n. 2023-1-DE01-KA220-HED-000161199).

This training is designed to empower staff with the knowledge, understanding and skills necessary to support student mental health effectively.

Please be aware that this training includes discussions on mental health, which can be sensitive and personally challenging for some individuals. We encourage all participants to approach this content with care and to take care of their own mental health. If you find any topic distressing, please take a break or seek support from a trusted person, your organisation’s wellbeing service, or through one of the resources provided. Our goal is to create a supportive learning environment that enhances your ability to care for others, but your own wellbeing is our priority.

1. SUNMENTORS Project: Overview and Objectives

The SUNMENTORS project is a collaborative initiative co-funded by the European Union under the ERASMUS+ program (KA2 – Cooperation for Innovation and the Exchange of Good Practices). The project brings together a consortium of higher education institutions and organisations specialised in education and mental health, including University Colleges Leuven-Limburg (Belgium), the University of Hertfordshire (UK), the University of Patras (Greece), TU Dortmund University (Germany), CIAPE – Italian Centre for Permanent Education (Italy) and Innovation Hive (Greece).

The project was developed in response to the increasing concern over student mental health in higher education institutions (HEIs) across Europe. HEI staff often find themselves in positions where they must address students' emotional and psychological struggles without adequate training or institutional support. The project seeks to bridge this gap by equipping teaching staff with the necessary skills, knowledge, and resources to better support students' mental wellbeing while maintaining their professional boundaries.

The SUNMENTORS project aims to create a structured and sustainable approach to mental health support within higher education institutions. The specific objectives include:

- **Raising Awareness and Reducing Stigma:** Mental health issues among students are often misunderstood or overlooked. The project seeks to promote an open dialogue on mental health, encouraging HEIs to create environments where students feel comfortable seeking support without fear of judgment.
- **Empowering Teaching Staff with Practical Skills:** While teaching staff are not mental health professionals, they are often the first point of contact for struggling students. The project provides them with tools to recognise early warning signs of mental distress, respond appropriately, and guide students toward professional support when necessary.

- **Developing a Supportive Learning Environment:** HEIs should be places where all students, regardless of their mental health status, feel supported and included. The SUNMENTORS framework encourages HEIs to integrate well-being initiatives into their academic structures, policies and student services.
- **Providing a Sustainable Training Model:** One of the key goals is to ensure that the knowledge, understanding, and skills gained through SUNMENTORS training can be embedded into HEI policies, making mental health awareness and intervention an integral part of staff development programs.
- **Laying the Foundation for Digital Learning:** In addition to the handbook, the project aims to develop e-learning modules that will allow teaching staff to access training flexibly and engage with content interactively.

2. Curriculum Aims and Structure

The SUNMENTORS Handbook is designed as a practical guide for HE teaching staff, providing them with a structured approach to supporting student mental health. It consolidates best practices, research-based strategies, and case studies to enhance their confidence and competence in dealing with student mental wellbeing concerns. The **objectives** of the handbook include:

- Offering clear guidance on how to **identify, approach, and support students facing mental health difficulties.**
- Providing structured **training on effective communication**, active listening, and boundary-setting.
- Equipping teaching staff with **frameworks for mental health intervention and signposting.**
- Serving as a **reference for HEIs to integrate mental health training into teaching methodologies.**
- Encouraging **the development of institution-wide policies** that prioritise student mental wellbeing alongside academic success.

2.1 Curriculum macrostructure

The handbook is divided into four modules, each providing a structured course focused on a crucial aspect of student mental health support:

1. Mental Health Awareness: This module introduces key concepts related to mental health and illness, the impact of stigma, and the role of teaching staff in fostering an inclusive learning environment. It covers:

- Basic definitions of mental health and illness.
- Destigmatisation and the importance of normalising conversations about mental wellbeing.
- Contextual factors affecting HEI students, including academic pressure, diversity, and socio-economic challenges.

2. Basic Mental Health Knowledge: This module provides an in-depth understanding of common student mental health challenges, such as:

- Recognising symptoms of depression and anxiety within the university context.
- Mental health first aid strategies for crisis situations.
- Guidance on signposting students to appropriate services while maintaining professional boundaries.

3. Communication: Effective communication is essential for supporting students experiencing mental health challenges. This module covers:

- Active listening techniques and empathy-driven interactions.
- Appropriate and inappropriate phrases when discussing mental health issues.
- Practical tips for fostering trust and psychological safety in student-teaching staff interactions.

4. Putting It Into Practice: This module offers practical examples to support students mental health by providing teaching staff:

- Guidance to recognise early signs of depression and anxiety in students and respond using the CALMER-framework.
- Tips for teaching staff to care for their own wellbeing.
- Approaches for creating a safe and supportive academic environment where students feel seen, heard, and encouraged to seek help.

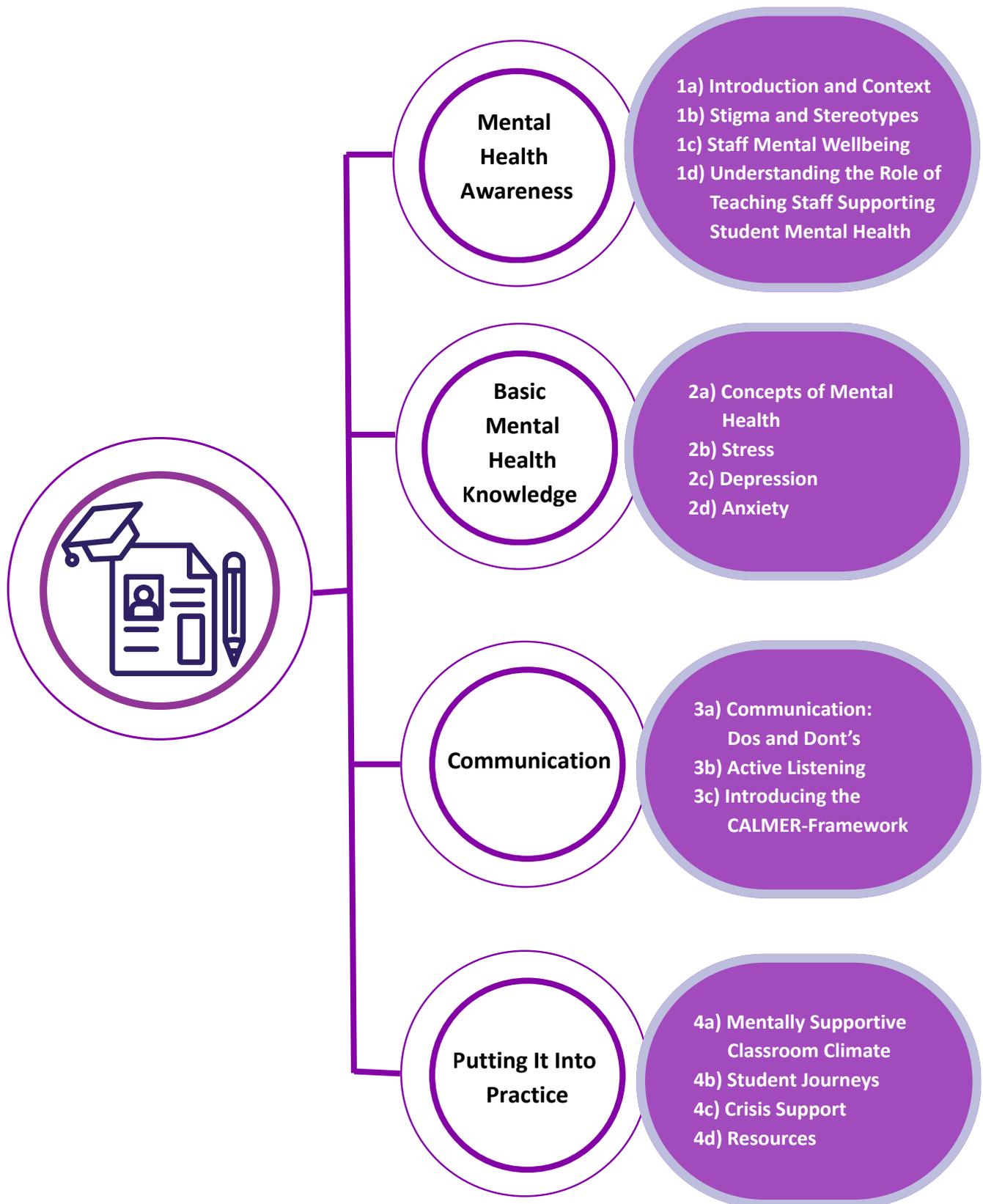


Figure 1: SUNMENTORS curriculum macrostructure

2.2 Curriculum microstructure

Each module is composed of individual courses that provide a structured and interactive learning experience. At the beginning of the different modules, the following information is provided:

- **Course Objectives:** Statements outlining what participants are expected to achieve by the end of the course.
- **Topics Covered:** Specific subject areas within the course content.
- **Learning Outcomes:** Categorized into knowledge, skills, and autonomy/responsibilities.

The four modules of the curriculum comprise different courses, which are structured as follows:

- **Course Content:** A detailed exploration of mental health topics, including theoretical knowledge and practical applications.
- **Exercises and Case Studies:** Interactive learning components such as group discussions, role-playing activities, and HEI-scenarios to apply learned concepts.
- **Additional Resources:** Curated lists of academic papers, books, tools, and digital resources to deepen understanding.
- **Reflection Questions:** Prompts that encourage critical thinking about experiences, emotions, and actions, helping learners to assess their wellbeing, professional practices, and personal growth, fostering self-awareness and continuous improvement.

Each course is structured to ensure progressive learning, with an emphasis on real-life applications within HEI settings. This approach allows teaching staff to integrate knowledge into their daily interactions with students, making the learning experience both practical and impactful.

1000

Mental
Health
Awareness



MODULE OBJECTIVES

This module explores key points related to mental health in higher education. Participants will be equipped with skills to enhance student wellbeing while maintaining ethical and professional boundaries.

Teaching staff will learn how to recognise early warning signs, responding effectively to student concerns, and contributing to a supportive learning environment. They will learn to identify stereotypes, prejudices, and discrimination reflecting on their unconscious biases, while gaining self-care techniques, stress management strategies as well as tools for promoting work-life balance.

TOPICS

- Common Stressors for HEI Students
- Understanding Stigma and its Impact
- Work-Life Balance and Institutional Support for Staff Wellbeing
- Stress Management and Mindfulness Techniques for HEI Staff



LEARNING OUTCOMES

Knowledge

- Understand the key mental health challenges faced by HEI students and their impact on academic performance and wellbeing.
- Understand the limits of the role of teaching staff in educational settings.
- Understand the role of peer support networks and mentorship in fostering a supportive academic environment.

Skills

- Ability to recognise early signs of distress in students.
- Communicate empathetically, using a stigma-sensitive language while maintaining professional boundaries.
- Assess situations to determine when professional intervention is necessary.
- Implement practical interventions to support students affected by stigma.
- Apply mindfulness and relaxation techniques to manage stress and improve focus in high-pressure work environments.

Autonomy / Responsibility

- Maintain ethical standards by respecting role limitations.
- Ensure adherence to institutional policies when referring individuals to professional support.
- Take initiative in reducing stigma through inclusive teaching practices.
- Manage difficult situations with students independently, using de-escalation techniques and emotional regulation skills.

INTRODUCTION



Mental health has gained significant attention in higher education institutions in recent years. **Given that three-quarters of mental health issues arise before the age of 24, students in HEIs represent a particularly vulnerable group.**



Teaching staff however, who are often the main point of contact for students, feel very uncertain about their specific tasks, their role, as well as the expectations placed on them, when it comes to student mental health. On the other hand, students also often struggle with uncertainties about what they can and should reveal about themselves.

This is still partly due to low mental health awareness and stigma. **Against this background, this module aims to raise awareness of student mental health as well as of the stigma in the HEI environment, by exploring its different forms, causes, and impacts.** Participants will learn to better identify stereotypes, prejudices, and discrimination while reflecting on their own unconscious biases.



In addition, the module aims to raise awareness of the importance of your own mental wellbeing and to encourage reflection on these topics. Self-care also includes reflecting on the possible role teaching staff can play in supporting student mental health, whilst being able to set clear boundaries between what you are capable of and where to draw a line. This will be the focus of the last part of the module.

COURSE

1.a

INTRODUCTION AND CONTEXT

1. The Importance of Mental Health Awareness

Student mental health is an increasing problem in HEIs world-wide, likely even more so since COVID-19 (Payne, 2022). An analysis of numbers by the World Mental Health International College Student Initiative (WMH-ICS) has shown that approximately two-thirds of first-year-HEI-students worldwide experience mental health concerns or severe conditions (Auerbach et al. 2018; Mason et al. 2025).



Frequent crucial factors contributing to student mental health concerns include academic pressure, financial uncertainty, lack of support systems, social isolation, as well as overarching factors, such as the current global political situation and climate change, which have a particular impact on young people. In addition, students are in a phase of life full of transitions and changes.

Despite growing awareness, stigma surrounding mental illness remains a significant barrier, preventing many students from seeking professional help (Shim et al., 2022). The performance-oriented nature of HEIs can exacerbate this challenge. Therefore, a key goal is to work towards destigmatising mental health conditions (see course 1b). Also keep in mind that mental health conditions are often not immediately visible to others. However, you can be quite sure that many of your courses include students facing mental health concerns or other impairments.

More and more students are experiencing mental health concerns and are not getting the support they need due to a lack of awareness and stigma.

1.1 Mental health awareness in higher education

Mental health has become an increasingly important issue in recent years. With three quarters of mental health concerns occurring before the age of 24, HEI students are a particularly vulnerable population at increased risk (Auerbach et al. 2018). In many European countries, the number of students enrolling in HEIs has reached unprecedented levels.

Mental health refers to emotional, psychological and social wellbeing. **Without adequate mental health support, students are more likely to withdraw from their studies or have poorer academic and career outcomes.**



There are a range of causes and risk factors that contribute to poor mental health, highlighting the many challenges inherent in the student lifestyle, particularly during the first year in HEIs. These include, for many, moving away from home, the need to make new social connections, the transition to adulthood, and the search for one's own identity. All this while adapting to unfamiliar living and learning environments as well as managing financial responsibilities. In addition, modern trends in higher education, such as the shift towards self-directed and blended learning, have added to the academic pressures, further straining students' ability to cope.

Students from diverse backgrounds may even face even greater challenges, with factors such as socio-economic disadvantage, international status, mature age, different sexual identity or neurodiversity, exacerbating their mental health risks. These intersecting challenges not only elevate the risk of mental health concerns but also increase vulnerability, including suicide risks.

This highlights the critical role of HEIs in providing effective mental health support to help students overcome these challenges and achieve their potential. Addressing students' mental health needs has therefore become an essential component of the role of teaching staff.

They are often the most accessible point of contact for students in distress and are uniquely positioned to offer initial support due to their established relationships and frequent interactions with students. Studies have also shown that many students are more likely to confide in a trusted faculty member or staff member before seeking professional counselling (Payne 2022; Eisenberg et al. 2016).

1.2 General risk factors in HEI life for poor mental health



To get started, we would like to invite you to reflect:

Have you ever noticed any risk factors in your students, and how could these effect them in class?

In order to be able to better empathise with the students' situation as a teaching staff member, it is important to reflect on the possible stressors at this point. These general risk factors affect all students, but can also exacerbate mental health concerns.



Social Risk Factors

1. Isolation and loneliness

Difficulties making new friends or building social networks, especially in the early days. Missing family and familiar surroundings.

2. Cultural adjustment

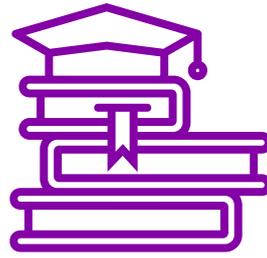
For international students, adapting to a new culture can be a major challenge.

3. Financial stressors

The costs of living are often high and there are difficulties in financing accommodation, food, and other expenses. Many need to work while studying, reducing the time for learning and recreation.

4. Political unrest and multiple global crises

These can be particularly unsettling for young people and lead to fears about the future.



Academic and Institutional Risk Factors

1. Pressure to perform

High expectations of achieving good grades and being academically successful.

2. Exam stress

There can be stress about exams and deadlines for assignments or projects.

3. Time management

There can be a difficulty balancing academic demands, part-time jobs, and leisure activities.

4. Overwhelming course content

Complex topics or demanding subjects can lead to overload.

5. Bureaucratic challenges

Complicated administrative processes, such as registering for courses or applying for scholarships.

6. Lack of support

Feeling of not being adequately supported by the HEI, for example, in terms of advice or mentoring.



Personal Risk Factors

1. Finding one's identity

The transition to adulthood and the search for one's own identity.

2. Fear of failure

Fear of not living up to one's own or others' expectations.

3. Perfectionism

High personal expectations and a fear of making mistakes.

4. Unhealthy lifestyle

Lack of sleep, lack of a balanced diet, exercise, or regular mealtimes.

5. Imbalance between work and leisure

Not enough time for hobbies, friends or relaxation.

WANT TO KNOW MORE ABOUT THIS TOPIC?

In the **World Mental Health International College Student Initiative (WMH-ICS)**, you can find an overview of the annual WMH-ICS surveys with representative samples of students in HEIs worldwide:

https://www.hcp.med.harvard.edu/wmh/college_student_survey.php

The charity organisation **Student Minds (England)** is committed to helping HE students experiencing mental health concerns through a number of initiatives and publications. Their vision: No student should be held back by their mental health.

Student Minds has launched the **University Mental Health Charter (UMHC) initiative**. The UMHCh contains recommendations for a HEI-wide approach to mental health, covering the topics of learning, support, work, and living. The UMHCh calls for HEI to proactively create environments that promote wellbeing of all members of the HEI community. Student Minds now also presents an award to HEIs that have implemented the programme well.

<https://hub.studentminds.org.uk/university-mental-health-charter/>

In September 2017, Student Minds launched a **Student Voices report to accompany UK's #StepChange framework** in order to profile students' experiences and suggestions:

https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/170901_student_voices_report_final.pdf

Even though this report was written a few years ago and does not reflect the pandemic experience, the remaining aspects are still relevant.

Student Minds also conducted research on LBGQT+ students to gain a better understanding and to highlight the specific challenges of LBGQT+ students to inform solutions across HE:

https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/180730_lgbtq_report_final.pdf

REFLECTION QUESTIONS

Question 1

To what extent do you feel able to recognise and respond to stress signals in students?

Type Your Answer Here

Question 2

Have you ever encountered situations in your teaching in which students needed support in dealing with stress or mental strain? How did you deal with it?

Type Your Answer Here

TEST QUESTIONS

Question 1

1

Why is mental health awareness in HEI settings so important (among other reasons)? (Two answers are correct)

- With mental health awareness, HEIs can become more performance-oriented and efficient
- Mental health risk factors among HEI students are often underestimated
- Lack of understanding and prejudices often prevents those who are affected from seeking professional help
- Students with mental health concerns can be a risk to others

Question 2

2

What are the most challenging personal and social risk factors mentioned for HEI students? (Multiple answers are possible)

- Bad food at the canteen
- Exam-stress and fear of failure
- Isolation and loneliness
- Too many parties
- Cultural adjustment
- Transition to adulthood
- Political unrest and multiple global crises

COURSE

1.b

STIGMA AND STEREOTYPES

1. Myth or Truth?

Many individuals experiencing severe mental health conditions often find that the stigma surrounding it is more challenging than the condition itself (WHO, 2024). This means, those living with mental health conditions must deal not only with the symptoms of their condition but also with a variety of negative and inaccurate beliefs (misinformation), adverse attitudes (prejudices and stereotypes), and discriminatory behaviours related to their condition, which complicate and decrease their ability to live well and thrive.

Stigmatisation and stereotyping often happens unconsciously. Therefore, raising awareness and creating spaces for reflection is essential for a healthy working environment.



Therefore, let's start with an activity:

We have learned that a lack of knowledge or false assumptions can lead to stigmatisation. Mental health stereotypes are oversimplified, and often prejudicial beliefs or generalisations about individuals or groups are based on their mental health status.

These stereotypes are usually negative and can lead to stigma, discrimination, and misunderstanding about mental health and those who experience it.

This exercise is designed to raise awareness of stereotyping while also providing information on the topic. Decide if each of the following statements are a Myth or a Truth.

1

Depression is not a real illness

MYTH

Individuals with depression may often hear this from friends or family who do not understand their difficulties and who therefore lack sympathy/empathy with them.

However, depression, like any physical illness, takes a real toll on our health and wellbeing, and, like any illness, requires empathy and warrants effective treatment.

We would not expect someone with a physical condition such as diabetes or a leg fracture to just 'get on with it' without proper care, so why does this happen with depression?

2

Mental health conditions can affect anyone, regardless of age, gender, or social status

TRUTH

No one is immune to poor mental health. It can happen to anyone at any stage of life, but it can manifest itself differently. For example, men with depression can show more irritability and anger, while women are more likely to show sadness and hopelessness.

3

Depression and sadness are the same thing

MYTH

Depression is a serious illness with symptoms such as listlessness, insomnia and numbness that go far beyond normal sadness. In module 2 we will dive deeper into this.

4

Mental health and physical health are connected

TRUTH

Poor mental health can negatively impact physical health, and vice versa.

5

People with mental health concerns just need to get over it

MYTH

Mental illness is a medical condition, not a matter of willpower or strength.

6

Most mental health conditions can be successfully managed with the right support and treatment

TRUTH

Many people can recover and live fulfilled lives with the right treatment and support. Early intervention improves outcomes for people with mental health conditions. Seeking help early can lead to better recovery and management of poor mental health. Treatment for challenges in mental health is often multifaceted and tailored to individual needs.

7

Stress can trigger or exacerbate mental illness

TRUTH

Chronic stress and stressors are significant risk factors for decreased mental health and can exacerbate existing problems.

8

People with anxiety are antisocial and shy

MYTH

One common type of anxiety is social anxiety disorder, which tends to be manifested at social events where there are a lot of people. While social anxiety and shyness can be linked, this is not always the case. Plenty of extroverts who love being around people have social anxiety. They just need a break sometimes (or often) to make sure their symptoms do not completely take over. The term 'antisocial' has a negative connotation and can make someone feel like they are being rude for avoiding people. The term 'shy' tends to be used with children and can make someone with anxiety feel like a child for choosing to forgo social situations.

9

You cannot be mentally unwell and at the same time be successful

MYTH

Poor mental health does not have to limit an individual's potential or achievements. With proper treatment and support, many people with poor mental health can lead fulfilling and successful lives.

10

Students experiencing challenges to their mental health cause more work and are unreliable

MYTH

The opposite may often be the case. Many affected students even tend to overcompensate by wanting to perform particularly well, handing in their assignments very much on time and asking questions several times to be absolutely sure not to misunderstand anything.

2. Stigmatisation

2.1 Definition

There are many different definitions of stigma. The World Health Organization (WHO) defines stigma as:

“

Stigma occurs when a specific trait of a person or a group of people is viewed negatively. Society may come to see any person with that trait as different in an undesirable way – as “other” – leading to an unnecessary division between “us” and “them”. This is often followed by different and often worse treatment for the stigmatized group. For example, having a mental health condition may be seen as a weakness and as the person's fault. (WHO, 2024).

”

Stigmatisation can therefore take so many different forms, occur on multiple levels and can have such a strong impact on those affected that it can even be described as a ‘second illness’ (Angermeyer & Schulze, 2003).

2.2 Types of stigma and discrimination

Stigmas can take on different forms and occur at various levels, and they are often interrelated along with their effects. According to the *Lancet Commission on Ending Stigma and Discrimination in Mental Health* (Thorncroft et al. 2022), four types of stigma can be identified:

1 PUBLIC STIGMA encompasses the negative knowledge, attitudes, or behaviours exhibited by large segments of society towards individuals with mental health conditions. Mass media and increasingly social media play a major role within this context.

2 STRUCTURAL STIGMA Stigmatisation can be practised directly by individuals or groups, or indirectly through institutionalised mechanisms such as the law. Institutional and societal structures contribute to marginalisation, such as inadequate funding for mental health services or lack of support programmes. Often structural stigma leads to fewer opportunities for work, school, or social activities, or trouble finding housing.

3 SELF-STIGMA occurs when individuals internalise the prejudiced attitudes of others (for example, ‘I’m unwell because I am weak’ or ‘It’s my fault that I am not well’). This process can lead to low self-esteem and self-efficacy. Often, they anticipate future discrimination (anticipated discrimination).

4

STIGMA BY ASSOCIATION refers to negative perceptions or poor treatment directed at someone due to their relationship with a member of a stigmatised group, such as an individual with a mental health condition. Often, family members or friends are the primary targets of this stigma, but it can also extend, for example, to staff at mental health facilities, HEIs, government, or hospitals.

Mental Health Stigma: A Multifaceted Challenge

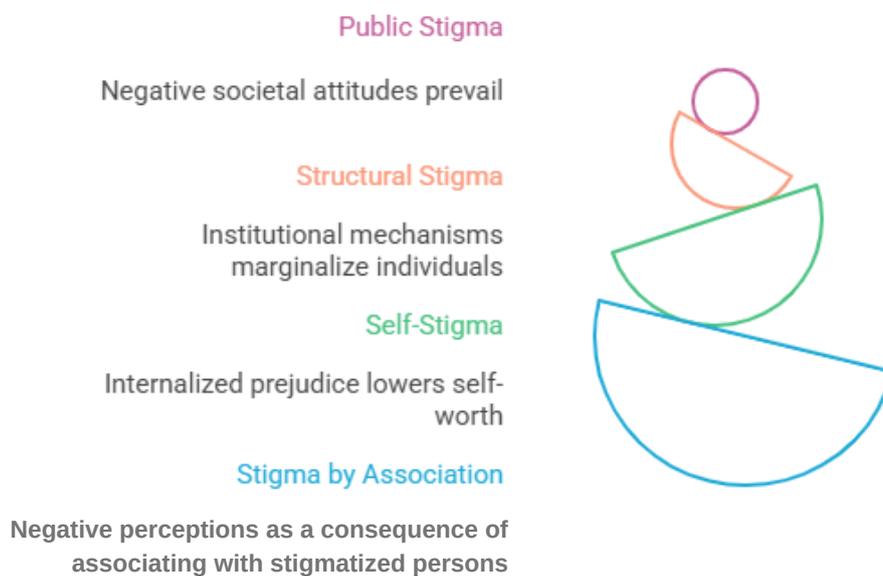


Figure 2: Challenges of mental health stigma

Studies show that LGBTQ+ people are more likely to experience mental health concerns than the heterosexual population. This is not due to sexual orientation or gender identity per se, but to the negative experiences and pressures that LGBTQ+ people face in society. Suicide rates are three times higher among LGBTQ+ youth and young adults (Hwahng & Kaufman 2024).

2.3 Effects of stigma on students in HEI-life

How can the described factors manifest themselves in HEI-life?

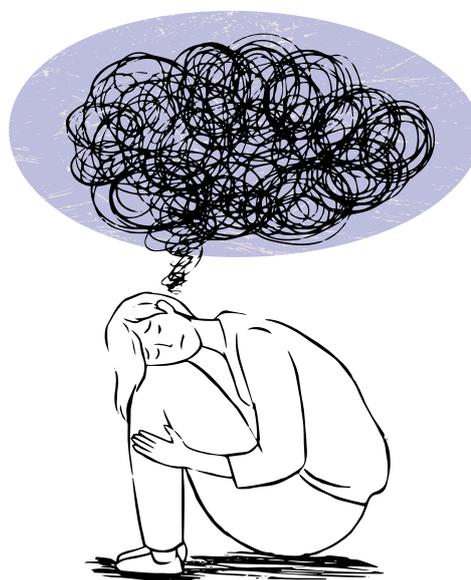
Let us look at the following scenario:

Lisa is a 24-year-old student who suffers from depression. She often has difficulties in completing her studies on time.

Once a teaching staff member told her that she just needs to try harder and she'll manage. Lisa feels misunderstood and pre-judged as less capable or undisciplined. She is also very afraid of speaking in front of large groups, but her lecturer insists that all students have to present in the same format for reasons of fairness.

In addition, a friend of Lisa's told her that she did not want to cooperate with her on a course assignment. There would be one grade for everyone, and the friend feared she would be disadvantaged. These experiences have reinforced Lisa's feelings of failure, powerlessness, and isolation.

Lisa feels increasingly worthless and begins to believe that she is not important enough to get help, to make use of counselling services, and that she is certainly the only student with such problems.



This example will be explored below to illustrate that stigma and discrimination manifest themselves at different levels, which are usually interrelated and mutually reinforcing:

PERSONAL IMPACT



Pressure to achieve: The competitive academic environment can make students with mental health conditions feel inadequate when comparing themselves to peers.

Students may experience **lowered self-esteem** and self-worth, as well as the belief that they cannot improve their situation.



Students with severe mental health conditions are often **isolated**, which weakens their social networks and can worsen their symptoms.

Many students avoid seeking professional help for **fear of being judged** for doing so and/or **the fear of academic consequences**. It also might be viewed as an unfair advantage by others, isolating them further and feeling judged by their peers.



They fear that sharing their struggles will result in **negative judgments** from peers and family.

HEI LIFE / LEARNING ENVIRONMENT



Academic impact: Stigma can cause students to ignore their problems, which affects their concentration, motivation, and academic performance.

Fear of prejudice from fellow students, teaching staff members, or potential employers prevents many from openly addressing their mental health challenges.



Teaching staff and fellow students may **doubt their ability to perform** academically or treat them unfairly when accommodations are requested.

Insufficient resources: HEIs may underfund mental health services, signalling that mental health is not a priority.



Policy gaps: There may be a lack of effective anti-discrimination policies at the HEI for students with mental health conditions.

WANT TO KNOW MORE ABOUT THIS TOPIC?

In *The Stigma of Mental Illness – Strategies Against Social Exclusion and Discrimination* Rüsç (2022) gives an overview of the knowledge necessary to understand and fight against stigma and discrimination.

The WHO (2024) published a *Mosaic toolkit to end stigma and discrimination in mental health*. Reducing stigma and discrimination can benefit families, societies, and economies – it can save lives. The toolkit offers practical guidance on how to reduce stigma and discrimination, based on three core evidence-based principles: leadership or co-leadership by people with lived experience, social contact, and inclusive partnerships. Find out more:

<https://www.who.int/europe/publications/i/item/9789289061384>

HONEST, OPEN, PROUD (HOP) is a three-session group program run usually by pairs of trained leaders with lived experiences with the objective of reducing the self-stigma associated with mental illness. They have adapted their modules for HEIs and made the content publicly available. Find out more:

<https://hopprogram.org/honest-open-proud-on-college-campuses/>

Patricia E. Deegan (American disability-rights advocate, psychologist and researcher) talks about her own healing journey:

<https://www.youtube.com/watch?v=yawlKbOvHHo>

REFLECTION QUESTIONS

Question 1

Have you ever made negative comments or jokes about mental health conditions in class?

Type Your Answer Here

Question 2

Have you ever used discriminatory language in class, and how could you better express yourself in future?

Type Your Answer Here

REFLECTION QUESTIONS

Question 3

Positive stereotyping is also possible. What might this look like?

Type Your Answer Here

Question 4

Are there certain behaviours or characteristics of students that make you treat them differently?

Type Your Answer Here

TEST QUESTIONS

Question 1

1

There are four main types of stigmatisation. Can you identify two of them?

- Public Stigma
- Cultural Stigma
- Stigma by Association
- Socioeconomic Stigma

Question 2

2

Name three possible impacts mentioned of stigma on students.

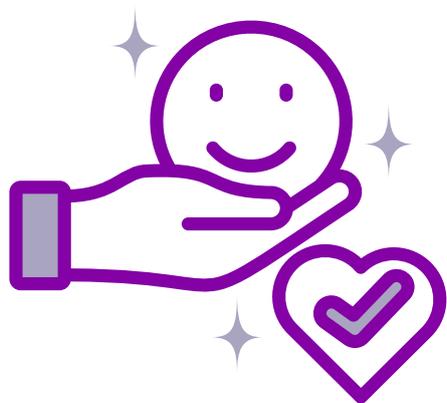
- Impact on focus and performance
- Lowered self-esteem and self-worth
- Students may behave aggressively towards those around them
- The students affected confront others with their issues
- Teaching staff and fellow students may doubt their ability to perform

COURSE

1.c

STAFF MENTAL WELLBEING

1. Why Staff Mental Wellbeing?



You may find it surprising that we continue with the topic of staff mental wellbeing before going into more detail regarding student mental health. The main reason for this is to stress that **you can only look after others and be a good role model if you first look after your own (mental) health.** In addition, if you are more sensitive to your own symptoms (for example, the physical, emotional, and behavioural signs of work-related stress), you will be better able to recognise them in others.

Against this background, this course aims to equip teaching staff with a deeper understanding of mental health challenges in academic settings.

Although academic employment in HEIs is characterised by a high degree of freedom and opportunities for professional development, the mental wellbeing of HEI staff is an increasingly relevant concern in academic environments (Seldon & Choudhury 2021).

According to a study by Kinman and Wray (2020), HE professionals report significantly higher stress levels compared to the general working population, with 53% of academic staff exhibiting signs of psychological distress. Factors such as job insecurity, heavy workloads, lack of work-life balance, pressure to publish, teaching demands, as well as the responsibility of supporting students further exacerbate these symptoms.

Job stress and poor workplace wellbeing can contribute to reduced productivity – both through absence and, more importantly, through presenteeism, where researchers attend work and are less productive. It can also lead to lower levels of commitment to their research and to institutions – which can be seen in high levels of turnover, but also in negative attitudes in the workplace (Guthrie et al. 2017). Left unaddressed over a longer period of time, these symptoms can manifest themselves in mental health conditions.

'Staff can only look after others and be a good role model if they first look after their own (mental) wellbeing'.



Reflection Question

What do you think: How does your own attitude towards your (mental) health influence your capability in supporting students?

2. Academic Daily Life and Mental Wellbeing

Only recently has (international) research been dedicated to HEIs as workplaces. The evidence available suggests that the **HE sector overall is not well equipped to respond to and support the mental health needs of staff**. We would like to list a few points that have been the subject of (limited) research to date that you may already be familiar with, illustrating also that the majority of HE employees have similar experiences. So, taking together the evidence reviewed, the following features broadly characterise the academic research environment (Guthrie et al. 2017):

- High proportions of staff are on **short-term contracts** with limited opportunities for progression.
- Culture of **long working hours with pressure** to deliver and significant potential for overlap between work and home life.
- **Need to balance** a mix of commitments – particularly research, teaching, and administration.
- Wide variation in the standard and style of leadership and supervision.
- Leaders receive little management training.

- Involvement in organisational **decision making is often low.**
- **High level of control** over personal working environment and day-to-day tasks.
- **Work is stimulating** and meaningful.

Summarising the studies that have been conducted to date on the working conditions of academics, the following risk factors and resources clearly emerge (Nicholls et al. 2022):

Risk Factors 	Protective Factors 
High level of work demands	Job autonomy, scope for action, and decision-making
Job insecurity/temporary employment	
Financial uncertainty	Flexibility of work organisation
Additional work or overtime	(Self-selected) subject areas; Opportunities for professional development
Lack of job control	
Work-life conflict	Appreciation of work from the social working environment
Social isolation	
High demands on concentration	Collegial cooperation
Perfectionism	Participation and communication opportunities
Self-doubt/"Impostor" thoughts	
Poor support from PhD supervisor	

Table 1: Risk factors for mental health in academic life

So far research has paid little attention to the **emotional labour** of teaching staff, which refers to the effort involved in managing and regulating emotions, especially when supporting students through sensitive or challenging concerns.

3. Understanding Stress: What is a reasonable amount of stress and what isn't?



The challenging work environment of academic professionals can often lead to stress, as we all know. But we still need to differentiate between acute stress (which can enhance focus and problem-solving abilities, boost energy and motivation in short bursts, and strengthen resilience when managed effectively) and chronic stress (see also course 2b).

Acute stress can, for example, be caused by:

- Meeting tight deadlines for research or administrative work.
- Navigating conflicts with colleagues or students.
- Giving an important lecture or presentation.
- Handling unexpected student crises.

Chronic stress often arises from factors such as:

- Long-term job insecurity or excessive workload.
- Workplace conflicts that remain unresolved.
- Balancing work-life demands without adequate support.
- Feeling undervalued.

4. Strategies for Prevention and Self-Care

Implementing strategies for stress prevention and self-care can be easier said than done, especially when considering the challenging working environment of HEIs, as well as facing the overall complexities of work and life.

Furthermore, unfortunately, these strategies cannot be discussed in detail during this training. We would nevertheless like to point out the importance of prevention, highlight organisational and personal strategies, and invite you to reflect on these and exchange ideas, not least in light of the advice you may give to your students struggling with their mental health.

Guthrie et al. (2017) point out that **general evidence on the effectiveness of interventions specifically designed to support the mental health of researchers is sparse. Few interventions are described in the literature, and even fewer of these have been evaluated.** Most of the interventions identified aim to support researchers in managing stress in the workplace, but may not be effective in addressing the underlying causes of this stress (which certainly would be the most important). The most common interventions can be broadly categorised into two groups:

INTERVENTIONS TO ADDRESS WORKPLACE FACTORS THAT IMPACT ON MENTAL HEALTH



- **Systemic change** aimed at improving the working conditions and job security of doctoral and postdoctoral researchers.



- **Flexible but realistic** working hours, in line with contractual arrangements. This also includes a realistic time frame for qualification work.



- **Mentoring programmes.**

- **Management and employment training.**



- **Group supervision.**

- Creation of **meeting spaces.**

INTERVENTIONS ON PERSONAL LEVEL



- **Strengthen work-related and personal resources** to enable self-determined and health-conscious behaviour in the work context, for example, the freedom to organise one's own work and time flexibility at work are valued, but should not be counteracted by the amount of work (overtime).



- Clearly **defining work hours**, limiting unnecessary meetings, and communicating workload limits to colleagues.



- **Balanced workload** by **setting realistic goals** for teaching, research, and administrative tasks. For instance: reserving specific days for research or allocating fixed hours for administrative duties can create a structured routine.



- **Regular breaks:** The importance of breaks during working hours to recharge cannot be overstated. Techniques such as the Pomodoro Technique (working in focused intervals with breaks) can enhance productivity while reducing stress.



- **Setting boundaries:** Overcommitment often stems from taking on too many responsibilities, which can lead to stressful situations. Learning to decline additional tasks when they exceed capacity is essential – polite but firm responses, such as ‘I’d love to help, but my workload won’t allow me to give this the attention it deserves’, can help manage expectations while preserving professional relationships.



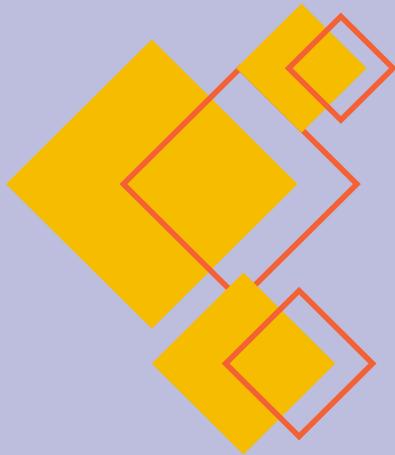
- Many researchers have a high degree of **perfectionism**: ask yourself what the exact reasons behind this are and what this could be a compensatory strategy for.



- **Physical wellbeing:** Regular exercise, healthy eating, and sufficient rest enhance energy levels, improve focus, and reduce stress. A well-maintained body supports a well-functioning mind.



- **Hobbies and leisure:** Pursuing non-academic interests, such as music, gardening, or painting, provides a creative outlet and a sense of fulfilment beyond work responsibilities.



Keep in mind: What you recommend to your students is, of course, also valid for you: Seeking professional support (counselling, therapy) should be normalised as a proactive step toward wellbeing rather than a reaction to crisis.

WANT TO KNOW MORE ABOUT THIS TOPIC?

Nicholls et al. (2022) conducted a systematic review and qualitative meta-synthesis on the impact of working in academia on mental health and well-being:

Nicholls H, Nicholls M, Tekin S, Lamb D, Billings J (2022) The impact of working in academia on researchers' mental health and well-being: A systematic review and qualitative meta-synthesis. PLoS ONE 17(5): e0268890

<https://doi.org/10.1371/journal.pone.0268890>

REFLECTION QUESTIONS

Question 1

You will probably already be familiar with some of the listed recommendations on prevention and self-care and have already tried some of them: What often prevents you from consistently implementing the suggested strategies in your everyday work?

Type Your Answer Here

Question 2

Identify three strategies you would like to implement to improve your work-life balance. How would it be possible to integrate them into your daily routine?

Type Your Answer Here

TEST QUESTIONS

Question 1

1

Why is staff mental wellbeing so important?

Only healthy employees can be high-achieving

Only healthy employees who look after their own mental-wellbeing can look after others

Question 2

2

Name three of the possible strategies discussed for prevention of stress and self-care.

Setting boundaries

Reduction of perfectionism

Binge-watching your favorite series

Treating yourself with junk-food

Clearly defining work hours and regular breaks

COURSE

1.d

UNDERSTANDING THE ROLE OF TEACHING STAFF SUPPORTING STUDENT MENTAL HEALTH

Teaching staff in HEIs play a crucial role in fostering a supportive environment for students. However, there is a fine line between providing support and overstepping professional boundaries. **This course aims to reflect on the significance of support roles in higher education while emphasising the need to maintain professional boundaries.** Teaching staff often serve as the first point of contact for students facing mental health concerns. Although they play a crucial role in creating an inclusive and supportive environment, it is essential to recognise the limits of their responsibilities and understand when to refer students to mental health professionals.

**To get started, we would like to invite you to reflect:
In your opinion, how would you define your role and
responsibility regarding student mental health?**

1. Understanding Your Role

Responding to student mental health concerns now appears to be an inevitable part of the role of teaching staff. To understand more about how academics/teaching staff are managing student mental health, Hughes et al. (2018) interviewed 52 academics at five HEIs in the UK. Here are some of their key findings:



The role and responsibility of teaching staff, in relation to student mental health, is ambiguous and lacking in clarity. This leads to weak and uncertain boundaries and increased risk to students, staff and HEIs.

Most teaching staff recognised that their roles involve providing pastoral care. They described themselves as being on the frontline of student wellbeing, as they are more readily accessible than support services and sometimes have established relationships with their students. They expressed the belief that academic and pastoral responsibilities are not easily separable since academic issues often stem from non-academic causes.

Striking the right balance between pastoral and academic duties is complex and nuanced, requiring more than just structural definitions; students tend to seek support from approachable teaching staff regardless of how their roles are defined. The ambiguity surrounding an academic's role in relation to student mental health complicates the establishment and maintenance of boundaries.

Often confusion about role boundaries seem to be systemic: some feel that blurred lines are perpetuated at an institutional level, leading them to undertake inappropriate tasks such as assessing student needs and triaging. **For many it remains unclear whether this responsibility lies with individual academics, departments, or the broader HEI.**

When clarifying responsibilities, it is crucial to consider after-hours obligations, as many academics respond to distressed students during evenings and weekends. The current lack of clarity around these responsibilities often results in time, effort, and emotional resources being directed towards protective and defensive behaviours rather than providing effective support for students.



The accessibility of teaching staff and uncertainty about their role makes it more difficult to maintain boundaries.

Teaching staff feel they have limited capacity to safeguard their time and restrict student interactions to designated hours during the work week. Emails pose a significant challenge in this regard. It is difficult for teaching staff to **uphold appropriate boundaries and ensure that students receive consistent, reliable, safe, and effective support** when necessary.



Responding to student mental health concerns is now an inevitable part of the role of teaching staff, but many do not feel that the necessary structures and cultures exist to support them in this work.

Teaching staff frequently serve as the first point of contact for students in distress or mental health concerns. In front-line roles that involve responding to individuals facing challenges, there is typically a clear framework of responsibility and comprehensive support, including supervision. However, this is not the case for teaching staff, which **currently poses risks for students and causes stress for faculty members. Teaching staff require clear and easily accessible procedures to follow when assisting a student in distress**, including mechanisms for sharing or transferring responsibility and establishing boundaries. But merely documenting a role description or placing guidance on the HEI intranet will not solve this issue.

Many academics reported feeling a conflict between the limitations of their defined roles and the inherent responsibility they feel toward supporting distressed students. Given that students are likely to continue reaching out—**this challenge persists** and a more fundamental shift in culture and management is required. In addition, teaching staff felt that they were not equipped or supported to respond to student mental health problems and most participants had little or no training either in mental health or how to support students generally. As a result, they are drawing entirely from their own experience or personal support networks, leaving new staff members particularly vulnerable.



Referral is a complex and nuanced task requiring skill, insight and knowledge. These abilities cannot automatically be assumed to exist within academics.

Many teaching staff members recognise their responsibility to guide students facing mental health challenges toward appropriate support. However, the task of referral is often more complex than it initially seems. To refer effectively, academics must be able to:

1. **Identify when a student may benefit** from support due to mental health issues.
2. **Pinpoint relevant services** and explain how to access them.
3. **Articulate how and why** a particular service could assist the student while fostering hope to motivate them to seek help.

Each of these steps presents various psychological, practical, and skill-based challenges. There are also significant difficulties in recognising when a student is struggling with their mental health. While identifying concerning changes in student behaviour can aid in this process, it becomes challenging in large class settings. Additionally, teaching staff find it hard to distinguish between concerning behaviours and emotions (such as lack of sleep or stress) and what might be considered typical student experiences.

Students may also share their mental health struggles during conversations with them, either spontaneously or prompted by proactive questions. Due to the ambiguity surrounding their roles, they are left to make individual judgments about how proactive they should be in encouraging students to disclose mental health issues. As a result, students may feel uncertain about the type of response they will receive if they approach their lecturers for support.

As students are often unwilling to seek professional health services, **referral also requires proactive encouragement**. Barriers to promoting help-seeking behaviours included students' perceptions of stigma and their reluctance to change the established familiarity of their relationship with the academic. Some teaching staff members may be unable to be assertive in guiding students toward support while still providing assistance to those in distress, as they worry that something could go wrong. Regarding referral see also CALMER 'refer'-part on page 144.



Responding to student mental health concerns can have a substantive, negative impact on staff wellbeing.

Addressing the diverse and complex issues that students bring to teaching staff can have lasting cognitive, emotional, relational, and practical effects, like impacts on sleep and home life, concerns about students that extend beyond work hours, feelings of exhaustion, and negative repercussions for their own emotional and mental wellbeing.

To summarise the most important message of the report findings: while the role of teaching staff in relation to student mental health is seen as inevitable, a clear definition of their responsibilities and structural support are needed to meet both the needs of students and the wellbeing of teaching staff.

2. Practical Example

So, what defines your role as teaching staff? The following scenario may help to clarify a bit:

Dr. Smith is approached by a student, Alex, who expresses feelings of depression and an inability to focus on studies. Although Dr. Smith is known for being approachable and supportive, she does not have formal training in mental health support.

***Her role in this situation is not to diagnose or treat Alex's distress but to listen empathetically and guide Alex toward professional help.** She acknowledges Alex's concerns, validates her emotions, and provides information on the existing counselling services of their institution.*

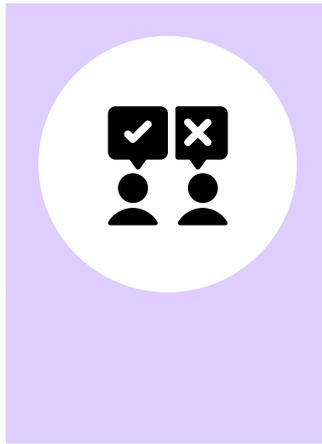
*If Alex's distress appears severe, such as expressing thoughts of self-harm or prolonged emotional turmoil, **Dr. Smith must recognise that immediate professional intervention is required.** In such cases, referring Alex to and notifying the (emergency) mental health services ensures timely support.*

Dr. Smith's role remains crucial in bridging the gap between the student and necessary care while respecting the limits of her expertise.

Dr. Smith's role

Pros

-  Empathetic listening
-  Guidance to services
-  Bridging the gap



Cons

-  Lack of training
-  Risk of overstepping
-  Confidentiality limits

Figure 3: Recognise your role

What Dr. Smith should NOT do:

- ***Try to diagnose or offer therapy*** – she is not trained to assess mental health conditions.
- ***Minimise Alex's feelings*** – saying things like 'You'll be fine, just focus on your studies' could make Alex feel unheard.
- ***Promise confidentiality in crisis situations*** – if Alex is at risk of harm, Dr. Smith has a duty to report the issue.

Students' Expectations:

During the needs analysis-workshops with students and teaching staff in the SUNMENTORS project, one thing became very clear: Staff were concerned about overstepping their role, but also about students expecting or demanding too much of them. **The students, on the other hand, made it very clear that that they do not expect much at all except one thing: kindness and responsiveness.** And not in the sense that they expect staff to be available around the clock, but simply to be available at all (in terms of responding to emails, etc.).

In light of this, the following book is highly recommended:

Catherine J. Denial, A Pedagogy of Kindness. University of Oklahoma Press, 2024.

*Denial's approach is not about **'being nice'**, but about **three key factors**: 'justice', 'believing students' and 'believing in students'. She also provides recommendations regarding the kind design of learning environments and assignments in HEI.*

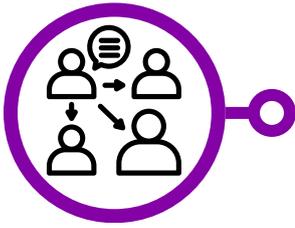
You can learn more about this in this podcast:

<https://teachinginhighered.com/podcast/a-pedagogy-of-kindness/>

3. Maintaining Boundaries While Providing Support: General recommendations

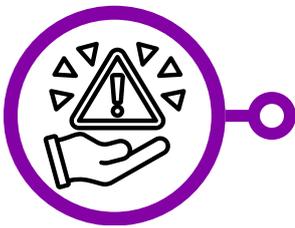
Being aware of one's own role, acting accordingly, and being able to set boundaries is ultimately a very individual matter. However, the structures and formal regulations of HEIs play a very important role in this. As already mentioned, most HEIs are still in the early stages when it comes to mental health in general and student mental health in particular.

However, this training (and its invitation to reflect) is an important first step. General initial recommendations for HEIs and teaching staff, such as those published by Hughes et al. (2018), are the following:



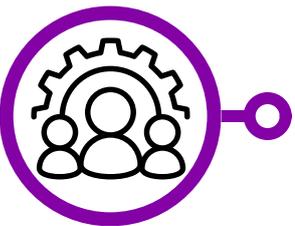
REFERRAL

Teaching staff should receive more comprehensive support and training to appropriately and effectively refer students to relevant services. Student Services need to be resourced and supported to provide a comprehensive, effective, and diverse service provision for students.



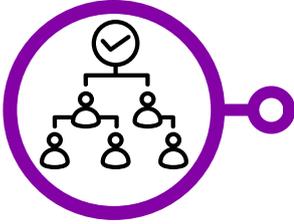
LIMITS

As part of the comprehensive approach to student mental health, it must also be clear where the limits of the role of teaching staff lie and also what to do if students refuse help and support. In most cases, there is no choice but to accept this, while at the same time signalling that the door remains open.



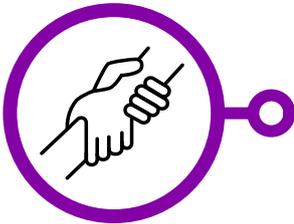
STAFF MENTAL WELLBEING

In addition to a clearer understanding of responsibilities and support for effectively managing boundaries, teaching staff should have more accessible and visible resources for their own support, as well as assistance in developing the skills and mindset needed to appropriately handle potential impacts. HEIs should also strive to cultivate open cultures that promote the wellbeing of the entire HEI community.



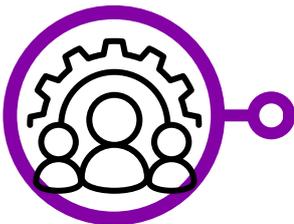
ROLE CLARITY

There is a pressing need for HEIs to engage in discussions and establish a clear definition of the teaching staff's role concerning student mental health. HEIs should take into account the contributions of academics within a comprehensive approach to student mental health. In this context, it is essential to acknowledge and accept the current roles that academics fulfil, so they can receive a clearer, more precise, and nuanced understanding of their responsibilities and boundaries. HEIs ought to clarify the specific responsibilities that teaching staff hold (such as those related to duty of care) and delineate where overall accountability for student wellbeing resides.



RECOGNITION

HEI must recognise the unavoidable role teaching staff are now playing in responding to student mental health, create open spaces for discussion and learning, and provide ongoing support and accessible training. In addition, the time cost of supporting students' needs to be appropriately recognised by the institutions. Teaching staff need adequate preparation for their role. This should include clear and accurate descriptions of the expectations of the role and training.



SUPERVISION

In addition to published guidelines, it is important for teaching staff to work in an environment where they can easily seek help and advice from individuals with relevant experience and/or exchange in peer groups.

WANT TO KNOW MORE ABOUT THIS TOPIC?

You can find the full report about the **role of academics in student mental health** here:

Hughes, G., Panjawni, M., Tulcidas, P., & Byrom, N., Dr. (2018). Student Mental Health: The role and experiences of academics (Rep.). Oxford: Student Minds.

https://www.researchgate.net/publication/340863412_Student_mental_health_The_role_and_responsibilities_of_academics

REFLECTION QUESTIONS

Question 1

What is your opinion on the recommendations mentioned above? Which of them would be particularly important for you and your institution, and how could they be implemented?

Type Your Answer Here

TEST QUESTIONS

Question 1

1

Why is it so difficult for teaching staff to adequately support students with mental health concerns?

Students often reveal too much about themselves and expect their lecturers to support them with their personal problems.

The role and responsibility of teaching staff, in relation to student mental health, is ambiguous and lacking in clarity. This leads to weak and uncertain boundaries and increased risk to students, staff and HEIs.

Question 2

2

Name two of the mentioned HEI key recommendations.

HEIs need to establish a clear definition of the teaching staffs' role concerning student mental health.

As part of the comprehensive approach to student mental health, it must also be clear where the limits of the role of teaching staff lie, and what to do if students refuse help and support.

Teaching staff should worry less about crossing boundaries or saying something wrong.

CONCLUSIONS



Mental health concerns among HEI students are increasingly prevalent, particularly those aged 18-24 are at high risk for mental health concerns, with three-quarters of mental health conditions manifesting before this age. These issues have been exacerbated in recent years by factors such as heightened academic pressure, financial insecurity, and social isolation, especially during the COVID-19 pandemic. **The challenges of adapting to HE life, such as leaving home, establishing new social networks, and adjusting to academic demands, can amplify these risks.** For students from diverse backgrounds, such as those from socio-economically disadvantaged backgrounds or international students, the risk of mental health difficulties is even greater.



For many students, stigma is often a higher burden than the condition itself. **Stigma manifests itself in negative beliefs and stereotypes, prejudice, and discriminatory behaviour, which can have a significant impact on both the wellbeing and academic success of students.** In a HEI environment, these factors can lead to students feeling isolated and afraid to seek help or openly discuss their problems. Self-reflection on potentially unconscious stereotypes and stigma-sensitive language can help to create a supportive and inclusive learning environment.



In order to be a good role model and also being able to recognise warning signs and critical behaviour in others, it is important for teaching staff to take their own mental health and wellbeing seriously.

CONCLUSIONS



This also includes becoming aware of their own performance-based thinking and expectations of themselves and others, as well as identifying areas where **self-care strategies can be implemented, so that they do not take on too much in the challenging everyday academic environment.**

Self-care also involves becoming aware of one's own role and its limitations. However, reflecting on and communicating these role expectations is primarily the responsibility of the HEI and its comprehensive approach to the mental health of students and staff.

REFERENCES

Auerbach, R. P., Mortier A. M., Kessler, R. C., & WHO WMH-ICS Collaborators. (2018). The WHO mental health surveys international college student project: prevalence and distribution of mental disorders. *Journal of Abnormal Psychology*, 127(7), 623–638. <https://doi.org/10.1037/abn0000362>

Eisenberg, D., Hunt, J., & Speer, N. (2016). Mental health in American colleges and universities: Variation across student subgroups and across campuses. *The Journal of Nervous and Mental Disease*, 204(1), 60–67. <https://doi.org/10.1097/NMD.0b013e31827ab077>

Guthrie, S., Lichten, C. A., Van Belle, J., Ball, S., Knack, A., & Hofman, J. (2017). Understanding mental health in the research environment: A Rapid Evidence Assessment. *RAND Health Quarterly*, 7(3), Article 2. <https://pubmed.ncbi.nlm.nih.gov/29607246>

Hughes, G., Panjawni, M., Tulcidas, P., & Byrom, N., Dr. (2018). *Student Mental Health: The role and experiences of academics (Rep.)*. Oxford: Student Minds.

Hwahng, S. J., & Kaufman, M.R. (Eds.) (2024). *Global LGBTQ Health. Research, Policy, Practice, and Pathways*. Springer. <https://doi.org/10.1007/978-3-031-36204-0>

Kinman, G., & Wray, S. (2020). *Higher stress. A survey of stress and well-being among staff in higher education*. Education Support Partnership.

Mason A., Rapsey C., ..., & Bruffaerts, R. (2025). Prevalence, age-of-onset, and course of mental disorders among 72,288 first-year university students from 18 countries in the World Mental Health International College Student (WMH-ICS) initiative. *Journal of Psychiatric Research*, 183, 225–236. <https://doi.org/10.1016/j.jpsychires.2025.02.016>

Schulze, B. & Angermeyer, M. C. (2003). Subjective experiences of stigma. A focus group study of schizophrenic patients, their relatives and mental health professionals. *Social Science & Medicine*, 56(2), 299–312. [https://doi.org/10.1016/S0277-9536\(02\)00028-X](https://doi.org/10.1016/S0277-9536(02)00028-X)

REFERENCES

Nicholls, H., Nicholls, M., Tekin, S., Lamb, D., & Billings, J. (2022). The impact of working in academia on researchers' mental health and well-being: A systematic review and qualitative meta-synthesis. *PLOS ONE*, 17(5), e0268890. <https://doi.org/10.1371/journal.pone.0268890>

Ousman, Y., & Nazir, T. (2023). Loneliness among University Students as a Growing Concern. *Journal of Family, Counseling and Education*, 8(2), 86–99. <https://doi.org/10.32568/jfce.1312556>

Payne, H. (2022). Teaching Staff and Student Perceptions of Staff Support for Student Mental Health: A University Case Study. *Education Sciences*, 12(4), 237. <https://doi.org/10.3390/educsci12040237>

Rüsch, N. (2022). *The Stigma of Mental Illness: Strategies against social exclusion and discrimination*. Elsevier.

Seldon, A., & Choudhury, S. (2021). *The well-being of university staff: A growing concern in higher education policy*. Higher Education Policy Institute.

Shim, Y. R., Eaker, R., & Park, J. (2022). Mental Health Education, Awareness and Stigma Regarding Mental Illness Among College Students. *Ment Health Clin Psychol* 6(2): 6–15. <https://doi.org/10.29245/2578-2959/2022/2.1258>

Thornicroft, G., Sunkel, C., ..., & Winkler, P. (2022). The Lancet Commission on Ending Stigma and Discrimination in Mental Health. *The Lancet*, 400(10361), 1438–1480. [https://doi.org/10.1016/S0140-6736\(22\)01470-2](https://doi.org/10.1016/S0140-6736(22)01470-2)

Whyte, E., Payne, H., & Hajilou, B. (2024). Staff Confidence in Supporting Student Mental Health: Outcomes from a Survey. *Education Sciences*, 14(8), 869. <https://doi.org/10.3390/educsci14080869>

World Health Organization. (2024). *Mosaic toolkit to end stigma and discrimination in mental health*. WHO Regional Office for Europe. <https://www.who.int/europe/publications/i/item/9789289061384>

FURTHER RESOURCES

Armstrong-Astley, R., Flynn, D., Dooley, B., & Fox, T. (2022). How counselling and peer-led services can optimise student success: an integrated approach to student mental health and wellbeing in higher education. <http://hdl.handle.net/10197/25991>

Corrigan, P. W., Kerr, A., & Knudsen, L. (2005). The stigma of mental illness: Explanatory models and methods for change. *Applied and Preventive Psychology*, 11(3), 179–190. <https://doi.org/10.1016/j.appsy.2005.07.001>

Goffman, I. (1963). *Stigma. Notes on the Management of Spoiled Identity*. Touchstone.
National Association of Student Personnel Administrators (NASPA). (2021). *Faculty and staff as mental health allies: Best practices for supporting student well-being*.

2020

Basic Mental Health Knowledge

MODULE OBJECTIVES

This module aims to equip teaching staff in higher education with essential knowledge about stress, depression, and anxiety disorders, focusing on their symptoms, early detection, and impact on students' academic performance and social wellbeing. Participants will learn to distinguish between normal stress and clinically significant mental health conditions with special attention to the continuum model of mental health. The course emphasises the importance of early intervention and provides practical strategies for recognising signs of psychological distress. Special attention is given to high-achieving students, whose academic success may mask mental health challenges.

TOPICS

- Concepts of mental health and stress.
- Definition and characteristics of depression and anxiety disorders in HEI students.
- Common psychological, cognitive, and physical symptoms of depression and anxiety.
- The impact of depression and anxiety disorders on academic performance and student wellbeing.
- Depression and anxiety in high-achieving students: signs and challenges.



LEARNING OUTCOMES

Knowledge

- Define depression and anxiety, differentiating them from temporary stress or sadness.
- Understand the academic and social impact of depression and anxiety on students.

Skills

- Detect early warning signs of depression and anxiety in students through behavioural observations.
- Recognise the signs of depression and anxiety in high-achieving students.

Autonomy / Responsibility

- Promote awareness and reduce stigma around depression and anxiety disorders within academic institutions.
- Provide a supportive and non-judgmental space for students to express their challenges.

INTRODUCTION



As students navigate the complexities of academic life, they often face significant stressors that can exacerbate existing mental health issues or give rise to new ones. Early recognition and intervention are essential to address these challenges and support the mental health of students. HE teaching staff often serve as the first point of contact for students who may be struggling. **By recognising early signs of mental health issues, HE teaching staff members can intervene before problems escalate, helping to mitigate long-term consequences.** Early identification allows for timely support, which can lead to better academic performance, improved social interactions, and overall wellbeing. Students who prior to starting HE are already struggling with (serious) mental health problems also benefit from detection of (early) warning signs, so they can access the available support options as quickly as possible.



Additionally, integrating mental health awareness into the campus culture and creating a supportive classroom environment that fosters open communication, can **reduce stigma and make students feel more comfortable** in addressing possible mental health struggles.



This module focuses on the concepts of mental health, stress, and the mental health conditions that are most common in student populations: depression and anxiety. The module provides insights into the concerns and their impact on academic functioning, paying extra attention to the particular cases of high achieving students.



Please note: this module contains descriptions of severe psychiatric symptoms. Read with care and take a break if needed.

Concepts of mental health – Stress – Depression – Anxiety – Academic impact – High achieving students

COURSE

2.a

CONCEPTS OF MENTAL HEALTH

Before we dive deeper into the next courses, let's clarify what we mean by mental health and mental illness. There are many – sometimes quite different – definitions and concepts in circulation, many of which have to do with a particular attitude.

1. Definition of Mental Health

The WHO defines mental health as a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community (WHO, 2022).



Mental health is a fundamental aspect of overall health and wellbeing. It forms the foundation of our ability to make decisions, build meaningful relationships, and shape the world around us. As a basic human right, mental health is essential not only to individual fulfillment but also to the development and resilience of communities and societies at large.

Mental health goes beyond the mere absence of mental health concerns. **It exists along a complex continuum, experienced differently by each individual.** This continuum encompasses varying levels of difficulty and distress, which can lead to diverse social and clinical outcomes.

Mental health conditions include a range of experiences such as **mental issues, psychosocial disabilities, and other mental states that are associated with significant distress, functional impairment, or an increased risk of self-harm.** While these conditions can impact wellbeing, it is important to recognise that not all individuals with mental health conditions experience poor mental wellbeing, and outcomes can vary significantly (WHO, 2022).

2. Mental Health as a (Dual) Continuum

Many concepts and some (older) definitions make a distinction between mental health and mental health conditions. This distinction is based on the assumption that it is possible to clearly identify when a mood or behaviour no longer aligns with social norms and can be considered pathological, that is, diagnosable according to specific criteria. This issue has been the subject of complex debate for decades.

While we cannot go into further detail here, it is important to highlight that concepts of mental illness often represent two sides of the same coin:

The downside is the label of being different from certain social norms and behavioural expectations. Mental health conditions are often still less accepted than physical illnesses (see course 1b). **The upside is a better understanding of the condition and access to therapeutic and medical treatment.** A diagnosis can therefore often be a relief for those affected, especially because it may entitle them to certain forms of support or compensation in many countries – for example, the right to appropriate examination conditions.

So, while a diagnosis (and thus a demarcation between ‘healthy’ and ‘ill’) can often be helpful for those affected, it is also a distinction that cannot simply be drawn, **because health and illness are to be seen on a continuum rather than between two poles.** Against this background, we advocate the continuum model because it does not draw clear boundaries between ‘healthy’ and ‘ill’, but rather assumes that all feelings – whether positive or negative – are part of being human and therefore normal. What differs is the intensity and duration of these feelings. It is also important to distinguish between life crises and periods of mourning, for example, following the loss of a relative.

According to the continuum model (Keyes & Lopez, 2002), our mental health – just like our physical health – is based on an interplay between ‘deficits’ and resources and is located on a spectrum, as the following figure illustrates:

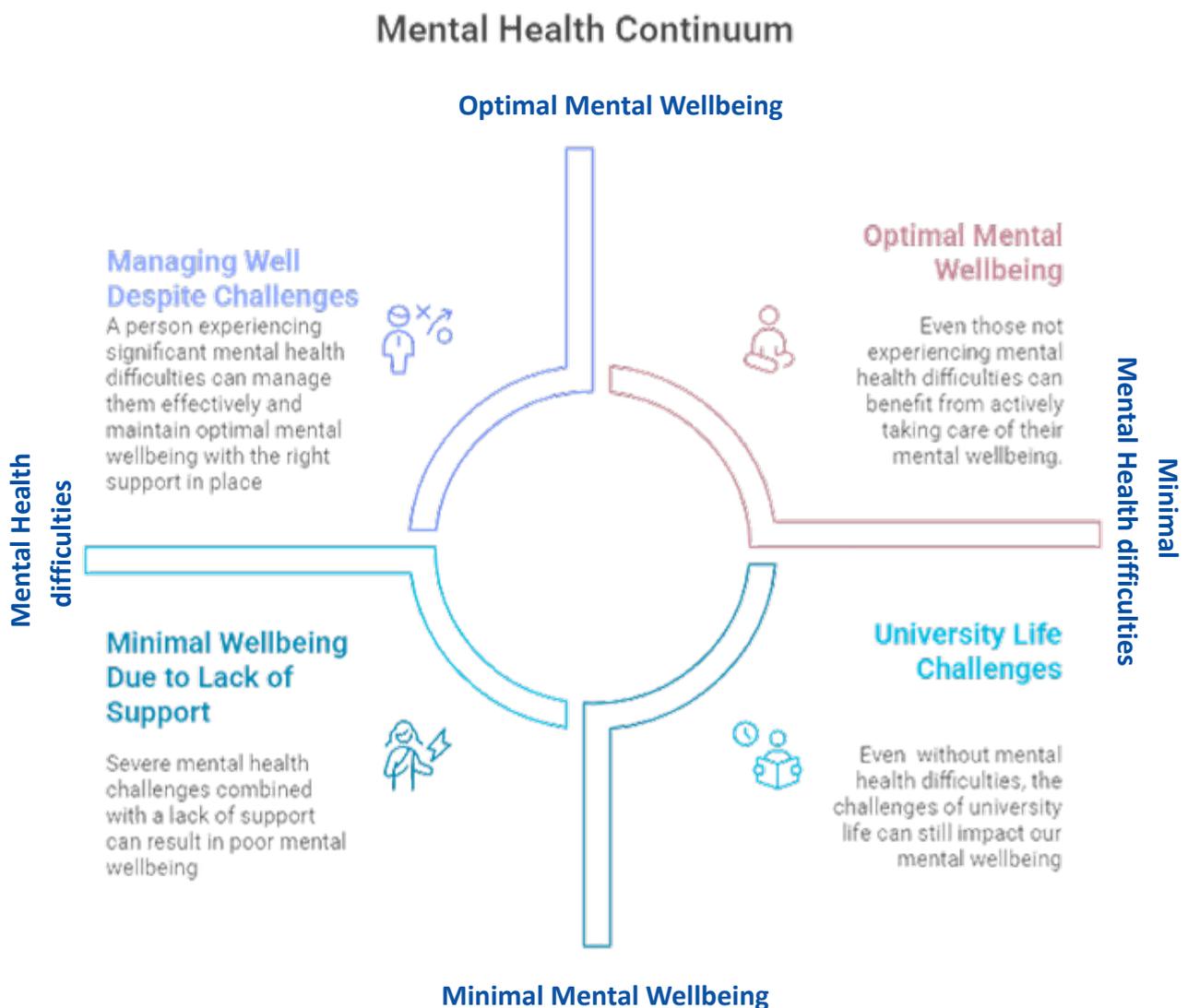


Figure 4: The mental health continuum

The dual continuum model demonstrates that **the absence of mental health concerns does not guarantee the presence of wellbeing, and that mental health concerns do not inevitably lead to low wellbeing.**

Someone can have a diagnosis of a mental health condition, but still cope well and have positive mental wellbeing. Against this background, student mental health and student wellbeing cannot and should not be separate concepts.

WANT TO KNOW MORE ABOUT THIS TOPIC?

Student minds developed a video about this that is really worth taking a look at: <https://www.youtube.com/watch?v=xNjizKCL1Uo>

REFLECTION QUESTIONS

Question 1

Think critically about the definition and the dual continuum of mental health. Does it help you to look at mental health (illness) in a broader perspective? Do you sometimes under- or overestimate students because of their mental health or mental illness?

Type Your Answer Here

TEST QUESTIONS

Question 1

1

Which of the following statements best describes the dual continuum model of mental health?

It separates mental health and mental illness into two categories.

It suggests that mental health and mental illness are two ends of the same spectrum.

It shows that mental health and mental illness can coexist and vary independently.

It defines mental illness as the complete absence of mental wellbeing.

COURSE
2.b

STRESS



Before diving into the specifics of depression and anxiety, it's important to address stress as a crucial factor in a students' mental wellbeing. Whether it's about making 'the right' study choice, moving away from home to a campus, taking on an internship or a job, giving a presentation, or going to an exam, study life is inherently connected to stressful experiences.

Stress refers to the process of adapting to a constantly changing or challenging environment, both physically and mentally. Stress is important; it keeps students alert, motivated and – in extreme cases – able to avoid danger. If a student has an important exam coming up, a stress response can enhance focus, improve the ability to absorb a lot of information in a short time, and keep the body awake longer.

While stress is a natural and essential response that helps navigate student life successfully, it can also become overwhelming. **When stress becomes excessive or prolonged, when students overreact to stress, or have too little periods of relief and relaxation, it may contribute to both psychological and physical health issues.** The following table shows the four types of stress and their impact on students in HEIs (Chu et al., 2024).

Type of Stress 	Description 	Impact on students 
Acute Stress	Short-term stress arising from immediate challenges, impactful changes, or threats.	Can be positive or negative. Increased alertness and focus and motivation to meet deadlines. Emotional distress and physical stress symptoms.
Episodic Acute Stress	Regular episodes of acute stress, for example, exam periods.	Irritability and mood swings. Negative impact on academic performance. Physical stress symptoms.
Traumatic Stress	Stress arising from a traumatic event such as a car accident.	PTSD-like symptoms. Reduced concentration and motivation. Social isolation and decreased academic engagement. Physical stress symptoms.
Chronic Stress	Long-term stress resulting from ongoing issues such as constant academic pressure.	Reduced concentration and memory loss. Physical stress symptoms like fatigue and exhaustion. Can contribute to anxiety and depression.

Table 2: Description and impact of different types of stress on students

Figure 5 shows the severity of psychological and physical symptoms due to stress. For teaching staff in HEIs, it's therefore important to be aware of the difference between 'healthy stress' and chronic stress, and to **keep an eye out for students that might get overwhelmed by academic life.**

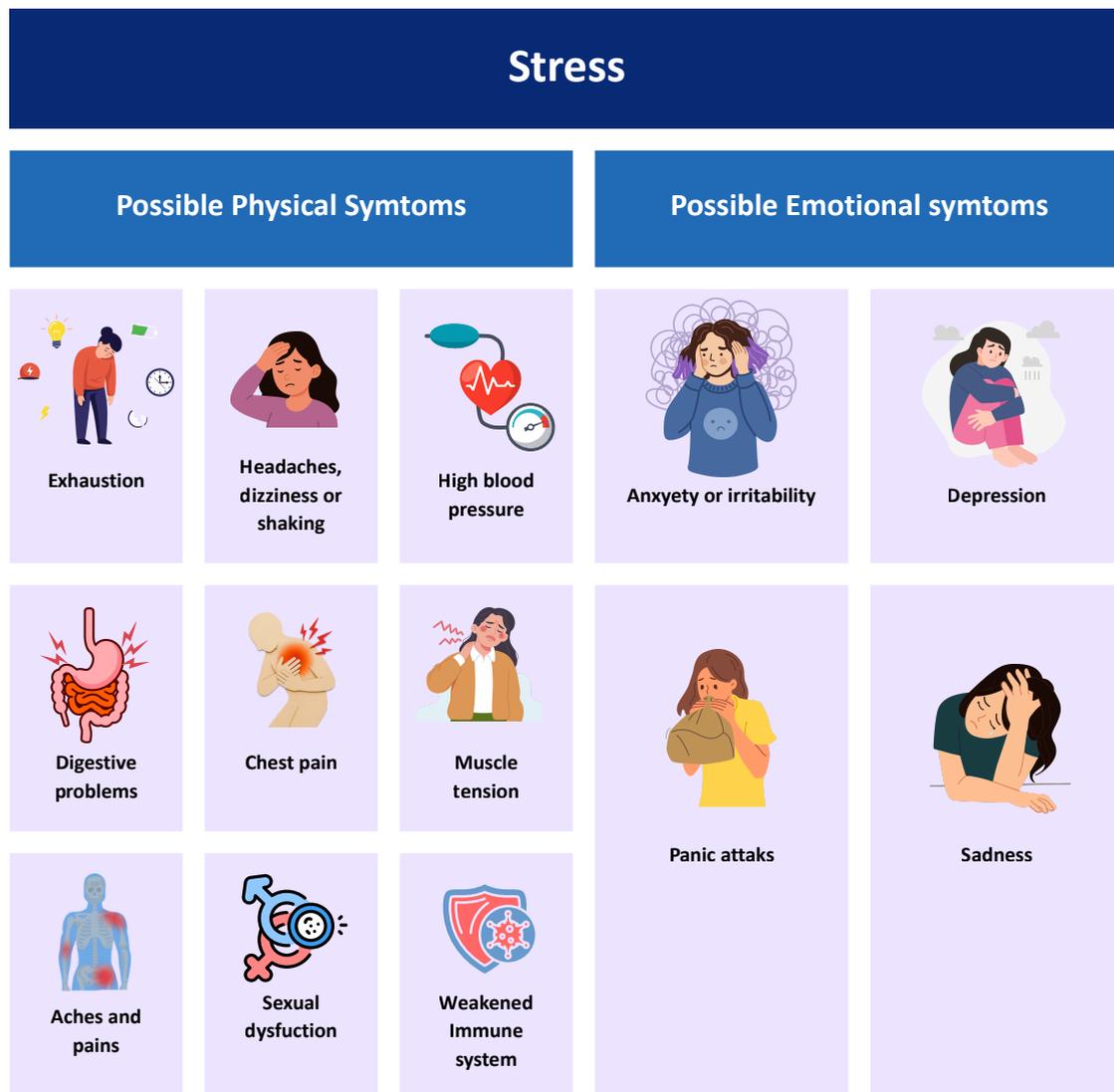


Figure 5: Physical and emotional symptoms due to stress

WANT TO KNOW MORE ABOUT THIS TOPIC?

This animated video shows how (chronic) stress affects your brain
<https://www.youtube.com/watch?v=WuyPuH9ojCE>

REFLECTION QUESTIONS

Question 1

Think critically about how you perceive 'stress'. Do you look at it in a positive, negative or nuanced way? What do you think are advantages of stress for students that you work with? And what might be disadvantages?

Type Your Answer Here

TEST QUESTIONS

Question 1

Emma is a second-year student at your HEI. Recently, she has been experiencing significant stress due to demanding academic work, combined with a part-time job and a busy social life. Emma is experiencing signs of chronic stress.

1

Which of the following symptoms could Emma be experiencing? There are multiple right answers.

- Reduced concentration and memory loss
- Increased motivation to meet deadlines
- Physical stress symptoms
- Signs of anxiety and depression
- Increased alertness and focus



DEPRESSION

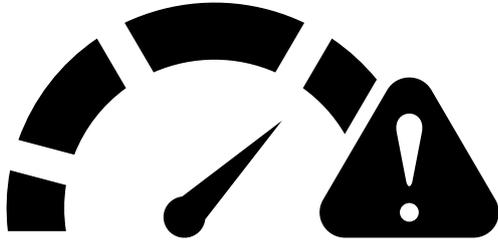


1. What is Depression?

Depression is a common mental health condition characterised by **persistent feelings of sadness, loss of interest/joy, and a range of emotional, cognitive, and physical difficulties.**

While it is normal to feel sad or down at times, it is vital to distinguish between temporary stress or sadness and clinical depression. Sometimes, students just feel down for no particular reason. Temporary stress, often triggered in students by specific events such as exams, relationship issues, or financial concerns, is usually short-lived and resolves with time or coping strategies (Onyemaechi, 2024).

In contrast, clinical depression, also known as a depressive disorder, is a more severe and persistent condition. **The diagnosis of depression requires that the symptoms occur for most of the day, nearly every day, for more than two weeks, and that the symptoms get in the way of day-to-day life.** In students specifically, that means a significant impact on academic performance and social functioning, such as hobbies and personal relationships.



It is important to emphasise that depression presents differently in everybody. **Each depression varies in severity.** While in case of mild depression, students might manage to perform their day-to-day activities, severe depression often has such an impact that the normal things in life become difficult.

It is important to look at the students as a whole and be aware of changes in their emotional states and behaviours. Knowing who your students are and how they 'normally' behave, can facilitate recognising when something is wrong (Onyemaechi, 2024).

2. Prevalence and Comorbidity

The University Student Health Survey, a large-scale study on the prevalence of student mental illness within UK universities conducted in 2018, showed that **66% of 37,500 students reported feeling consistently unhappy (Pereira et al., 2019).** This aligns with a meta-analysis from 2021 that examined the impact of the COVID-19 lockdown on European students. The meta-analysis that included 13 studies involving 18,220 students from various European countries showed a pooled prevalence of 63% for depressive symptoms amongst HE students (Oliveira et al., 2021).

The prevalence of depressive disorders in HE students in Europe varies across studies from 10-35%. The WMH-ICS study conducted by the WHO from 2014 to 2017 in 19 HEIs in nine high-income countries and including 13,984 participants showed that **major depressive disorder was the most common disorder examined** with a lifetime prevalence of 21.2% and a 12-month prevalence of 18.5% (Auerbach et al., 2018).

Prevalence of Unhappiness and Depressive Symptoms in Students

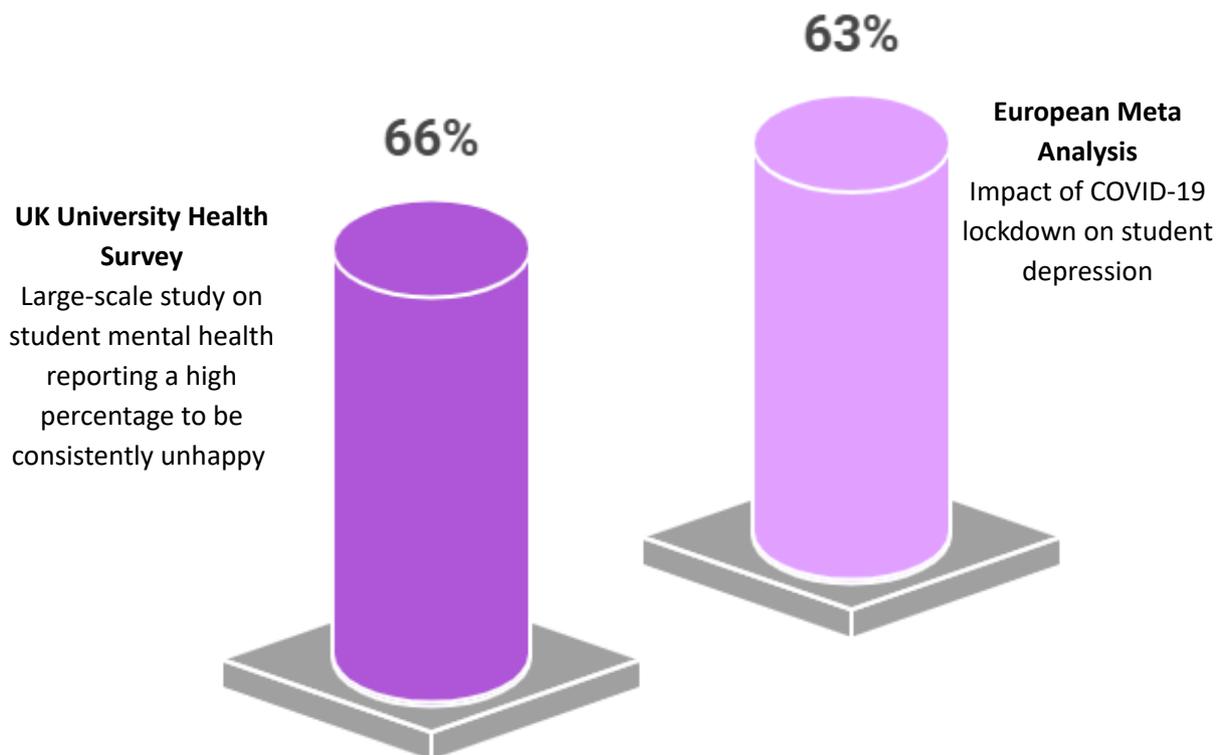


Figure 6: The University Student Health Survey (2018), study on the prevalence of student mental illness within UK universities

Depression often co-occurs with other mental health disorders. The most common comorbid diagnoses with depression are anxiety disorders like **generalised anxiety disorders, obsessive-compulsive disorders (OCD) or post-traumatic stress disorders (PTSD), substance abuse disorders, personality disorders, and eating disorders**. This emphasises the importance of approaching students with mental health concerns in a holistic and open-minded manner.

3. Symptoms

Symptoms of depression are (WHO, 2019 & American Psychiatric association, 2013):

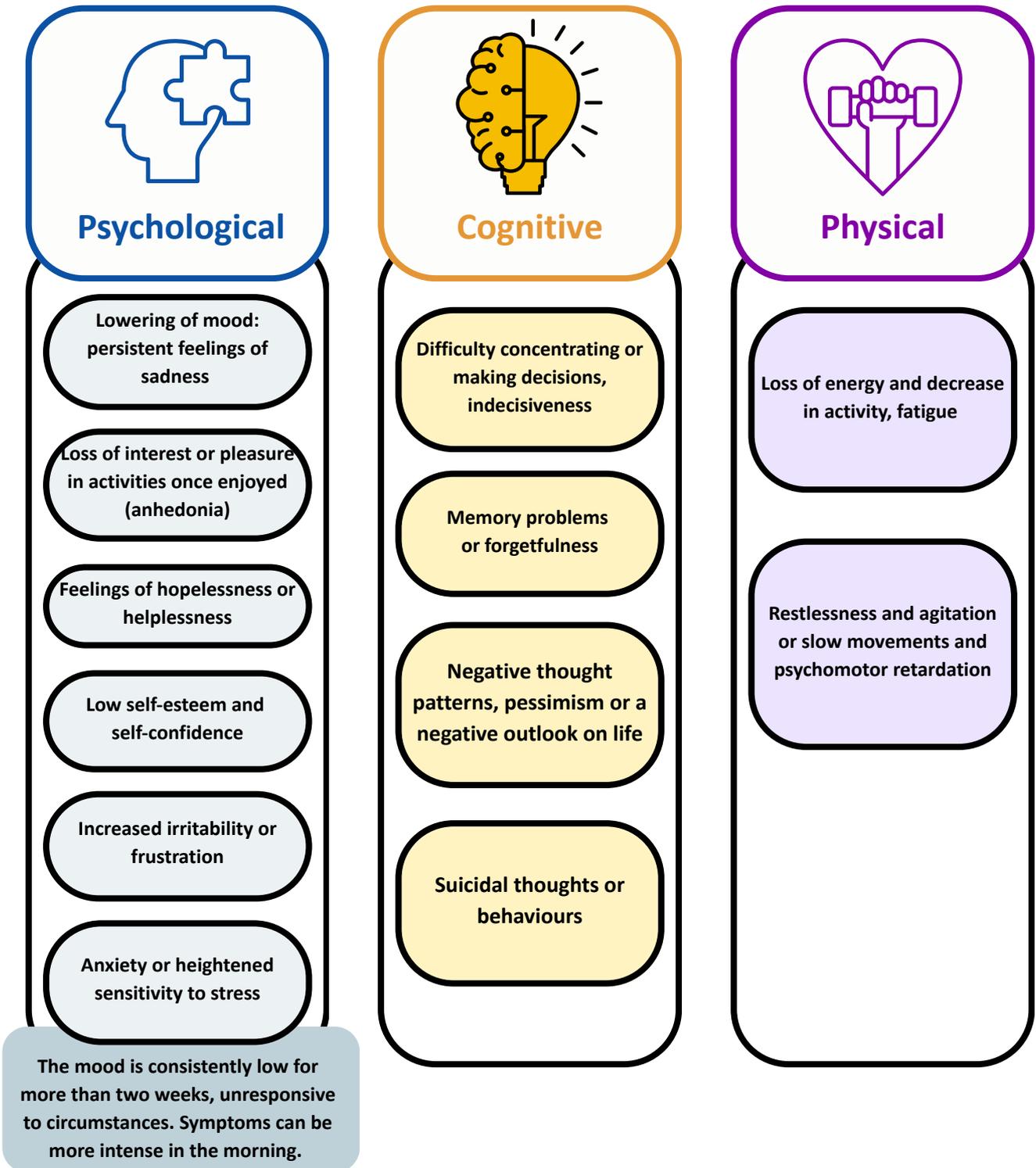


Table 3: Psychological, cognitive and physical symptoms of depression (WHO, 2019 & American Psychiatric Association, 2013)

4. Depression-Related Academic Struggles

In HEI settings, depression often manifests as academic struggles. Many students struggling with depression **experience feelings of overwhelm, hopelessness, and fatigue, which can significantly impact their academic performance and personal lives and may even contribute to withdrawal from their studies entirely.**



Understanding depressive symptoms and factors contributing to the condition is crucial, especially in HEI environments where stressors are prevalent.

Signals and Academic Impact of Depression in HEI

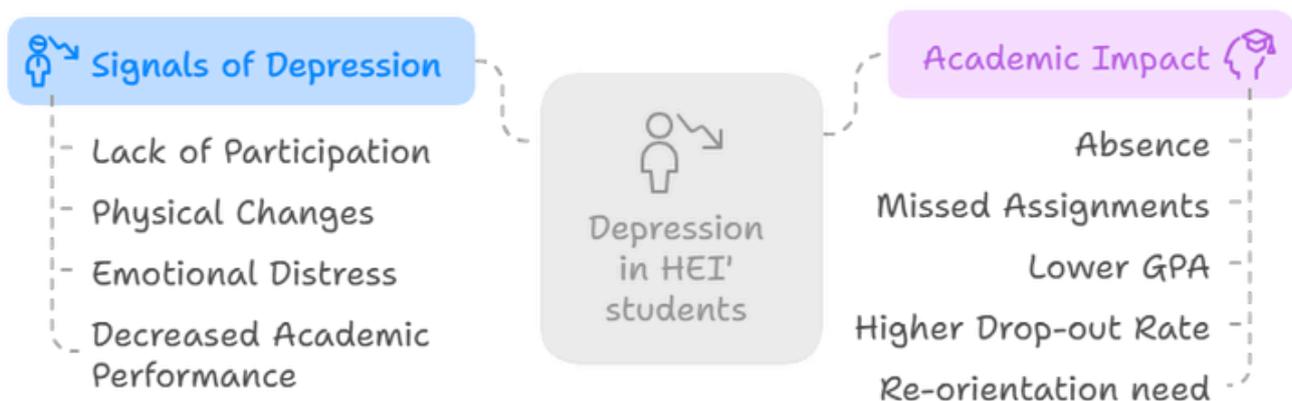


Figure 7: Signals and academic impact of depression in HEI settings

Specific signals

Specific signals of depression within the context of HEI can be:

1. Lack of participation: Students may avoid social interaction with peers, opting to only follow classes online or skip them completely. They might withdraw rather than joining conversations in study groups, further isolating themselves. Students that used to actively participate in discussions may suddenly become quiet and disengaged, not contributing to group work or classroom discussions.

2. Physical changes: Changes in appearance, such as wearing the same clothes repeatedly, neglecting personal hygiene or appearing dishevelled. Signs of lethargy, such as slumped posture or difficulty staying awake in class. Signs of fatigue and changes in sleep patterns.

3. Emotional distress: Outbursts of tearfulness or irritability during lectures or discussions.

4. Decreased academic performance: Trouble focusing, indecisiveness, and memory problems might lead to a noticeable decrease in academic performance.

Academic impact

Several studies have described the negative impact of depression on the academic functioning of first year students and HEI students (Ali et al., 2024; Hysenbegasi, 2005; Bruffaerts et al., 2018; D’Hulst et al., 2021). Specifically:

1. Absence, also from lessons in which attendance is mandatory and part of continuous evaluation.

2. Missed or late assignments.

3. A lower grade point average.

4. Higher drop-out rate.

5. A drop in annual year percentage.

6. An increase in the likelihood of needing re-orientation after the first year of HEI. Students with severe depression are 1.5-2 times more likely to need re-orientation compared to their peers.

5. Depression in High-Achieving Students

High-achieving students often present a unique challenge when it comes to recognising signs of depression. These students may set exceptionally high standards for themselves and fear disappointing others, leading to perfectionism.

This perfectionism can mask depressive symptoms, as these students may outwardly appear successful and engaged, with a normal and sometimes even extraordinary academic functioning, while struggling internally (The School Solution, n.d.).



The pressure to maintain high grades and excel in extra-curricular activities can lead to overwhelming stress and feelings of inadequacy. They may feel as though they are imposters and do not belong in HE. **As they strive for perfection, students may experience anxiety, self-doubt, low self-confidence, lack of self-compassion, and a fear of failure, which can contribute to depressive episodes.** Additionally, high achievers may be less likely to seek help, fearing that doing so would signal of weakness or a lack of competence, or taint their tutors' perception of them.

High-achieving students that are struggling with depression are therefore sometimes hard to identify. Here are some specific signs of high-functioning depression to look out for in students (Uncover mental health counselling, n.d.):

1 Self-Criticism

Setting high standards is quite normal for high-achievers, but because of depression, the perception can set in that **nothing will ever be good enough, no matter how much the student works or achieves**. This negative self-criticism can erode self-esteem and confidence over time and can be difficult to work with, for teaching staff members as well as for other students.

3 Persistent Fatigue

A high-achieving student will be less likely to oversleep. **Students will keep showing up for lessons or tasks, even when they are extremely tired and need rest**. This leaves the student drained, struggling to get through the day.

5 Physical symptoms

Chronic stress and running on an empty tank can lead to physical symptoms like headaches, digestive problems, and muscle tension.

2 Irritability

Chronic stress from constantly having to perform can lead to higher irritability and outbursts. Also, depressive symptoms like fatigue, difficulty concentrating, and trouble making decisions can frustrate the high-achieving student, who is used to being highly productive. The student might struggle to accept their inability to meet their own standards, especially due to their habit to be a high-achiever.

4 Neglecting self-care

By prioritising external success over self-care, students might neglect their own wellbeing.

6 Escapism

Overworking and high-achieving can be a way to escape from emotional pain. **High-achievers might seek other ways to numb their feelings, like excessive exercise or substance abuse**.

WANT TO KNOW MORE ABOUT THIS TOPIC?

In this video, a psychologist explains what depression is and how it can be treated <https://www.youtube.com/watch?v=d7NPnvKFs2Y>

REFLECTION QUESTIONS

Question 1

Think of a student whose mood and behaviour worried you in the past. Reflect on how you would address your worries about this student's mood. How would you address the student? What would you say or ask?

Type Your Answer Here

Question 2

Reflect on the impact of perfectionism in high-achieving students. In what ways might perfectionism both mask and exacerbate depressive symptoms? Compare and contrast how perfectionism-driven depression differs from depression in students with lower academic pressures, and suggest tailored strategies for addressing both cases within a HEI.

Type Your Answer Here

TEST QUESTIONS

Question 1

1

How many students in HEI are experiencing symptoms of depression?

Around 10%

Around 65%

Around 25%

Around 80%

Around 40%

Question 2

2

What are the two core symptoms of depression? There are two right answers.

Suicidal thoughts

Loss of energy

Loss of interest or pleasure in activities once enjoyed

Negative thought patterns or pessimism

Persistent feeling of sadness and emptiness

TEST QUESTIONS

Question 3

3

Luna is what they call a typical high-achieving student. She is a perfectionist that sets exceptionally high standards for herself in fear of disappointing others. Although it is difficult to identify, Luna is struggling with severe depression.

What are the specific signs of high-functioning depression to look out for in students? There are multiple right answers.

Absence in class

Being late with the deadlines

Irritability

Escaping via excessive exercise

Self-criticism

COURSE
2.d

ANXIETY



1. What is Anxiety?

Anxiety disorders are a group of mental health conditions characterised by **excessive fear or worry, far beyond expected levels**. Anxiety disorders can manifest in various forms, each with its own set of symptoms (National Institute of Mental Health, 2023). It is normal to feel anxious from time to time.

Many students worry about things like exams, money, problems with family and friends. Anxiety is a normal reaction to stress and to new or potentially threatening situations. **The difference with pathological anxiety is that symptoms are present for at least six months and affect the daily activities of the student in a negative way.**

You are not expected to diagnose, but it's good to know that the most common types of anxiety disorders seen in students in HEI include (National Institute of Mental Health (2023):



Generalised anxiety disorder:

Excessive worry about several activities or events, not restricted to any specific situation or context.



Social anxiety disorder:

Intense fear of social situations in which one might be judged or scrutinised.



Panic disorder:

Recurrent panic attacks, which are sudden periods of intense fear that can trigger severe physical reactions. These panic attacks are not restricted to any particular situation or set of circumstances and are therefore unpredictable.



Specific phobias:

Irrational fear of a specific object or situation (e.g., heights, spiders, or public speaking).

Note: According to DSM-5 and ICD-10, fear of failure is not a specific anxiety disorder but rather part of generalised anxiety disorder or social anxiety disorder. Fear of failure is a situational fear that is common amongst HEI students and typically occurs in performance-related situations or during specific tasks.

2. Prevalence and Comorbidity

The University Student Health Survey (UK) showed that 55% of 37,500 students reported feeling anxious (Pereira et al., 2019). This matches a meta-analysis that combined 13 studies from nine European countries, showing a prevalence of 55% (Oliveira et al., 2021).

The prevalence of anxiety disorders in HEI students in Europe varies across studies from 8 to 20%. The WMH-ICS study, which included 13,984 participants, showed that generalised anxiety disorder was the second most common disorder examined across all countries, with a lifetime prevalence of 18.6% and a 12-month prevalence of 16.7%. For panic disorder, the prevalences were 5.0% lifetime and 4.5% 12-month (Auerbach et al., 2018).

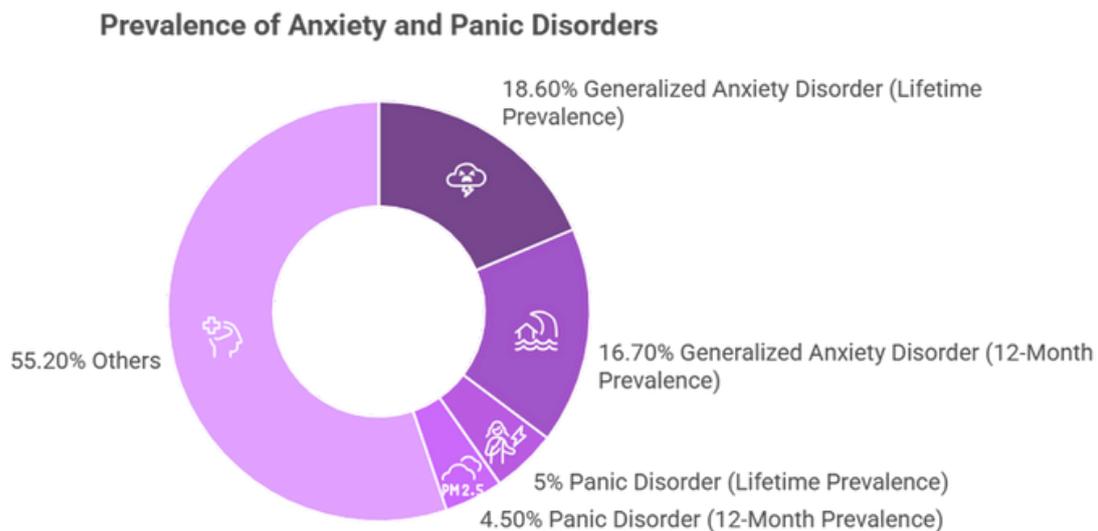


Figure 8: Results from the WMH-ICS study – Incidence of anxiety and panic disorders among HEI students in Europe

Much like depression, anxiety disorders often co-occur with other mental health conditions. Many people are affected by more than one anxiety disorder concurrently. For example, a student might experience both generalized anxiety disorder and panic disorder. **The most common comorbid diagnoses associated with anxiety disorders include mood disorders, substance abuse disorders, personality disorders, and eating disorders.**

3. Symptoms

The most common symptoms of anxiety disorders include (World Health Organisation, 2019 & American Psychiatric Association, 2013):

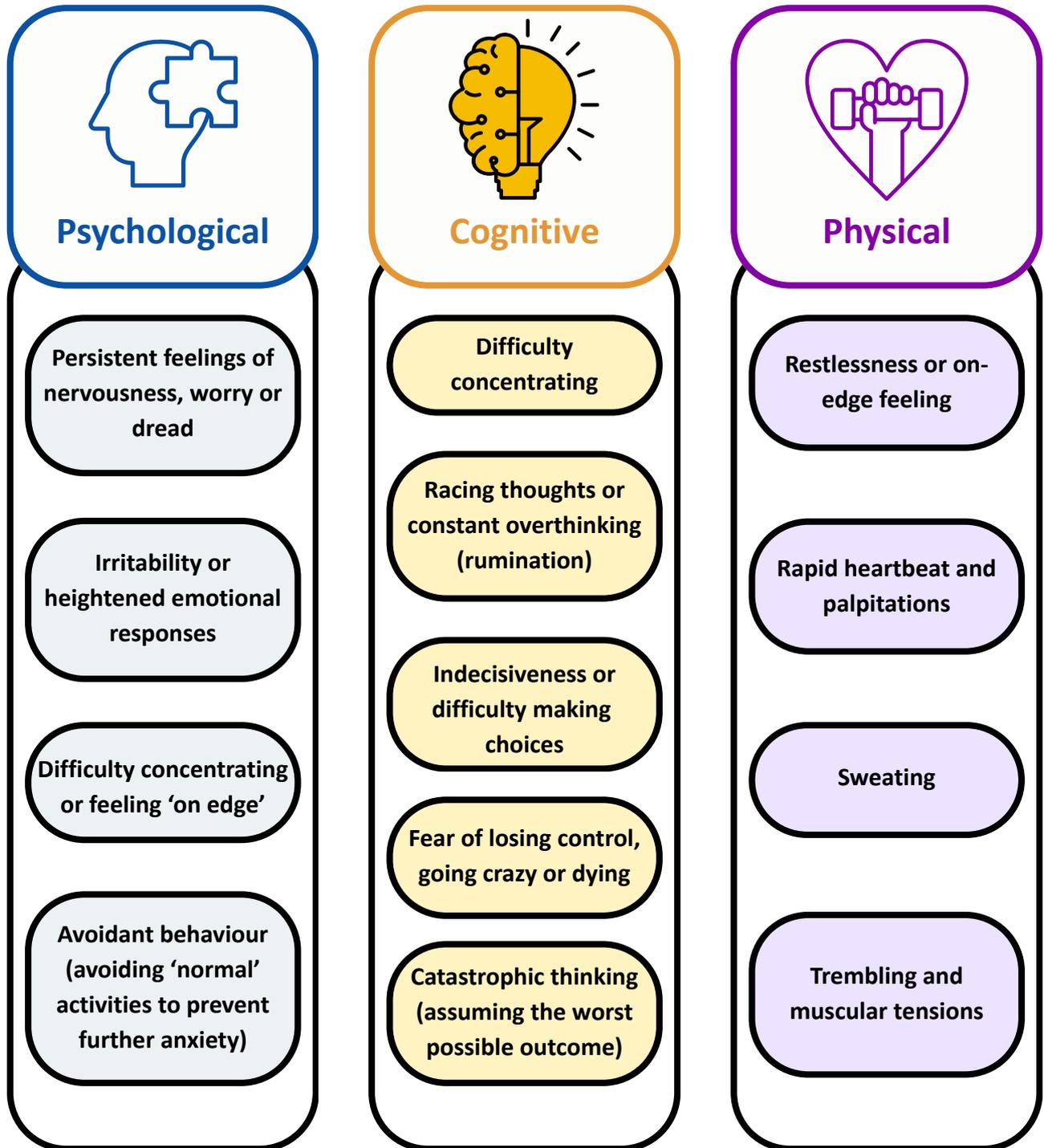


Table 4: Psychological, cognitive and physical symptoms of anxiety disorders (WHO, 2019 & American Psychiatric Association, 2013)

4. Anxiety-Related Academic Struggles

In HEI settings, anxiety often manifests in academic struggles. Understanding symptoms and factors contributing to the disorder is crucial, especially in HEI environments where stressors are prevalent.

<u>Specific signals</u>	<u>Academic impact</u>
<p>1. Excessive worry: Constant worry about grades, upcoming exams or assignments, visibly stressing over their performance.</p> <p>2. Physical symptoms: Signs like sweating, trembling (body or voice), rapid breathing, fidgeting – especially during presentations or exams. Students might need to leave the classroom frequently because of stomach issues or frequent need to urinate.</p> <p>3. Avoidance behavior: Students may avoid sitting near the front of the class or decline to participate in discussions due to a fear of being judged.</p> <p>4. Decreased academic performance: Students may struggle to focus on lectures or reading assignments, frequently appearing distracted or zoning out, possibly due to racing thoughts or difficulty concentrating.</p>	<p>1. Procastination: Students that feel overwhelmed or afraid of failure might turn to procrastination. They may avoid starting to study until the last minute, reducing the time available for effective learning therefore negatively impacting academic achievement.</p> <p>2. Lower attendance and participation: Students might avoid attending class or participating in class discussions, due to fear of judgement or embarrassment.</p> <p>3. Academic self-efficacy: Anxiety can undermine a student’s belief in their ability to succeed. They might be less likely to engage in academic tasks, limiting their achievement potential.</p> <p>4. A drop in annual year percentage (2.3% for generalised anxiety disorder and 4.7% for panic disorder).</p> <p>5. Students with panic disorders are twice as likely to need reorientation compared to their peers, while students with generalised anxiety disorder are 1.3 times more likely (D’Hulst et al., 2021; Konwar et al., 2023).</p>

5. Anxiety in High-Achieving Students

In many ways, anxiety can be beneficial for success. It can be a fuel for motivation, drive, and hard work. It can make students go the extra mile in order to achieve a certain goal. But **when unaddressed, anxiety can make high achieving-students constantly worry about worst-case scenarios**, stew over every little mistake, and unforgivably compare themselves with others.

High-achieving students that are struggling with anxiety are sometimes hard to identify. Here are some specific signs of high-functioning anxiety to look out for in students (Aarons-Melle, 2023):

1 All-or-nothing thinking

Students that fall short of perfection in their own eyes, might see this as a total failure. Students with this thinking pattern tend to focus on the one thing they wish they had done differently or better, even when achieving good grades or receiving positive feedback.

2 Labelling

This is an extreme form of all-or-nothing thinking. When underperforming or making a mistake, students will attach a negative labels to themselves like 'undeserving', 'failure', or 'incompetent'.

3 Jumping to conclusions

Students might think that things will go bad, even when there's no proof to support this. This can lead to procrastination, inaction, and missed opportunities.

4 Catastrophising

Students might reach the worst possible conclusion, based on little or no evidence. For example, a student that finds out they answered one question of the exam wrong, might think they failed the exam completely.

5 Discounting the positive

Students might dismiss their successes – for example, by thinking they were just lucky when performing well, or by dwelling on one critical comment within a positive evaluation, overlooking much of the positive feedback that was given.

WANT TO KNOW MORE ABOUT THIS TOPIC?

The documentary *Anxious Nation* by Academy Award-winning director Vanessa Roth gives an insight into how anxiety manifests in young people's lives. The documentary is available on Prime Video or Apple TV.

The article by Morra Aarons-Mele (2023) in the Harvard Business Review shows a clear picture of the pitfalls faced by high-achievers with anxiety, and how to manage these pitfalls. The article is available at <https://hbr.org/2023/03/how-high-achievers-overcome-their-anxiety>.

REFLECTION QUESTIONS

Question 1: micro-adjustments

Imagine you are a teaching staff member who has noticed that several students exhibit anxiety symptoms during class presentations – such as trembling, avoidance, or physical discomfort.

How might your approach help reduce anxiety triggers? What do preventative measures and in-the-moment support measures in the classroom look like? And what potential challenges might arise when implementing them?

Type Your Answer Here

Question 2: supporting campus initiatives

Anxiety can have a profound effect on both academic performance and social interactions. Imagine you are part of an HEI committee tasked with reducing anxiety-related issues on campus. Propose two initiatives, based on the suggested strategies in the reading, that would be the most effective in helping students manage anxiety.

Evaluate the potential impact of these initiatives on academic performance and student wellbeing and discuss any limitations they might have.

Type Your Answer Here

TEST QUESTIONS

Question 1

1

How many students in HEI feel anxious?

Around 10%

Around 55%

Around 25%

Around 70%

Around 40%

Question 2

2

Where lies the difference between 'normal or healthy anxiety' and 'pathological anxiety'? There are two right answers.

Symptoms are present for at least 6 weeks

Sweating, trembling, and a racing heart

Symptoms are present for at least 6 months

Difficulty concentrating

Negative impact on daily life

TEST QUESTIONS

Question 3

Mo is struggling with generalised anxiety disorder and severe panic attacks, which affect his academic performance. His parents are worried about him and want to help. They reassure him that anxiety is a normal part of life and that it will help him achieve academic success.

3

Are Mo's parents right in their claim that Mo's anxiety disorder and panic attacks could have a positive impact on his academic life?

Yes

No

CONCLUSIONS



Depression and anxiety are the two most common mental health issues among students in HE, affecting their overall wellbeing and academic performance. **This module has provided insights into recognising signals, making it possible for HE teaching staff to identify these issues among students.**

The signals may vary from student to student and can sometimes be hard to recognise. Nevertheless, by making HE teaching staff aware of the most common indicators, this training facilitates early identification and intervention.

REFERENCES

Aarons-Mele, M. (2023). How high achievers overcome their anxiety. Harvard business review. <https://hbr.org/2023/03/how-high-achievers-overcome-their-anxiety>

Ali, M., Dhirana, M. & Fawad, F. (2024). Impact of depression on academic performance. Bulletin of mutldisiciplinary studies 1(1), 34-45. <https://doi.org/10.48112/bms.v1i1.760>

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>

Auerbach, P. et al. (2018). The WHO mental health surveys international college student project: prevalence and distribution of mental disorders. J Abnorm Psychol 127(7):623-38 <https://doi.org/10.1037/abn0000362>

Bruffaerts, R. et al. (2018). Mental health problems in college freshmen: Prevalence and academic functioning. J Affect Disord, 225, 97-103. Doi:10.1016/j.jad.2017.07.044

Chu, B., Marwaha, K., Sanvictores, T., Awosaki, A.O., Ayers, D. (2024). Physiology, stress reaction. StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK541120/>

D'Hulst, A., Kiekens, G., ... & Bruffaerts, R. (2021). Depressieve stoornis bij Belgische eerstejaarsstudenten: Voorkomen, academische impact en zorggebruik. Tijdschrift voor Psychiatrie 63(1): 24-31

Duquesne University. (n.d.). Anxiety in college students: Causes, statistics, and how universities can help. Online Nursing Programs. <https://onlinenursing.duq.edu/doctor-nursing-practice/anxiety-in-college-students-causes-statistics-how-universities-can-help/#:~:text=Many%20types%20of%20anxiety%20disorders,%2C%20uncontrollable%20worry%2C%20and%20insomnia>

Harvard medical school (2023). The world mental health international college student (WMH-ICS) initiative. Harvard medical school. https://www.hcp.med.harvard.edu/wmh/college_student_survey.php

REFERENCES

Hysenbegasi, A., Hass, S.L., Rowland, C.R. (2005). The impact of depression on academic productivity of university students. *J Ment Health Policy Econ* 8(3):145-51. PMID: 16278502

Keyes, C. L. M. & Lopez, S. J. (2002). Toward a science of mental health: Positive directions in diagnosis and interventions. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 45–59). Oxford University Press.

Konwar, B., Sarma, K., Ojah, R. (2023). The impact of anxiety on academic achievement: a comprehensive review. *Journal of Harbin Engineering University* 44(8):151-8

National Institute of Mental Health. (2023). 4 types of common anxiety disorders. NIH MedlinePlus. <https://magazine.medlineplus.gov/article/4-types-of-common-anxiety-disorders>

Mofatteh, M. (2020). Risk factors associated with stress, anxiety, and depression among university undergraduate students. *AIMS Public Health* 8(1):36-65. doi: 10.3934/publichealth.2021004.

Pereira, S., Reay, K., Bottell, J., Walker, L., Dzikiti, C. (2019). University student mental health survey 2018 – A large scale study into the prevalence of student mental illness within UK universities. The Insights Network and Dig-In. https://uploads-ssl.webflow.com/561110743bc7e45e78292140/5c7d4b5d314d163fecdc3706_Mental%20Health%20Report%202018.pdf

Oliveira Carvalho P., Hülsdünker T., Carson F. (2021). The Impact of the COVID-19 Lockdown on European Students' Negative Emotional Symptoms: A Systematic Review and Meta-Analysis. *Behav Sci* 12(1):3. doi: 10.3390/bs12010003

Onyemaechi, C. (2024). What is depression? American Psychiatric Association. <https://www.psychiatry.org/Patients-Families/Depression/What-Is-Depression>

REFERENCES

Suicide Prevention Resource Center. (n.d.). Consequences of student mental health issues. Suicide Prevention Resource Center. <https://sprc.org/settings/colleges-and-universities/consequences-of-student-mental-health-issues/#:~:text=Research%20suggests%20that%20depression%20is,anxiety%20can%20increase%20this%20association.&text=Depression%20has%20also%20been%20linked%20to%20dropping%20out%20of%20school.&text=Many%20college%20students%20report%20that%20mental%20health%20difficulties%20interfere%20with%20their%20studies>

The School Solution. (n.d.). The mental health risks for high-achiever students. The School Solution. <https://theschoolsolution.com/the-mental-health-risks-for-high-achiever-students/>

Uncover mental health counseling. (n.d.). 10 signs of high-functioning depression in high achievers. Uncover Counseling. <https://uncovercounseling.com/blog/10-signs-of-high-functioning-depression-in-high-achievers/>

University of South Carolina. (n.d.). Warning signs. https://sc.edu/about/offices_and_divisions/student-health-well-being/mental-health/suicide-prevention/warning-signs/index.php#:~:text=Fifty%20to%2075%20percent%20of,register%20for%20suicide%20prevention%20training

Wiedermann CJ, Barbieri V, Plagg B, Marino P, Piccoliori G, Engl A. (2023). Fortifying the Foundations: A Comprehensive Approach to Enhancing Mental Health Support in Educational Policies Amidst Crises. *Healthcare (Basel)* 14;11(10):1423. doi: 10.3390/healthcare11101423.

World Health Organization. (2019). International classification of diseases for mortality and morbidity statistics (10th rev. ICD-10 covid expanded). World Health Organization. <https://icd.who.int/browse10/2019/en#/F32>

World Health Organization. (2022). Concepts of mental health. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

FURTHER RESOURCES

Aarons-Mele, M. (2023). How high achievers overcome their anxiety. Harvard business review. <https://hbr.org/2023/03/how-high-achievers-overcome-their-anxiety>.

Johnstone, M. (n.d.). I had a black dog, his name was depression [YouTube channel WHO]. <https://www.youtube.com/watch?v=XiCrniLQGYc>

300

Communication

MODULE OBJECTIVES

This module aims to equip teaching staff with the knowledge of effective communication practices in HEIs settings. It explores the principles of active listening, emphasising the importance of empathy, verbal and non-verbal communication strategies, and emotional intelligence.

Participants will learn techniques to enhance their listening skills, enabling them to build trust and foster understanding in their interactions with students.

A structured intervention framework, the CALMER approach, will be introduced to provide teaching staff with techniques for offering support in crisis situations while maintaining professional boundaries.

TOPICS

- Key principles of effective communication in higher education.
- The importance of tone, language, and body language in interactions with students.
- Common communication mistakes and how to avoid them.
- Definition and significance of active listening.
- The impact of non-verbal communication.
- Strategies for overcoming listening barriers.
- Understanding and implementing the CALMER framework for crisis intervention.

LEARNING OUTCOMES

Knowledge

- Understand how verbal and non-verbal communication influences interactions with students.
- Define active listening and its role in effective communication.
- Understand the distinction between empathy and sympathy.
- Understand the principles of the CALMER framework.

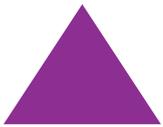
Skills

- Use positive reinforcement and open-ended questions to encourage dialogue.
- Adapt communication styles to meet diverse student needs, including those of neurodivergent students.
- Apply active listening techniques.
- Use non-verbal communication to convey empathy.
- Apply the CALMER framework to respond to students in distress.
- Provide initial de-escalation techniques for panic attacks and acute anxiety episodes.

Autonomy / Responsibility

- Continuously reflect on and improve personal communication practices.
- Maintain professionalism while offering empathetic listening to students.
- Engage in self-care strategies to manage the emotional impact of supporting students in crisis situations.

INTRODUCTION



This module covers the skills of communication and active listening and is tailored to supporting students in higher education.

We will:

- Define different **communication methods**.
- Discuss unconscious biases and personal **frames of reference**.
- **Explore neurodiversity** and strategies that create an inclusive environment for all.
- **Offer guidance on active listening** – a critical skill for effective communication.



The 6-step CALMER framework has been designed around staff supporting student mental health in HEIs settings, giving you the tools to structure your conversations and actions when offering support. The framework serves as a guide rather than a fixed sequence – it can be used flexibly and adapted to meet your specific needs.



This module equips you with communication and active listening skills that foster an inclusive and supportive environment for all students, particularly those with mental health concerns.

COURSE

3.a

COMMUNICATION DOS AND DON'TS'



1. Definition of Communication

Communication is the process of exchanging information through symbols, signs, or behaviour, playing a key role in shaping public opinion, relationships, and cultural norms (Steinfatt, 2009). Effective communication is essential for learning and providing meaningful support, and many people have preferences regarding how they prefer to communicate.

2. Methods of Communication

Reflection question

How many ways can we communicate?



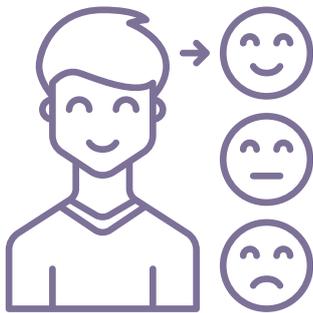
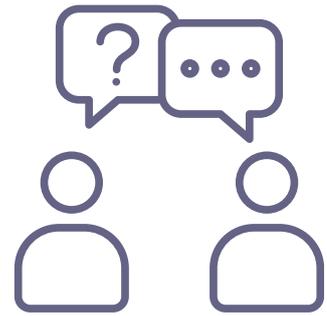
Type Your Answer Here

There are a number of key components to how we communicate.

Verbal Communication

Verbal communication involves the use of written and spoken words to convey a message. You might use:

- **Spoken words**
- **Tone of voice**
- **Prosody** (the rhythm and intonation of speech that express underlying emotions such as sarcasm or enthusiasm)
- **Written words**



Non-verbal communication involves conveying messages without the use of spoken words and instead using physical actions or behaviours. Sometimes, these can provide more context or even convey different meanings to our verbal communication.

- **Facial expressions**
- **Eye contact**
- **Body language**
- **Hand gestures** (for example, waving to say hello)
- **Proximity** (the physical distance between people can indicate the level of familiarity or formality)
- **Touch** (for example, handshakes as a sign of respect)
- **Appearance** (how individuals dress or present themselves sends messages about their professionalism, casualness, or personal style. A unkempt appearance may also indicate poor mental health).
- **Paralanguage** (vocal elements other than words, such as sighs, pauses, and the speed or loudness of speech)
- **Silence** (not to be underestimated!)
- **Fidgeting** (small, repetitive movements that may reflect nervousness or discomfort)

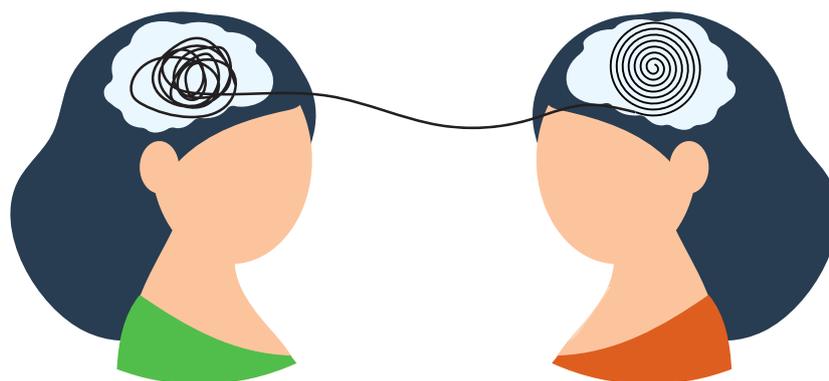
Non-verbal Communication

People with anxiety and depression may show traits of poor mental health through their communication styles. For example, reduced facial expressions (Lacerda et al., 2024), avoidance of eye contact (Langer et al., 2017), or soft and rapid speech (Foley & Gentile, 2010).

In HEI settings, **understanding non-verbal cues is helpful and may indicate students' emotional and mental states.** Recognising signs of discomfort or distress through non-verbal cues can help us understand their mental health and possibly address mental health concerns early.

We must also understand our non-verbal cues and how they may be perceived by students, as these signals can affect how they interpret us and how comfortable they feel communicating with us.

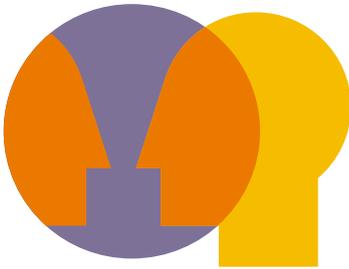
Additionally, adapting non-verbal communication styles to fit the diverse needs of students – including those from different cultural backgrounds or with neurodiverse differences – ensures inclusivity and promotes better engagement and understanding.



3. Frame of Reference

Reflection question:

What does the term 'home' mean to you?



Type Your Answer Here

Not everyone will perceive the term 'home' in the same way. Some people may feel a sense of comfort, safety, and warmth, while others may feel differently.

A frame of reference is the unique lens through which an individual perceives the world – shaped by their personal experiences, cultural background, education, values, and beliefs. This unique perspective influences how someone interprets interactions, events, and information, and it can sometimes lead to unconscious biases.

Our mental health might impact our frame of reference. For example, people with depression often hold a more pessimistic or hopeless view of the world, and people with anxiety might be more likely to catastrophise and anticipate of the worst-case scenario.

An unconscious bias is a belief we hold which is outside our conscious awareness, and so it can be difficult to recognise. A common example is when we judge based on someone's appearance and behaviour. For example, a teaching staff member might assume that a well-behaved and well-dressed student is more motivated and intelligent than a student who appears less polished – an assumption based on appearance rather than competence (Landy & Sigall, 1974).

Recognising that each person has a unique frame of reference and their own unconscious biases is **an important step towards providing effective mental health support, especially in educational settings with students from diverse backgrounds**. By acknowledging and talking about these differences, teaching staff can:

- Reduce misunderstandings
- Enhance support
- Foster inclusivity
- Improve outcomes

Example: *A student is overwhelmed after an argument with their housemates and tells you that they ‘want some space’. You might be compelled to suggest that they go home for the weekend to take some time away from their housemates. However, this assumes that their home environment is welcoming and supportive, which may not be the case and therefore might not be a helpful suggestion. Instead, you could ask the student whether going home is an option and if they feel it might help. By recognising that their frame of reference may differ from your own, you can provide more effective support that aligns with their perspective.*



Reflection question:

How does your definition of ‘home’ influence how you interact with students who may have different perceptions and experiences of home life?

Type Your Answer Here

4. All Behaviour is Communication

Reflection question:



Think about the following scenario: A student has emailed you seven times with questions about an assignment. Each time, you have responded with the necessary information, yet the emails continue.

How do you feel after receiving and responding to these seven emails?

How might other staff members perceive the student's behaviour? Consider the range of possible interpretations.

How might you interpret this behaviour based on your mental health training so far? Could this repeated communication be an expression of something deeper?

Type Your Answer Here

In educational settings, it is not uncommon to encounter behaviours from students that may feel challenging or repetitive, for example, when a student sends multiple emails seeking clarification on an assignment. While such actions might initially seem excessive or frustrating, it is essential to approach these behaviours with the understanding that **all behaviour is a form of communication**.

Instead of dismissing these behaviours as inconveniences, try to understand their frame of reference.

Non-judgmental communication

Non-judgmental and non-interpretive communication is an approach that emphasises seeking to understand rather than making assumptions or judgements. This method avoids criticising, blaming, or interpreting the thoughts, feelings, or actions of others.

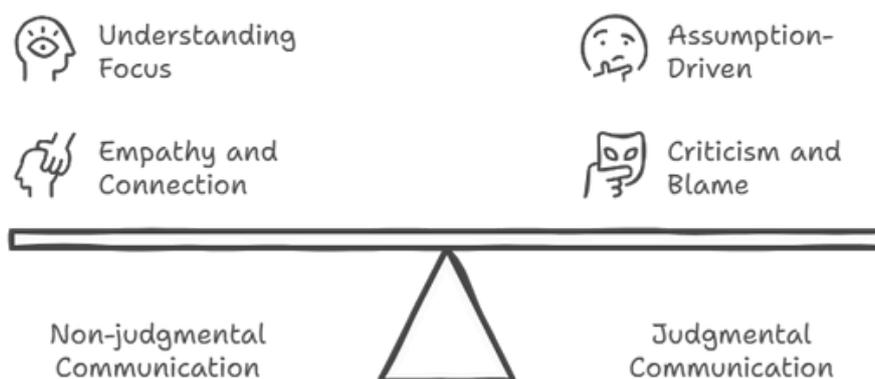


Figure 9: Judgmental vs. non-judgmental communication

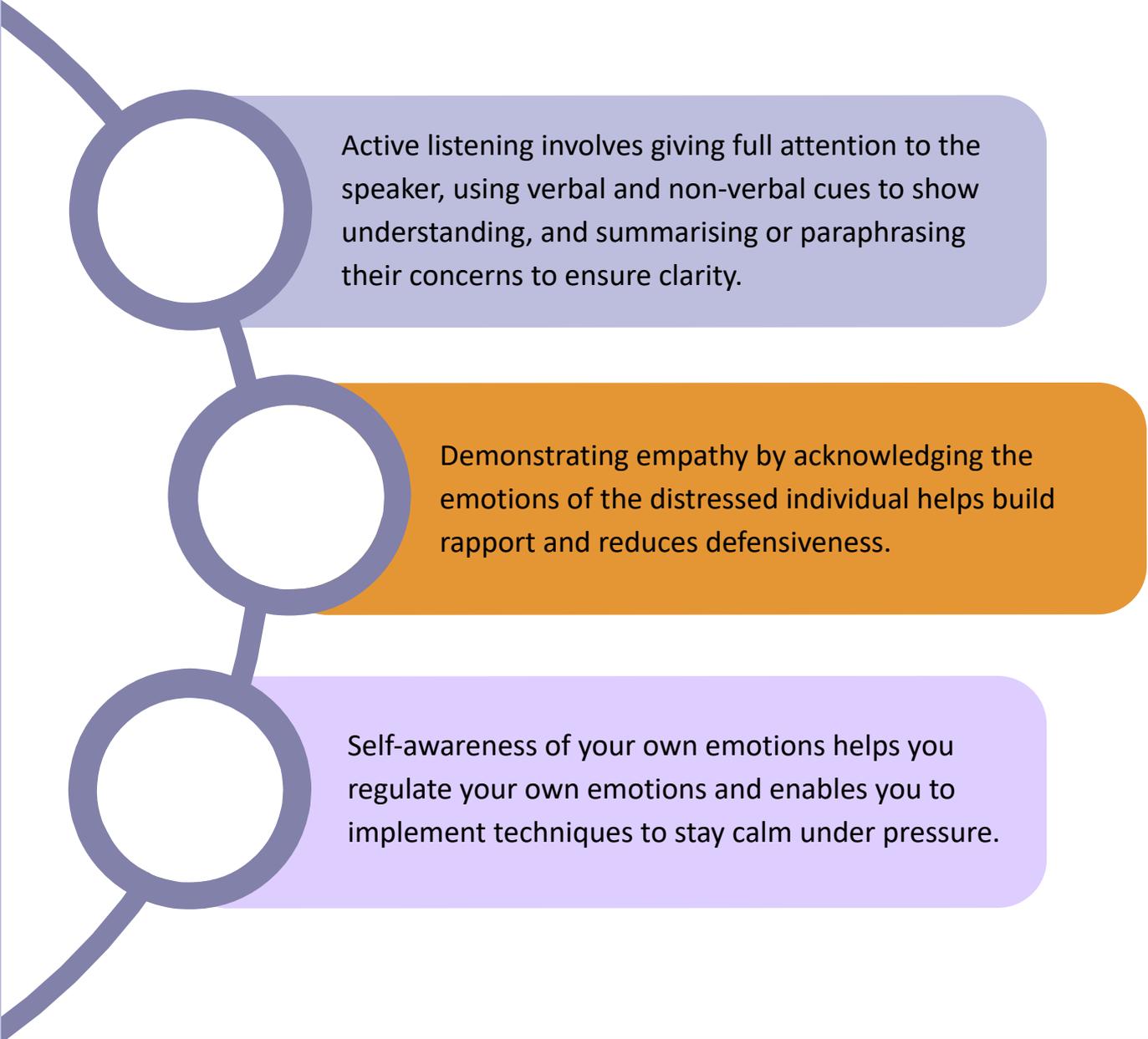
In the context of the reflection question – where a student repeatedly emails questions about an assignment – non-judgmental communication is crucial. The student might be experiencing anxiety, may not understand the assignment, or perhaps the initial communication about the assignment was not as clear or inclusive as needed. There are multiple ways to interpret this behaviour, so it is important not to make assumptions but to remain open to these alternative perspectives and continue to foster open discussions – for example, by asking clarifying questions.

De-escalation techniques for managing difficult interactions

It is not uncommon for HEI staff to encounter challenging interactions with students or colleagues. **Developing effective de-escalation techniques can help manage conflicts and maintain a positive work environment.**

Managing such difficult interactions requires emotional regulation skills to prevent situations from escalating. Staff members can learn to recognise their own emotional triggers to strengthen self-awareness and emotional regulation.

Effective communication is essential in de-escalation, with active listening, empathy, and self-awareness playing key roles:



Active listening involves giving full attention to the speaker, using verbal and non-verbal cues to show understanding, and summarising or paraphrasing their concerns to ensure clarity.

Demonstrating empathy by acknowledging the emotions of the distressed individual helps build rapport and reduces defensiveness.

Self-awareness of your own emotions helps you regulate your own emotions and enables you to implement techniques to stay calm under pressure.

By applying these techniques consistently, university staff can create a supportive environment where difficult interactions are managed with professionalism and care.



Reflection question:

What helps you stay calm under pressure?

Type Your Answer Here

- 1.
- 2.
- 3.

5. Communication Preferences

People have different preferences for how they communicate. While some may prefer direct face-to-face interactions, others prefer the distance that video calls or emails provide. We should strive to be flexible where possible and accommodate these preferences by offering different options.

A feature of anxiety can be a feeling of discomfort when in social situations, which can subsequently affects communication. As classrooms are inherently social, this can negatively affect students' academic performance (Archbell & Coplan, 2021). Public speaking, engaging with unfamiliar peers, group work, sharing ideas, and receiving feedback can be overwhelming for a student with anxiety and is likely to cause students to withdraw or avoid interactions completely. **However, staff can ease the pressure by allowing different forms of participation and assessments to make students feel more comfortable.**

Neurodivergent students



Neurodivergent individuals might have specific communication preferences.

For example, some might find verbal or non-verbal communication challenging and prefer written methods.

Additionally, for some neurodivergent people, please be aware that certain environments (for example, noise, smells, light) can be overwhelming, distracting, and painful. The sound of a ticking clock or the fan of a projector often impacts students in a classroom, and if we can remove or mitigate these distractions, it can create a more comfortable environment where students are more relaxed to learn and communicate.

Cultural considerations



Cultural norms can greatly influence communication styles.

For instance, in many Asian cultures, including Pakistani and Japanese, avoiding eye contact is traditionally seen as a sign of respect, especially towards their superiors. We need to be aware of these cultural nuances to avoid misinterpretation and to show respect for students' cultural norms.

Disabilities



Disabilities can affect how you process or express communication and it's important to approach this with support and flexibility.

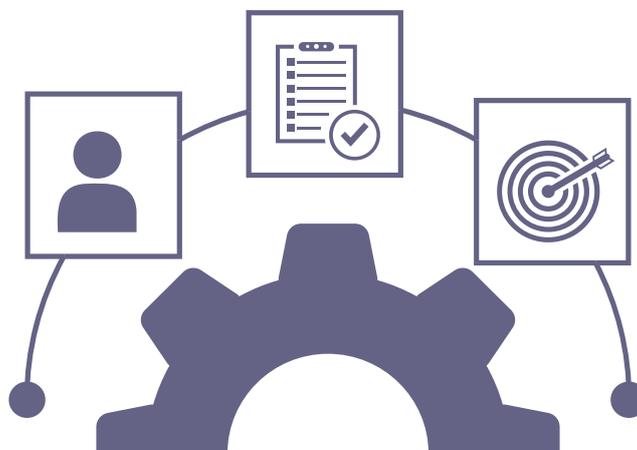
Simple adjustments like asking for preferred communication style, offering information in different formats, allowing extra time can make a positive impact. It's important not to assume and remember not all disabilities are visible.

Note: *While some autistic individuals may find maintaining eye contact uncomfortable or exhausting, it's important to remember that this is just one possibility and not applicable to all. Therefore, it is crucial not to make assumptions based on someone's neurodivergent identity or diverse needs, but to communicate openly and adapt to each individual's unique preferences. Neurodivergence can also present differently in males and females, so refrain from making assumptions.*

6. Information Processing

Information processing is the method by which the brain receives, interprets, stores, and responds to information. This cognitive process affects how we understand and interact with the world, impacting our communication ability.

Understanding information processing is particularly helpful in enabling us to accommodate different learning and communication styles, which will in turn benefit students academically and with their mental health.



Challenges in Information Processing

For students with high stress, anxiety, and depression, their mental health might interfere with how information is processed, impacting clarity of thought and communication. Additionally, neurodivergent students, particularly those with ADHD/Autism may experience difficulties with information processing (Cezar & Maçada, 2023). These can include:

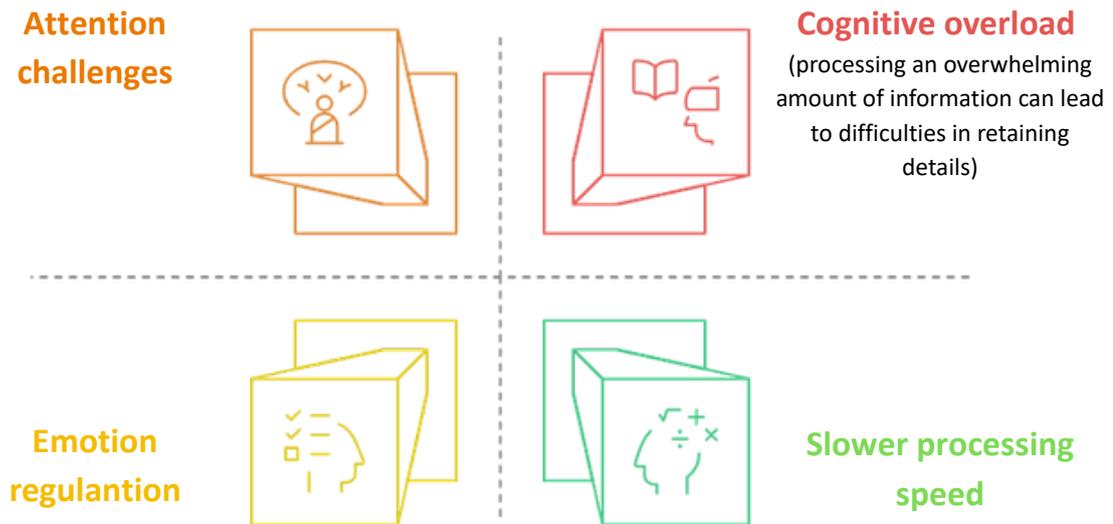


Figure 10: Information processing difficulties for students with mental health symptoms

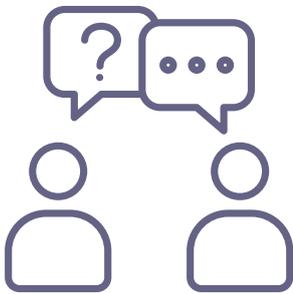
7. Neuro-Inclusive Communication

Students who are neurodivergent are **more susceptible to experiencing poor mental health – particularly anxiety and depression – due to a lack of support and understanding of their needs** (Mentally Healthy Schools UK, 2025). We often find that reasonable adjustments benefit everyone, regardless of their mental health needs.

By adopting more inclusive communication strategies, we can benefit all students and particularly those who need extra support. Here's a list of methods to try:

Written Communication

- Provide one point at a time to **avoid cognitive overload**. Checklists can be helpful too.
- **Limit the length** of your communication to be more concise and informative.
- **Be polite** to foster positive interaction. Where appropriate, emojis can help.
- Always **be as clear as possible**, explaining acronyms and providing clear descriptions.
- **Using visual methods** to present information can be better than lengthy written text. Try using voice recordings, graphics, etc.

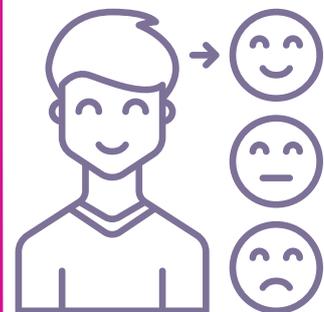


- **Follow up with written instructions** or a summary to reinforce understanding.
- **Allow extra time** during conversations, and be patient, giving them space to think and reply.
- **Offer agendas** so they know what to expect.
- **Check understanding** and encourage questions.
- **Offer explanations** of information. Interpreting information, such as titles of assignments, can be challenging and create anxiety. So, offering an explanation of the information and expectations can be helpful.

Verbal Communication

Non-Verbal Communication

- **Adjust your body language** and proximity to the student to make them more comfortable. For example, sitting with your arms crossed may be interpreted negatively, so using a more neutral, open body language may be more comfortable.
- **Be mindful** that eye contact is not comfortable for everyone, and adjust accordingly.
- **Adapt the environment** to support communication by reducing sensory overwhelm. Consider lighting, smells, noises, etc.
- **Support verbal explanations** with visual aids, like diagrams or images.
- **Control the pace** of your communication, and allow extra time for people to process information.



8. Strategies for Follow-Up Communication

Title of the exercise: This or that?

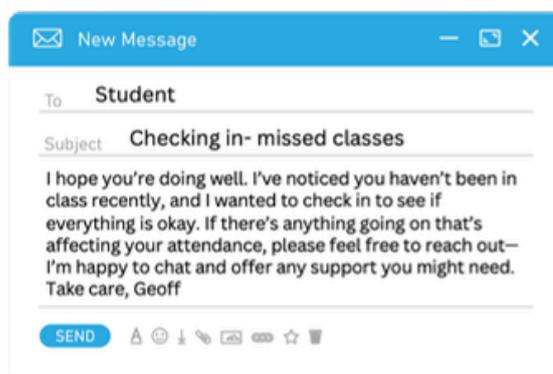
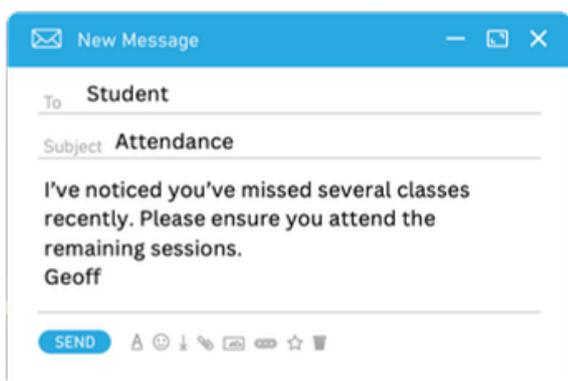
Scenario: In this activity, the two email examples provide a clear contrast in communication styles when addressing student attendance issues.

Objective and scope: The objective of this activity is to enhance understanding of how different communication styles can impact a student's response, particularly in sensitive situations such as non-attendance. It aims to promote the use of non-judgmental and supportive communication practices that consider the possible underlying issues affecting student engagement, such as mental health concerns.

Consider how the tone and framing of each email might affect the student's response.

Evaluate why the second email is more inclusive.

Consider the importance of not making assumptions about the reasons behind a student's poor attendance.



Exercise implementation: Self-reflection

Outline the rules necessary to implement the exercise: Read the provided emails to understand the context, reflect on the questions provided, and make notes of your responses to the questions.

When addressing issues such as student attendance and behaviour, it is crucial that we carefully consider our communication styles. The way we choose to communicate can significantly influence students' wellbeing and impact their interactions with HEI staff and the broader HEI services.



Reflection question:

If the student doesn't respond, what is the next step?

Type Your Answer Here

If there's no response to the initial email, a follow-up might be necessary. **This could be more direct but should maintain a tone of concern and support.** If emails are not effective, trying to arrange a face-to-face conversation can be a more personal way to engage the student and offer support.

If engagement continues to be an issue and there are concerns about the student's welfare, referring them to HEI services might be necessary.



Reflection question: What services can you refer students to at your institution?

Type Your Answer Here

9. Confidentiality

When communicating with students about mental health concerns, there may be times when confidentiality is maintained and others when we need to escalate something. If there is a risk of harm to the person (i.e., self-harm, suicide, abuse) or someone else, we must follow our HEI safeguarding policy and escalate the matter to the safeguarding lead or wellbeing team. **If escalation is necessary, it's best to explain to the student what is happening and why.** You can then leave it to the appropriate professionals to take over and seek support for your own wellbeing.

In all other situations, where there's no risk of harm to the person or someone else, what's shared stays private. However, staff can still seek support or advice without sharing any identifying details.

Confidentiality is key for building trust with students. They need to know the extent to which confidentiality is extended during the first year's induction week. Personal thoughts and emotions may be shared and not always with their consent in their best interests. For example, the staff member may inform a programme leader about their concerns about a student as a preventative measure, even without a serious risk being noted at the time.

Supportive measures may then be offered to the student as a result such as an invitation to attend student wellbeing services or apply for a study needs assessment.

Additionally, written recordings of staff conversations with students need to be made transparent to students at induction. Whether this be emailing the student to summarize the conversation, keeping a note on file, emailing the programme tutor or other relevant colleagues about a concern for a student's mental health. Furthermore, in situations where there is a serious risk of harm, such as suicidal ideation, it is you are permitted, and often required, to extend confidentiality even further to ensure safety.

Here's a question that can help guide your decision on confidentiality:

'Am I concerned about the safety of this person or someone else?'

If the answer is **yes**, confidentiality may need to be broken with care and transparency.

If the answer is **no**, the information should remain confidential. However, you should seek support or advice for yourself without disclosing any identifiable information, if needed.

We will revisit confidentiality in Module 4 when, discussing crisis support.

TEST QUESTIONS

Question 1

1

What is the first step you should take when a student approaches you, speaking quickly and looking stressed about falling behind in their coursework?

Interrupt gently to offer immediate suggestions for catching up.

Take notes while they talk to ensure you don't miss any details.

Sit quietly, maintain eye contact, and let the student continue without interrupting.

Ask them to slow down and breathe slowly, so you can better understand their situation.

Question 2

2

When a student avoids eye contact and fidgets nervously, what's the best way to respond?

Ignore their discomfort and focus only on what they are saying.

Ask them directly why they are not maintaining eye contact and whether something is wrong.

Make an open posture, avoid forcing eye contact, and respect their comfort level.

Increase your level of engagement by speaking more assertively to encourage them to open up.

Question 3

3

What is the best response when a student shares that they are feeling overwhelmed but are hesitant to provide more details?

- Offer advice on what they could do to manage their mental health.
- Ask an open-ended question like, 'Can you tell me a bit more about what's been difficult for you?'
- Change the subject to lighten the mood.
- Tell them you understand and that you feel the same sometimes.

Question 4

4

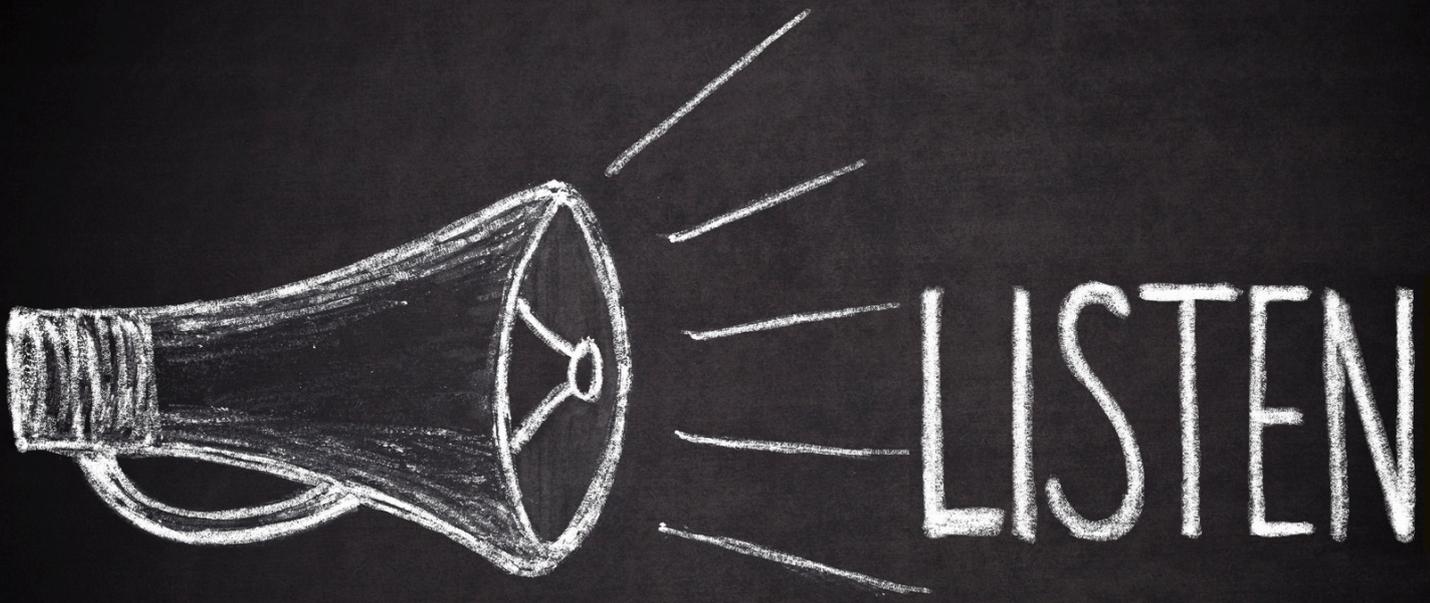
In which example is it appropriate to break confidentiality?

- When a student expresses thoughts of suicide.
- When a student is drunkenly crying about a breakup.
- When a student suggests they are going to suspend their studies.
- When a student tells you they are highly anxious.

COURSE

3.b

ACTIVE LISTENING



1. What is Active Listening?

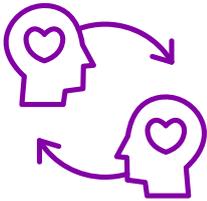
Active listening is a communication skill which involves giving full attention to the person whilst they speak. It includes communicating your understanding of their perspective and responding in a supportive way. By remembering what is being said, it goes beyond just hearing the words, requiring your complete engagement and effort to truly comprehend the speaker's message and their feelings. It requires engagement from both the speaker and listener.

Benefits of active listening

There are benefits for both the student and yourself in everyday interactions at work. For example, it can help the student to feel that you have heard and understood their situation and emotional struggles. It can help them to defuse the situation and allows you to work together to find solutions.

For you, it can help to avoid conflict and misunderstandings while improving your productivity and relationships. **Active listening is essential in personal relationships, workplaces, and conflict resolution, as it fosters trust, reduces misunderstandings, and strengthens communication.**

2. Empathy versus Sympathy



EMPATHY is about understanding and sharing another person's feelings, seeing things from their perspective. Through empathy, we can experience someone else's emotions. It is about understanding their frame of reference.



SYMPATHY is feeling sorry for someone else's situation. In sympathy, we understand someone else's emotions from our own perspective and at more of a distance – not feeling their feelings, cognitively understanding them.

Empathy leads to compassion and can be learnt and strengthened.

The following video illustrates the difference between sympathy and empathy:

<https://www.youtube.com/watch?v=Dt8dzEZF5Yw>

3. How to Offer Active Listening

1. Using verbal and non-verbal cues

- Maintain eye contact without staring.
- Nod occasionally to show engagement.
- Use encouraging words like 'I see', 'That makes sense', or 'Go on'.
- Use an open posture and/or lean slightly forward to show interest.

Example:

Student: Head in hands

You: Perhaps nodding, leaning forward and looking at them



2. Paraphrase, echo and reflect

- You can repeat what the speaker has said in your own words to confirm understanding.
- This demonstrates empathy and helps ensure there is no misinterpretation.

Example:

Student: Looking directly at you

You: You could return the gaze gently and tilt your head slightly



3. Ask clarifying and open-ended questions

- Instead of asking yes/no questions, encourage deeper and elaborated responses.
- Use 'How', 'What', or 'Can you tell me more about...?'

Example:

Student: Sitting back in the chair and sighing with low energy

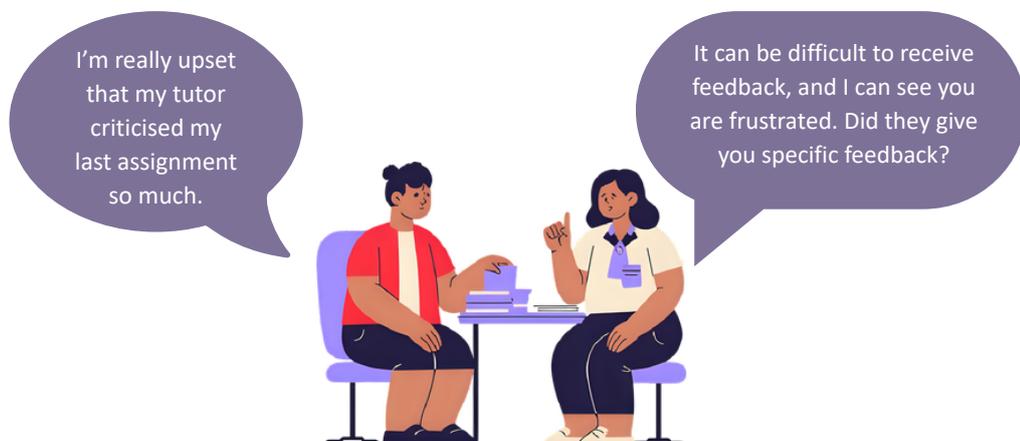
You: Possibly leaning forward slightly, head tilted to one side



4. Validate feelings

- Acknowledge emotions without minimising them.
- Use phrases like 'I can understand why you feel that way'.

Example:



5. Avoid interrupting or rushing to give advice

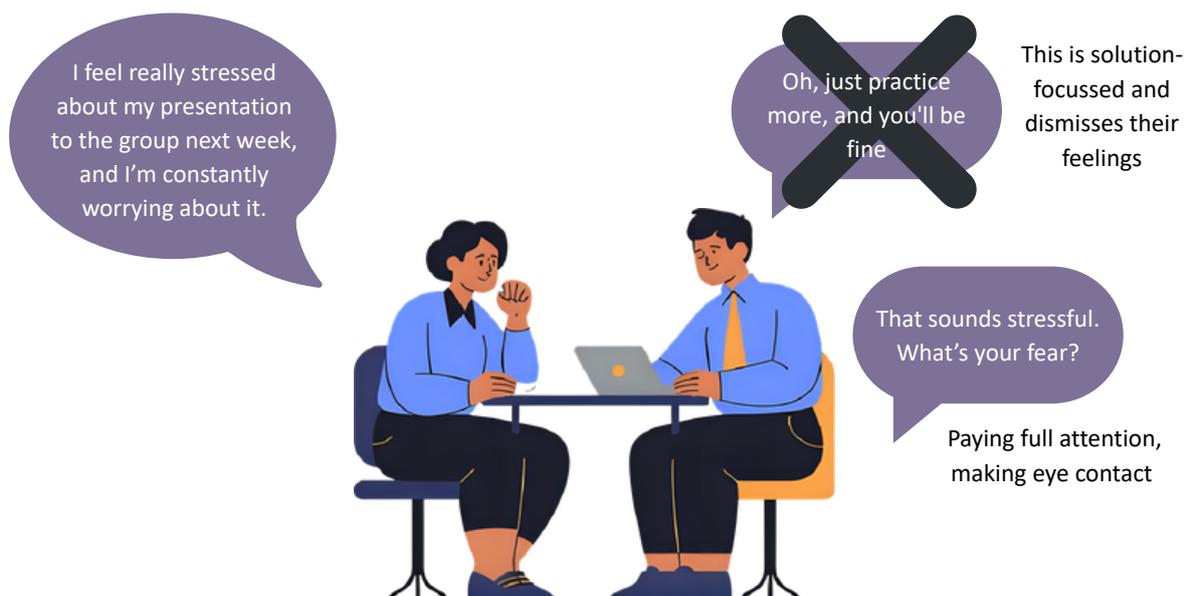
- Let the speaker finish before jumping in.
- Sometimes, people just need to vent rather than receive advice. You could ask if they are just wanting to vent or if they would like advice.
- Leave pauses or moments of silence to give them space to say more.
- If you are not sure what to say, it is okay not to have the answers, as you are not a mental health professional. You could say instead 'I appreciate you telling me this, but I am not too sure what to do about it. However, I know Student Wellbeing will be able to help you – I suggest we check their website together'.

Example of what NOT to do: *Giving advice and providing solutions in mental health support can oversimplify complex issues and undermine a person's autonomy; instead, we refer them to professional resources to ensure they receive appropriate care and guidance. It is advisable therefore not to give advice or solutions.*

Example:

Student: Sitting on the edge of the chair, sitting upright, breathing quickly, and fidgeting with their hands

You: Sitting in an upright position, checking emails



6. Providing thoughtful responses

- You need to ensure you understand their situation.

Example

I have not yet received my student finance payment, and my rent is due this week. I have no funds to pay it, though. I have been worrying about this all month!

I can see that you have money worries and understand why you have been so stressed. What do you think could be your next step to resolve this? Let's think about it together.



7. Respect silence

- Leave pauses in the conversation for the student to elaborate.
- You do not need to fill every silence.

Example

My family dog has just been put down.

I am so sorry to hear that.
[Pause]



8. Summarise what you hear

- Take the key terms from the student's communication and put them together in one shorter sentence or phrase.
- Mirror these terms.

Example



Everyday Practice:

Next time you are in a conversation, try:

1. **Summarising** what the person said.
2. **Asking** a follow-up question.
3. **Avoiding** interruptions and giving them **space** to speak.

TEST QUESTIONS

Question 1

1 Which of the following statements is a key element of active listening?

- Interrupting to provide immediate solutions.
- Offering advice as soon as the speaker starts talking.
- Using nonverbal cues like eye contact, nodding, and appropriate facial expressions.
- Avoiding summarising what the speaker has said.

Question 2

2 Which of the following statements is an example of paraphrasing during active listening?

- 'I don't know what to do about that, but I will look it up'.
- 'I can't imagine how tough that must be, but just keep trying your best'.
- 'I understand that you're feeling overwhelmed with your assignments'.
- 'It sounds like you're saying you're struggling with coursework due to personal issues, is that right?'

TEST QUESTIONS

Question 3

3

What should you do when a student tells you they're stressed about their presentation?

Offer them advice on how to improve their presentation.

Rush in with practical steps for managing stress.

Ignore their stress and talk about something else.

Acknowledge their stress and ask them about their specific fear or worry regarding the presentation.

Question 4

4

When a student is sharing personal struggles and you need to show empathy, which response is most appropriate?

'I can understand why you feel that way'.

'You should just get over it'.

'That sounds like something everyone goes through'.

'Other people have it much worse, so it's not that bad'.

COURSE

3.c

INTRODUCING THE CALMER FRAMEWORK

1. The CALMER Framework Overview

The framework consists of six steps:

C = CONNECT

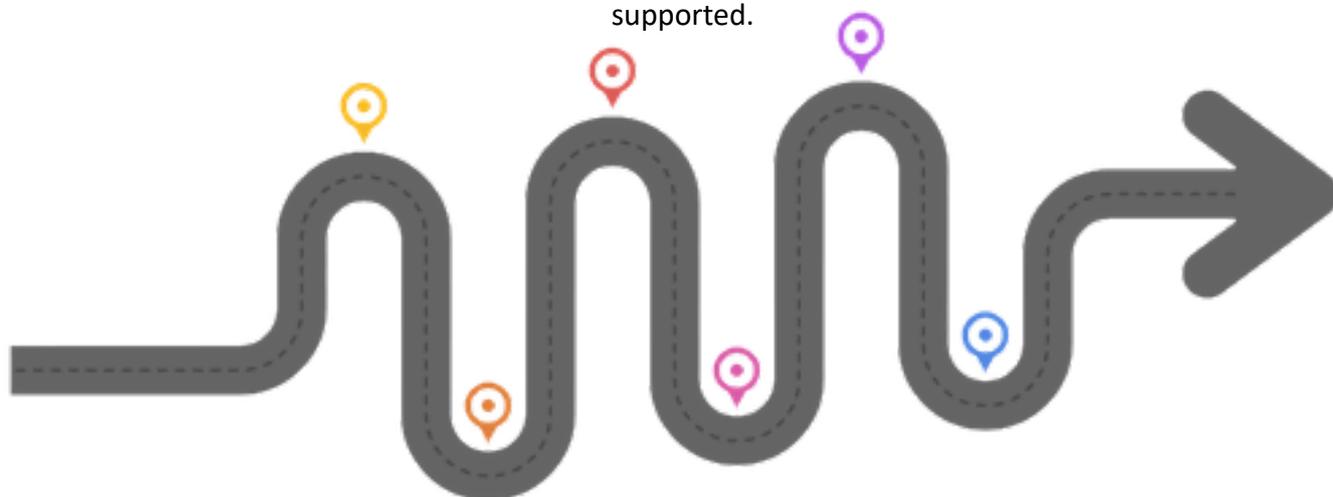
Connect with the student through genuine care and concern, ensuring a safe and supportive environment where the student feels comfortable sharing.

A = ASK

Ask open-ended questions that encourage the student to express their feelings and concerns. Asking about their mental health concerns will not make things worse, providing we ensure their concerns are heard and supported.

L = LISTEN

Listen attentively and without judgement, validating the student's emotions and ensuring they feel truly heard and valued. Actively listen to their responses with full attention and empathy.



M = MEET NEEDS AND MITIGATE RISKS

Empathise with the student's emotions, assess their immediate needs, and try to meet them. Reflect your understanding of the student's situation and express empathically any concerns. Identify any potential risks or safeguarding concerns. Consider whether a referral to university services or external support is necessary to ensure the student's safety and wellbeing.

E = EXPLORE CURRENT SUPPORT

Explore what support the student currently has in place, whether through friends, family, HEI staff, or HEI services. Understanding existing networks helps identify gaps and ensures recommendations are relevant. Encourage the student to take proactive steps toward selfcare and empower them to seek further support.

R = REFER

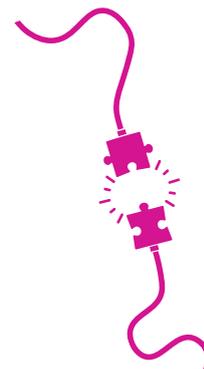
Refer the student to appropriate resources, such as trusted individuals within their support network or professionals both within the HEI and externally. Schedule a check-in to follow-up on the student's progress and mental wellbeing, reinforcing the importance of a check-in to ensure ongoing support.

2. Using the CALMER Framework in Practice

STEP 1:

C – Connect: Connect with the student through genuine care and concern, ensuring a safe and supportive environment where the student feels comfortable sharing.

If you see a student may be struggling with their mental health, it is helpful to approach them with concern for their wellbeing. For example, if a student has been emailing repeatedly about an assignment, you might invite them to have a meeting with you to discuss their concerns.



STEP 2:



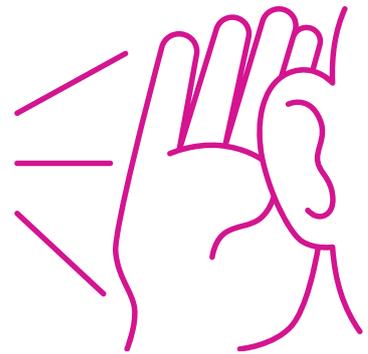
A – Ask: Ask open-ended questions that encourage the student to express their feelings and concerns. **Asking about their mental health concerns will not make things worse, providing we ensure their concerns are heard and supported.**

You might ask, ‘I’ve noticed you have been sending emails about this assignment, how are you feeling about this work?’ and ‘I understand assessments can be stressful, is there anything else causing you stress at the moment?’

STEP 3:

L – Listen: Listen attentively and without judgement, validating the student’s emotions and ensuring they feel truly heard and valued. Actively listen to their responses with full attention and empathy.

Understand the student’s frame of reference and practice your active listening. Give the student space to voice their concerns and validate their experiences. While you are not a counsellor, and are not expected to be one, allowing students the space to talk about their experiences can be helpful to understand where best to refer them to for professional support, if needed.



STEP 4:

M – Meet needs and mitigate risks: Empathise with the student’s emotions, assess their immediate needs and try to meet them. Reflect your understanding of the student’s situation and express empathically any concerns you might have.

Identify any potential risks or safeguarding concerns. Consider whether a referral to university services or external support is necessary to ensure the student’s safety and wellbeing.

You might say: ‘I can tell you are feeling overwhelmed, I’m sorry about that. What do you think could help you feel more in control?’

If you have any concerns for a student’s safety, we must address this first. We will discuss this more in Module 4C: Crisis support.



STEP 5:

E – Explore current support: Explore what support the student currently has in place, whether through friends, family, HEI staff, or HEI services. **Understanding existing networks helps identify gaps and ensures recommendations are relevant.**

Students may already have shared this with someone else, have visited their doctor, or have a support network. It is helpful to understand what help they may already have in place, if any.

Other students may not have shared their mental health concerns with anyone before, so you could ask, ‘Who else do you trust to share this with?’

Students may not have registered with local healthcare services, so you could also ask, ‘Have you registered with a doctor here?’ Understanding their current support network and access to professional services is helpful to tailor our next step.



STEP 6:



R – Refer: Refer the student to appropriate resources, such as trusted individuals within their support network or professionals both within the HEI and externally. **Schedule a check-in to follow-up on the student’s progress and mental wellbeing, reinforcing the importance of a check-in to ensure ongoing support.**

Students understand we are not here to provide professional support, but we can often be the first person they share their concerns with. Once we understand their experience and what supports they may or may not have, we can consider where to refer them to.

See our resources list in Module 4D for ideas.

3. Knowing When and How to Involve Professional Counsellors

Recognising when professional intervention is necessary is a critical skill for supporting mental health. **Some situations and mental health symptoms require expert care that teaching staff may not be equipped to provide, and it is not appropriate for their role.**

Mental health concerns can present in different ways, which makes it difficult to easily recognise when someone may need professional support. Here are some reasons why someone may need to seek professional support from mental health services:

- Symptoms have been consistent (nearly every day) for a significant period of time.
- Symptoms are significantly and negatively impacting their day-to-day life (for example, education, work, relationships, or overall health).
- Symptoms are disproportionate to the situation.
- The person is engaging in self-harm.
- The individual expresses suicidal thoughts.

While you can provide initial comfort and reassurance, ensuring professional assistance is sought in these situations is vital for the individual's safety and wellbeing.

Once their struggles are recognised, **it is important to gently encourage the student to seek professional help by providing information about available counselling services, for example.** Clearly outlining the support available helps students feel reassured and understood. If you can show them how to access information and provide it to them in a written format, students are more likely to reach out. Not all will, but knowing where to find support is important, and they may decide to use it in the future.

WANT TO KNOW MORE ABOUT THESE TOPICS?

3.a) Whyte, E., Payne, H., & Hajilou, B. (2024). Staff Confidence in Supporting Student Mental Health: Outcomes from a Survey. *Education Sciences*, 14(8), 869.

3.b) Kluger, A. N., & Itzchakov, G. (2022). The power of listening at work. *Annual Review of Organizational Psychology and Organizational Behaviour*, 9, 4.1–4.26.

<https://www.annualreviews.org/content/journals/10.1146/annurev-orgpsych-012420-091013>

A good overview, including the history and research as well as identifying gaps in learning how to listen effectively.

TEST QUESTIONS

Question 1

1 What is the primary purpose of the CALMER framework?

- To diagnose mental health conditions in students.
- To replace the need for university counselling services
- To ensure teaching staff maintain emotional distance from students
- To help teaching staff provide structured, supportive responses to student mental health concerns

Question 2

2 Which of the following best describes the 'L' step in the CALMER framework?

- Label the student's behaviour as problematic
- List all the possible resources they could use
- Leave the student alone to avoid making it worse
- Listen attentively and without judgement

TEST QUESTIONS

Question 3

3

A student tells you they are feeling overwhelmed and are struggling to sleep or eat. What should you do according to the CALMER framework?

- Reassure them that it will pass and suggest they wait it out
- Offer to personally help them complete their assignments
- Refer them to appropriate professional services and follow up later
- Tell them to focus on others who have it worse

Question 4

4

When is it most appropriate to involve professional mental health services?

- When a student forgets an assignment deadline
- When a student skips a few lectures
- When a student reports feeling tired after a night out
- When a student expresses signs of depression or anxiety

CONCLUSIONS



In this module, we have considered how to adapt different communication methods that are tailored to meet the diverse needs of all students, and clarified when confidentiality should be maintained or disclosed to safeguard someone who may be at risk of harm. Tailoring our communication approaches is key to supporting student wellbeing, academic success, and safety.



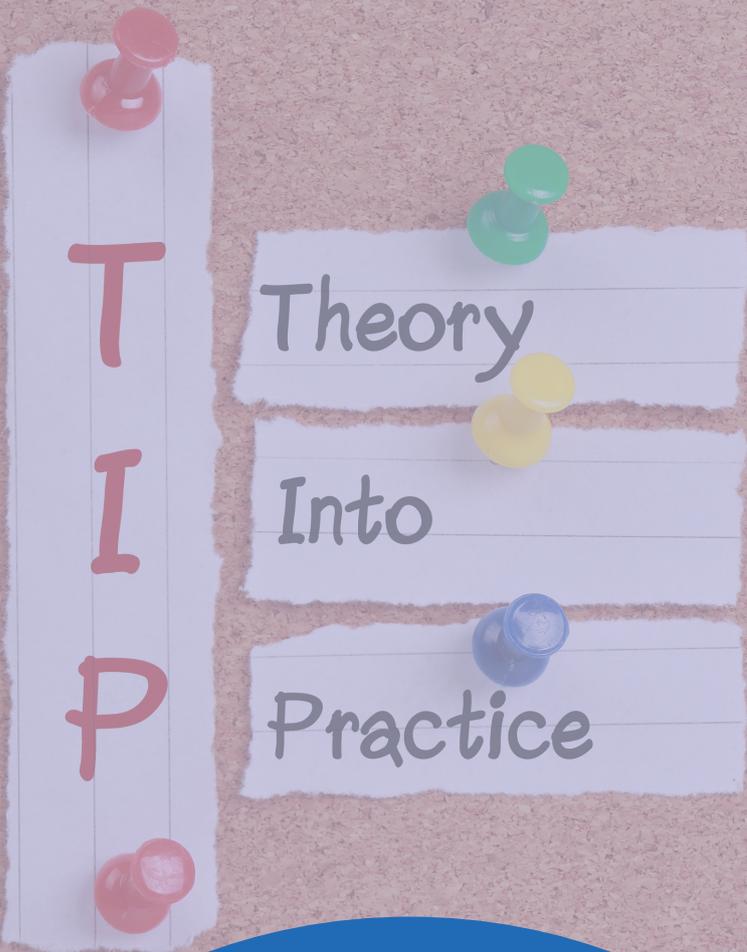
The definition and benefits of active listening were presented, followed by the difference between empathy and sympathy. **The eight crucial elements of active listening were identified and defined and examples provided.** Each element included practical tips, which we hope will have given you a deeper understanding of how they might be applied when communicating with your students.

REFERENCES

- Archbell, K. A., & Coplan, R. J. (2021). Too Anxious to Talk: Social Anxiety, Academic Communication, and Students' Experiences in Higher Education. *Journal of Emotional and Behavioural Disorders*, 30(4), 273-286. <https://doi.org/10.1177/10634266211060079>
- Cezar, B. G. da S., & Maçada, A. C. G. (2023). Cognitive Overload, Anxiety, Cognitive Fatigue, Avoidance Behaviour and Data Literacy in Big Data environments. *Information Processing & Management*, 60(6), 103482. <https://doi.org/10.1016/j.ipm.2023.103482>
- Foley, G. N., & Gentile, J. P. (2010). Nonverbal communication in psychotherapy. *Psychiatry (Edgmont (Pa. : Township))*, 7(6), 38–44.
- Lacerda, K.C.D., Souza, F.C.d.O., Araújo, C.R. et al. High depressive symptomatology reduces emotional reactions to pictures of social interaction. *Sci Rep* 14, 1266 (2024). <https://doi.org/10.1038/s41598-024-51813-1>
- Landy, D., & Sigall, H. (1974). Beauty is talent: Task evaluation as a function of the performer's physical attractiveness. *Journal of Personality and Social Psychology*, 29(3), 299–304. <https://doi.org/10.1037/h0036018>
- Langer, J.K., Lim, M.H., Fernandez, K.C. et al. Social Anxiety Disorder is Associated with Reduced Eye Contact During Conversation Primed for Conflict. *Cogn Ther Res* 41, 220–229 (2017). <https://doi.org/10.1007/s10608-016-9813-x>
- Mentally Healthy Schools. (2025). Neurodiversity. Retrieved 12th March 2025, from <https://www.mentallyhealthyschools.org.uk/factors-that-impact-mental-health/vulnerable-children/neurodiversity/>
- Steinfatt, T. M. (2009). Definitions of communication. In S. W. Littlejohn & K. A. Foss (Eds.), *Encyclopedia of communication theory* (Vol. 1, pp. 1-10). SAGE Publications.

4000

Putting It Into Practice



MODULE OBJECTIVES

This module combines the previous essential and theoretical insights with practical, real-world examples of students struggling with anxiety and depression, helping participants to better understand, identify, and respond to these issues within the academic environment.

The module implements the CALMER approach, equipping teaching staff with practical techniques to offer immediate, empathetic support while maintaining professional boundaries. This module empowers teaching staff to respond to students in distress with confidence and care, and to ensure timely referrals to appropriate support services when necessary.

TOPICS

- Understanding mental health crises in university students.
- Recognising warning signs of severe distress and suicidal ideation.
- Identifying panic attacks and other acute anxiety-related episodes.
- Implementing the CALMER framework for crisis intervention.



LEARNING OUTCOMES

Knowledge

- Detect signs and symptoms of depression, anxiety, suicidal behaviour, and panic attacks among students in higher education.
- Understand the risk factors associated with student mental health crises, including suicidal behaviour.
- Recognise the importance of early identification and referral in supporting student mental health.

Skills

- Effectively applying communication techniques with students who may be struggling, while maintaining professional boundaries.
- Apply the CALMER-framework to real-life cases involving both non-urgent and crisis mental health situations.
- Design a mentally supportive classroom environment by adapting teaching practices, materials, and communication.

Autonomy / Responsibility

- Reflect critically on roles, capabilities, and limitations in supporting student mental health, and pursue ongoing personal and professional development.

INTRODUCTION

This module builds on the previous courses by applying our key concepts to real-life scenarios. It is designed to help you translate theory into practice through concrete practice examples.



In the first course, we follow the journeys of two students, Nadia and Jim, as they navigate challenges related to depression and anxiety. **Their stories illustrate how teaching staff can identify early warning signs and apply the CALMER-framework, while maintaining professional boundaries, safeguarding confidentiality, and practicing self-care.**



The second course focuses on crisis intervention. It introduces common mental health crises – specifically suicidal ideation and panic attacks – and provides guidance on how to recognise the signs and respond effectively using the CALMER-framework.

Please note: This module includes realistic examples involving students experiencing suicidal thoughts and panic attacks. We encourage you to engage with the material at your own pace. If you find any of the content distressing, consider taking a break and speaking with a trusted colleague, friend, family member, or mental health professional.

COURSE

4.0

MENTALLY SUPPORTIVE CLASSROOM CLIMATE

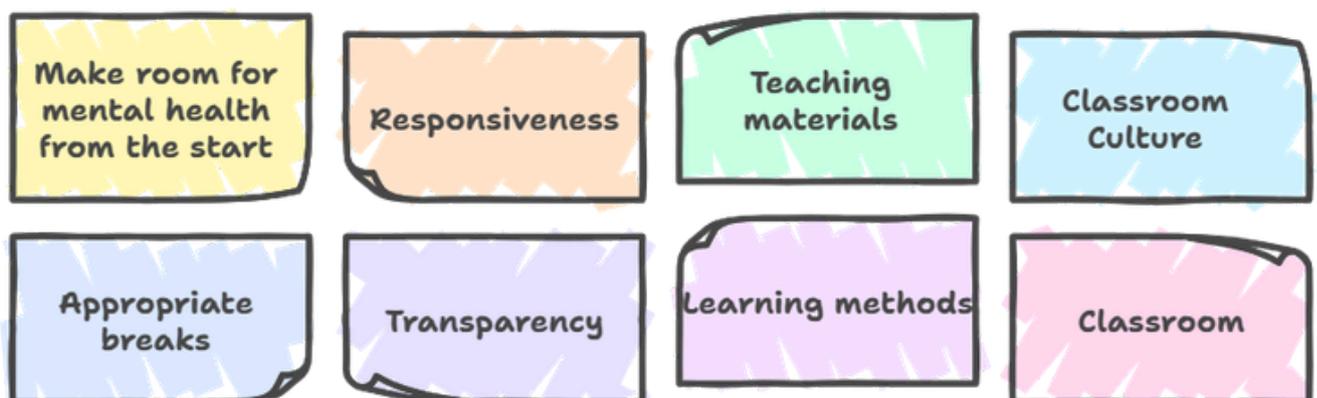
1. Establishing a Classroom Climate that is Mentally Supportive

During the workshops that were organised to feed this training, students **emphasised the importance of a positive lecturer–student relationship.**

Students agreed that having a lecturer that shows warmth and affection in their interactions with the class was perceived as more caring and more interested in their problems. They also stressed that being ‘real’ as a teaching staff member and demonstrating authenticity made students more inclined to speak to a teaching staff member in confidence. They appreciated teaching staff being transparent about having a bad day, because that made them more relatable.

Aside from how you handle yourself and communicate, practical and organisational matters also have a **big influence** on how the classroom climate is perceived by students.

There are a few things you, as teaching staff, can do to create a mentally supportive classroom climate.



- **Make room for mental health from the start:** When a seminar or lecture begins at the start of the semester, you could include a slide in your introductory presentation directly mentioning something like this: ‘It is normal that many of you experience (mental) health challenges at times. Please feel free to contact me if you have any specific needs. In addition, the following support structures are available at our HEI...’
- **Responsiveness:** When giving contact details, you could also include your working hours and remind students: ‘If you’re struggling with something, please contact me or Student Wellbeing’.

Also: Some teaching staff members receive a high volume of emails every day and often cannot manage to respond to all of them promptly. Make this transparent to your class and encourage them to use priority mailing or give them a keyword to use in the subject line of their email (for example: *urgent*). If students use this keyword in the subject line, you will know that their message requires urgent attention.

- **Teaching materials:** Provide scripts and teaching materials early for preparation and follow-up work. Ask in good time whether these materials need to be adapted. Not only visually impaired students use reading software and it is helpful to ensure accessibility to reduce cognitive load. Some helpful inclusive tips are:
 1. **Provide brief follow-up notes** with key learning points or required actions with deadlines.
 2. **Provide PDF copies** of all handouts.
 3. **Avoid using text that is difficult to read**, such as overly bright colours, decorative or serif fonts, underlining, or excessive highlighting.

- **Classroom Culture:** Promote a value-neutral culture of discussion in class, identify prejudices, and open them up for discussion, especially in classes that touch on mental health. If the seminar covers topics that could be distressing for students, you can provide a ‘trigger warning’ in advance.
- **Avoid long block seminars and plan appropriate breaks:** It is customary to teach for 50 minutes max. and then take a break before continuing. However, this may still be too long. Incorporating activities can help maintain attention.
- **Transparency:** Communicate deadlines and expectations with sufficient transparency. If necessary, provide closer supervision in structuring and dividing tasks for term papers and final theses. Make sure the deadlines and expectations for passing the class are communicated in writing and are easily accessible. For example, in a presentation or on an online learning platform.
- **Learning methods:** If possible, let students choose between individual or group work and offer different forms of examination for all. Supervise group work to identify negative group dynamics if necessary. If an assignment involves public speaking or presentations, it might help having alternative options for assignments (for example, a recorded presentation or an essay).
- **Classroom:** Provide seating according to needs – for example, close to the door, in a quiet area with minimal distractions, or always the same seat for students who need this routine. You can also take a picture of the classroom so students are familiar with the layout prior to lectures. Ensure quiet in the seminar room.
- **Create an introduction video of yourself:** Some students may feel anxious approaching staff, but a short introduction video of yourself can increase familiarity and approachability while reducing stress.

Some of these recommendations are adapted from HAW Hamburg and the Hamburg Open Online University (HOOU) in Germany, as published on their website: ‘Study with mental health conditions’.

<https://psychestudium.blogs.hoou.de/>

COURSE

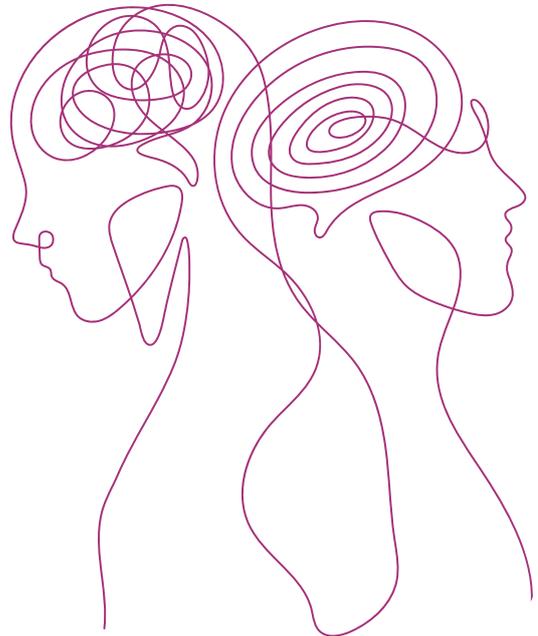
4.b

**PUTTING IT INTO
PRACTICE:
STUDENT JOURNEYS**

1. Practice Examples of Depression and Anxiety

In the next two practice examples, Nadia and Jim will take you on a journey through their experiences with depression and anxiety as students in HE.

The practice examples are realistic cases that highlight the importance, for you as a teacher, of being able to identify symptoms and to take appropriate action by talking to the student and making a referral if needed.



1.1 Practice example of Nadia: a student's journey through depression



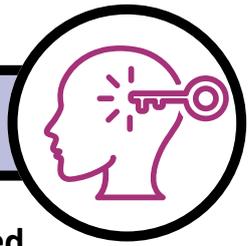
1

BACKGROUND

Nadia, a 20-year-old nursing student at your large HEI, has **always been an exemplary student**: academically talented, driven, and highly involved in student organisations. Her leadership was well regarded, and she consistently set high standards for herself. However, during her second year, you and your colleagues began to notice subtle changes in her behaviour.

IDENTIFICATION OF SYMPTOMS

2



Nadia seemed **more withdrawn and increasingly overwhelmed**, sometimes even being rude to her fellow students or lecturers. It became clear to you and your colleagues that Nadia was struggling with more than just academic stress. You noticed she was missing classes more frequently, and when she did attend, she appeared distracted and disengaged. Her once-persistent energy seemed to wane. Her grades started slipping, and she seemed to be in a constant state of fatigue, often mentioning migraines. You also observed that her usually confident demeanour had been replaced by frequent expressions of self-doubt.

ACTION

3

TAKING ACTION



You reached out to Nadia after class, asking if she would like to talk. She hesitated at first but then closed the door of the classroom. When she confided in you that **she was feeling overwhelmed by sadness, fatigue, and irritability**, it became clear that this was not just stress. You were concerned that her perfectionistic tendencies were intensifying her sense of failure, further deepening her emotional struggle. You gently suggested that she seek counselling support through the HEI's student services, emphasising that mental health challenges are common among students and that seeking help is a sign of strength. At first, Nadia hesitated – she was worried about how it might affect her reputation as a high-achieving student, as was evident in her communication. But after further discussion, you assured her that her wellbeing was far more important than any external judgements, and you strongly encouraged her to take that step for her health and academic success.

REFERRAL AND SUPPORT

4



Nadia agreed to follow through, and **you helped her navigate the process of accessing the counselling services**. She was referred to a counsellor who specialised in student mental health. Through her therapy sessions, Nadia came to recognise the depressive symptoms with which she had been struggling with. The counsellor helped her challenge the negative thought patterns that were exacerbating her feelings of hopelessness. Mindfulness techniques were also taught to help her manage stress and anxiety, allowing her to regain some control over her emotional state.

5

ACADEMIC RECOVERY



Throughout this period, you continued to check in with Nadia regularly, **offering encouragement and support as she implemented the strategies learned in therapy**. Gradually, Nadia began to re-engage with her studies and her peers, rebuilding her confidence. By the end of her third year, Nadia had regained her academic standing and was once again taking on leadership roles within the HEI. Her grades improved, and she found a better balance between her academic responsibilities and personal life. Nadia's progress was a testament to the importance of early intervention, as well as to the power of a supportive academic environment in helping students navigate mental health challenges.

Nadia's journey highlights the importance of teaching staff recognising mental health struggles and supporting students in seeking help. By addressing Nadia's depressive symptoms, she not only succeeded academically but also developed a more balanced and fulfilling approach to her life. Her experience underscored the need for supportive environments that encourage open discussions about mental health, especially among high-achieving students.

1.2 Practice example of Jim: a student's journey through anxiety



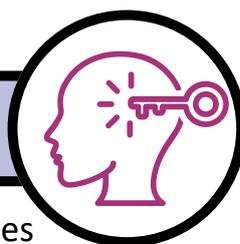
1

BACKGROUND

Jim is a 19-year-old first-year HE student studying in a competitive business programme at your HEI. Jim has **always had a strong desire to succeed and make his family proud**, which sometimes leads him to place immense pressure on himself. Being somewhat of a perfectionist, Jim has struggled to accept his average grades. He experiences a general unease about his academic performance, his future career, and his ability to meet his own expectations.

IDENTIFICATION OF SYMPTOMS

2



As the first-year examination period nears, you and your colleagues noticed that Jim seemed anxious. **He seemed tense and frequently fidgeted in his seat.** One of your colleagues saw Jim in the library, looking sweaty and uneasy, rummaging through his books and notes. Strangely, Jim did not show up for a preparatory examination session with his class group. He sent emails at all hours of the day and night, asking about the learning material, possible examination questions, and practical details regarding the organisation of the examination.

ACTION

3

TAKING ACTION

You approached Jim privately after class and invited him for a conversation. You asked how he was feeling about the upcoming examination period. Jim started sweating and avoided eye contact at first.

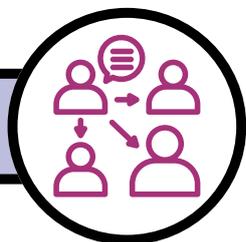
When you expressed your concern about his behaviour, **Jim opened up about the immense pressure he was feeling, not only about his examinations but also his academic future.**

He mentioned feeling **as though he could never live up to his own expectations, and the fear of failure seemed to consume him.** Jim explained that he had been struggling to sleep, which made it difficult for him to concentrate. He seemed desperate when he told you that he felt like he had forgotten how to study and that he did not know how to even start preparing for the examinations.

You reassured Jim that he could reach out to his lecturers as well as to study coaches of the HEI for academic support. You explained that he could turn to them for study tips. You also gently suggested to Jim to reach out to the HEI's counselling services, informing him that they offer confidential support for students experiencing anxiety. You reassured Jim that seeking help was a positive step and that it is common for students to experience challenges, particularly during high-pressure times.

REFERRAL AND SUPPORT

4



Following this conversation, **you provided Jim with the necessary information concerning the counselling services and study coaches.** Jim followed up by making a few appointments with a study coach to help him prepare for the examinations, focusing on study and learning tips. He also had a few sessions with a psychological counsellor at the HEI, who talked to Jim about his personality traits, upbringing, and how he had been feeling. The counsellor showed Jim some techniques to manage his anxiety and regain some control over his mental state. Most importantly, they helped him build self-compassion and reframe his understanding of failure, an essential step in reducing his harsh self-criticism.



5

ACADEMIC RECOVERY

You checked in with Jim on a regular basis, encouraging him and wishing him well for his examinations. **Gradually, Jim began to gain control over his anxiety and successfully implemented some of the strategies he had learned from his study coach and counsellor during the exam period.** Of the six examinations he sat, he passed five with flying colours and narrowly missed the mark on one. Thanks to the counselling, Jim feels pleased with his grades and proud that he passed five examinations while also working on himself. He feels confident that he will pass the re-examination with the support of his lecturers, study coach, and counsellor.

By working with a study coach on his academic performance and with a therapist on his mental health, Jim shows the importance of combining academic support with mental health support. His experience also shows that succeeding academically is about more than just passing all exams.

COURSE

4.c

CRISIS SUPPORT

Please note the following course deals with suicidal behaviour and panic attacks. Read with care and take a break if needed. Make sure to talk to a trusted colleague or friend about your own mental wellbeing if you find the content distressing.



1. Recognising Suicidal Behaviour and Using the CALMER Framework

1.1 Recognising suicidality

Suicidality is a broad term that includes suicidal thoughts, desires, preparatory actions, and suicide attempts. Suicide ideation refers to any thoughts, behaviours, and actions that are related to the possibility of ending one's life (1813, n.d.):

Suicidal thought

Thoughts, ideas, and fantasies about ending one's life. For example: 'If I drove into this tree right now, all my problems would go away'.

Suicidal plan

Plans and preparations for ending one's life. For example: collecting medication and storing it in a place where it's easy to reach.

Suicide attempt

Attitudes and actions that cause injury with the intention of self-harm and the aim of ending one's life.

For example: taking 20 tablets of medication when the prescription says to only take 1 a day, and waking up the next day in the emergency room.

Suicide

The act of ending one's life

Suicide ideation is not a fixed state of mind or a condition. It can evolve in peaks and valleys and may be regarded as a process that ranges from initial thought to more concrete plans, and can sometimes lead to a suicide attempt. The intensity and acute danger of suicide can vary greatly and fluctuate throughout the suicidal process. Depending on where someone is in that process, different signals may occur. Suicidal thoughts can be temporary, arising as an attempt to escape a difficult situation, and may disappear over time (1813, n.d.).

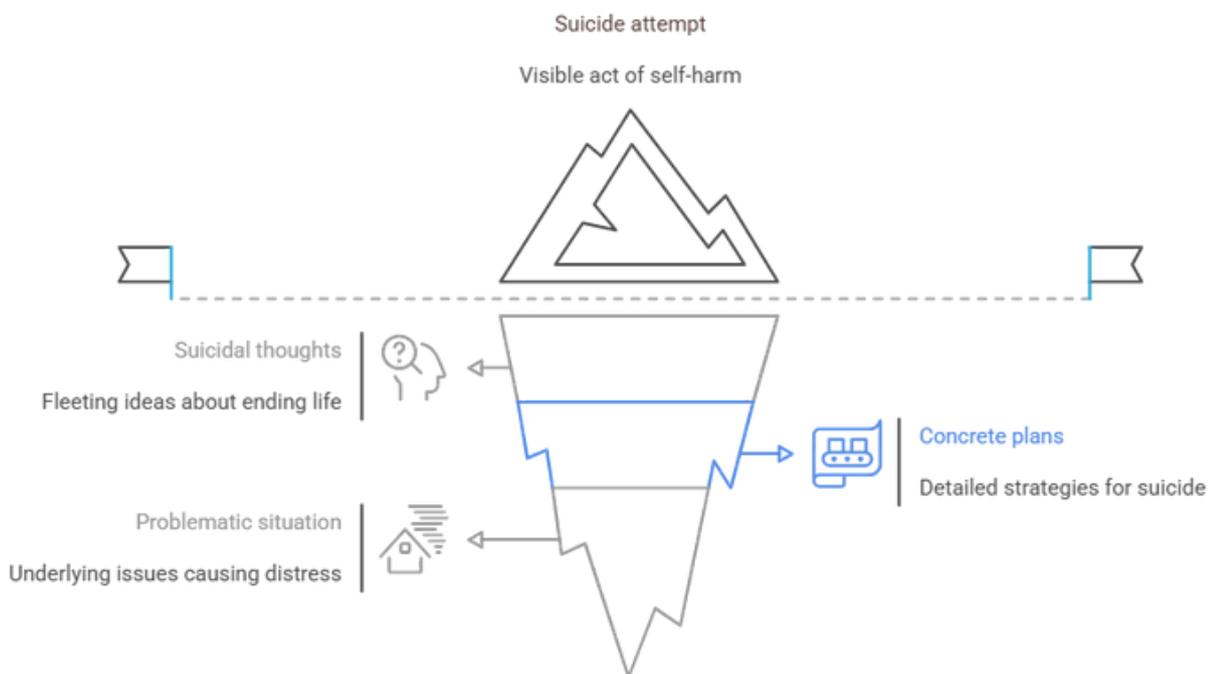


Figure 11: Suicide ideation process

It is important to consider that at least part of the suicidal process can be invisible. Thinking about or preparing to end one's life can be done secretly, without anyone around noticing. Although figures vary between studies, 50-75% of all people who die by suicide show some warning signs before ending their life.

For HE teaching staff members, recognising the signs of suicidal ideation is therefore essential for providing support. This is further reinforced by the prevalence of suicidal thoughts and behaviour among HE students. Research shows that the 12-month prevalence of suicidal ideation is 10.6%, which means that 1 in 10 students seriously considered taking their life during the last year. **For suicidal plans, the 12-month prevalence is 3%, and for suicidal attempts, 1.2%** (Mortier et al., 2018).

The **following signals** are considered **warning signs** that need to be further addressed. These signs may indicate suicidal ideation or other mental concerns (1813, n.d.):



Figure 12: Warning signs of suicidal thoughts or other mental problems

If you notice the following signs in a student, immediate attention and intervention is necessary:



Figure 13: Signs of suicidal thoughts that require immediate intervention

1.2 Implementing the CALMER framework (suicidal crisis)

After class, Joanna, a 20-year-old student, approaches you with some concerns about her classmate Iryna. Joanna closes the door and tells you that Iryna has been messaging and calling her at all hours of the day and night. **She is often in a panic, asking Joanna to come and be with her to help her calm down.** Joanna has tried to help Iryna over the past few weeks, but yesterday things escalated.

Iryna called Joanna, telling her that **she felt worthless and like a burden, that everyone would be better off without her.** She said the world would be a better place without her and that she would finally be at peace. Joanna asks you to talk to Iryna, who is waiting outside. Both Joanna and Iryna agreed to inform you because they trust you.

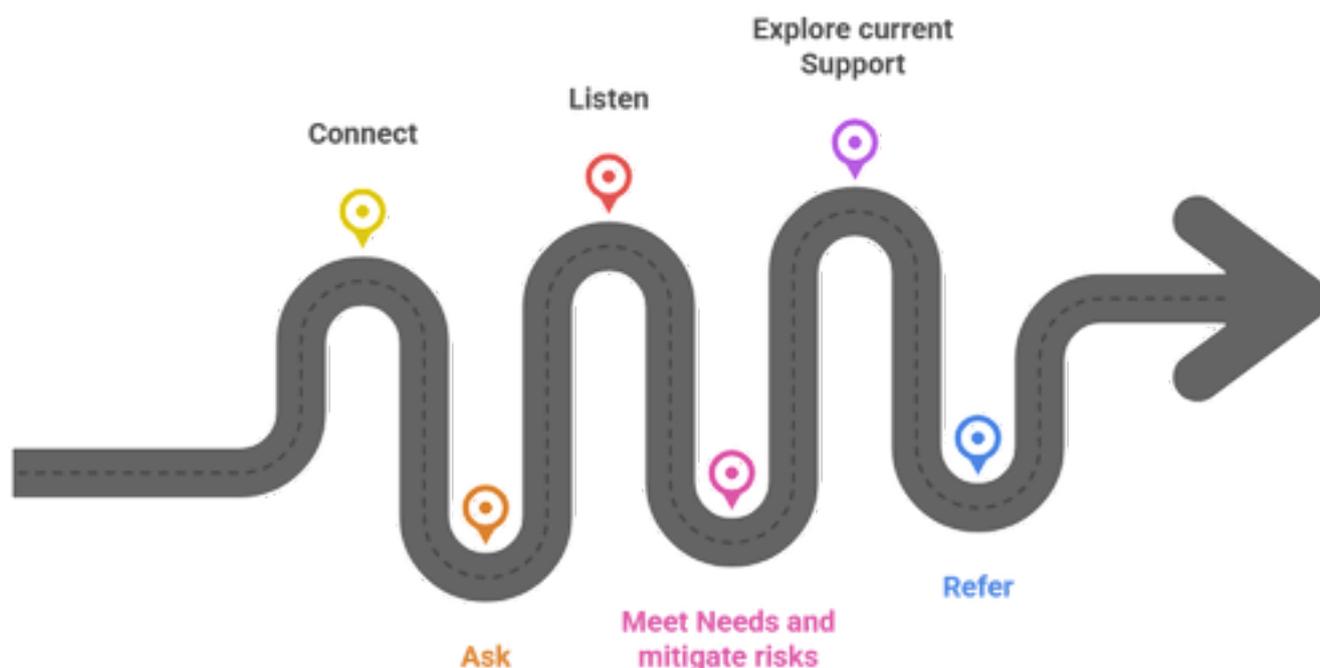


Figure 14: The CALMER Framework

C – Connect: You invite Iryna into the classroom. You tell her that Joanna has shared some serious concerns with you and that you would like to talk about them. You ask both Iryna and Joanna what they would both be most comfortable with: you talking to Iryna alone or to both of them together. They both emphasise they want to have this conversation together. You invite them to sit down with you.

A – Ask: You recapitulate what Joanna has told you and express your deep concern about what happened last night. You ask Iryna to talk about what is happening, using open-ended questions such as ‘What happened yesterday?’ or ‘What is going on that is making you have these thoughts?’
You listen with your full attention to what Iryna is saying, nodding or offering simple affirmations like ‘Hm...Hm’, ‘I see’, or ‘I understand’.

L – Listen: You give Iryna the space she needs to express herself. It is important to validate her emotions, even if you do not fully understand why a successful young woman can feel this empty and worthless, and have no zest for life.
Things you can say include: ‘Take your time, I know this isn’t easy to talk about’, ‘I can see this is making you upset, I’m here to help you’, or ‘What you are thinking and feeling right now is very upsetting, and you will need help to get through it’.

M – Meet needs and Mitigate risks: Once Iryna has shared some of her thoughts and feelings, you should try to assess what she needs. You can ask her: ‘What do you think you need?’ Contrary to popular belief, asking about or talking about suicide does not increase the risk. Giving a suicidal student the opportunity to express their feelings can provide relief and help guide them to the support they need.

In this case, it is important to assess the immediate risk. You can ask questions such as: ‘Does it happen often that you think about harming yourself?’, ‘Are you thinking about hurting yourself right now?’, or ‘Should I be worried about your safety in the next couple of hours or days?’

E – Explore current support: Due to the seriousness of the situation, it is important that you address how she feels and what she thinks should happen. For example: ‘I’m very worried about you right now, and I want to make sure you get the right help. Are you open to this?’ or ‘I feel it’s not a good idea to part ways like this, knowing that you are feeling so low. I would like you to consider getting some input on this from a professional who knows about these things. What do you think?’ Make the decision jointly with the student.

R – Refer: If Iryna is open to receiving help from a professional, you can guide her to the right place. For example: ‘I’m very worried about you right now, and I think we should go together to the counselling team or a mental health advisor down the hall’, ‘I feel it’s not a good idea to part ways like this, knowing that you are feeling so low. I would like to get some input from a professional who knows about these things. I would like you to go and see the professional to get their advice’. You can accompany Iryna to the appropriate person for immediate assessment of suicide risk and help initiate the support she needs.



1.3 Navigating confidentiality, boundaries and self-care

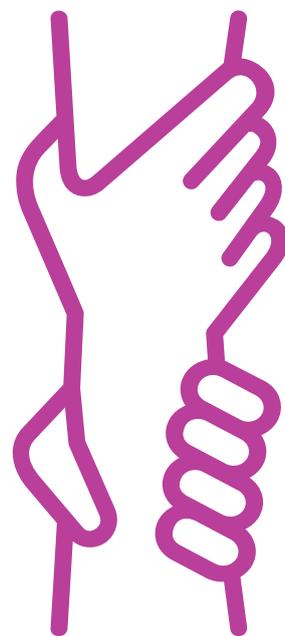
Supporting a student in acute mental distress, especially when suicidal thoughts are involved, **can be an emotionally charged and ethically complex situation.** Unfortunately, not all students are ready to receive help. If Iryna had refused to go with you to the counselling team and instead wanted to go home with Joanna, then what?

Teaching staff are not expected to take on the role of a counsellor but do play a critical role in recognising distress and connecting students with the appropriate support. In doing so, three essential principles must guide your actions: confidentiality, professional boundaries, and self-care.

1.4 Confidentiality

Confidentiality is **key to building trust with students.** They need to trust that their personal thoughts and emotions won't be shared without their consent. However, in situations where there is a serious risk of harm – such as suicidal ideation – confidentiality is not absolute. In such cases, you are permitted, and often required, to break confidentiality in order to ensure safety.

In Iryna's case, clear signs of distress and suicidal thoughts justified your decision to involve your HEI's counselling service. If she had refused to leave the classroom or seek support, it would have been necessary to take immediate action by involving on-site mental health professionals or other appropriate services.



Breaking confidentiality can feel uncomfortable, especially if a student explicitly asks you not to share what they've told you. **However, ensuring their safety takes priority, and involving trained professionals is ultimately in their best interest.** When you do need to share information, it helps to be transparent – explain that the goal is to connect them with the right support, such as the student wellbeing team, mental health professionals, or emergency services.

Some students may feel anxious about what happens next – whether their situation will be recorded, shared with teaching staff, or disclosed to family. **It's important to clarify that only relevant professionals will be informed and that information is handled confidentially within those boundaries.** If your institution has specific policies around contacting emergency contacts or guardians, take time to explain what these involve and what information will be shared.

Many students will understand this, but for some this may be distressing. If someone is uncomfortable with you breaking confidentiality, **it can help to understand their frame of reference and ask what worries them about receiving professional support.** It might be something you can address or reassure – for instance, fears about being expelled from the HEI or getting into trouble. They might also worry about specific and intimate details being shared.

For example, say Iryna confides in you about her suicidal thoughts. She tells you about her struggles in life, her difficult relationship with her family, history of bullying, and sexual abuse by her grandfather when she was 7 years old. It might reassure Iryna to know that while you must address her suicidal thoughts, you will not disclose the details of her trauma to the counselling team or mental health professional. This way Iryna keeps control over her story.

Giving students a sense of control during this process can ease their distress. Where possible, offer them choices – for instance, whether they'd prefer to walk to the wellbeing service with you, make a call themselves, or have you do it on their behalf.

If a student discloses suicidal thoughts remotely (for example, via email), the same principles apply.

And in cases of imminent risk, there may not be time to follow all steps – contact emergency services immediately if necessary.



Figure 15: Dos and Don'ts in a crisis situation

2. Professional Boundaries and Self-Care

Crisis situations, like in the practice example, often blur the lines between teaching staff member and caregiver. Iryna and Joannah may become dependent on you, or you may feel personally responsible for their wellbeing. However, setting boundaries is essential – for their sake as well as yours.

It's important to be clear about your role as a teaching staff member and to emphasise that you are not a mental health professional. Avoid overextending yourself by becoming the student's emotional support system. Instead, refer them to the appropriate professionals and make sure they are receiving the right support.



As mentioned, supporting a student in crisis, like Iryna, can be emotionally draining. Teaching staff members often carry these cases with them, leading to stress, anxiety, or even burnout. Know that prioritising your own wellbeing is not selfish – it is a professional necessity.

- **Debrief with a trusted colleague or supervisor** while maintaining confidentiality. It's important to mention that most students don't expect you to keep everything to yourself. They usually understand that teaching staff members are 'only human' and may need to vent to their team or colleagues. Students generally don't mind, they just expect it to be done respectfully.
- **Take time to process the emotional impact** of the case.
- **Use institutional resources** such as staff support services, peer consultation, or mental health training.
- **Know your limits:** it's okay to feel overwhelmed. Take a step back, take a break, and seek help if you need it.

3. Recognising Panic Attacks and Using the CALMER Framework

3.1 Recognising panic attacks

A panic attack is a sudden episode of intense anxiety that causes physical symptoms similar to those of fear. Panic attacks often occur unexpectedly and may not be linked to any 'real' external danger or stressor.

A panic attack typically lasts for a few minutes, but the physical and emotional effects can linger for several hours after the episode (Better Health Channel, 2022).



Panic attacks are quite common, with up to 35% of people experiencing one at some point in their lives. In many cases, a panic attack may also be referred to as an anxiety attack.

For students in HEIs, panic attacks can be particularly disruptive. If left untreated, frequent and **intense episodes can severely limit a student's ability to participate in academic and social activities.**

Students may begin to avoid certain situations – such as attending classes, studying in public spaces, or engaging in social events – due to the fear of experiencing another attack.

For teaching staff, recognizing the signs of a panic attack is essential for providing support. Common signs may include (Better Health Channel, 2022):

Panic Attack Symptoms

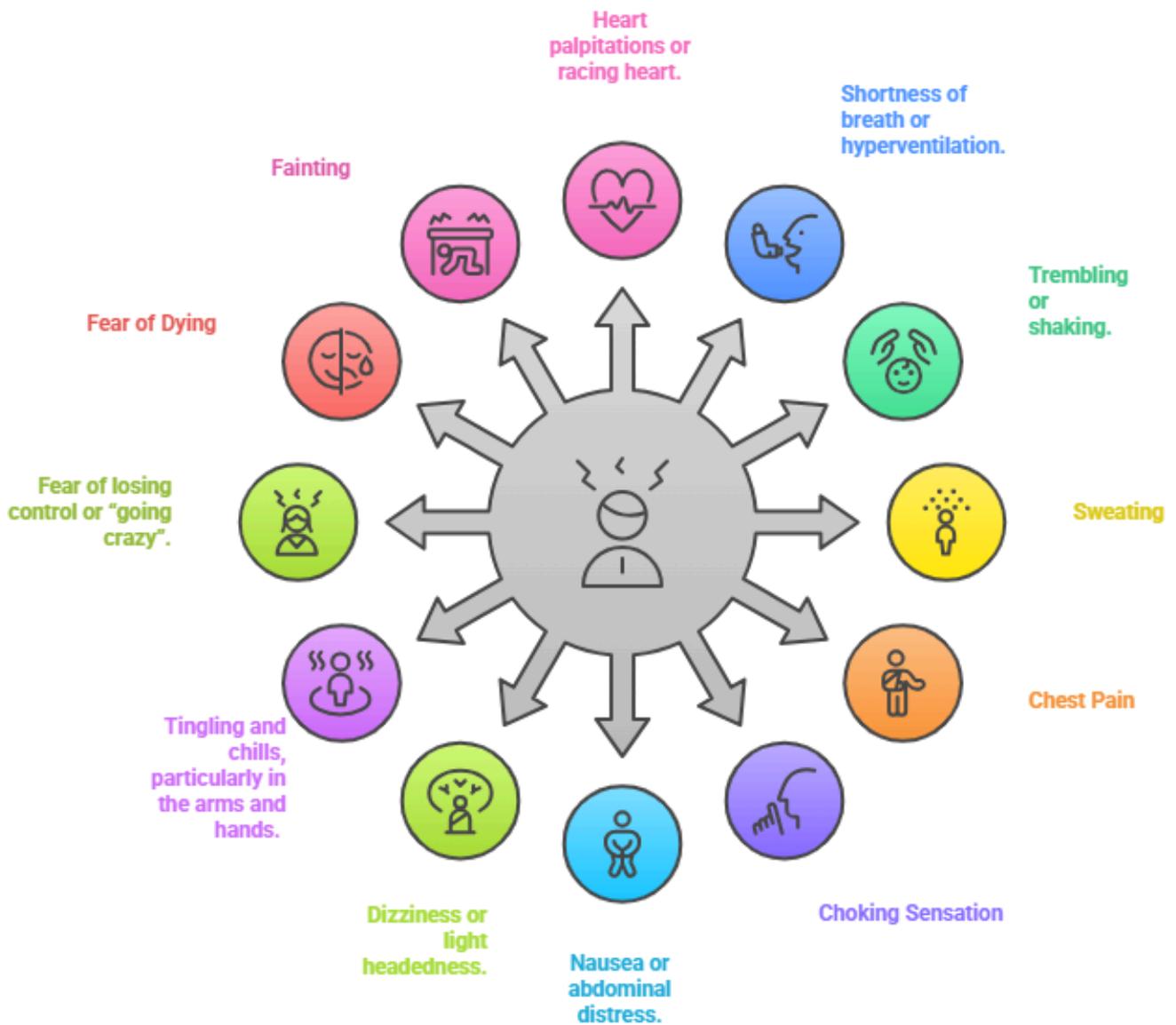
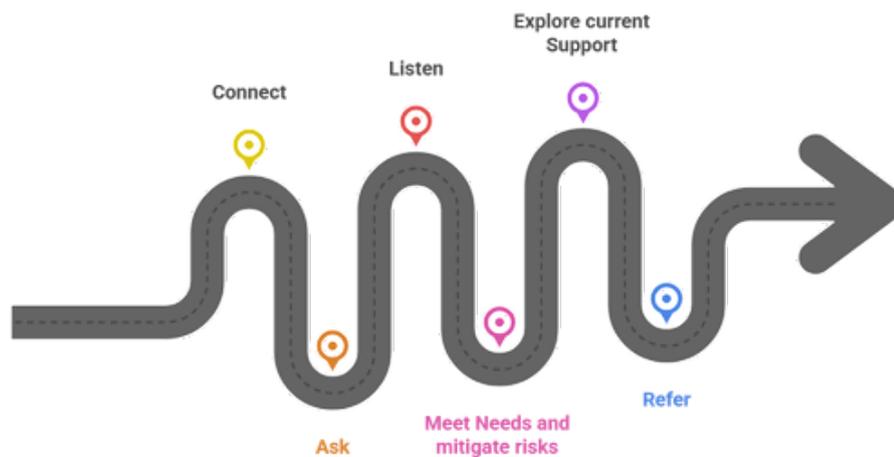


Figure 16: Signs of panic attack (Better Health Channel, 2022)

3.2 Implementing the CALMER framework

You are teaching a class when you notice that Ellie, 20, is having a hard time. She looks sweaty and is trembling, appearing to experience shortness of breath. Her friend, Jenn, looks at you, gestures for you to come over, and points towards Ellie.



C – Connect: You go over to Ellie, lower yourself to her level, and make eye-contact. You tell her that you can see she is having trouble and that you are going to help her. You ask her to step outside with you for a moment. You tell the class to continue working quietly while you are taking care of something. (If Ellie is not able to move, you can tell the classroom that you will be taking a 15-minute break and ask them to leave the classroom so you can attend to do something).

A – Ask: You ask Ellie what is going on, using open-ended questions such as: ‘What are you feeling?’ or ‘What happened to make you feel like this?’

You listen with full attention to what Ellie is saying, nodding or offering simple affirmations like ‘Hm...Hm’, ‘I see’ or ‘I understand’.

L – Listen: You give Ellie the space she needs to express herself. You do not interrupt, even if what she is saying does not completely make sense. It is important to validate her emotions, even if you do not fully understand how or why the panic attack occurred. You can say things such as: ‘Take your time, we’re not in a rush. Focus on your breathing and I will be right here with you’, ‘I can see this is really overwhelming you, and I’m here for you’, or ‘It’s okay to feel anxious. What you are experiencing right now is a lot, and I will help you get through it’.

M – Meet needs and Mitigate risks: Once Ellie has shared some thoughts or feelings, you should try to assess what she needs. You can ask her: ‘What do you need?’ or ‘What can I do right now to help you feel more comfortable?’

If Ellie is unable to communicate what she needs, you can try and help by suggesting that she step outside for a moment to get some air, accompanied by her friend – provided she feels calm enough to go outside. If she is still having trouble breathing, you can help her by performing a grounding technique, focusing on something she can hear (for example, the sound of an air conditioner), feel (such as the wall she is leaning against or her feet on the floor, back on the chair), or see (for example, the clock on the wall). If you sense there’s a risk that Ellie’s panic attack may further escalate, send for on-campus help immediately.

E – Explore current support: Once Ellie has calmed down, you encourage her to take steps toward self-care and explore ways she can manage her anxiety in the future. You can encourage her by saying something like: ‘I’m glad you are feeling better. Remember, you can always use the grounding technique we just did to calm down when you feel overwhelmed’. You can also encourage her to take breaks when needed and signal to you, so that you are aware of her needs. You ask her if she’s receiving any support for what she’s going through – from friends, family, or professionals.

R – Refer: When referring, it can help to show concern: ‘It’s clear that this was a tough moment. I’m glad I was here to help you through it, and I want you to know that you are not alone in this’. You offer a referral by saying something like: ‘I think it might really help you to talk to someone who can offer more specialised support. I can help you get in touch with the right person on campus, if you like’. To reinforce support, you offer to check in with her in the next couple of days, just to see how she is doing. This emphasises that you care about her mental wellbeing. For example: ‘I would like to check in with you after class next week to see how you are doing’.

REFLECTION QUESTIONS

Question 1: Signal detection

1

A student in your class is showing physical signs of a panic attack, like sweating and trembling. Name four other physical and two non-physical signs of a panic attack.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
-

Question 2: CALMER-framework

2

You notice that one of your students, Andy, has become increasingly withdrawn, avoiding social interactions and showing signs of sleep disturbances. Using the CALMER-framework, describe step by step how you would approach and support Andy through his potential mental health challenges. Be specific in your actions and explain why each step of the framework is important in this case.

Type Your Answer Here

REFLECTION QUESTIONS

Question 3: Confidentiality

3

A student shares they are having suicidal thoughts and asks you not to tell anyone. How do you respond?

Type Your Answer Here

TEST QUESTIONS

Question 1

1 How many students in HEIs have thought about taking their own life in the past 12 months?

- 1% 10% 50%
- 5% 20%

Question 2

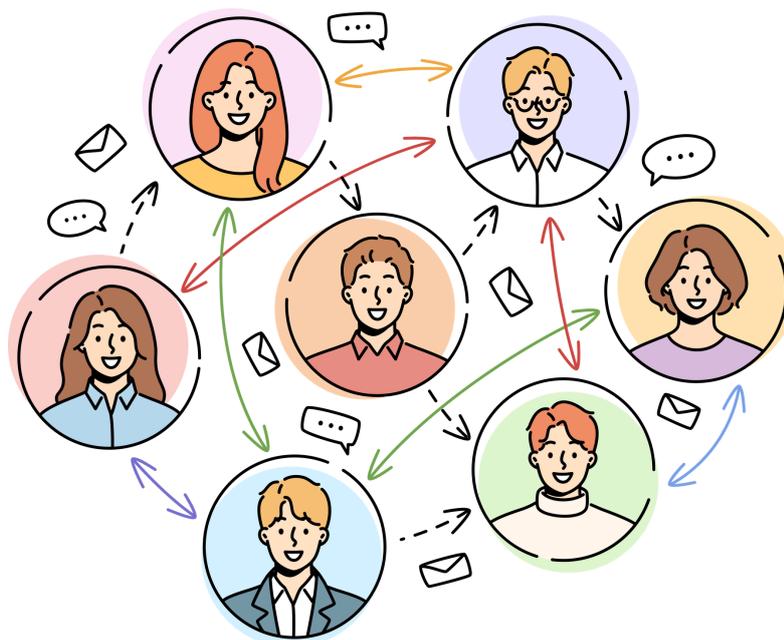
All signs that are suggestive of suicidality should be taken seriously, but a few of them are so severe that they require immediate intervention. Which signs can you recognise in the list below? There are two correct answers.

- Increasing self-neglect
- Writing about death or suicide
- Saying that people would be better off without them
- Reckless behaviour
- Mentioning ways that one's life can be ended

COURSE
4.d

RESOURCES

1. HEI Support Services

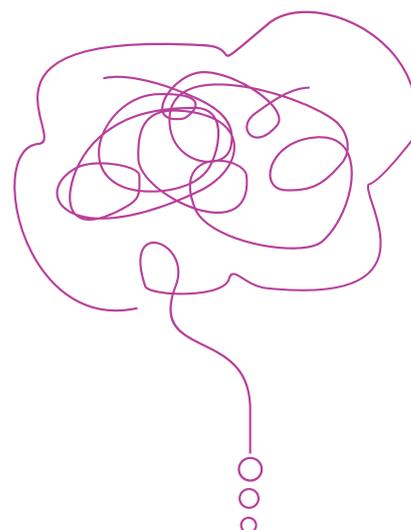


Each HEI will have its own network of internal support services, many of which may focus on mental health and wellbeing. Below is an example of different resources you can consider as effective mental health support options. Contact your HEI lead to learn more about your institution's specific support networks. (Tip: Bookmark links to your HEI's services for easy access in the future!)

2. General Mental Health Tools

These resources are available internationally and offer support for stress, anxiety and depression:

- Breathing gif
- MoodGym <https://www.moodgym.com.au/>
- Headspace www.headspace.com
- Find a Helpline www.findahelpline.com
- Befrienders Worldwide <https://befrienders.org/>
- 7 Cups <https://www.7cups.com/>



3. Country Specific Resources



UK

These are helpful for students based in the UK:

- **Hub of Hope** – Find local and national mental health services.
- **Student Minds** – Mental health charity for students.
- **Papyrus** – Support for young people at risk of suicide (under 35s).
- **Nightline** – Confidential listening service run by students, for students.
- **The Mix** – For people under 25, covering mental health, relationships, money, and more.
- **Mind** – Leading UK mental health charity with extensive self-help resources.

BELGIUM

These are helpful for students based in Belgium:

- **Moodspace** – MoodSpace is a place for students. Full of reliable information, tips, and self-help to cope with emotional challenges and study resiliently. It also features student stories, pep talks, and signposts to a listening ear – the ultimate check and boost for your mental health. <https://moodspace.be/nl>
- **Online hulp** – Sometimes students prefer to use an app rather than talk to a “real” person. This guide helps you find reliable apps and websites for well-being and mental health. <https://www.onlinehulp-apps.be/>
- **Tele-onthaal** – Sometimes students prefer to call or chat with someone. Tele-onthaal is available 24 hours a day, anonymously and free of charge. <https://www.tele-onthaal.be/>

GERMANY

These are helpful for students based in Germany:

- **Nightline** is a listening and information service run by students for students. Nightlines are available in various cities and offer you the opportunity to talk about anything that's on your mind. <https://nightlines.eu/> (also available in Austria and Switzerland). For English-language accessibility, please check their website or Instagram page.
- **TelefonSeelsorge** – Support in difficult life situations, including suicide prevention, loneliness and crises. <https://www.telefonseelsorge.de/>
- **Burn-out-Brücke** – Since 2015, Burn-out-Brücke has been providing advice on burnout and chronic exhaustion. Support is available online or by telephone – anonymously if desired. <https://www.burn-out-bruecke.de/>

GREECE

These are helpful for students based in Greece:

- **Breathing GIFs** (Guided Breathing Animation Tools) – Simple animated visuals, often shared by mental health professionals and NGOs in Greece, guide users through paced breathing exercises (e.g., 4-7-8 breathing).
- **MoodGYM** – <https://www.moodgym.com.au/> – A pioneering interactive self-help program developed by the Australian National University, MoodGYM teaches users cognitive behavioral therapy (CBT) skills to prevent and manage depression and anxiety. It has been referenced in mental health initiatives in Greece and translated into multiple languages. The tool has proven efficacy and is widely used in primary care, academic, and digital health settings.
- **PsyCARE Line** (Help Line 10306) – A nationwide mental health support hotline launched by the Greek Ministry of Health during the COVID-19 pandemic, offering psychological first aid and referrals for mental health services 24/7, including for students. <https://10306.gr/>
- **“Στηρίζω”** (I Support) App – Developed by the Greek National Documentation Centre (EKT) in partnership with NGOs, this app offers a curated list of self-care tools, crisis support, and therapy matching services for people with psychological trauma.

WANT TO KNOW MORE ABOUT THESE TOPICS?

4.a) Catherine J. Denial (author of *Pedagogy of Kindness*) has published examples of the ‚healthy‘ design of learning material and assignments on her website:

<https://catherinedenial.org/resources/>

It is also very interesting to compare her earlier learning materials with how she designs her materials today:

https://catherinedenial.org/wp-content/uploads/2024/08/HIST-373b_-Women-Gender-and-the-Am-Rev-Spring-2024.pdf

This is an extensive example of creating healthy learning environments, and you can use it as inspiration to choose what you feel will be right for you and your students.

The Suicide Prevention Resource Center offers a wide range of information about suicide and suicide prevention – both general resources and materials tailored to specific groups such as higher education students:

<https://sprc.org/settings/colleges-and-universities/>

CONCLUSIONS



The courses in this module have demonstrated how teaching staff can play a vital role in supporting students facing mental health challenges. Through the detailed case studies of Nadia and Jim, **you explored how teaching staff members can recognise early signs of depression and anxiety, and apply practical, compassionate strategies to intervene and guide students toward appropriate support services.**



We also examined more acute situations involving suicidal thoughts and panic attacks. You learned how to recognize warning signs of a crisis and how to apply the CALMER framework to offer structured, immediate, and empathetic responses while maintaining professional boundaries. These examples underscore that you don't need to be a therapist to make a meaningful difference. **You just need to be observant, present, and prepared to act.** Additionally, insights on how to handle confidentiality and respect boundaries were shared.



Above all, this module highlights the importance of creating a safe and supportive academic environment where students feel seen, heard, and cared for. Whether it's through a brief conversation, a timely referral, or simply showing that you care, your role as teaching staff can be a powerful protective factor in a student's life.

REFERENCES

1813 (n.d.). Wat is suicidaliteit en hoe kan ik signalen herkennen?

<https://www.zelfmoord1813.be/info-voor-hulpverleners/wat-is-su%C3%AFcidaliteit-en-hoe-kan-ik-signalen-herkennen>

Better Health Channel (2022). Panic attack. Better Health Channel.

<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/panic-attack>

Mortier P., Cuijpers P., Kiekens G., et al. (2018). The prevalence of suicidal thoughts and behaviours among college students: a meta-analysis. *Psychological Medicine*;48(4):554-565. doi:10.1017/S0033291717002215

4.a) Some of these recommendations are from HAW Hamburg and the Hamburg Open Online University (HOOU) in Germany and their website: "Study with mental health conditions".

<https://psychestudium.blogs.hoou.de/>

ANNEX I - METHODOLOGY

The handbook's development is based on an extensive, collaborative methodology that integrates **research, expert consultation, and participatory approaches**. The key components of this process included:

Focus group structure



A series of focus groups were conducted to gather insights from HEI teaching staff, student support professionals, mental health practitioners, and students.

These sessions were structured as follows:

- **Format:** Each workshop lasted 2–3 hours, with 5–10 participants and two facilitators.
- **Documentation:** Key findings from the focus groups have been collected and summed up into institutional reports.
- **Anonymity:** Participation was anonymous, with only socio-demographic details (e.g., age, gender, department) collected to assess diversity in the sample.
- **Methods:** Various facilitation techniques were employed, including moderation walls and interactive discussions.

Key discussion areas during the workshops



- **Perceptions:** Understanding how teaching staff and students view mental health in academic settings.
- **Needs:** Identifying the knowledge and skills teaching staff require to support student mental health effectively.
- **Concerns:** Addressing the apprehensions teaching staff and students have about discussing mental health.
- **Barriers:** Examining institutional and individual challenges to implementing mental health support.
- **Facilitating Factors:** Exploring what could encourage greater engagement with mental health initiatives.

Key findings from the development process

Through focus groups and expert consultations, several key findings emerged that have shaped the content and structure of the handbook:



- **The need for scenario-based learning:** Teaching staff expressed a strong preference for real-life case studies and role-play exercises rather than purely theoretical content.

- **A gap in institutional training on mental health:** Many HEIs do not provide formal training on how to support students' mental wellbeing, making this handbook a critical resource.
- **The importance of early intervention:** Staff should be equipped to identify early warning signs before mental health issues escalate. Students fear stigma and misjudgement, making them reluctant to seek help. They expect initial guidance from teaching staff but not professional support.
- **The need to take care of staff wellbeing and defining boundaries:** Teaching staff struggle with unclear boundaries, fearing emotional over-involvement and lacking expertise. Support must balance care with professionalism.
- **A demand for clear and actionable communication strategies:** Teaching staff often feel unsure about what to say or do when a student is struggling, while students prefer early, direct, and respectful interactions. The handbook provides scripts, guidance, and best practices.
- **The need for institutional support structures:** The effectiveness of individual staff interventions depends on broader HEI policies that prioritise student wellbeing.

ANNEX II - SIGNPOSTING



University Colleges Leuven-Limburg (UCLL), one of the largest higher education institutions in Flanders, offers a diverse and dynamic learning environment for its 17,000 students across eight campuses. UCLL attracts a diverse student population from various backgrounds and nationalities.

The institution has campuses spread across the Leuven and Limburg regions, offering a wide range of programs in fields such as health care, education, technology, business, and social work. This diversity ensures a dynamic learning environment. **UCLL has a growing number of students from migrant backgrounds, including both EU and non-EU students, contributing to its multicultural atmosphere.**

Each academic year, UCLL welcomes a substantial number of first-year students who transition from secondary education to higher education. This transition can be stressful for some, as they adjust to new academic requirements and social environments. **UCLL helps first-year students by offering orientation weeks, peer mentoring, and study support, making this transition smoother and positively influencing their wellbeing.**

UCLL's student population is mixed in terms of social and economic status. While there are students from affluent families, many others come from lower socio-economic backgrounds.

Financial pressure is a common stressor for students from these backgrounds, and they often have to combine their studies with part-time work or face challenges in affording study materials and additional support.

UCLL addresses these challenges through financial aid and affordable access to support services, including psychological care.

UCLL places strong emphasis on supporting minority groups such as LGBTQI+ students, students with disabilities or neurodiversity (e.g., ADHD or autism), and students from economically disadvantaged backgrounds. **The institution follows an active policy of equal opportunities, reflected in initiatives such as designated advisors for diverse groups and support for students with specific needs.** This approach contributes to creating a safe and inclusive learning environment for all students.

For neurodiverse students, UCLL offers tailored services such as specific study guidance, quiet study spaces, and extra time for exams. However, the highly structured nature of many courses may not always align with their needs, potentially increasing stress or frustration. UCLL works to accommodate these students by providing an environment where they can thrive.



UNIVERSITY OF PATRAS

The general context

The University of Patras, founded on November 11, 1964, is a major public institution located on the expansive Rio campus, approximately 7 km northeast of Patras city. As of the latest data, it hosts around 33,832 students—with 29,901 undergraduates and 3,931 postgraduate students—and employs 715 academic staff and 429 administrative personnel. It ranks as the third-largest university in Greece, structured across seven schools and thirty-one departments, covering disciplines from engineering and natural sciences to humanities, health, and social sciences.

The university offers a broad range of undergraduate and postgraduate programs across various fields, including engineering, natural sciences, health sciences, humanities, social sciences, and business.

It hosts 7 schools and over 30 academic departments, many of which are recognised for their high academic standards and active research output. The campus, situated in the suburb of Rio, provides a modern and vibrant academic environment, with state-of-the-art facilities, research centers, libraries, and one of the most well-equipped university hospitals in the country.

Research is a core pillar of the University of Patras. It is involved in numerous national and international research projects, often in collaboration with other universities, industries, and institutions. Its research output is notable in fields such as biomedical engineering, computer science, environmental science, and materials science.

The university is also part of various European university networks and has active Erasmus+ agreements with institutions across Europe and beyond.

Support structures or initiatives in place to assist student's mental health

The University of Patras offers a robust, multi-faceted mental-health ecosystem: **staffed counseling services (individual/group), remote access, experiential programs, professor and staff training, inclusive digital tools, data-privacy protocols, and community-building events.**

Support for students with disabilities

Under the Social Welfare Programme (EKO) and its Social Welfare Office, co-financed by the European Social Fund since 2018, UPatras actively supports students from vulnerable groups, including those with disabilities and mental health issues. Services include:

- **The provision of special educational equipment**, Braille texts, accessible classroom technologies.
- **Medical and physiotherapy support**, designed to enhance mobility and classroom participation.
- **Financial aid, career counselling, and transport assistance** to and from campus for those with mobility needs.
- **Advocating for digital and physical accessibility improvements**, campus-wide, guided by international best practices.
- **Structural modifications** have been implemented, including an interactive campus accessibility map.

Furthermore, an Equal Access Unit within the Students Care Directorate coordinates accommodations (e.g., exam modifications, assistive IT) and liaises with support services to ensure inclusion.

Mental-health support

The Psychological and Counselling Support Center (Κέντρο Ψυχολογικής και Συμβουλευτικής Υποστήριξης), formally established in 2023, provides free, confidential mental health services to all students and staff. The Center is staffed by psychologists and social workers, operating under clear academic and legal standards (e.g., GDPR compliance).

- **Origins & Staffing:** Founded formally in 2022 (building on earlier efforts since 2009), the center is staffed by a dedicated team of psychologists and social workers (4+ of each) to provide comprehensive mental-health support. <https://nurs.upatras.gr/en/mental-health-nursing/>
- **Core Practices & Modalities:**
 - **Individual counselling**, both in-person and via tele-counselling for remote or differently-abled students (mentalcare.upatras.gr).
 - **Group counselling**, focused on shared themes (e.g., exam anxiety, loneliness) to promote peer support (mentalcare.upatras.gr).
 - **Experiential (βιωματικά) workshops** and psychoeducational seminars aimed at enhancing self-awareness, emotional skills, and healthy interpersonal boundaries (<https://mentalcare.upatras.gr/en/seminars-events/>).

Annual Reach:

Over 2,100 students benefited in 2023 alone, with more than 10,500 total sessions held since 2018.

Awareness & Community Events:

Recently organised awareness activities include safe-festivity campaigns (e.g., pre-carnival “Η Ουσία.. είναι στη Διασκέδαση” on Feb 21, 2025) and reflective workshops (e.g., Feb 17, 2025).

Staff Training & Education

- **Seminars via Social Welfare & KEΔIBIM:** The Social Welfare Office partners annually with the University Lifelong Learning Center (KEΔIBIM) to run training for staff, students, and faculty on working with vulnerable groups, inclusive support, and digital accessibility — including mental-health modules.
- **Ongoing Professional Development:** Through the Teaching & Learning Support Center (KEΔIMA), teaching staff receive training on wellbeing and inclusive teaching methodologies, including hybrid and digital tools (socialwelfare.upatras.gr).

Digital Tools & Accessibility Technologies

- **Tele-counselling Infrastructure:** Psychological services are available remotely via online platforms, improving accessibility for distant, disabled, or quarantined users (mentalcare.upatras.gr).
- **Assistive Tools for Staff & Students:** Trainings address digital psychosocial support and accessibility technologies, often integrated into staff workshops (e.g., tools featured in KEΔIBIM training).

Integrated Support Practices & Culture

- **Privacy and Ethics:** All counselling and data handling comply rigorously with GDPR and university regulations, ensuring confidentiality and professional standards (ece.upatras.gr).
- **Targeted Support:** Counseling addresses common student issues—academic stress, belonging, mental-health challenges, exam anxiety, interpersonal relationships, addictions, and sleep or eating disorders.
- **Campus-Wide Mental-Health Culture:** The university fosters mental-health literacy through public events, collaborative efforts (e.g., with ΕΠΑΨΥ’s “Brave Talk” in May 2025), and interactive workshops.



TU Dortmund University

TU Dortmund University offers a comprehensive support infrastructure to accompany students throughout their studies. The university implements guidelines and allocates resources to ensure that students receive high-quality counseling and assistance. **As part of these measures, various systems for psychological counseling and support are established.**

TU Dortmund has also developed specific offers for students with special needs or mental health challenges. **These include counseling centers that provide support in personal and academic matters.** The university pursues strategic goals aimed at ensuring the quality of the assistance provided. A central objective is to promote a positive study environment that prioritises the mental health of all students.

Contextualisation

TU Dortmund University proudly embraces diversity, reflected in its vibrant international student community. For example, in the winter semester 2023/24, 17.7% of the student body comprises international students, totaling 5,345 individuals.

A regional comparison of Berlin, Munich and Stuttgart using data from the 21st Social Survey of the Deutsches Studierendenwerk (Middendorff et al., 2017) shows that the Ruhr metropolitan area (where TU Dortmund is located) has a below-average proportion of students from academic households, at just 46.5% (i.e. a comparatively large number of students in the Ruhr metropolitan area are the first in their family to attend university).

Similarly, 4.8% of students state that they live in a household where German is not spoken (Bildungsbericht Ruhr, 2020).

Structure and Services

1. The Central Student Advisory Service at TU Dortmund University provides comprehensive support for students – whether it's about choosing a study program, planning studies, or dealing with personal challenges. Students can access individual counseling sessions, workshops, and other resources directly on campus. <https://www.tu-dortmund.de/en/students/advising-counseling/academic-advice/>

2. The Psychological Student Advisory Service at TU Dortmund University offers professional support for students dealing with personal challenges, stress, or mental-health concerns. The service provides online material, confidential individual counseling sessions or coaching groups, as well as series of lectures and workshops to help students navigate difficult situations and maintain their wellbeing during their studies.

<https://www.tu-dortmund.de/en/students/advising-counseling/psychological-student-advisory-service/>

The Psychological Student Advisory Service at TU Dortmund University also offers a newsletter to keep students informed about workshops, events, and resources related to mental health and wellbeing. By subscribing, they'll receive regular updates on topics such as stress management, mindfulness, and strategies for maintaining balance during their studies. <https://www.tu-dortmund.de/en/students/advising-counseling/psychological-student-advisory-service/>

3. DoBuS, the Centre for Disability and Studies at TU Dortmund University, offers group programs and peer support tailored to students with disabilities or chronic illnesses. These initiatives provide opportunities for exchange, mutual support, and skill-building in a collaborative environment. From workshops to peer-led activities, DoBuS fosters community and empowerment among students. <https://dobus.zhb.tu-dortmund.de/en/students/group-programs-and-peer-support/>

4. The Psychological Counseling Service of the Studierendenwerk Dortmund provides professional support for students facing mental-health challenges, stress, or personal difficulties. The service offers confidential counseling sessions to help students navigate challenging situations and strengthen their emotional wellbeing. <https://www.stwdo.de/en/counselling-kita-social/life-help/psychological-counselling-1>

5. At TU Dortmund University, students facing exceptional circumstances can **apply for hardship consideration or compensation for disadvantages.** These measures are designed to ensure equal opportunities in studies and examinations for students with disabilities, chronic illnesses, or other significant challenges. The application process is confidential and tailored to individual needs.

<https://ab.tu-dortmund.de/en/study/studieninhalte-pruefungsangelegenheiten/allgemeine-informationen/>

6. The University Sports program (Hochschulsport) at TU Dortmund University promotes health and wellbeing through a variety of activities, including the annual Student Health Week. This special event offers workshops, fitness classes, and informative sessions focused on mental and physical health. <https://hsp.tu-dortmund.de/en/>

Confidentiality Terms

Confidentiality is critical in maintaining trust. Ensuring students' privacy encourages them to seek help without fear of stigma.

Confidentiality Guidelines

- All personal information shared by students during counseling sessions must remain confidential.
- Staff members handling sensitive information must receive regular training on data protection laws (e.g., GDPR).
- Any disclosure of information must be done with the student's informed consent, except in cases where there is a risk of harm.

Exceptions to Confidentiality

Confidentiality may be broken only when:

- There is an immediate risk of harm to the student or others.

Sources

Middendorff, E., Apolinarski, B., Becker, K., Bornkessel, P., Brandt, T., Heißenberg, S., & Poskowsky, J. (2017). Die wirtschaftliche und soziale Lage der Studierenden in Deutschland 2016. 21. Sozialerhebung des Deutschen Studentenwerks durchgeführt vom Deutschen Zentrum für Hochschul- und Wissenschaftsforschung. Bundesministerium für Bildung und Forschung.

Bildungsbericht Ruhr (2020):

https://bildungsbericht.ruhr/documents/124/Bildungsbericht_Ruhr2020_Langfassung_Stand_05_02_21.pdf.



University of Hertfordshire

The general context

Founded in 1952 as Hatfield Technical College, the University of Hertfordshire (UH) offering and output has soared. For more than 70 years, it has been an innovative educational force. From our start in training aerospace engineers for Britain's aviation industry to our extensive offering today, our focus has always been on understanding what employers want, and today our vision remains unchanged.

We are a modern, dynamic, and enterprising university, and an anchor institution in the region, supporting its growth as a top destination for a range of industries and professions. It is the only university to be awarded a King's Award for Enterprise in 2024; Silver in the National Teaching Excellence Framework Awards, 2023; rated 5 Stars (excellent) by QS Stars; and first in the East of England for overall student satisfaction (NSS, 2024).

Our vibrant community of nearly 35,000 students from over 110 countries benefits from high-quality teaching delivered by experts engaged in cutting-edge research.

We offer more than 700 career-focused degrees, strong industry connections, industry-standard facilities, and opportunities to study at more than 170 programmes worldwide to prepare our students to succeed in a competitive global market. There are two accessible Hatfield campuses, College Lane and de Havilland, and over the next decade we're investing £242m to further enhance these campus facilities.

In 2023-4 UH had a student community of over 24,500 students, including almost 17,000 Home/EU undergraduates. Out of this population, 85% studied full-time. Within our Home/EU full-time undergraduate community, there were over 7,500 Black, Asian and minority ethnic (BAME) students (53%), over 2,600 mature students (21%), and over 1,700 students declaring a disability (12%).

We evaluate student lifecycle (access, success, and progression) performance data for key target groups: disadvantaged students, BAME students, mature students, disabled students, part-time students, and care leavers. **We also evaluate data concerning intersections of these groups specific to the University.**

This evaluation relied primarily on the latest Office for Student dataset and was complemented by the most recent institutional data, where necessary, to demonstrate a deeper understanding of our current performance across the whole undergraduate student lifecycle.

Support services to assist student health

External contacts

- **Samaritans – 24-hour confidential emotional support** to anyone in crisis or experiencing suicidal thoughts. Telephone: 116 123 (Freephone from mobiles and landlines) · Email: jo@samaritans.org
- **The A&E department** at your nearest hospital, or 999 if you are very concerned about your own or someone else's imminent safety.

Please note: If your mental or physical health symptoms get worse, please visit your GP/doctor as they are your primary care contact. Alternatively, you can call 111 or 999 to access immediate/urgent support.

PAM Wellness.

Students can access this information from the AskHerts page <https://ask.herts.ac.uk/student-wellbeing>

In-the-moment confidential support or guidance regarding any personal issues, available 24 hours a day, 7 days a week – support includes:

- **Short-term counselling** delivered via telephone, video (via a secure video link), or face-to-face,
- **Computerised CBT** and other mental-health programmes,
- **Referral to specialised support**, for example money worries, relationship support and bereavement,
- **PAM Assist Wellbeing App** – online and app health and wellbeing platform.

‘When to refer a student’ for staff

We have created the **‘When to refer’ guide to help you, as a staff member, to understand the boundaries of your own role** and decide when to call on the help of a professional expert. This guide covers a range of issues and concerns, including the following:

- Support for mental-health issues
- Disability, dyslexia, or long-term medical conditions
- Faith, belief, and religion
- Students living in halls
- Illness
- Discrimination or bullying
- Criminal incidents
- Sexual assault
- Radicalisation
- Death of a student

If in doubt, remember that the Dean of Students Office is always here to help.

Staff Signposting Guides are available for academic support, student wellbeing, and when a student requires emergency help.

Chaplaincy

The Chaplaincy welcomes and supports those of all faiths and none. Both students and staff can use our multi-faith and multi-cultural spaces: The Key on College Lane Campus and the Multi Faith Space on de Havilland Campus. You can check current opening times on Ask Herts. Please just drop in or book an appointment.

Our Chaplain, Reverend Fiona Souter, is based on both campuses and can be contacted by emailing chaplain@herts.ac.uk or by telephoning 07702 442 696 (Mon-Fri office hours). Volunteer Chaplains from a range of faiths are also available.

You can follow the Chaplaincy on @uhchaplain on Facebook, Twitter, and Instagram for daily messages of support and fun activities.

Student Community and Safeguarding Team

This team was set up to monitor, improve, and impact on community-based engagement and interaction with the local community. We offer advice to students and point them in the right direction if they need to know where to go to get a certain type of advice, such as housing, accommodation, and any kind of difficulties.

Their roles include:

- To support students living off campus and help resolve any difficulties that may arise.
- To act as the first point of contact for residents of the local community who wish to discuss issues or concerns relating to student behaviour.
- Responsible for all academic and non-academic complaints and appeals.
- Mediate where housemate issues prove hard for students to deal with individually.
- To oversee pastoral care via the housing team – The team is headed by the Deputy Director Safeguarding and Community, who has responsibility for all student welfare and discipline issues.

It is also the main point of contact for voluntary and community groups wishing to work with the University and also works closely with local statutory bodies such as the Council, Police, and Fire Brigade.

Our Student Community and Safeguarding team can be contacted by emailing community@herts.ac.uk.

Counselling, disability and mental health services

Student Wellbeing provides professional and confidential services to support students who have a disability and/or are concerned about their mental health or emotional wellbeing. We are also here to support staff working with our student body and can help, for example, with how to make adjustments for students' disabilities or responding to concerns about their mental health.

We have created a '**Student mental health and wellbeing guide for staff**', packed with advice and information for you should you become aware of a mental-health issue and are concerned about your student. Remember that you are not expected to be an expert in mental health or have all the answers; our staff can support you as and when needed. Please don't ever keep concern for a student's mental health to yourself. Tell Student Wellbeing and let us help you to risk-assess and ensure the right support is provided.

We can be contacted by calling 01707 284453, by email, or by popping into the Student Wellbeing offices in the Hutton Hub on College Lane Campus.

[Student Mental Health and Wellbeing – A Guide for University Staff](#)

[Student Minds – Transitions](#)

[Student Minds – Know before you go](#)

[Understanding Mental Health – Training and Awareness](#)

[Student Wellbeing – Counselling and Mental Health](#)

[Student Wellbeing – Disability](#)

Health promotion

Helping you and your students to have all of the information and support needed to help you to stay well and healthy during your time with us at the University of Hertfordshire. For further information, contact Student Wellbeing.

[Healthy Students](#)

studentwellbeing@herts.ac.uk

International Student Support Officer

The International Student Support Officer (ISSO) is a member of staff within the Dean of Students Office. **They are responsible for the wellbeing of all students through the planning and provision of a 52-week schedule of activities and events, alongside promoting key campaigns geared towards overall student wellbeing.** The ISSO also looks after the welfare and discipline of International Students and supports them with any queries they may have.

The ISSO is also responsible for the planning, organisation, and implementation of all orientation activities for students, especially students travelling from overseas. They are the key co-ordinator for liaising with all departments and Schools to promote a sense of community on and off campus.

The ISSO supervises a team of Student Guides, who help deliver a range of support services, including an airport collection service at the start of term, an orientation programme for all students, and ongoing activities, trips, and events throughout the academic year.

The ISSO reports to the Community Liaison & Support Officer and assists with welfare and administrative duties, where necessary, within the Dean of Students Office.

You can contact the International Student Support Officer via community@herts.ac.uk

Community

Living in halls of residence

The Residence Life and Safeguarding team help residential students with any problem or issue that they may encounter whilst living on campus. They also ensure that the halls code of conduct is being observed at all times. They can be contacted at reslife@herts.ac.uk. [Housing](#)

Medical centre

The medical practice based in the Hutton Hub on College Lane Campus has been specifically developed to meet the needs of students living on campus or in the local area. They can be contacted by calling 01707 284444. [Medical Centre](#)

Support & safeguarding

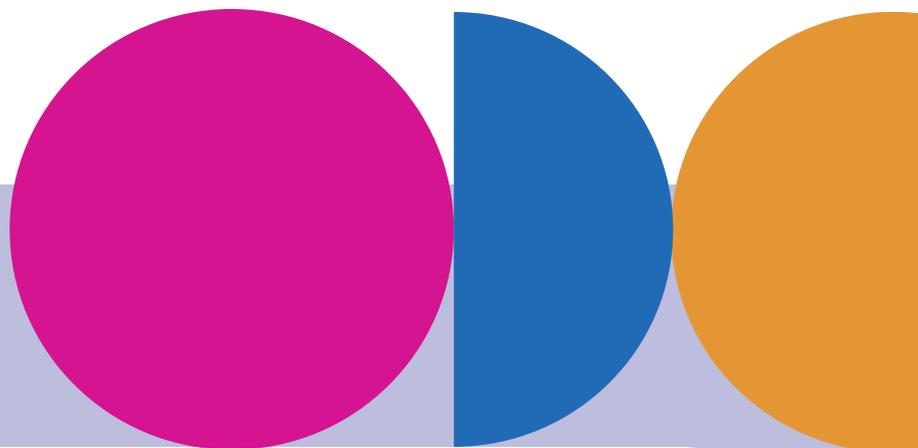
We offer an introduction to the Prevent duty, which explains how it aims to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves.

[Safeguarding and Prevent](#)

Support for Care-Experienced, Independent (Estranged) Students and Young Carers

The Widening Access and Student Success (WASS) team addresses barriers that inhibit academic progression. We promote student empowerment and equal opportunities. Many groups are underrepresented in Higher Education and even when they get there, they can face further obstacles to educational success.

We have dedicated contacts within the team to support care-experienced, independent students and young carers. For more information, please email studentsuccess@herts.ac.uk



SUNMENTORS project - co-funded by the European Union - grant 2023-1-DE01-KA220-HED-000161199



www.sunmentors.eu