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Stimulating curriculum and teaching innovations to support the mental wellbeing of university students

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http://unistudentwellbeing.edu.au/

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List of acronyms used

SDT	self-determination theory

Executive summary

This document reports the outcomes of a project funded by the Office for Learning and Teaching[1] titled Stimulating Curriculum and Teaching Innovations to Support the Mental Wellbeing of University Students (ID14-3905). This was a project led by The University of Melbourne in collaboration with La Trobe University and Queensland University of Technology.

Project aim and context

The aim of the project was to build the capacity of university educators to develop policies, curriculum, and teaching and learning environments that enhance student mental wellbeing. The growing prevalence and severity of mental health difficulties across student populations in higher education is an issue of significant concern for universities. This project aimed to foster sector-wide conversations, promote a whole-of-institution approach to promoting student mental wellbeing in universities, and develop a suite of research-informed resources to help academic educators identify curriculum and teaching approaches that can promote and support students' mental wellbeing.

This project arose amid evidence of a high prevalence of mental health difficulties among university students. Universities across Australia are increasingly aware of the need to mitigate and redress the high levels of psychological distress experienced by significant numbers of their students. Activity to date has focused on developing tools and resources to develop students' mental health literacy and promote help-seeking. The challenge is to build the capacity of academic educators to develop teaching and learning environments and practices that better support student mental wellbeing. We addressed this challenge by developing a suite of research-based resources that help educators identify curriculum and teaching approaches that support students' wellbeing, as well as a framework for developing a whole-of-institutional approach to promoting mental health and wellbeing.

Project approach

The project approach involved three stages:

1. **Research and investigation**, including a thorough literature review, an online survey with academic teachers about their experiences and needs in enhancing student wellbeing, and in-depth interviews with teaching experts.
2. **Development of materials**, including the Framework for Promoting Student Mental Wellbeing in Universities, and online resources for university educators.
3. **Dissemination of materials**, including holding a national symposium, Student Wellbeing Matters, launching the project website with the framework and online resources, presenting papers at conferences, and publishing project findings in peer-reviewed journals.

[1] The Office for Learning and Teaching ceased on the 30 June 2016; the Australian Government Department of Education and Training continued to support the project through the Promotion of Excellence in Learning and Teaching in Higher Education program.

Project outputs and impact

The website, Enhancing Student Wellbeing (http://unistudentwellbeing.edu.au), was developed to house the three main outputs from the project:

A Framework for Promoting Student Mental Wellbeing in Universities

This framework is designed to assist institutions to develop a whole-of-institution approach to promoting student mental wellbeing. It identifies key action areas, and institutional enablers for achieving those actions. For each action, the framework identifies priority activities and possible measures of progress. There are five health-promoting action areas:

1. Foster engaging curricula and learning experiences
2. Cultivate supportive social, physical and digital environments
3. Strengthen community awareness and actions
4. Develop students' mental health knowledge and self-regulatory skills
5. Ensure access to effective services

The framework drew on ecological systems theory and three well-known blueprints for health promotion: The Ottawa Charter for Health Promotion, the Healthy Universities movement in the UK and the MindMatters program. It was developed through feedback and consultation with higher education researchers, mental health experts, institutional leaders and academic and professional staff from 13 universities. A final draft of the framework was launched at our national symposium (see below), to academic and professional staff from 29 universities.

Online resources for university educators

The resources for university educators comprise five accessible online learning modules. Each module uses a range of activities to explore issues of student wellbeing and teaching:

M1: Student wellbeing summarises research about student distress and introduces a self-determination theory (SDT) model of student wellbeing.

M2: Curriculum design applies the SDT model to curriculum design, with good practice case studies.

M3: Teaching strategies applies the SDT model to teaching, across various teaching contexts, including PhD supervision.

M4: Difficult conversations provides advice about engaging with distressed students.

M5: Your wellbeing provides advice on managing one's own wellbeing.

The activities within each module include video interviews with teaching experts or mental health experts, quotes from teachers and students about their experience relating to the module topic, 'research snapshot' summaries of empirical studies related to the topic, downloadable documents with more information, and links to other useful websites and projects. The modules were piloted with over 60 academic staff, professional staff and mental health experts from 21 universities. In the evaluation of the pilot, 80% of participants strongly agreed that they would use the resources and share them with colleagues.

A national symposium: Student Wellbeing Matters

The aim of the national symposium was to stimulate conversation on the role of academic educators in supporting student mental health and wellbeing. National and international speakers shared insights and led a discussion of strategies for designing curriculum and creating teaching and learning environments that can support student mental health and enhance learning. The symposium had over 120 attendees from 30 higher education institutions (including TAFE, private and public Australian universities, and international universities), and the Tristan Jepson Memorial Foundation. Attendees identified potential collaborations for promoting wellbeing in their institutions, including:

- supporting and training for staff
- improving dialogue between students, teachers, and counselling services
- developing appropriate measures of wellbeing and teaching outcomes.

Conclusion

Academic educators are the drivers of innovation in this field and the project makes accessible the research, theoretical approaches and promising practices that are prompting change. By providing transferable ideas for designing curriculum and assessment, and for fostering teaching and learning practices that support student mental wellbeing, the project resources were designed to assist academic educators promote mental wellbeing *through* the curriculum, not only *within* or alongside it.

In asking that educators consider student mental wellbeing in curriculum design, teaching practice and institutional policy development, we are keenly aware of the growing demands and pressures faced by academics. As a result, our focus was on accessible, practical information and examples of curriculum and teaching approaches that can help support student mental wellbeing.

We expect that the project resources will increase academics' confidence to interact and engage with students who may be experiencing mental health difficulties. We also expect they will assist academics in their roles as curriculum designers and teachers of diverse students, and that the understanding and strategies teachers develop will benefit all students, not only those at risk of experiencing mental health difficulties.

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Chapter 1: Project aims and approach

The aim of the project Stimulating Curriculum and Teaching Innovations was to build the capacity of university educators to develop policies, curriculum, and teaching and learning environments that enhance student mental wellbeing. The growing prevalence and severity of mental health difficulties across student populations in higher education is an issue of significant concern for universities. This project aimed to foster sector-wide conversations, promote a whole-of-institution approach to promoting student mental wellbeing in universities and develop a suite of research-informed resources to help academic educators identify curriculum and teaching approaches that can promote and support students' mental wellbeing.

This project arose amid evidence of a high prevalence of mental health difficulties among university students. Universities across Australia are increasingly aware of the need to mitigate and redress the high levels of psychological distress experienced by significant numbers of their students. Activity to date has focused on developing tools and resources to develop students' mental health literacy and promote help-seeking. The challenge is to build the capacity of academic educators to develop teaching and learning environments and practices that better support student mental wellbeing. We addressed this challenge by developing a suite of research-based resources that help educators identify curriculum and teaching approaches that support students' wellbeing, as well as a framework for developing a whole-of-institutional approach to promoting mental health and wellbeing.

Our project aimed to assist academic educators to promote mental health *through* the curriculum, not only *within* or alongside it. More specifically the aim was to

- develop understanding among academic educators of the connections between aspects of curriculum design, the learning environment and students' levels of psychological distress
- provide guidance for ensuring that inadvertent, curriculum-based triggers of psychological distress are identified and minimised by academic teachers and program designers
- offer a range of practical, transferable 'good practice' examples of curriculum design and teaching strategies that support student mental wellbeing
- support university educators to adapt and adopt strategies for supporting student mental wellbeing in diverse academic programs and institutional contexts
- build academic educators' capacity to maintain their own mental wellbeing and raise awareness of mental health literacy as a professional competency
- support cross-institutional collaboration and sector-wide engagement to increase levels of student mental wellbeing.

Rationale: why we need curriculum innovations designed to support students' mental health

Mental health is one of Australia's nine current National Health Priority Areas, having been identified for particular attention because of its significant contribution to the burden of illness and injury in the Australian community (Australian Institute of Health and Welfare 1999). University students are a 'very high risk population' for psychological distress and mental disorders (Stallman, 2010: 254). For example, Stallman's study of nearly 6500 students attending two major Australian universities found high levels of psychological distress (as assessed by the Kessler 10) in 84 per cent of the participants, where only 29 per cent of the overall Australian population report such levels (Stallman, 2010). Similarly, research conducted by the project leaders involving over 5000 students at The University of Melbourne in 2013 found that one in four university students reported severe levels of psychological distress as assessed by the Depression Anxiety and Stress Scales (DASS-21) (Larcombe et al., 2015). At these levels, students are likely to experience difficulties with daily activities such as sleeping or feeling rested, concentrating and reading effectively (Tang & Ferguson, 2014). Psychological distress and mental health difficulties during students' university years are not unique to Australia. Research in the United States (Eisenberg, Hunt & Speer, 2013), Turkey (Bayram & Bilgel, 2008) and Hong Kong (Wong et al., 2006) has similarly identified a significant burden of mental health problems among college and university students. These findings are consistent with surveys of university health and counselling services in the UK, USA and Australia that report increased student demand for assistance to address symptoms of psychological distress such as anxiety and depression (Erdur-Baker et al., 2006; Royal College of Psychiatrists, 2011; Stallman, 2008).

In short, there is a strong and expanding evidence base to support increasing concern about the prevalence and severity of mental health difficulties across university student populations. There is also evidence to suggest that academic study has a negative impact on wellbeing for some students; for example, commencing first-year undergraduate students often report less distress than subsequent-year students, indicating that the decline in student wellbeing occurs during the first year of university life and persists throughout the degree (Larcombe et al., 2015; Stallman, 2010). A study of youth across Australia examining responses to the longitudinal Life Patterns survey between 2007 and 2012 also found a decline in mental health levels while young people were engaged in higher education (Wierenga, Landstedt & Wyn, 2013). Especially as the costs of participation in higher education are increasing, it appears likely that university students will continue to experience rates of psychological distress that match or exceed those of their community peers.

For university educators and administrators, a pressing question raised by the mental health prevalence data concerns the role that universities and academic teachers do, can or should play in supporting students' psychological wellbeing. Given that a substantial proportion of students will experience mental health difficulties during their time at university, how can universities ensure they provide supportive and 'health-promoting' environments (Dooris et al., 2010)? A variety of interventions have been developed in recent years to support the mental wellbeing of tertiary students, including those developed through previous Office for Learning and Teaching funded programs. Most of these initiatives have targeted students directly with programs and resources to improve mental health literacy, build resilience,

develop skills to self-identify and manage stress, and promote help-seeking (Kelly, Jorm & Wright, 2007; Stallman, 2010. These health-promotion strategies are extremely important, but they do not reach all students in a university environment. In addition, improving the ability of individuals to cope with and manage stress only addresses one part of the picture of university student mental health; it is also important to reduce the stressors and promote protective factors in the university teaching and learning environment.

Curriculum reform and innovation to foster mental health has been limited to date, and often focused on 'making space' in the curriculum for 'mindfulness' or a similar stress management practice. Less attention has been paid to the opportunities to support student health through curriculum design and teaching practice. The exceptions here are medical and legal education where academic pioneers are embedding the principles of positive psychology (Slavin, Schindler & Chibnall, 2014; Slavin et al., 2011) and self-determination theory (Field, Duffy & Huggins, 2014; Krieger, 2008; Tang & Ferguson, 2014) in curriculum design at both a program-wide and classroom level. These innovations show promising signs of preventing the sharp increases in psychological distress typically recorded by medical (Slavin, Schindler & Chibnall, 2014) and law students (Townes O'Brien et al., 2011; Tang & Ferguson, 2014). Key elements of these approaches include a strong focus on competency-based assessment and professional identity formation, reduction and flexibility in academic workloads to ensure students can maintain work/life balance, helping students find motivation and meaning in their studies, and promoting stronger cooperative relationships between students and academic teachers. Importantly, the academic outcomes in the health-supporting programs are strong (Slavin, Schindler & Chibnall, 2014; Tang & Ferguson, 2014), indicating that the stressors embedded in conventional teaching and learning environments are not essential to academic learning.

As it is now known that mental health difficulties are not limited to university students in professional programs such as medicine and law (Bayram & Bilgel, 2008; Larcombe et al., 2015), it is important to adapt and implement the health-promoting curriculum innovations piloted in those disciplines in other academic fields and programs. This project provides tools, resources and strategies for that task.

Chapter 2: Context and approach

Being a university student in the 21st century

Being a university student in the 21st century involves many challenges. Specifically, the 21st century has been a time of societal shift towards globally connected, highly competitive markets. These shifts have lead to a ;do-it-yourself; model of development, in which each young adult is responsible for shaping his or her identity by negotiating with larger, often faceless cultural institutions (e.g., university, employment markets, government services, dating sites, law courts; Beck & Beck-Gernsheim, 2002; Lawrence & Dodds, 2007). Although this model offers much flexibility, it also gives rise to two unprecedented uncertainties, which both have consequences for mental health.

First, there is the uncertainty related to increasing expectations on young adults (whether perceived or real) to perform well in education, employment, family, social and personal areas of their lives. The uncertainty is characterised by an ongoing anxiety for the individual that he or she is not keeping up with these expectations. As Wyn, Cuervo and Landstedt (2015: 63) explain, young people address this uncertainty by placing high expectations on themselves that undermine any experience of success: 'individuals are encouraged to add value to themselves. To be entrepreneurial and productive – carrying with themselves a high sense of (self) expectations that might lead to disappointment and a feeling of guilt and underachievement'.

Second, there is growing uncertainty among young people of their future. This uncertainty is driven by systemic issues such as the deregulation of the labour market, focus on credentialism and the increasing mismatch between education and employment. Taking a sociological perspective, Santoro (2012) explains that this uncertainty contributes to unprecedented, irregular transitions into adulthood, in which career and parenthood are postponed and education and living with parents are extended. As these transitions become more widespread, and education and qualification levels are increased across the society, transitions into successful career become increasingly difficult. According to Wyn, Cuervo and Landstedt (2015: 63), further to the need to perform well, this uncertainty provokes a need to remain flexible and adaptive and fuels further doubt: 'What seems to come out of the burden of having to choose among multiple options and the responsibility to keep all options active and open is an unavoidable sense of disappointment and loss'.

These uncertainties are further exacerbated for university students by relatively recent changes in university context, such as advances in technology and deregulation of higher education. Advances in technology have increased flexibility of course delivery and made higher education a more viable reality for many students, including those learning by distance education and those with full-time work and family commitments. However, flexibility also reduces the need for students to be on campus, therefore making the sense of community and belonging less visible. With regards to deregulation, the current emphasis on mass higher education has resulted in the perception of higher education shifting from a public good, while increasingly the benefits as a private good are being promoted. This shift towards privatisation has serious implications for the cost of tertiary tuition. Many students fund their degrees through part-time, casual or full-time work that is not related to their degree (Baik, Naylor & Arkoudis, 2015; Woodman, 2012).

This context – of high cost for tertiary education paired with uncertainty of success and uncertainty of the future – is the context in which Australian university students live. It is vastly different from the experience of higher education of previous generations. It is in this context that we interpret the prevalence and severity of students' psychological distress.

Prevalence of mental health difficulties in university student populations

Recent reports in Australia indicate a higher prevalence and greater severity of mental health difficulties among university students than among other young Australians (Larcombe et al., 2015; Leahy, et al., 2010; Schofield et al., 2016; Stallman, 2008, 2010). Larcombe et al. (2015) investigated the prevalence and severity of symptoms of depression, anxiety, and stress among Australian university students from six faculties. Of 5061 students, 26 per cent reported severe or extremely severe symptoms on the Depression, Anxiety and Stress Scale (DASS-21), and a further 21.8 per cent reported moderate symptoms in at least one area. Similarly, Stallman (2008) reported that 26 per cent of a university student cohort reported high or very high psychological distress, using the Kessler 10 scale. Although her sample was recruited from university health clinics and therefore may be biased, her findings also show that an alarmingly low proportion (36 per cent) of students with high or very high distress sought help for their distress while at the clinics. Each of these studies advises that more work is needed to tease out associated protective factors and risk factors of mental health.

As the Brain and Mind Research Institute (2009) point out, the high prevalence of mental health difficulties among youth is a 'problem for communities'. These 'communities' or social settings are those people with whom the person experiencing the difficulties has reciprocal supportive relationships (e.g., friends, family members), dependent relationships (e.g., children) and relationships with a specific structure or expectation (e.g., work colleagues, classmates, teachers). These communities are likely to be most affected by a person's mental health difficulties, but they also have the potential to protect the person from further difficulties. Considering the high prevalence of psychological distress among university students, there is a strong argument that universities – as important communities in these young people's lives – can play an important protective role for improving students' mental health. As people who have roles of responsibility within that community, academic teachers arguably have an ethical responsibility and duty of care to consider their students' mental health in their teaching practices (see, for example, Field, 2010).

As well as an ethical responsibility, there are strategic benefits for universities who engage in promoting student psychological wellbeing and mitigating distress. Specifically, university priorities such as student academic success and employability can be negatively affected by students' experiences of mental health difficulties, such as chronic stress. Chronic stress has been associated with difficulties with information processing, attention, memory, decision-making, motivation and impulse control (Maslach, Schaufeli & Leiter, 2001; Marin et al., 2011; Sandström, et al., 2005; van der Linden, et al., 2005). Each of these skills is important for learning and for developing the types of skills that are important to employers (e.g., independence, autonomy). Reducing students' experiences of chronic stress, then, is important for supporting students to learn at their highest capacity and demonstrating skills that are attractive to employers.

Promoting students' mental wellbeing has implications for preventing mental health concerns on a global level. In 2010, the World Health Organization called for a systemic, global preventative approach to mental illness that promotes positive mental health and wellbeing (Funk et al., 2010). They argued that academic institutions have a fundamental role in prevention, which involves building the professional capacity required to treat mental health difficulties, synthesise research, improve policies around mental health and foster a culture of understanding to reduce the stigma of mental health. Orme and Dooris (2010) point out that developing such capacity at university is not easy, and involves changes to syllabus, curriculum and university culture itself. Our project resources aim to support changes in curriculum and university policy, to foster a mental-health-promoting university culture.

Theoretical approach

Two theoretical perspectives provide the lens through which we consider mental wellbeing in this project: an ecological systems perspective and SDT. A third approach to wellbeing, positive psychology, is increasingly gaining traction among teachers in primary, secondary and tertiary education. Although we do not include positive psychology as a theoretical lens of this project, we include a brief description of it in this document in order to acknowledge its significance in education more generally.

Ecological systems perspective

The ecological systems perspective is one component of developmental-systems theory that acknowledges that the individual person is part of several larger social systems and, as such, is influenced by and influences those systems. An ecological perspective situates the individual and the systems within a historical context, in order to acknowledge the effects of cultural events, social change and technology (Elder & Rockwell, 1979). The most well known ecological systems approach is Urie Bronfenbrenner's (1979) ecological model of child development, which locates the child within a series of concentric systems that mutually constrain and support each other. These include microsystems (immediate relationships, e.g., family, peers), mesosystems (relationships between microsystems, other systems in which microsystems exist, (parent workplace, schools), exosystems (local government, media), macrosystems (dominant cultural beliefs and ideologies) and chronosystems (historical contexts).

Ecological models have been applied to equity and access issues in higher education to advocate for the importance of supports at the systemic and individual levels (Brett & Kavanagh, 2010), and to promote interventions in primary and secondary education. Han and Weiss (2005), for example, identified a range of considerations at school level (administrative support, program suitability) and teacher level (self-efficacy, burnout, training, feedback) that were necessary for successful implementation and sustainability of new programs in schools. The MindMatters program (Wyn, et al., 2000) also applies an ecological approach to promote student mental health in secondary schools. Its framework highlights the contributions of the whole school, families, student groups and the individual. At a university level, the Healthy Universities movement in the UK (Dooris & Martin, 2002; Orme & Dooris, 2010) emphasises the importance of an ecological approach for improving health, health knowledge, and health values. The project team enlisted support and advocacy from university leaders, academic teachers, internal and external services, and

students themselves, each of these representing different systems of university life. The success of all three of these programs highlights the usefulness of an ecological approach to effecting cultural change.

Our project adopts an ecological approach by considering the relationships between the various systems within a university. Each system constrains and supports the activities of the student and academic teachers, therefore supporting or constraining their experiences of mental wellbeing. Concurrently, the student and teacher endorse and constrain each system through their everyday activities.

A comprehensive ecological model of mental wellbeing might include systems outside of the university, such as family culture, employment opportunities, age, and political or historical events. Although we acknowledge that these systems influence and are influenced by a student's experiences at university, we focus our project on those systems within university that are directly related to teaching and learning. For instance, policy and support from governance and leadership roles are essential for the sustainability of a whole-of-institution approach to student health or mental health (Dooris & Martin, 2002; Wyn et al., 2000). Policy influences the culture of the university by promoting and prioritising specific activities and attitudes. It can support or restrict an individual teacher's capacity to develop his or her own sense of autonomy, competence and relatedness. By changing policy to support student wellbeing, universities create opportunities for individual teachers to feel safe and supported in their own efforts to support student wellbeing. Two examples of our application of this theoretical approach are our Framework for Promoting Student Mental Health (page 19), and our *Online Resources* that emphasise the relationship between curriculum design and student mental wellbeing (page 24).

Self-determination theory

Self-determination theory states that intrinsic motivation is a natural, optimal state of human development: 'the inherent tendency to seek out novelty and challenge, to extend and exercise one's capacities, to explore, and to learn' (Ryan & Deci, 2000: 70). This 'inherent' tendency, however, is not automatic. Intrinsic motivation – and with it, wellbeing – is promoted or diminished by various factors in one's social and cultural environments. Specifically, these experiences are promoted or diminished by the extent to which a person's environment provides opportunities to experiences three 'basic psychological needs' (Ryan & Deci, 2000: 70): competence, autonomy and relatedness. Competence refers to a person's experiences of mastery and ability, capacity to develop his or her skills; autonomy refers to a sense of volition and acting authentically; and relatedness refers to a sense of belonging, recognition or worth within a group. When all three needs are being met, a person's state is conducive to intrinsic motivation and wellbeing. We have already discussed several ways that the curriculum and university-related systems can promote students' wellbeing.

In SDT, wellbeing is a holistic state of positive development and 'living well'. Rather than simply referring to happiness, it aligns with living a eudaimonic lifestyle that values and strives for virtue, excellence, reflection and intrinsic worth (Bauer, et al., 2014; Ryan, Huta & Deci, 2008). Such lifestyles contrast, for example, with hedonistic lifestyles, which centre on short-term pleasure and external rewards. According to Ryan et al. (2008), the goals of the eudaimonic lifestyle are to meet the three psychological needs (competence, autonomy and relatedness); how well one achieves these is a measure of wellbeing. Therefore, an SDT

approach to promoting wellbeing is to provide regular opportunities to experience competence, autonomy and relatedness.

Many factors associated with an SDT approach to wellbeing correspond directly with how academic teachers design their curriculum and their teaching practice. For instance, teachers who facilitate discussions around study techniques or student services are potentially promoting student competence. Repeating these discussions at key points through the semester can also support students as their needs change. Learning and using students' names, and encouraging them to learn and use each other's names, can promote a sense of belonging and build relationships in the class.

SDT complements an ecological systems approach to wellbeing and intrinsic motivation because it highlights the values and experiences that systems can provide – and that people endorse – in order to promote wellbeing. Specifically, a system that is most conducive to wellbeing is one that provides opportunities for individuals to experience competence, autonomy and relatedness. Likewise, the system is most likely to promote wellbeing if members of the system endorse wellbeing as valuable, and if wellbeing is supported by other, related systems.

Both SDT and the ecological systems approach acknowledge that human experiences are so diverse that any two people's experiences of a single event are likely to differ (Elder & Rockwell, 1979; Ryan & Deci, 2000). Therefore, the personal and systemic factors associated with mental health are not deterministic (i.e., causal, directly attributed), but have a probabilistic relationship with mental health (i.e., increasing the probability of developing mental health difficulties, or developing mental wellbeing; Gottlieb, 2007). The aims for promoting mental wellbeing, then, are to increase the number of experiences of competence, autonomy and relatedness, and decrease the number of risk factors (e.g., prolonged, unnecessary stress).

Positive psychology

Positive psychology is a relatively new branch of psychology that researches and seeks to optimise mental wellbeing or flourishing. Where traditional psychology, especially clinical psychology, has concentrated on pathologies of the human mind, positive psychology has sought to investigate and understand positive mental health.

American psychologist Martin Seligman has been a strong public advocate for positive psychology. His theory of wellbeing, nicknamed PERMA (Positive emotion, Engagement, Positive Relationships, Meaning, and Accomplishment; Seligman, 2011), identifies five principles and foundations for human thriving. The latter three PERMA principles correspond with SDT's three basic needs (relatedness, autonomy and competence, respectively). Importantly, his research suggests that strategies for developing and maintaining these principles of mental wellbeing can be taught. A number of primary and secondary schools have developed positive psychology or resilience curricula based on the PERMA principles (see Waters, 2011 for a review).

Project approach

The proposed project activities were divided into three key stages. These stages increased our understanding of and evidence for good practice in promoting student wellbeing in

higher education, and culminated in the national symposium and launch of online resources for academic teachers. More specifically, the project stages were:

Stage 1: Research and investigation

1a: Draw on the research base to identify features of the learning environments (including course design elements, teaching practices and assessment requirements) at each of the participating universities that may exacerbate or trigger student psychological distress, and those likely to support or enhance student wellbeing.

1b: Conduct an online survey with academic educators from a wide range of disciplines, and across the three universities, about their experiences of student mental health and wellbeing, including their understanding of the issue, needs and support within their faculty, and any approaches they currently use to support mental wellbeing. Also, interview students from across the three universities about their experiences of mental health, including how teachers and universities can support them.

1c: Identify 'good practice' examples of curriculum-based strategies that can prevent or mitigate student psychological distress within a coordinated health-promotion framework.

Stage 2: Development of materials

2a: Develop and pilot the draft Framework for Promoting Student Mental Wellbeing in Universities for review by key stakeholders and publication.

2b: Develop, pilot and evaluate the online course for academic teachers.

Stage 3: Dissemination

3a: Host the national forum, titled Student Wellbeing Matters: How Can Academic Educators Support Student Mental Health? Finalise the course modules based on reviews and evaluations.

3b: Publish the online resources and promote uptake of all the new national resources.

Chapter 3: Stage 1 survey findings

The purpose of the survey was to investigate academic educators' perceptions about and experiences of student mental health. The findings of the survey were used to inform the development of our online resources (Chapter 3), by identifying teachers' needs in supporting student mental health, and by identifying cases of best practice to further develop into case studies. In this study, it was not our intention to contrast or rank the three universities, so here we label them university A, university B and university C.

Who were the survey respondents?

We invited academic educators from selected departments at the three project institutions to participate in the survey and share their experiences of student mental health. As shown in Table 1, 300 teachers responded: 206 from university A, 47 from university B, and 47 from university C.

Table 1. Academic teachers' experiences and responsibilities (*n* = 300)

	University		
Discipline/field	A (*n* = 206)	B (*n* = 47)	C (*n* = 47)
Arts and humanities	38	1	11
Business	1	10	7
Creative industries (music, dance)	18	3	3
Education	28	18	–
Engineering, maths, and industrial design	22	10	4
Law	39	4	6
Medicine, nursing, allied and health sciences	18	–	10
Science	41	–	4
No answer	1	1	2
What year level(s) do you currently teach? [a]			
First year	25.2%	53.2%	48.9%
2nd or 3rd year	45.6	61.7	78.7
4th or honours year	19.4	31.9	44.7
Postgraduate (coursework)	70.9	48.9	19.1
Postgraduate (research)	45.1	42.6	31.9
Other	5.3	4.3	4.3
How long have you been teaching in higher education? [b]			
3 years or less	13.1 %	12.8 %	25.5 %
4–6 years	14.6	17.0	19.1
7–10 years	21.4	19.1	14.9
11–15 years	18.0	17.0	14.9
More than 15 years	24.3	21.3	17.0

[a] Proportions do not equal 100% because respondents could select more than one year level or choose not to answer; [b] Percentages are lower than 100% because respondents could choose to not answer.

Teachers' awareness of student mental health issues and departmental support

The majority of respondents were aware of mental health difficulties such as stress or anxiety among their students. They also agreed that mental health difficulties affected students' abilities to complete tasks, that it is important for departments or schools to support student mental wellbeing and that it is important for academic teachers to support student mental wellbeing. Only one-third agreed that they had witnessed an increase in the prevalence of mental health difficulties among their students. The proportions of respondents agreeing and disagreeing to these and other items about the relationship between student mental health and learning experiences are shown in Table 2.

Table 2. Teachers' experiences and departmental support

Awareness of mental health issues and their impact on workload	Mean [a]	% Agree or strongly agree	% Disagree or strongly disagree
Mental health difficulties affect students' ability to complete academic tasks.	2.89	85.4%	1.9%
It is important for departments/schools to support the mental wellbeing of students.	2.89	86.4	1.9
I am aware of mental health difficulties – such as high levels of stress or anxiety – among students in my school.	2.87	85.1	2.5
It is important for academic teachers to support the mental wellbeing of students in their class.	2.86	83.9	2.2
I am concerned about the mental health of students in my school.	2.73	75.6	6.0
As an academic teacher, my teaching decisions and practices affect my students' mental health.	2.58	66.5	10.4
My students' mental health difficulties affect my teaching decisions and practices.	2.41	57.3	17.1
My students' mental health difficulties affect my academic workload.	2.38	56.6	19.6
The number of students in my classes experiencing mental health difficulties appears to have increased in recent years.	2.17	35.8	17.4
Departmental support, training and capacity building			
My department/school offers high quality activities, services and programs to support student mental wellbeing.	2.33	48.1%	15.5%
The culture in my school encourages me to actively support student mental wellbeing.	2.28	46.2	18.4
I feel confident to respond appropriately to individual students experiencing mental health difficulties.	2.27	49.1	22.2
I feel confident to support student mental wellbeing in my teaching practice.	2.22	44.3	21.8
The academic impacts of students' mental health difficulties are well managed in my school.	2.20	38.9	18.4
There is no space in my curriculum to address students' mental health inside the classroom.	1.99	34.2	32.6
I do not have time to address issues related to students' mental health outside the classroom.	1.74	24.1	45.9

[a] Response range: 0 = Strongly disagree, 1 = Disagree, 2 = Neither agree nor disagree, 3 = Agree, 4 = Strongly agree.

Also shown in Table 2 are the proportions of respondents agreeing and disagreeing to items about departmental support, training and capacity building. There was more variation among the sample in responses to these items. Almost half of the sample agreed they felt confident to respond appropriately to individual students experiencing mental health difficulties (and almost one-third of the sample disagreed). Almost half agreed that the culture of their school encouraged active support of student mental wellbeing (and over one-third disagreed). Almost half agreed that their department or school offered high-quality services to support student mental health (and over one-third disagreed).

Qualitative responses

Two hundred respondents made 296 comments in response to the survey item 'Please describe what your department, school or faculty could do to enable you to support student mental health and wellbeing'. These were coded into 12 categories (Table 3). Almost one-third of these respondents thought that their faculty could provide further training for staff. Fewer respondents suggested improving policy, infrastructure or access to services.

In response to a second survey item, 'Please describe any strategies or initiatives you have undertaken as an academic teacher to support student mental health and wellbeing', 183 respondents made 427 comments. These comments were coded into 17 categories, which can be grouped into three broad areas: curriculum-based strategies (three categories), preventative teaching strategies (nine categories), and responsive teaching strategies (four categories) (Table 4). One further category was made for teachers who said that supporting student mental health was not their role.

The most common curriculum-based strategy involved spacing out assessments, especially in collaboration with partner subjects. The most common preventative teaching strategies involved being generally approachable (i.e., creating times when students could speak to the teacher, encouraging students to speak with the teacher) and facilitating positive student relationships in class. The most common responsive teaching strategies involved offering extensions and offering extra support with struggling students' academic skills.

Table 3. Academic teachers' comments about departmental support (*n* = 200)

What could your department/school or faculty do?	% Respondents
Suggestions for faculty	
Provide training for staff	30.0
• 'PD [professional development], understanding stress management strategies that are available.'	
• 'Better training; with more clear-cut guidelines on what we "can" do versus what should fall to a professional. We are NOT trained mental health experts.'	
Changes to policy and infrastructure	22.0
• 'Providing clear policy and structure.'	
• 'The policy framework in which we operate is conflicted ... Very hard to know what we're supposed to do.'	
Improve access to services (internal and external to university)	21.5
• 'One of the most urgent tools we require is an increased access to support for our students, including counseling. What we have now is not adequate nor is it always available.'	
• 'Further collaboration and relationship building between divisions such as equity, counseling and disciplines in the faculties would be useful.'	
Recognition/allocation of time/finances	16.0
• 'We would benefit greatly by having time to support students built into our workloads, some days dealing with stressed students can take up all our time.'	
• 'I would like to see recognition of the demands of student consultations given greater time allocations in my work load.'	
Provide better supports for students (not staff)	14.0
• 'I have concerns that students struggling with the degree will not cope once they graduate – Many more life skills are needed to cope with the career and if these were focused on more thoroughly perhaps the journey to and during this career would be less stressful.'	
• 'I think many of the real problems are external – competition for jobs, competing study/work demands, family expectations. Offering forums where students can … talk about these pressures is/would be helpful.'	
Hire staff into support positions	12.0
• 'Provide an appropriate number of support staff.'	
• 'Restore the role of local student advisors or equity officers, so that they can identify students with needs.'	
• 'A contact person in the school to speak to regarding student mental health.'	
Provide information or resource kits for staff	10.0
• 'A resource containing referral information so that when students disclose mental health issues I can actively support them to link in with appropriate services.'	
• 'Provide a comprehensive guide for teachers about who to call and when re: students in crisis. This includes anxiety, depression, bullying, sexual harassment.'	
Increase awareness, improve communication between staff and students	5.0
• 'The department doesn't have an individual relationship with their students and has no idea of their current struggles with mental health.'	
• 'Being more open with students and starting a conversation about mental health would be a good start.'	
Support staff mental health and wellbeing	2.5
• 'Also support *my* mental health more.'	
• 'Perhaps more could be done for staff well being!'	
Other responses	
Faculty support is plentiful	10.5
• 'I think my school does an excellent job in providing me with the tools to address and manage student mental health concerns.'	
Not my role	2.5
• 'I do not think this is primarily the role of lecturers'.	
Faculty support is lacking, but no specific suggestions	2.0
• 'We need some sort of line of management in place, which does not currently exist … for extreme cases.'	

Table 4. Academics' strategies to support student mental health (*n* = 183)

What could your department/school or faculty do?	% Respondents
Strategies embedded in curriculum	
Spacing out assessments and considering workload	15.3
• 'Staggering assessment with other subjects to reduce pressure points.' • 'Make sure students have a balanced workload, especially not requiring them to spend all their time on [placement] field trips.'	
Embedding a variety of assessment types	13.1
• 'I create assessment tasks that use a variety of skill sets, and are spread throughout the semester, to reduce stress and pressure.' • 'Shift assessment components away from traditional exams to accommodate different learning styles.'	
Presenting course materials in a variety of ways	4.9
• 'I use multiple representations of materials (e.g. recorded lectures, recordings of reading).' • 'I consider how much group work is required, and include a variety of options.'	
Preventative teaching strategies	
Being generally approachable accessible to students	29.0
• 'I care about my students. I know their names and show an interest in their studies. Good rapport means they feel able to approach me when troubled.' • 'I make myself available before and after class to chat with students.'	
Facilitating student relationships/sense of trust in class	20.2
• 'I run very open, friendly tutorial sessions, this makes for good in group dynamics and enjoyable sessions'. • 'Facilitating group work to reduce workload and foster friendships for first year students. Organise activity for students to relax and socialise outside of class.'	
Talking about issues related to mental health difficulties in class	17.5
• 'I talk to them about what they are doing and tell them it is OK to make mistakes as they are learning.' • 'Talk about performance anxiety and general anxiety on placement, to de-stigmatise it.'	
Making students aware of services	16.4
• 'Talked to incoming students about mental health services at the University and encouraged them to seek counselling should they feel they require it.' • 'I advised students at the beginning of the semester about available supports.'	
Clarifying expectations (around roles, contact or assessments)	13.7
• 'Clear communication and expectations from early on. Students have a clear outline of what they can expect, dates by which tasks need to be completed, projects etc.' • 'I take a hard line about when I can be contacted outside of class for general questions, but they can contact me any time to discuss issues affecting their studies.'	
Talking about mental health, wellbeing or self-care in class	9.8
• 'Workshops about looking after physical and mental health on placement.' • 'Modelling behaviour that supports mental health and wellbeing (open conversations, exercise etc.)'	
Talking with academic colleagues	9.8
• 'Discuss with tutors at weekly meetings any student who appears … to be having difficulties.' • 'Discussing general and specific issues and strategies with colleagues.'	
Preparing students for difficult times throughout the semester	3.8
• 'I try to signal when students in general might be finding the course material and requirements most challenging.' • 'I know where the stressful points are in terms of difficulty level or confronting aspects so can pre-empt problems, identifying that something is going to be difficult.'	
Build connections to students' future/professional selves	3.8
• 'Discussion with students about transition to professional employment, issues involved in veterinary practice beyond those confined to clinical work.'	

Table 4. Academics' strategies to support student mental health (cont'd)

What could your department/school or faculty do?	% Respondents
Responsive teaching strategies	
Offering extensions and special consideration	25.7
• 'I have offered students extensions for assessment … when they are experiencing mental health issues.' • 'Special consideration regarding contributions in class for students with mental health issues (e.g. agoraphobia) to allow them not to attend.'	
Helping students with their academic skills	19.1
• 'Meet with them to go over class work missed, and help with assignments.' • 'I think I support mental health and wellbeing by supporting them in catching up to the extent that they have missed classes etc.'	
Pastoral care/responding to students with personal issues	18.6
• 'Following up students who miss several classes in a row and asking if I can be of any assistance. Following up students who submit work late (or not at all) in case they require special consideration.' • 'I have regularly met with students in my office to discuss strategies to help them better manage their workloads and challenges. We go through the process of setting goals and meeting again to review their progress.'	
Referring students to university services	9.3
• 'I have referred students to them when I consider those services could be useful.' • 'I refer them on to appropriate services, such as the Academic Mentor and counselling etc.'	
Not part of my role	3.3
• 'There is absolutely no question of giving alternative tasks or classroom activities for students with any issues at all. It is not part of the University's culture. All we do is counsel and support students in difficulty.'	

Two main study findings

Two main points that emerged from the study findings were:

- **the importance of departmental support**: This was evident in respondents' agreement to the second item in Table 2, and their comments in Table 3. Their comments indicate a need for further training and support through policy and infrastructure. Participants' desires for support highlight the importance of taking a whole-of-institution approach to student mental health, in which departments or schools have good communication with services to support individual teachers, and both are supported by university governances.
- **that most teachers address issues of mental health already**: It is evident that academic teachers use a wide range of strategies to promote students' wellbeing. Some teachers addressed this issue through preventative approaches in their curriculum and teaching, others in their responses to individual distressed students.

As some respondents pointed out, it is not the teacher's role to diagnose or counsel students in distress. It is also not the teacher's role to create a curriculum that avoids any stress at all: substantial evidence points to the benefits of 'healthy' levels of stress or stimulation for engagement, productivity and development (e.g., Lazarus, 2003). Having said that, the many accounts of uncertainty when responding to distressed students highlighted a need to better support teachers to manage these circumstances. It is hoped that the resources being developed by the project will go some way to meet this need.

Chapter 4: Project outputs

Framework for Promoting Student Mental Wellbeing in Universities

For the purpose of brevity, we provide in this section an outline of the framework and the first action area as an example. The full Framework for Promoting Student Mental Wellbeing in Universities is available on our project website: http://unistudentwellbeing.edu.au/framework/

The framework aims to assist institutions to develop a whole-of-university approach. It draws on three well-known blueprints for health promotion: the Ottawa Charter for Health Promotion (1986), *Healthy Universities in the UK* (Dooris et al., 2010) and the MindMatters program. The framework was developed through feedback and consultation with researchers, leaders, mental health experts, and academic and professional staff from 13 universities.

The framework, shown in Figure 1, identifies five key action areas for promoting student mental wellbeing: fostering engaging curricula, cultivating supportive environments, strengthening community awareness, ensuring access to services, and developing students' mental health knowledge and skills.

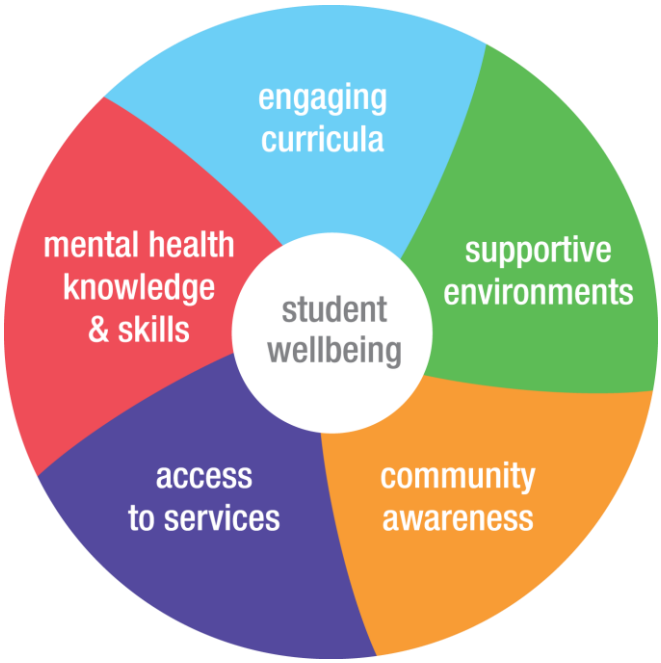


Figure 1. Framework: five key action areas for promoting student mental wellbeing.

For each action, we identify priority activities and possible measures of progress that can be adapted for different university environments, acknowledging that individual institutional approaches will vary according to local contexts and priorities. The five actions individually and together are important in developing a whole-of-institution approach to promoting student mental health and wellbeing. Figure 2 shows a sample page from the framework for the first action area: fostering engaging curricula.

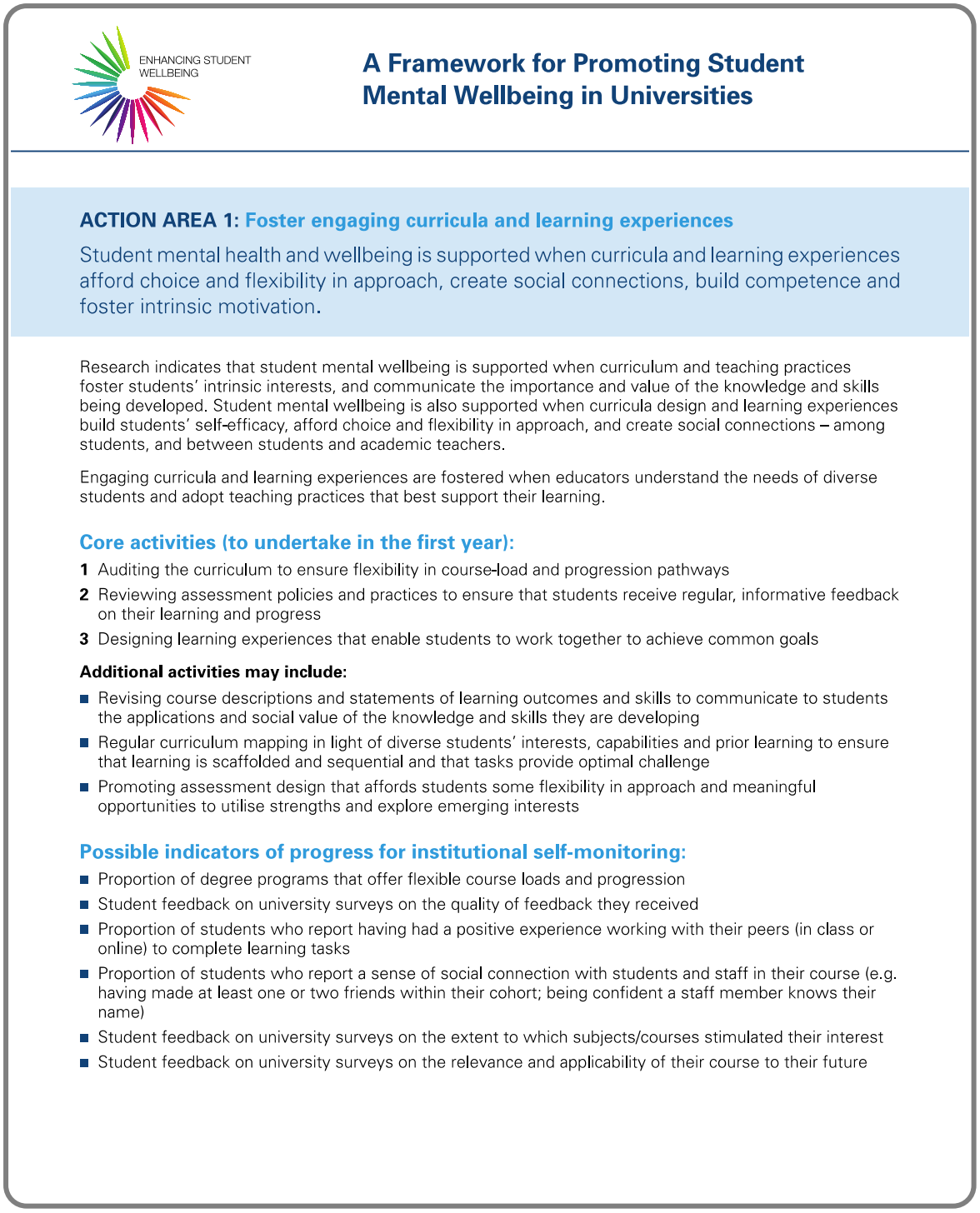


Figure 2. Framework action area 1: fostering engaging curricula.

National symposium: Student Wellbeing Matters

The aim of this national symposium was to stimulate conversation on the role of academic educators in supporting student mental health and wellbeing. National and international speakers shared insights and led a discussion of strategies for designing curriculum and creating teaching and learning environments that can support student mental health and enhance learning. The program for the symposium is available on our project website: http://unistudentwellbeing.edu.au/national-symposium/

The symposium had over 120 attendees from 27 Australian universities, two international universities, and two organisations (Tristan Jepson Memorial Foundation and Leo Cussen Centre for Law). Attendees discussed potential collaborations for promoting wellbeing in their institutions. Table 5 summarises their feedback sheets during discussions.

Table 5. Summary of potential future projects among symposium attendees (*n* = 122)

Institutional actions
• Actively follow up institutional data about student mental health and wellbeing • Lobby vice-chancellors to commit to student mental health and wellbeing as a priority issue • Institutional accountability or quality assurance standard, e.g., align wellbeing measure with graduate outcomes
Research/advocacy action
• Advocate for institutions to use evidence base of student mental health and wellbeing • Attend the Australasian Mental Health in Higher Education Conference, 2017 • Develop a baseline wellbeing measure and follow up to investigate effect of interventions • Ask Universities Australia for support for research and campaigns around student wellbeing • Conduct financial modelling regarding value of promoting student wellbeing
Student-focused actions
• Create a step-by-step guide for students about how to access mental health services including rights, process, confidentiality, costs – perhaps distribute via academic staff • Student-led social media campaigns around mental health • Use orientation week (or orientation semester) as a time for teaching students about the importance of looking after their wellbeing; Assess students' mental health literacy • Review policies of special consideration and flexibility, in collaboration with the students
Staff-focused actions
• Support staff wellbeing • Encourage staff to participate in mental health first aid training or beyond blue training • Identify appropriate (existing and needed) supports for academic and professional staff • Use academic orientation to train staff in issues of student mental health • Small action – ask staff to reflect on their teaching
Teaching actions
• Implement Enhancing Student Wellbeing framework in a program • Taylor curricular strategies with wellbeing in mind and distribute to other courses as well • Challenge the practice of tiered grading of students where possible
Collaborative actions
• Cross-institutional research about academic wellbeing, attitudes toward teaching • Foster greater collaboration between academic and professional staff; e.g., better communication about what is already offered to staff and students (human resources, occupational health and safety, Counselling and Psychological Services (CAPS) • Establish a network or community of practice, to share information

Online resources for university educators

Our project website houses five online learning modules that help academic educators think about how curriculum design and teaching practice can support student mental wellbeing. The modules are intended for linear progression (from module 1 to module 5), but are also accessible for those who prefer to focus on one module, or to return to the resources several times. They (1) summarise the prevalence of distress among Australian university samples, and introduce a model (adapted from self-determination theory) for thinking about student wellbeing; (2) apply the model to curriculum design; (3) apply the model to teaching strategies in various teaching contexts; (4) provide advice for responding to students who are distressed; and (5) provide advice for looking after one's own wellbeing.

Developing and piloting the modules

The modules were developed over 12 months. The first two modules were piloted with 10 academic educators from five universities in April 2016. The feedback from this pilot was used to further develop the first two modules and to guide the design and activities in the following three modules. The feedback from the pilot indicated that information was useful, but there was too much text for busy academics to read through:

- All respondents said the home page was clear, easy to navigate, and engaging.
- Most respondents said that the information on the sub-pages was clear; a few (one or two) respondents said, 'some parts are clear' for some sub-pages.
- Most respondents said that there was just enough information in the sub-pages, with up to three saying there was too much text on each sub-page.
- Most people found the 'Research snapshots' useful, but other elements were less so; for example, the videos could not be accessed by five people; 'Reflections', 'Student quotes', 'Read more: PDFs', 'Case studies" and 'Module 2 checklist' were useful to only four or five people each.
- Specific comments were made about techniques for reducing text, about phrasing and terminology, the presentation of the student quotes and application of the case studies. These were used to further develop the modules and were considered when developing the next three modules.

The final versions of the five modules were piloted with 50 academic educators from 21 Australian higher education institutions in September 2016. Respondents could offer feedback in three ways: filling out a short pilot survey; rating the five evaluation items, located at the end of each module; or providing general comments and thoughts in email. The feedback from this second pilot indicated that the revised modules were accessible and engaging. The majority of pilot participants indicated that they would use the resources and recommend them to their colleagues.

Presentation of the five modules

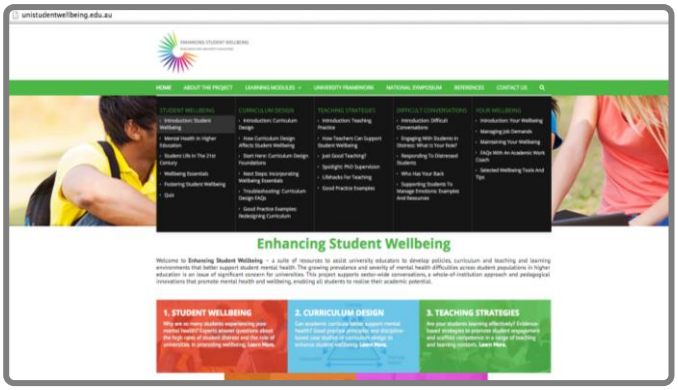
The five modules are available on our project website: http://unistudentwellbeing.edu.au. Each module includes up to five sub-pages, as shown in Table 6. The sub-pages use a variety of activities to present information: video interviews, research snapshots, quotes from students and academic educators, expanding text, PDFs with more detailed information,

quick links to related websites and quizzes, checklists, and hover-over text. Figure 2 shows some of these features as a person navigates through the first few pages of module 1.

Table 6. The five modules of the online resource

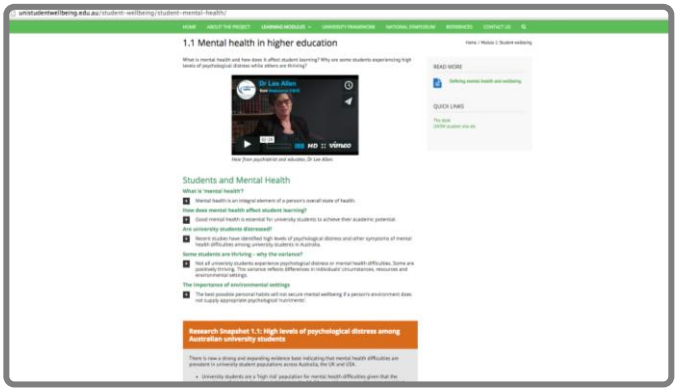
Module 1: Student wellbeing
• Mental health in higher education • Student life in the 21st century • Wellbeing essentials • Fostering student mental wellbeing
Module 2: Curriculum design
• How curriculum design affects student wellbeing • Start here: Curriculum design foundations • Next steps: Incorporating wellbeing essentials • Troubleshooting: Curriculum design • Good practice examples: Redesigning curriculum
Module 3: Teaching strategies
• How teachers can support student wellbeing • Just good teaching? • Spotlight: PhD supervision • Life hacks for teaching • Good practice examples: Teaching strategies
Module 4: Difficult conversations
• Engaging with students in distress: What is your role? • Responding to students in distress • Who has your back? • Supporting students to manage emotions: examples and resources
Module 5: Your wellbeing
• Managing job demands • Maintaining your wellbeing • FAQs with an academic work coach • Selected wellbeing tools and tips

Using the main menu on the website homepage to locate module 1.



Module 1 introduction page, with introduction video, module 1 menu, and student quotes.

Module 1 first sub-page, with video interview, expanding text, 'Research snapshot', 'Read more: PDFs', and 'Quick links'.



Module 1 second sub-page, with video interviews, expanding text, quiz, 'Research snapshot', and student quotes.

Figure 2. Navigating and viewing features of module 1.

Chapter 4: Impact and evaluation

Project impact

The impact of the project was evaluated using the Impact Management Planning and Evaluation Ladder (IMPEL) framework (Appendix B). The impact evaluation indicated that the opportunities for (4) narrow opportunistic and (6) broad opportunistic adoption are heightened through the success of the project's national symposium and pilot of online resources. Both of these activities encouraged investment and commitment to change from teaching academics and departmental leads from both within and beyond the project intuitions.

Evaluator's summative report

Dr Calvin Smith (Griffith University) was engaged in a dual formative and summative evaluation capacity. The evaluator attended team meetings throughout the course of the project, and the symposium. The final summative report was received in November 2016 and is attached as Appendix C.

The evaluator attended team meetings throughout the course of the project, and the symposium.

Formative evaluation involved:

- providing feedback on text produced by the team for the resources/website pages
- providing feedback on the functionality of the website
- raising questions throughout the duration of the project in order to challenge the project team members about various matters to do with the content and organisation of materials.

The evaluator's summative role was to:

- compare the project deliverables specified in the original application with what was achieved
- make some comments on the quality of what was achieved by the project
- make any other comments relevant to the project's methods or successes.

In sum, the evaluator reported that the deliverables were fully achieved and were of high quality (Appendix C).

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Appendix A

Certification by Deputy Vice-Chancellor (or equivalent)

I certify that all parts of the final report for this Office for Learning and Teaching grant provide an accurate representation of the implementation, impact and findings of the project, and that the report is of publishable quality.

Name: Richard James……..Date: 28/02/2017.....……

Appendix B: Updated impact plan

Project Impact Management Planning and Evaluation Ladder (IMPEL) model

	Anticipated changes at:			
	Project completion	**Post-completion (6 months)**	**Post-completion (12 months)**	**Post-completion (24 months)**
(1) Team members	• The team developed a thorough understanding of the ways in which self-determination theory can support student wellbeing; as well as academic educators' needs in supporting student wellbeing, and useful frameworks for supporting these needs. • Team members' reputations as experts in this space were enhanced at the project's national symposium.	• The project leaders are planning a continuation of the empirical study that preceded this project, across more faculties and institutions. This will increase widespread understanding about the prevalence of distress among students. • Individual team members are planning future projects around the relationship between distress and student outcomes, institutional approaches, and the student experience. These will increase understanding of barriers to successful intervention.		
(2) Immediate students	• Students of the project team benefit by experiencing curriculum and teaching practices that promote wellbeing. • One project member's students benefit by researching issues related to student distress and wellbeing as their semester group project.	• Students of the project team benefit by experiencing curriculum and teaching practices that promote wellbeing. Project team members teach in multiple disciplines, including higher education, law, psychiatry, education and psychology. Students in education and higher education disciplines will carry the modelled practices into their own teaching.		
(3) Spreading the word	• Online resources are free and available for all teaching academics, via our project website (http://unistudentwellbeing.edu.au) • The national symposium involved over 120 attendees, representing 29 higher education institutions. • A preliminary report of the survey was disseminated to 155 participants.	• Project outcomes will be presented at national and international conferences and published in peer-reviewed journals (e.g., the framework and teachers' experiences and needs) • The website will be promoted in orientation and teaching programs, such as the Graduate Certificate in University Teaching		
(4) Narrow opportunistic adoption	• Individual teachers from within the project institutions involved in the symposium and final pilot indicated their interest in applying the resources to their own teaching practices. • There is interest/opportunity to set up an inter-faculty working group related to student wellbeing and teaching practices.		Activities will be promoted through the email network.	
(5) Narrow systemic adoption	• Individual departmental leaders involved in the symposium and final pilot indicated their interest in applying the framework to their departments and encouraging academics to use the online resources.		Activities will be promoted through the email network.	
(6) Broad opportunistic adoption	• Individual teachers from outside the project institutions involved with the final pilot of online resources indicated strategies that they will immediately employ to support student wellbeing. • Attendees at the national symposium identified tangible collaborative projects for immediate future.		Project evaluation findings will be disseminated at conferences: Student Transitions, Achievement, Retention and Success (STARS), Higher Education Research and Development Society of Australasia (HERDSA), European Association of Institutional Research (EAIR)	
(7) Broad systemic	• Reports from two universities so far, indicate that *The Framework for Promoting student wellbeing* is being			

adoption	used to inform whole-or-universities approaches to supporting student mental health and wellbeing.			

Appendix C: Evaluator's report

Stimulating curriculum and teaching innovations to support the mental wellbeing of university students

This is the summative evaluation report for the above-named project. This evaluation report is a brief account and acquittal of the achievements of the project against its objectives.

Calvin Smith, PhD (Griffith) was engaged in a dual formative and summative evaluation capacity. The evaluator attended team meetings throughout the course of the project, and the symposium.

Formative evaluation involved:

- providing feedback on text produced by the team for the resources/website pages
- providing feedback on the functionality of the website
- raising questions throughout the duration of the project in order to challenge the project team members about various matters to do with the content and organisation of materials.

The evaluator's summative role was to:

- compare the project deliverables specified in the original application with what was achieved
- make some comments on the quality of what was achieved by the project
- make any other comments relevant to the project's methods or successes.

Evaluation against deliverables

The deliverables of this project were originally set as:

1. Curriculum Connections: A Framework for Developing an Institution-wide Approach to Student Mental Wellbeing
2. Teaching with Student Wellbeing in Mind, an online course for academic educators
3. Teaching with Student Wellbeing in Mind, a handbook to support and reflect the modules in the online course
4. a national forum on the relationship between curriculum, teaching practices and student mental wellbeing.

Deliverable 1 was fully achieved as a whole-of-university framework for implementation, although the name was not retained.

Deliverable 2 was fully achieved as a website comprising five modules featuring text, images, graphic elements, self-reflection questions, the M-BRAC framework, and videos with experts, teaching staff and students.

Two additional modules were written, on:

- staff wellbeing
- managing difficult conversations with students.

The self-evaluation of implementation progress module was not produced in a stand-alone form because this content was distributed within the five modules.

Notes on quality

The website was professionally designed and developed to be deployed across desktop and mobile web browsers.

Comments from those who gave feedback on the site were universally positive, and any feedback for improvement was typically focused on design elements rather than on content; where appropriate, feedback was responded to by making changes approved by the team at its final meeting.

Deliverable 3 is, at the time of writing, under development from the materials from the website and elsewhere. There is a very low risk of this not being produced, and it is in the hands of the project leader.

Deliverable 4 was achieved on 9 September 2016.

National symposium

The symposium was highly successful with 122 in attendance (from 26 Australian universities, one Australian TAFE college, one New Zealand university, and two organisations working in the area of student welfare and suicide prevention). The speakers that the team selected were inspirational and appropriate for the task, offering international and national perspectives on the problem and providing inspiring experiential accounts of the benefits of a whole-of-university approach to its solution. The importance of the issue within the sector was indicated by the range of different roles held by those in attendance including casual tutors, lecturers, course coordinators, program managers, Deputy Vice-Chancellors, sessional lecturers, managers of counselling services, policy officers and counsellors.

Some reflections on team process, methods and success

The project team was very highly functioning, with good engagement and generous contributions from all members, and enjoyed the support of an efficient, engaged and effective project manager, so there was never any need to raise matters relating to project timelines, risks of deliverables not being met or other such matters.

Calvin Smith

(Griffith Institute for Educational Research)