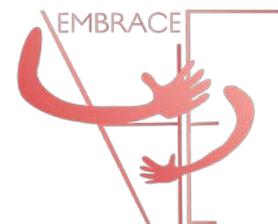


# Toolkit 1

## Embracing Higher Education Students' Mental Health and Wellbeing

The goals and objectives of the EMBRACE toolkit are as follows:

- To provide a summary of the challenges in mental health and wellbeing faced by higher education students, faculty, administrators, and policymakers around the world
- Interrogate the issues of mental health and wellbeing
- Provide an overview of the existing knowledge and debates regarding student mental health and wellbeing
- Identify and promote a shared understanding of the best practices for enhancing mental health and wellbeing on campuses across Europe
- Promote a holistic approach to healthcare and wellbeing that is flexible, adaptable, and responsive to student needs
- Identify innovative intervention practices that can function as resources for policymakers, student affairs professionals, university administrators, counselling centres, and other stakeholders
- Enhance universities' and colleges' capacity throughout Europe to support student mental health and wellbeing on campuses.

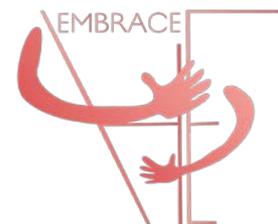


## **Mental health and wellbeing in Higher Education (HE): Summary of empirically derived understandings from around the world**

The EMBRACE HE team reviewed international empirical studies focusing on Higher Education Student (HES) mental health and wellbeing. The mental health and adjustment challenges facing HES have been referred to as “a significant mental health concern” (Chen et al., 2019, p. 242), “the crisis in higher education” (Hubble & Bolton, 2020, p.3), and “trouble in paradise” (Blum, 2016, p. 34). In turn, Higher Education Institutions (HEIs) are facing an unprecedented demand for counselling services and changes to the teaching-learning realm of academic life.

International empirical researchers have stated that approximately one-third of college first-year students from eight countries (Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain, and the United States) experience diagnosable levels of anxiety, mood, and substance abuse problems (Auerbach et al., 2018). In a narrative review article focusing on the impact of academic stress on HES’s mental health, academic performance, and wellbeing, Pascoe, Hetrick, and Parker (2020) reported the learning capacity, mental distress, sleep, and substance abuse of students from 72 countries were affected. HES are burdened with increased levels of stress, anxiety, and depression (Ballester, et al., 2020; Karyotaki et al., 2020). They often face difficulties in their attempts to cope, navigate, and embrace tertiary education responsibilities (Goodman, 2017; Xiao et al., 2017). The most frequent concerns that bring students to counselling centres include anxiety, depression, stress, trauma, interpersonal functioning/relationship problems, family issues, suicidal ideation and attempts, academic difficulties and pressure, sleep problems, social isolation, and adjustment to the new environment (LeViness et al., 2018; Pérez-Rojas et al., 2017). Other challenges include mood instability, eating/body image concerns, sexual concerns, self-esteem, attention/concentration difficulties, identity development, financial difficulties, career decisions, worries about future job security, test-taking anxiety, and family issues (Center for Collegiate Mental Health, 2020).

It is also important to note that mental health issues in higher education are exacerbated by social challenges, including how student performance is evaluated, the pressure of evaluation, the ‘student as a consumer’ approach to HE, the high tuition fees in some countries or

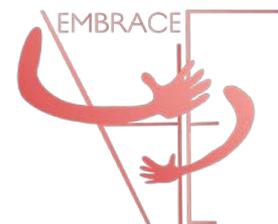


universities that lead to financial difficulties or to students being unable to begin or finish their university studies (Zimas, 2015). These issues mean university students are at a higher risk of mental health problems (McCloud & Bann, 2018), highlighting the contradiction between the social purpose and scope of higher education. Across 13 European countries, there are differences in how HE is conceptualised vis-à-vis the public good (Boyadjieva & Illieva-Trichkova, 2019). Since the discourse on the quality of education has been established, contemporary universities have had neoliberal systems that reinforce the social exclusion of students and create pressure to prioritise the acquisition of labels of excellence at the expense of social purposes (Mampaey, 2017). This is evidenced by the high costs of university tuition, which lead the British government to define students as consumers (Bunce et al., 2016). Additionally, admission criteria exclude people who do not have excellent academic performance or economic solvency. Students are assessed through excellence and quality, creating pressure that contributes to their stress and mental health problems. It is, therefore, important to question the design of the higher education system as well as whether it can be a source of discomfort and social exclusion for students.

The challenges cited above have been exacerbated during the ongoing COVID-19 pandemic, which has gravely impacted HES's mental and financial wellbeing as well as HEI funding (Hubble & Bolton, 2020).

#### PODCAST: Challenges and debates

All the issues outlined in the research cited above have impacted HEIs, who are facing an unprecedented demand for counselling services (Hubble & Bolton, 2020). Nevertheless, although students report high levels of anxiety, depression, and other mental health challenges, according to Shea and colleagues (2019), there are barriers to seeking help in HE settings. These include the negative perceived value of counselling or psychotherapy, uneasiness in dealing with emotions, stigma, lack of awareness or knowledge on mental health issues, access delays, and cultural barriers. Similar barriers were found by Nash et al. (2017), who also reported that disengagement and multiple stressors constitute obstacles to help-seeking. Moreover, stigma continues to be a barrier for students with disabilities, impeding their chances of fitting in (Bogart et al., 2019).



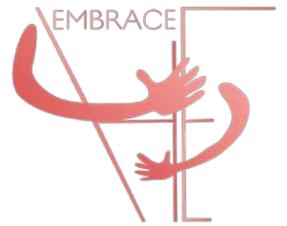
## **Organising practices and programming to meet HES's mental health care needs**

Mental health struggles on college campuses have increased exponentially during the past 20 years (Auerbach et al., 2019) and have been called “a crisis” on campus (Chen et al., 2019). Our world is currently ravaged by uncertainty, astounding loss, and upended lives due to the COVID-19 pandemic as well as the ensuing and cascading economic, social, and environmental syndemics. A “syndemic” is defined as a synergistic interaction between socioecological, psychosocial and biological factors, resulting in the augmentation of adverse health outcomes. The COVID-19 pandemic has escalated into a syndemic due to several driving factors, anxiety, loneliness, uncertainty, poor nutrition, social distancing and lack of access to health services. The dynamic interlinkages between such driving forces result in adverse mental health outcomes including depression, suicide, and anxiety (Yavad et al., 2020).

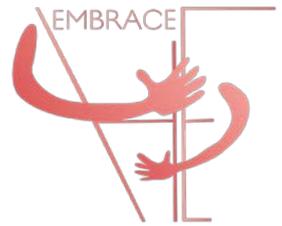
The socioeconomic syndemic is likely to have drastic consequences for funding education and other public services impacting young people’s opportunities and livelihoods. Hence, commitments to higher education are a matter of utmost importance. HEIs must continue to reach out to societies in a world that is challenged. They must be a voice of empowerment, support, and education for students, communities, and society. In response to the crises in HE, educators, administrators, students, and parents must address HES’s needs, safeguarding them and their respective communities through solidarity, compassion, and appreciation for our common humanity.

**The question that arises is: How do we go about managing the “mental health crisis” on university campuses in such demanding circumstances?**

We propose a holistic Campus Community Approach to organising that is co-constructed with several key stakeholders (administrators, faculty, staff, students, counselling centre



personnel) from across the university to ensure its relevance and reflect the breadth of factors that contribute to health and wellbeing for all within the campus. This community approach enables a consideration of the systemic interplay between people and context. Health and wellbeing are positioned with respect to co-producing holistic health and wellbeing policies and protocols; developing responsive health services and programming; strengthening community relationships and connectedness; constructing supportive environments; and facilitating wellbeing and personal development. The elements of this type of approach are presented in the boxes below. Within each element, examples of the programming which can be applied to meeting HES's mental health needs are outlined.



## Co-producing holistic health and wellbeing policies and protocols

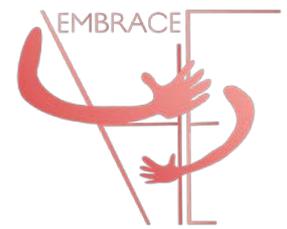
### A. Policies

1. Safeguarding: protecting the health, wellbeing, and human rights of students, staff, and all people within the campus community
2. Attention should be given to the need to eliminate discrimination, harassment of any kind, and victimisation
3. Equality of opportunity for all people, regardless of gender, race/ethnicity, and ability.

### B. Protocols

1. COVID-19 safety measures
2. Health and security measures
3. Student support and wellbeing protocols regarding health and other emergencies, substance use and misuse protocols, harassment and abuse protocols
4. Protocols of tackling prejudice and promoting understanding\*.

\* Fostering inclusivity: critical reflection, engagement, and belonging in the classroom (see attached document)

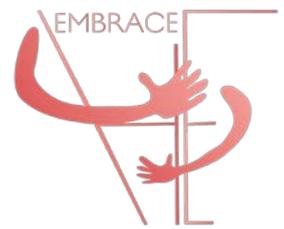


## Developing responsive health services and programming

- A. Review, audit and monitor the university's health services
- B. Respond to services user needs by integrating health research and best practices into existing services\*\*
- C. Promote appropriate and holistic programming and accessible services

Researchers from the EMBRACE HE project have also underlined how modern higher education serves a wide array of students with differing needs, resources, and capacities (McEwan & Downie, 2019). Moreover, HEIs are facing financial dilemmas due to the unsustainable cost of traditional methods of providing mental health and other services, the increasing demand for mental health services, and the pressure to adhere to student-centred approaches when meeting the needs of their student bodies (Glass, 2019; Lipson et al., 2019; Rubley, 2017). To deal with the crisis in campus mental health care (Xiao, 2017) and the different mental healthcare needs of students (Lefevor et al., 2018; Pedrelli et al., 2016), HEI staff are conducting research and applying innovative holistic approaches to mental health care.

The theoretical and epistemological underpinnings of such holistic campus- and HEI-wide programming and initiatives are the ecological and campus community perspectives (Banning, 2016; Goodman, 2017; Kuk & Banning, 2016). Proponents of these perspectives focus on organisational, social, relational, and individual-level determinants of mental health and wellbeing. The interventions designed from these perspectives are intended to improve or sustain mental health and wellbeing by creating connections between health, learning, and the campus organisation and structure. From these perspectives, mental health and wellbeing are influenced by public policy, community determinants, institutional factors, interpersonal interactions, and intrapersonal factors (Goodman, 2017; McLeroy et al., 1988; Thomas & Banning, 2017).



- \*Sofia PowerPoint: Practices and programming applied for meeting HES' mental health care needs
- \* Aki's presentation: Sensitising staff to mental health awareness
- \* Lithuania team's: Gatekeeper program

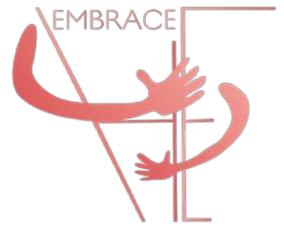
### **Sensitising staff and faculty to mental health awareness**

Faculty and HE staff have been identified in the relevant literature as potential gatekeepers who can help connect distressed students with available mental health services (Indelicato et al., 2011). However, members of the faculty and staff may not feel sufficiently prepared to offer their support to students who need it, due to either a lack of knowledge about mental health issues (Gulliver et al., 2019). Indeed, 70% of university staff in a relevant study reported that they had never received the mental health training required to manage these growing demands, and 64% expressed a desire for training (Margrove et al., 2014).

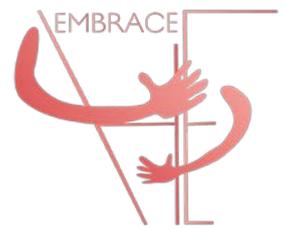
**Mental health literacy (MHL)** is defined as “knowledge and beliefs about mental health problems which aid their recognition, management or prevention” (Jorm et al., 1997, p. 182).

MHL has several components, including the ability to recognise specific disorders, knowledge of causes, risk factors, and treatment, attitudes that promote recognition and appropriate help-seeking, and first aid skills for supporting others with mental health issues (Jorm, 2012; Jorm et al., 1997). MHL is widely recognised as a foundational element of mental health promotion and of the prevention, early identification, and treatment of mental disorders (Mcluckie et al., 2014; Wei et al., 2018). People who are more well-informed and educated about these issues tend to help those who are experiencing mental health problems more appropriately and effectively (Rossetto et al., 2016).

MHL programs for university staff have proven efficacious (Rein et al., 2018). Given the high rates of mental health issues and students' reluctance to seek help (Brenner et al., 2020),



staff must be equipped with training as well as clear policies and procedures to ensure that students are connected to appropriate care. It has been suggested that such programs should be offered regularly in academic settings to ensure mental health awareness and promote positive help-seeking attitudes to the student population (Ashoorian et al., 2019). In this manner, stigma is combated, and student experience is enhanced within an environment that fosters wellbeing.

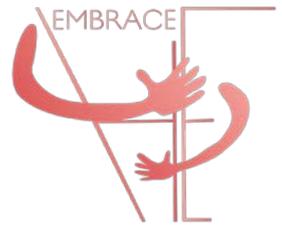


## Peer Support

Peer support can be defined as help provided by and for people with similar problems or experiences, based on key principles of respect, shared responsibility, and a mutual agreement of what is helpful (Mead et al., 2001). Peer support programs could play a central role in improving peer relations on the university campus. As the college mental health crisis intensifies, peer support has been suggested as a low barrier-to-access and cost-effective method for HEIs to supplement their traditional student resources (Hunt & Eisenberg, 2010). Peer support may be an effective way to promote college mental health (Johnson & Riley, 2019), as all parties seem to benefit from it. For example, students who receive peer support can be empowered, while both stigma and the social isolation associated with mental health difficulties can be ameliorated. Students engage actively with their peers, express empathy, concern, and acceptance, thus instilling a sense of hope and helping establish a caring campus community (Byrom, 2018). Further, peer supporters also benefit from the process, as it increases their self-esteem, problem-solving and leadership skills, personal development, and other life skills (Crisp et al., 2020).

In terms of peer support, the Public University of Navarre's 'Buddy Programme' has an aim of facilitating the integration of foreign students into the university environment. In this programme, UPNA students provide support to foreign students.

*\*(VOLUNTEERISM) The Spanish team's video—mentoring as a peer support integration of international students*



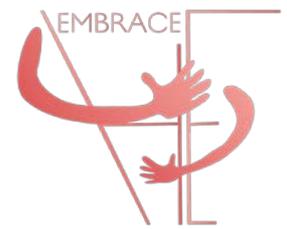
## Strengthening community relationships and connectedness

- A. Promote students' connectedness: their sense of belonging, integration, and satisfaction with their life in HE
- B. Advance and deepen student engagement and involvement
- C. Relationships with instructors-mentors
- D. Community outreach
- E. Build and support partnerships with the wider community
  - 1. Internships
  - 2. Service learning
  - 3. Innovation and applied research
  - 4. Leadership development
  - 5. Volunteerism\*

HE students' mental health concerns are closely linked to performance difficulties, dropping out, and other academic challenges (Bruffaerts et al., 2018). Moreover, HE landscapes across the world have changed, highlighting the need to embrace teaching and learning challenges. According to the literature (Bassett, 2020; Cachia et al., 2010; Fook & Sidhu, 2015; Pomerantz & Brooks, 2017), such challenges include:

To confront and surpass these problem areas, alternative models for teaching-learning have been developed and applied to meet learners' unique needs. Such academic initiatives include programs, services, facilities, and learning communities that support the academic needs and goals of diverse students while also promoting equity, diversity, and inclusion on HE campuses and institutions. Examples are provided below.

***Civic Engagement:*** Service and civic learning, as well as volunteering, are participatory education initiatives that involve students in work settings, thus promoting civic knowledge, associations, and action. Such involvement is information-rich and helps students to become culturally responsive as well as to develop and hone their reflective, critical, and strategic thinking. Participating in civic engagement programming has been associated with positive

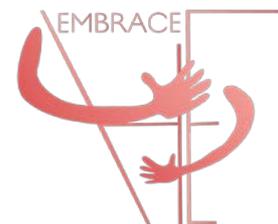


outcomes for students and HEIs (Bennett et al., 2016; Ellerton et al., 2016). The approaches outlined below are examples of civic engagement HE initiatives.

- *Civic learning* is a process through which young people develop the knowledge, skills, values, and commitments to interact effectively with fellow community members and so address shared problems (Barnhardt et al., 2019). Such programming includes initiatives such as ‘community learning’, where faculty members and students embrace and engage with community to student learning by combining academic work with community placements for all involved. The students’ community-based projects are locally relevant.
- *Service-learning* is a reflective, relational pedagogy that combines community or public service with structured opportunities for learning. One particular form of this is the capstone courses, which require students to draw on the knowledge they have obtained throughout their coursework and combine it with relevant service work. The pedagogical aim is either to explore a new topic or for students to synthesise their understanding of their coursework in one course or throughout the curriculum. This type of experiential engagement empowers students to transition between theory and practice, make professional contacts and accumulate experience (Deal et al., 2020; Ellerton et al., 2016; Jones et al., 2018).
- *Student volunteering* is a practice of giving, without compensation, one’s time for charitable, educational, or other activities which benefit others. Volunteering bolsters students’ knowledge base in different fields as well as increasing their leadership skills and employability (Cnaan et al., 2010).

Teaching strategies are of vital importance for engaging HES. Some examples are listed below.

- *Active teaching methods*, including role-plays, educational games, field classes, trips and excursions, case studies, brainstorming, problem-based teaching, and simulation

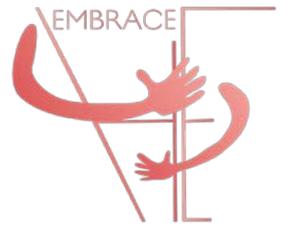


in the teaching-learning process. Such strategies are considered useful as they are flexible modes of instruction that allow students with different needs to engage actively with learning. They make students responsible for their learning while promoting critical thinking and independent learning (Educause, 2019).

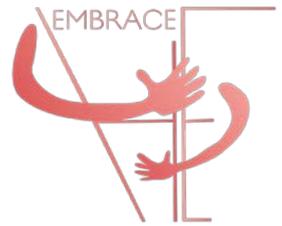
- *Using visual methods.* Technology and multimedia are the preferred methods of instruction and learning for all students, including those who need adaptive learning technologies (Galanek et al., 2018; Kortegast et al., 2019). Students find the use of multimedia engaging, facilitating the learning process. Visual methods enhance student learning and motivate learners to seek additional materials (Courts & Tucker, 2012). Students are encouraged to think creatively and critically when visual and multimedia technologies are used (Galanek et al., 2018).
- *The “flipped” or “inverted” classroom.* This is a pedagogical technique in which students read new material (articles, chapters, books) or watch videos outside of class. Students are assigned the material before class and are told, either individually or in small groups, to prepare for class in their own time by gaining knowledge and comprehension of the subject matter. In the class meeting, both instructor and students facilitate learning by posing questions on applying, analysing, synthesising, evaluating, creating, and problem-solving, using their understandings from the readings (Mazur, 2009). Thus, students engage with the challenging aspects of the course material, aiding them to grasp the topic, and promoting problem-solving (Brandford et al., 2000).

Flipped learning provides students with opportunities to use their newly acquired knowledge, obtain feedback, and correct misconceptions in active classroom sessions, thus taking control of their learning and thinking in a metacognitive fashion (Bransford et al., 2000). This model is efficacious (Hamdan et al., 2013; McLaughlin et al., 2013; McLaughlin et al., 2014).

The inverted classroom places students at the centre of the teaching-learning process. Several activities can be used, including assessments using clickers or smartphones, question and answer sessions, fishbowl practice, and role play. Online aid for educators is available here. [www.http//flippedlearning.org](http://flippedlearning.org).



Practices such as these transform the teaching-learning process. According to Blum, “the more that school learning resembles the successful learning that is so abundant outside of school, the greater the chance that some learning will take place” (2016, p. 2) Undeniably, reflecting on the teaching-learning process and the impasses involved is crucial to initiating and bringing about change, academic engagement, and meaning, as well as to students flourishing.



\*\*\*Pano's presentation???

## **Constructing supportive environments**

### **A. Academics and staff**

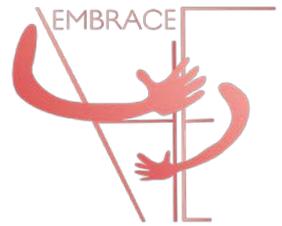
1. Implement strategies to accommodate the greater number of students enrolling in HE
2. Provide adequate support so that staff and academics can achieve a work-life balance
3. Provide administrative support
4. Support academics in their instructional role.

### **B. Students**

1. Support students to create interactions with faculty and peers
2. Inform students of available support services (such as academic, pastoral, health, and wellbeing)
3. Extracurricular engagement.

### **C. Environmental context**

1. Review, audit, and monitor the health impact of the university's social and physical environment
2. Monitor the implementation of equality and diversity policies
3. Monitor the implementation of health and safety regulations
4. Conduct staff and student satisfaction evaluations.



Prevention Yiota Dimitropoulou's work

- Procrastination presentation

## Facilitating wellbeing and personal development

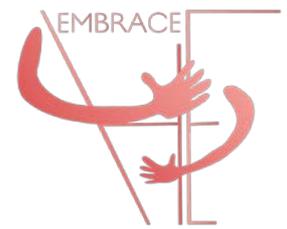
### A. Develop personal skills

1. Provide self-help resources to improve wellbeing
2. Enhance life skills
3. Empower students and staff to speak openly about the assistance they may require.

### B. Function well: academically, socially, and emotionally.

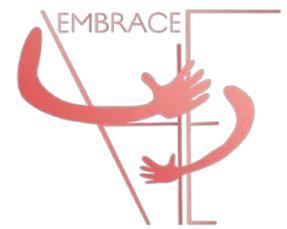
HEIs have traditionally provided mental health and wellness education programming via therapeutic services for mental health problems as well as remedial or supplementary instruction for learning difficulties and academic failure. More recently, the mission of HEIs has been to holistically improve students' lives by promoting quality of life and healthy development during and beyond their enrollment. Hence, through student affairs offices, the staff at HEIs focus on students' wellbeing and enrich their experiences, leading to a flourishing life. Wellbeing is a multidimensional construct which includes positive emotion, engagement, relationships, meaning, and accomplishment. Hence, student affairs offices provide support and services to enhance students' development and success in all areas (Baldwin et al., 2017; Mitchell et al., 2019). Such preventative approaches embed self-development wellbeing programming into the core university functions that constitute student life. According to Baldwin et al. (2017), holistic wellbeing in HE consists of:

- **Physical wellbeing**, which includes lifestyle choices that affect the functioning of the body such as diet, exercise, use of substances, and physical and sexual health.



- **Emotional wellbeing**, which is a person's ability to cope with everyday life and reflect on how they feel about themselves, including their identity and esteem.
- **Existential and spiritual wellbeing**, which entails the ability to experience and integrate meaning and purpose in life.
- **Social/relational wellbeing** encompasses the extent to which we feel we belong. It is a sense of community, social support, and social inclusion. This encompasses how we communicate with others, our relationships, values, beliefs, lifestyles, and traditions.
- **Intellectual wellbeing** refers to active engagement in academic, cultural, and community activities. Embracing learning and participating actively in university life expands the knowledge and skills gained in class, stimulates curiosity and creativity, culminating in the embrace of life-long learning.
- **Economic wellbeing** entails experiencing current and future financial security. Students in HE and their families must meet their basic needs such as food, housing, healthcare, transportation, and education, as well as having control over their day-to-day finances.

Student affairs offices at HEIs have developed programming for each of these six forms of wellbeing. Programming for **physical wellbeing** is oftentimes focused on health promotion, nutrition and diet, exercise, substance use, abuse, and sexual health. Authors of a recent study on peer-supported physical activity based on self-determination theory suggest that combining physical activity with peer support has a positive effect on psychological outcomes for HES who are depressed, as well as enhancing campus relationships (Keeler et al., 2019). Public health programs also include peer dissemination strategies, coordinated efforts, community-based practices and initiatives, as well as theory-informed and evidence-based practices (ACHA Guidelines, 2019). **Sexual health** programs are also comprehensive, holistic, and theoretically based. Such an approach is necessary for sexual health programming in light of the multifaceted nature of sexual wellbeing, which includes components of identity, relationships, attitudes, emotions, and behaviour (Bedree et al., 2020; Kaestle & Evans, 2018). Programmes combine primary prevention (such as communicating about boundaries and personal responsibility) with protection strategies to defend and protect oneself and others from sexual assault (Holtzman & Menning, 2019; Menning & Holtzman,



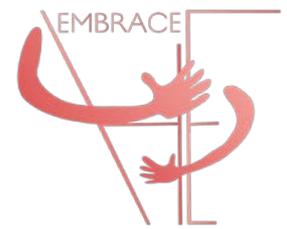
2015). An example of such programming is “Answer” is a national organisation that provides and promotes unfettered access to comprehensive sexuality education for young people and the adults who teach them.

### **Answer partners with Trojan™ on sexual health site for college students**

<https://translate.google.com/translate?hl=en&sl=en&u=https://trojanprofessional.com/resources&prev=search&pto=aue>.

**Substance abuse** programming includes community-supported abstinence as well as drug and alcohol initiatives. These initiatives are paramount for dealing with the multiple substance abuse crises prevalent within student bodies at colleges and universities (Beeson et al., 2017; Iarussi, 2018). An example is the Recovery Housing initiative at Rutgers University, which includes housing, group and individual therapy, 12-step programming, and academic and career support for students in recovery. It also offers ‘sober activities’, such as sporting events, hikes, bike trips, and intramurals (<https://translate.google.com/translate?hl=en&sl=en&u=http://health.rutgers.edu/medical-counseling-services/counseling/adap/&prev=search&pto=aue>). According to Conley and colleagues (2017), preventive programming is also useful for students who present sub-clinical mental health challenges such as anxiety, depression, and interpersonal difficulties.

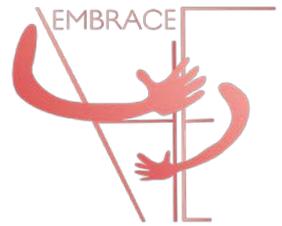
Community-wide preventive programming focusing on **emotional, psychological, and spiritual wellbeing** are initiatives that aim to bolster HES’s ability to cope with everyday life as well as their sense of identity and esteem. Such practices include meditation, stress management, resilience, and integrating new perspectives and ideas for dealing with the challenges inherent in transitions (Eisenberg et al., 2016). Crowley and Munk (2017) and Bamber and Schneider (2020) found that students who meditated became more mindful and compassionate, and that their sense of psychological and emotional wellbeing was bolstered.



Comprehensive and multifaceted programming for stress management, utilising relaxation techniques, mindfulness and communication, as well as problem-solving and social skills, increased students' coping abilities, helping them to overcome psychological difficulties and move forward with academic success and development (Conley et al., 2015). Mindfulness and compassion programming enable perceptual clarity, self-awareness, and self-regulation for HES. Mindfulness training helps HES to understand their intentions and motivations, supporting them to make different choices, resulting in healthier social connections and minimised risk-taking behaviours (Dvořáková et al., 2019). Other practices give HE instructors crucial roles in students' wellness and mental health needs. Professionals from different disciplines are informed about mental health issues and instructed to notice student performance problems or behaviours that could signal more profound distress. Instructors are coached on how to evaluate and handle such requests for help, support, and assignment deadline extensions (Di Placito-De Rango, 2018).

**Social and relational wellbeing** programmes encompass outdoor initiatives that strengthen relationships, social connectedness to peers, and the university community (Ribbe et al., 2016). Engagement in organisations such as sororities and fraternities boosts students' sense of social wellbeing and purpose while decreasing loneliness (Turton et al., 2018). Effective prevention strategies include the development and implementation of programming for drug use prevention via environmental interventions such as task forces and collaboration between different stakeholders (Hingson et al., 2017). Friends who are in distress can be helped through peer-mediated groups and networks. The reduction of the stigma involves seeking help for mental health challenges and environmentally based prevention efforts (Gaddis et al., 2018). HEIs often serve older students, who may work as well as study, hence they may experience more significant challenges. This group is less likely to utilise traditional services; thus, online preventive and intervention initiatives are highly recommended (Burcin et al., 2019).

**Economic wellbeing** programming in HEIs includes instruction on financial knowledge and skills, helping students access economic resources, and demonstrating how to engage in



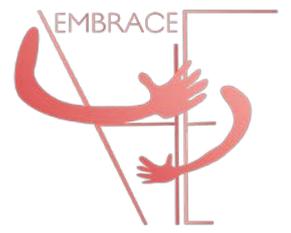
opportunities that can lead to income. Such initiatives involve families and include instruction on dealing with debt and budgeting (Fry, 2014; Jones et al., 2018).

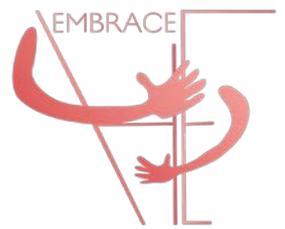
Students' wellbeing is currently an essential concern in HEI. Feeling supported and having optimal learning experiences during their studies is meaningful, life-enhancing, and resonates in students' later lives. Student-centred approaches to mental health, wellness, teaching-learning, and overall wellbeing have gained ground in HE settings (Rubley, 2017; Schudde, 2019). According to McNair and colleagues (2016), HEI institutions need to prepare for today's students and help them engage academically while in school and after graduation. Moreover, these authors state that students' emotional attachment to the HEI is paramount for their learning. This is achieved when learning and extra-curricular activities involve faculty, staff, and students collaborating in purposeful tasks.

**\*Presentation BCU Students**

**\* Presentation on mourning and loss**

**\*Presentation Mindfulness for HE Staff**





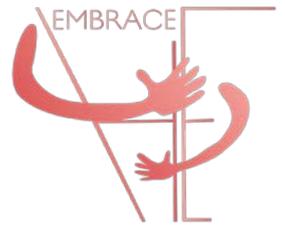
## SUMMARY

This toolkit includes a review of the challenges that HE students face and the practices that have been put in place to enhance mental health and wellbeing on campuses across Europe.

HE students are facing mental health, learning, and financial challenges that negatively affect their wellbeing. Students report difficulties with anxiety, depression, and academic functioning to such an extent that this has been dubbed “a crisis in mental health” on university campuses. Exacerbating these difficulties are the many barriers students face in accessing the care they need. Counselling services are overburdened with referrals due to understaffing. Other barriers to care include stigma and a lack of knowledge about mental health and available services.

In this toolkit, we have identified innovative interventions that can be implemented by HE administrators, counselling centres, and staff. It seems that the holistic ‘campus community’ approaches fit students’ needs because they are comprehensive, flexible, and effective.

Currently, the COVID-19 pandemic has disrupted universities worldwide, forcing a shift to remote learning and raising questions about the future of higher education and campus life as we have known it. Providing mental health services on campuses that are upended is more challenging than ever. HEIs are delving into the digital mental health landscape.



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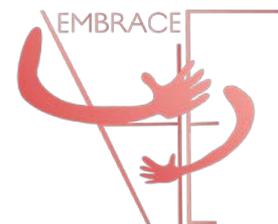
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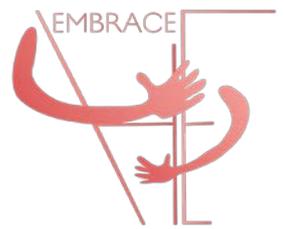
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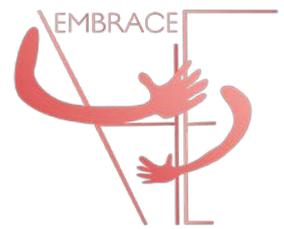
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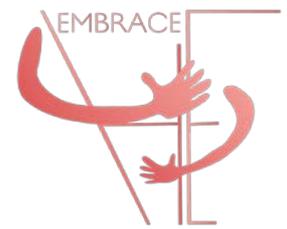
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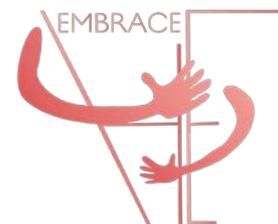
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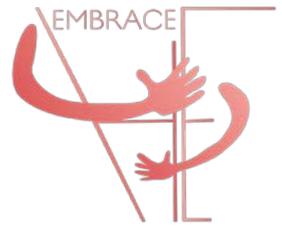
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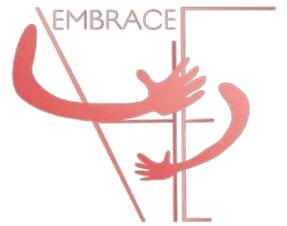
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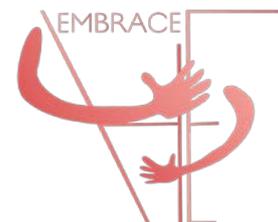
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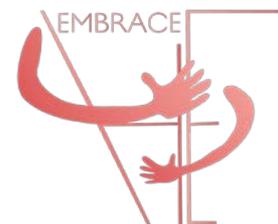
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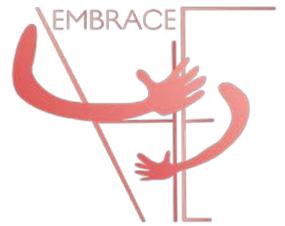
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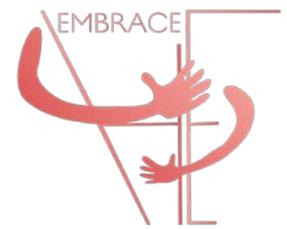
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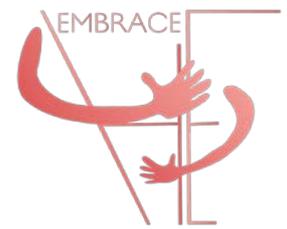
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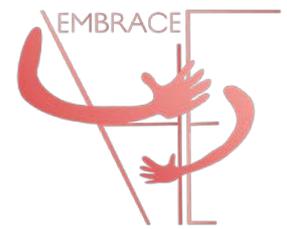
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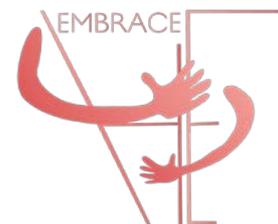
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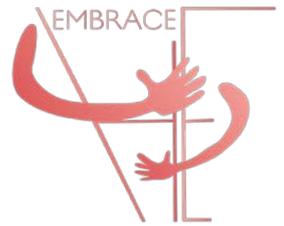
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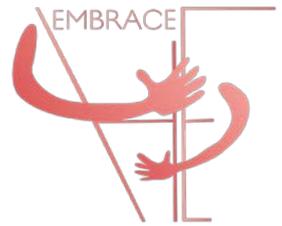
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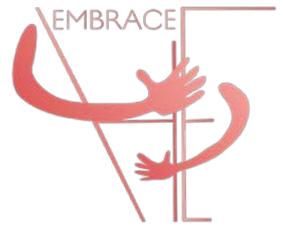
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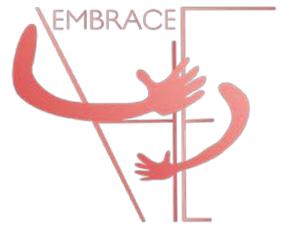
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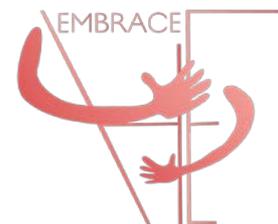
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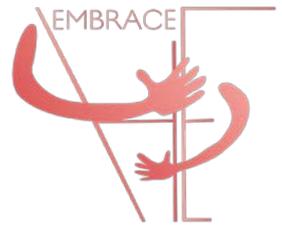
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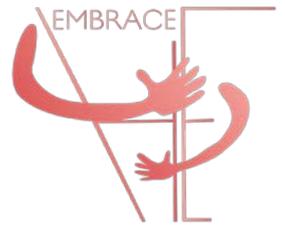
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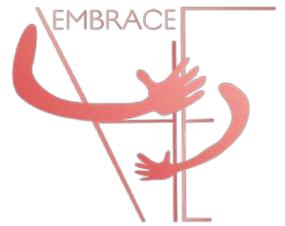
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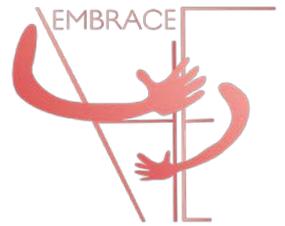


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## **Links related to toolkit**

### **1 Toolkit Summary- Sofia Triliva**

<http://embracehe.org/2020/12/14/toolkit-summary/>

#### **Summary of Mental Health and Wellbeing Challenges Sofia Triliva**

<http://embracehe.org/2020/12/14/summary-of-mh-wellbeing-challenges/>

#### **Challenges and debates Podcast by Sofia Triliva**

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#### **Practices and programming by Sofia Triliva**

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#### **Strengthening community relationships and connectedness by constructing supportive environments Sofia Triliva**

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#### **Sensitizing staff about mental health awareness by Dr. Akis Giovazolias**

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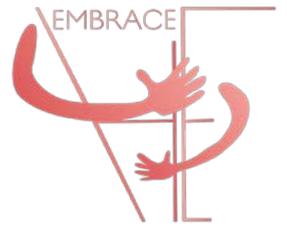
#### **Gatekeeper training in Higher Education**

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#### **The prevention and intervention practices on well-being by Dr. Dimitropoulou**

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#### **"Program Buddy" practice from Navarra (Spain)**



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**Embrace HE staff about wellbeing of students**

<http://embracehe.org/2021/04/18/embrace-he-staff-about-wellbeing-of-students-2/>

## Reference

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**The mindfulness toolkit that Dr Rebecca Semmens-Wheeler**

<http://embracehe.org/2021/02/05/mindfulness-toolkit/>

**The procrastination narrated powerpoint by Kyriaki Milousi**

<http://embracehe.org/2021/01/15/procrastination-by-kyriaki-mylousi/>

**Loss by Dr. Tanya Anagnostopoulou**

<http://embracehe.org/2021/02/05/presentation-on-loss/>

**Acceptance and commitment therapy by Dr. Karekla**

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**Dr. Tsitsas Dating violence narrated powepoint**

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**Greek Mindfulness presentation Dr. Kolliris**

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