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Title: Mental Health in Higher Education; Faculty staff survey on supporting students with mental health needs

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ABSTRACT

Purpose

The purpose of this paper is to examine how faculty staff on Health and Social Care Programmes support students with mental health issues.

Design methodology and approach

The study used a qualitative survey design to gain in-depth information on faculty staff experiences. Seventy-one faculty staff at two universities in the South East of England out of an eligible population of one hundred and fifteen staff responded to an anonymous online questionnaire which were thematically analysed.

Findings

The findings indicated that faculty staff faced uncertainties in providing support to students with mental health needs. They reported tensions between their academic, professional and pastoral roles. There was a wide recognition that supporting students was physically and emotionally demanding for faculty staff and especially challenging when their roles and expectations were unclear. This was compounded by lack of explicit guidelines and an apparent severed connection between faculty staff and student support services.

Practical implications

A need for clearly defined roles and responsibilities for faculty staff in supporting students with mental health needs including a review of their pastoral role were identified. The study reinforces the need for effective collaborative arrangements and collective decision making and clearer procedures in the planning and implementation of students' personal support plans. A concerted effort into adopting a transpersonal approach which incorporates mental health staff awareness training, restorative spaces for reflection and supportive pathways for faculty staff.

Keywords

Higher education students' mental health, Faculty Staff/academics, Personal tutor/academic advisor, health and social care programmes, student personal support plan.

INTRODUCTION

Mental health needs in higher education

The context of this study involves students and faculty staff mental health which are becoming an increasing focus of concern in higher education (HE) discourse (Brewster et al 2021) especially during the Covid 19 pandemic (Shen & Slater, 2021). HE students' mental health has been widely reported as a significant public health challenge internationally (Ohadomere & Ogamba, 2020), with reports suggesting that there is an equal number of students having experienced mental distress prior to their studies and developing symptoms during their studies (Grøtan et al 2019). Studying in HE can be stressful for students particularly if they are new to education which can trigger or exacerbate mental health symptoms (Goodwill et al., 2018).

The changes in the higher education landscape in embracing an inclusive learning environment in most parts of the western world have meant greater participation from students with diverse learning needs who may not have previously contemplated studying at higher education institutes (HEIs) (Ramluggun et al 2020). Thus, HE students' profiles have changed with almost half of university students having learning differences requiring reasonable adjustments to their teaching and learning (Rodger et al., 2015). Consequently, HE students with complex education needs (Kandiko & Mawer 2013) including those with mental health needs (Thorley 2017) requiring additional support have increased.

Mental health support services

Most HEIs in the UK have a student support system which includes an Academic Adviser (AA) commonly called a Personal Tutor (PT) to support students settling in HE environment and academic life (McFarlane 2016). HEIs student support services generally include student support coordinators and counsellors skilled in recognizing and supporting students with mental health issues (Deasy et al. 2014). However, for some students, the stigma surrounding mental health issues remains a barrier to seeking help (Stanley & Manthorpe, 2019; Ramluggun et al 2018). Students with mental health issues are generally not noticeable and some only seek help when they become severely mentally unwell as early disclosure is difficult for them due to perceived and internalised stigma (Ramluggun et al 2018). Conversely, positive experiences of disclosure in helping to dispel mental illness-related stigma have also been reported in HE students (Ramluggun et al 2018). Other barriers to mental health support from HEIs counselling services include not being able to access the right support at the right time (Ramluggun et al 2018).

In recent times, HEI support services have reported a significant rise in students' demand for mental health support (Stanley & Manthorpe, 2019) because of the changes in the higher education landscape. They have become overwhelmed with no corresponding increase in funding, resulting in students experiencing lengthy delays in receiving the support they urgently need (Tinklin et al 2005; Conley et al., 2017). This demand has put the emphasis on Faculty Staff in supporting students' mental health issues; faculty staff have a distinctive relationship with their students and occupy a frontline role in supporting students' wellbeing being a more immediately accessible source of help for psychological problems than university support services (Hughes & Byrom, 2019; Stanley & Manthorpe, 2001).

Faculty staff perspectives

While students' mental health has received much attention in the literature, faculty staff experiences of how they support HE students with mental health needs have not been adequately studied (Ohadomere & Ogamba, 2020). From the available literature, it has been reported that educators may not be well equipped to understand the difference in students' emotions and any underlying mental health issues and would often seek advice from faculty colleagues with mental health backgrounds (Laws and Fielder 2012). Moreover, staff do not perceive themselves as being suitably qualified to adequately support students with their mental health issues ((Spears et al. 2021), (Margrove et al 2014, (Hughes et al 2018). The impact of supporting students with mental health needs in terms of faculty staff workload, health and wellbeing is esoteric and not adequately recognised by HEIs (Hughes et al 2018). A high level of anxiety, stress and depression has been reported in faculty staff compared to the general population including increasing concern for their need of psychological support (Margrove et al 2014).

Furthermore, it has been reported that this may have potential longer-term impacts on the career of faculty staff, especially those who students chose to approach for support (Storrie et al. 2010). This can subsequently lead to a disproportionate effect on these staff who are perceived as most approachable, leading to a higher workload for them and less time for research and other duties (e.g., preparing teaching sessions) (Margrove et al, 2014; McAllister et al, 2014). This imbalance was also found to impact students seeking mental health support, with them reporting inconsistencies in the support provided (Spear et al 2021).

More specifically, the experiences of how faculty staff on health and social care programmes support HE students' mental health needs are also under researched. This is of critical importance to understand as students on healthcare programmes, such as nursing, midwifery, paramedics and social work need additional support to manage and cope with emotionally challenging situations in their practice learning (Pulido-Criollo 2017, Coffey 2014). They need support and opportunities to reflect and talk about these experiences. Previous research has also revealed that healthcare academics had difficulties in identifying and maintaining boundaries, due to competing academic and professional boundaries. They also reported that students' mental health issues became more evident under placement pressure, and were more challenging to deal with (Hughes and Byrom, 2019).

Theoretical framework

In our study we adopted a considered approach to the 'StepChange: Mentally Healthy Universities' (De Pury and Dicks, 2020) vision to promote the health of students while also recognizing the health and challenges of those working and supporting the nursing students for a healthy university. However, the pervading discourse seem to juxtapose student and staff wellbeing as oppositional where the focus is predominantly on students' wellbeing (Hughes et al., 2018; Margrove et al., 2014). This lack of recognition of the impact on staff physical and emotional wellbeing has been evidenced by the plethora of studies on students during the pandemic (e.g., Chen and Lucock, 2022; Evans et al., 2021; Mahdi et al., 2020). Conversely this paper embraces theoretical frameworks such as social system theory which recognises the importance of the combination of the different elements of the organisation and social relation theory. This framework identified the bidirectional processes in socialisation. Hence this study has focused on faculty staff as one of the key protagonists in optimising both students and faculty staff wellbeing underpinned by the concept of the 'whole university approach' to mental health (Hughes and Spanner 2019).

In the UK the standard academic advising model adopts a pastoral approach where faculty staff are assigned the responsibility to support a group of students' academic and personal development, advising and signposting them to appropriate support for pastoral matters (Walker 2020). Kahu and Nelson (2017) proposed four constructs of conceptual framework of student engagement based on belonging, emotional response, wellbeing and self-efficacy, which underlined the complexity of the pastoral interface for these students to shape an academic advising approach that supports students' needs.

From the available literature on supporting students' mental health, the main emphasis has been on support services such as the counselling service. There is a limited number of studies focusing on how HEIs' structures support health and social care programmes support students' emotional challenges (Ramluggun et al 2020). Hence, it is imperative to explore faculty staff experiences of the processes and practices in place within universities to help them support students with mental health issues. This will improve the knowledge on faculty staff preparedness to respond to students'

mental health concerns and support their needs. This paper reports the qualitative findings on a survey of faculty staff experiences in two universities.

Conceptual Framework

The conceptual framework for the online survey design considered three areas. They were the practice of eligible key players for the study, the theoretical framework and the evidence from the available literature. These three areas have informed the researchable issues, its boundary in developing the questionnaire and how to collect and analyse the data of this study. An online questionnaire was developed in a four stage process; the first draft was informed with the limited literature on the topic and findings from an earlier study into student's with mental health conditions views on managing the demands of the pre-registration mental health nursing programme (Ramluggun 2018). It was piloted for face-validation with a sample of faculty staff from health and social care professional programmes. The survey design was guided by the interpretive framework that seeks to understand the experiences of faculty staff from their viewpoints.

METHODOLOGY

To interpret and enhance understanding on how staff experience their role in responding to student mental health concerns in meeting these students' needs, the study espoused the philosophical underpinnings of a qualitative inquiry which posits that knowledge is situated and experientially based (Creswell and Poth 2017). The study followed Kelley et al. (2003) good practice guide to conducting and reporting of survey research.

Study design

An anonymous online survey was conducted to collect data from participants due to the sensitive nature of the topic. A self-administered questionnaire was chosen as it was seen as an appropriate way to engage with the faculty staff on a topic that requires their reflection on the pastoral care offered to students.

Data collection

The online questionnaire used was a Google Form as this format was familiar and easily accessible to faculty staff at both organisations and enabled full anonymisation of participants.

The questionnaire consisted of an introduction, consent form, and two major sections. The first part required participants to provide demographic information including their professional background and role at both universities. The second part were open ended questions relating to participants' confidence in identifying and addressing students' mental health needs, any challenges in providing support, their needs and support related to fulfilling this role, and the impact of providing pastoral care to students.

Recruitment and participants: The study was undertaken at two universities in the South East of England. The participants were faculty staff teaching on the health and social care programmes (Adult Nursing, Mental Health Nursing, Children Nursing, Midwifery, Social Work, Occupational Therapy, Paramedic Science) with responsibilities for students' pastoral support. It is estimated that there were one hundred and fifteen faculty staff across these programmes at both institutions at the time. Data was collected between October 2020 and January 2021 at both universities. The invitation emails were disseminated at both institutions by the heads of departments and faculty staff on the research contact opt in list were notified of the research project.

Data analysis

Data was analysed using qualitative conventional content analysis (Hsieh and Shannon, 2005) to explore participants' perceptions of their role and experiences of supporting students with mental health needs. This method of data analysis is recommended when little is known about the topic (Hsieh and Shannon, 2005). It involves "subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" allowing for "gaining direct information from study participants without imposing preconceived categories or theoretical perspective" (Hsieh and Shannon, 2005, p.1278-1279). Data analysis started with reading all data repeatedly to obtain a sense of the whole; data was then read word by word to derive codes with codes remaining close to terms used by participants; codes were then sorted based on how they were linked and related - this process resulted in developing meaningful clusters (themes) (see appendix 1)."

Participants

Participants' role description which reflect the multiple roles they occupy

Role	Number of Participants
Lecturers	47
Academic Advisors/Personal tutors	65
Module Leaders	53
Link Lecturers	57
Programme Lead	3

Participants' professional programme

Professional programme	Number of Participants
Adult Nursing	32
Mental Health Nursing	11
Children Nursing	7
Midwifery	4
Social Work	9
Occupational Therapy	4
Paramedics	4

ETHICS

The study was approved by both Universities' Research Ethics Committees (UREC Ref: L20216). Participants' consent was sought and recorded on the questionnaire before accessing the full questionnaire. The participant information sheet detailed the purpose of the study, the need for consent, and assurance of anonymity. Limited demographic information was collected to avoid identification of participants attached to health and social care programmes with a small number of faculty staff.

RESULTS

Analysis of the data collected from the 9 open-ended questions revealed 4 main themes and multiple related subthemes; impact of providing mental health support to students on staff, systemic implications-providing support within institutional constraints, role conflict in academic staff on healthcare programmes providing mental health support to students, and faculty staff limited preparedness to support students with mental health issues and their training needs.

Impact of providing mental health support to students on staff

Workload Impact

Participants found that supporting students with mental health issues was very time consuming (e.g., the additional administration and communication involved) and had impacted their workloads to the extent that they had needed to work extra hours:

Time constraints - often have to work extra to catch up on other work.

Workloads increase exponentially when we need to support students' mental health

Furthermore, time had to be given to the students when the situation or crisis arose, which resulted in them having to reschedule their planned activities on occasions:

Due to time constraints, had to reschedule some of the planned tasks.

Some participants commented how this was becoming an increasingly large part of their day-to-day activities, despite more support being available to these students than ever before:

Increasingly, this is becoming a larger part of my day-to-day activities. Despite more support being available than ever before, the number of interactions I have with students who are struggling, and requiring intervention is also increasing.

Participants reported that they would like more time allocated to supporting students with mental health needs, and for this time to be adequately reflected in their workload:

Having more time included in work loading.

Emotional Impact

Participants also cited emotional impacts of providing support to students with mental health issues. Indeed, they cited how they had found listening to what they had to say traumatic and overwhelming on occasion:

Sometime it is overwhelming stories from some of students that can be disturbing.

I had a particular session in which I encouraged all to share and talk re covid experiences. They were very open and valued it and I found some of the stories quite upsetting. Thought about it for a good while afterwards.

They also reported that supporting students with mental health issues had caused them stress and anxiety. For example, worrying about students afterwards and whether they had provided them with the correct support and information:

I sometimes can feel anxious after responding to students' mental health issues (as in hoping they are ok and that I have done all that I can to help).

There is always the worry at the back of my mind whether I have done enough and whether I have done the right thing.

Yes, it does exert an emotional strain by being concerned about their wellbeing

Some participants also commented that they had felt lonely and isolated themselves, and would have appreciated having a dedicated colleague they could have turned to for advice and support:

I sometimes feel I need advice, someone to talk to to make sure I am doing the right thing, and a 'specialist'/ colleague in this area would be useful to identify for supervision.

Procedural system's implications

Prescriptive and inflexible

University procedures to help students' mental health issues, for example Individual Support Plans (ISPs) were found to be a source of frustration for participants. Indeed, they viewed them as prescriptive and inflexible:

It's sometimes frustrating when I'd like to do more but have to abide by university rules (i.e. re exceptional circumstances when student needing extra time).

They also reported concerns over procedural delays that could potentially prevent students from receiving help and support when they needed it most of all:

The biggest problem is how long they take to come through for students most in need.

Unrealistic support plans

Participants stated that students' support plans were unrealistic and challenging to manage in practice. This resulted in students' expectations of the reasonable adjustments they could expect not being shared with staff supporting them in practice. Thus, students' expectations were not being met:

In my experience, the ISP's put in place for students are not realistic as they request for students to work with only one person for example. I feel that students' expectations are not being met in this sense. They are told one thing by support staff and another by the link lecturer and placement area. At times I have felt helpless and contradictory towards their support plans because of this.

Thus, they felt the information on the reasonable adjustments students could expect needed to be made clearer:

The wording needs to be clearer to students that these are reasonable adjustments, and that there may be supervening circumstances which mean the ISP recommendations are not reasonable and in line with a specific set of professional requirements.

Role Involvement

Participants stated how the practicalities of implementing university procedures to support students with mental health issues was dependent on the role they were occupying at the time. For example, they stated that within their capacity as Module Leader, it was too time consuming for them to go through students' ISPs individually:

I feel (as a module leader) that we don't always have the time to look into each one individually.

They also remarked that this would be feasible within their capacity as Academic Advisor (AA). However, they commented that the student information they had access to within this role was more restricted:

As an AA, unless the student wants to share things with you, you don't have access to information that specific module leaders might have.

Thus, participants frequently stated that information such as ISPs should be shared amongst colleagues to ensure consistency and continuity of care:

It might be more realistic to share the ISP information with everyone to ensure continuity of care.

Disclosure Issues

Participants commented that students were often reluctant to disclose their mental health issues because of the stigma attached to this:

When students do not disclose how they feel or inform you of any mental health issues that they may be having.

Thus, they were not always aware that students had an individual support plan (ISP), as they were often reliant on them sharing this information with them:

Don't always know if students have plans unless they share.

They also reported that students did not have to share their mental health issues or support plans with their placement providers. This was a potential issue, as participants stated that students were unwilling to consider the impact their mental health issues had on their ability to practice:

Students that are reluctant to consider the impact their health has on their ability to practice or to put those needs first. This can sometimes be for financial reasons, determination to complete the course, expectations of their networks.

Thus, participants felt there should be an agreement that students inform the university if they became unwell or were struggling with their mental health:

I also think it would help to have an agreement about the student informing the University if they are becoming ill or struggling and what action will be taken at that point so they make this decision when they are well.

They also felt that students' ISPs should be shared with their placement providers:

If the student has a plan they need to share this with their placement.

Nebulous processes & policies

Participants reported that they would have appreciated clarity and training on the university's formal processes and policies for supporting students with mental health issues to ensure they were

advising them correctly. For example, they would have appreciated clarity on where to signpost students or what was considered reasonable adjustments:

I would need to know what adjustments are able to be made and who I should talk to about this

Understanding on […] who are the people I sign post to and how much it is appropriate for me to follow up.

Training on formal processes

Role conflict

Role Ambiguity

Participants reported how their multiple roles and responsibilities created 'blurred boundaries' in terms of the level of support they should provide students with mental health issues. For example, as a nurse or therapist they wanted to provide more support, but recognised this was not their role with these students:

Since I, myself, am a mental health therapist I have to balance the fact that this is not my role with these students.

Now that I am not in 'practice' as a nurse I find it difficult to know exactly what my role is with regards to student's mental health.

Thus, participants acknowledged the need to set clear boundaries and communication, although this often felt as though they were pushing the students away. They also reported wanting clear processes and guidelines, so that they knew what should be within the remit of their academic role to deal with:

I think that there needs to be very clear lines and boundaries of the types of support we should offer and when the role stops falling to us.

I would have to ask for support in this instance to know […] what my role […] should be to support the student without overstepping boundaries. I am not sure how involved or not involved I am allowed to be

Balancing students' wishes with professional requirements

Participants cited that students were sometimes reluctant to disclose their mental health issues to their placement providers because of concern over stigma:

I encourage them to be open with placement providers - but concerns over stigma, wanting to fit in etc can impact how the student does this.

They also reported how the disclosure of this information sometimes made it challenging for them to balance the students' needs and wishes with meeting the needs of the patients and the demands of the course:

Balancing student support requirements and wishes, with professional requirements and rigours.

This was of particular concern as students were often reported as having limited insight into their own mental health issues and the impact of their practice within a professional course:

Their limited awareness of their mental health issues on their study as a student nurse.

Faculty staff preparedness and training needs

Participants did not always feel prepared or confident in supporting students with mental health issues. For example, they did not always know if a student was at significant risk of deteriorating and in need of urgent help, or if they had provided them with the correct support:

If the mental health issue is significant enough to cause concern regarding their own or another person's safety.

It is noteworthy to mention that participants stated that in the pandemic the online environment had made it more challenging to identify students who were struggling with their mental health. They expressed concern that this could have resulted in a potentially avoidable 'crisis' occurring:

Now that things are online (in terms of academic advisor role), I find it challenging and worrying in identifying if students are struggling with their mental health - as everything is more 'remote' and I miss 'as hoc'/ opportunistic catch-ups with students (e.g. when face-to-face teaching and tutoring).

Some participants stated that they would benefit from further training on how to support students with mental health issues (e.g., mental health CPD training and education) as well as greater awareness of resources to signpost students to:

Mental Health First Aid training or something similar would be very helpful.

More staff training on supporting students with mental health issues.

They also frequently cited that they would appreciate supportive opportunities where they could download or debrief their concerns with other members of staff, as well as sharing good practices and using each other as a sounding board:

I think having an opportunity to talk through decisions with a colleague is helpful.

Collegial advice, sharing of collegial experiences.

Some participants stated that they would like there to be a named person or dedicated Mental Health Officer that they could turn to for advice:

A named person they can go to

A designated Mental Health Support Officer

Such supportive opportunities could have been particularly useful during the COVID-19 pandemic, as participants remarked how their colleagues were not on hand to chat to and ask advice:

[…] in more normal circumstances I have colleagues on hand to chat with.

However, most of the participants stated that they had not received any specific training in their academic roles to support students' mental health concern; they predominantly reported relying on their knowledge from their professional practice to help them:

Nil specific as yet […] I often fall back on using previous experience of supporting depressed patients.

None- My experience is mainly from working in clinical areas over a number of years.

DISCUSSION

The survey results indicate that there are professional and personal implications of supporting students with mental health concerns for faculty staff. Participants reported an increase in workload

and the need for this to be recognised as part of the allocation of responsibilities. Supporting students with mental health needs involved faculty staff having to respond immediately to their concerns. Some of them commented on rescheduling work to accommodate support meetings with students which consequently meant they then did their work in the evenings and at weekends. The emotional impact of supporting the students was evident with participants reporting feeling anxious and worrying if they had offered the right support and if the student was safe after their meeting. Such worries in faculty is a matter of concern considering the reported disproportionate level of stress, anxiety and depression in faculty staff (Margrove et al 2014) and their high levels of depression literacy (Gulliver et al 2019).

Inherently, it could be argued that some of the anxiety and worry was linked to lack of clarity on the support services available and methods of signposting. This finding contrasts with (Hunt and Eisenberg, 2010) who reported that most campuses provide a variety of mental health services and support. The participants felt that the university policies were not always clear on the processes for supporting students with mental health concerns. The universities do have policies for supporting students and a variety of support services for students, but the survey results indicated that the use of these services was varied and it could be attributed to the fact that faculty staff refer to the services they are familiar with not knowing there are other areas of support. For example, the majority acknowledged referring to the student union but only a few referred to the student advice centre. Similarly, there was an acknowledgment that though the services were available, these were at times viewed to be inflexible or the support plans offered were viewed to be unrealistic when applied in a clinical practice environment. In most institutions the support offered to students can be viewed as standard (Stallman et al., 2019) whereas, for the health and social care students, more specialist input such as debrief sessions with a clinical specialist are imperative so that student can fully explore and reflect on their experiences and impact on mental health.

Disclosure was viewed as a main barrier to providing pro-active support as the respondents felt that the students with existing /diagnosed mental health conditions did not feel able to share this information due to stigma (Ramluggun et al 2018, Collins and Mowbray 2005) and as Chew-Graham et al (2003) argue that students avoid seeking help as this may be perceived as weaknesses and some believe that disclosure can have further implications in future career prospect. Some of the students may have individual support plans but due to stigma and stereotyping they do not disclose with their personal tutor or practice assessors and supervisors and as a result, those students who need help the most are the least likely to get it (Ciarrochi and Deane 2001) or it may lead to a delay in seeking treatment. Consequently, this results in the student not receiving the support they need and places them at risk of relapse in mental state.

The participants felt that faculty staff have various roles and responsibilities and when providing support to students with mental health concerns some of the roles became blurred. There was uncertainty around the meaning of pastoral support and the level of support this should involve. This meant that they could for instance, spend more time offering pastoral support rather than the academic support resulting in crossing of boundaries. For example, in nursing some take on a ‘nurturing’ role rather than signposting the student to the relevant support service. For those with a mental health background the blurring of boundaries were more evident when supporting students with mental health needs. This resonates with similar findings on underdeveloped policies (DiPlacito-Derango 2016) on the lack of clarity of faculty staff roles due to the absence of clear guidance on what their roles should be in supporting students with mental health needs. Subsequently the uncertainty of the role expectations made establishing and maintaining boundaries more difficult

resulting in confusion for both faculty staff and students as staff found it difficult to clarify the boundaries of their role to students.

Aligned to this crossing of boundaries was the fact that the participants acknowledged that they had not received any training and their pastoral support expertise had been gained through advice from colleagues or experience in the role. These views are reflected in Collins and Mowbray (2005) study, for example, the most common question from faculty staff was 'How do I work with this student?' so that they can achieve a balance between the academic demand of the course while providing pastoral care. Similar findings have reported that most faculty staff lack the knowledge and skills to adequately support students' mental health needs (Spears et al 2021). However, these studies did not explore what the mental health training would involve although Whitely et al (2013) advocated that teachers recognised that they need skills, knowledge and awareness of recognising mental health issues among students. Participants in this study welcome mental health training. Aligned to this statement, Kamel et al (2020) in their studies found that prior to starting their posts, teachers would benefit from in-service training to increase their knowledge in dealing with students mental health issues while Whitely et al (2013) asserted that majority of teachers agreed that professional development around mental health issues would benefit them.

Furthermore, institutional support should not be restricted to a single activity, but a holistic process which include clearer faculty structures and support pathways for collegial reflection to develop and sustain this aspect of their academic practice (Spears et al 2021). The insufficient institutional support and necessary structures for this role was also underlined in Hughes and Byrom (2019) study.

Similar to the only other study (Hughes and Byrom 2019) on healthcare programmes faculty staff views of their role in supporting students' mental health needs, this study also found a willingness of faculty staff to embrace this role. However, it is a role which is fraught with numerous challenges which can be detrimental to staff and student wellbeing. The findings of this study underscore the need for a more realistic appreciation by HEIs of its complexities and how it can impact on staff.

The fact that data collection was undertaken within two universities in England, making findings limited to the context of HE in England, may be seen as a limitation to this study. Providing details of the HE system in England relating to supporting mental health of students and staff should enable making decisions of whether the findings are applicable in another context. However, beyond details of staff views and proposed solutions, this paper contributes to the current global discourse on mental health in HE; the literature on support for students with mental health needs on health and social care programmes is limited and this paper addresses this gap. It emphasises the importance of asking programme-specific questions and of challenging the practice of applying the same support mechanisms for students and staff across HEIs in general. Most of all, it brings faculty staff and their needs to the conversation about mental health of students.

Implications for Pedagogic Practice

It is evident from the findings of this study that clear guidelines including a flow map outlining the process for supporting a student expressing mental health concerns would enhance the support and guidance available to students. This should be buttressed by a well-defined multi-agency collaborative framework which formally integrates key partners in supporting students' mental health needs. In acknowledging and responding to students' emotional needs faculty staff are expected to exemplify emotional intelligence and become intentionally an inherent part of a hidden curriculum with unwritten rules and unspoken expectations. The current personal tutoring/academic

advising model should be reviewed for its effectiveness and inclusivity in supporting students' mental health needs.

Faculty staff workload should also be reviewed to realistically consider the hours allocated for pastoral and academic support for students. A transpersonal approach to support staff in their pastoral roles would require establishing formal and informal forums as restorative spaces to alleviate faculty staff anxieties, share their concerns and minimise conflicting expectations and confusions in addition to mental health awareness training. It may be beneficial to introduce mental health awareness training in higher education teacher training courses. From the students' viewpoint , it is worthwhile to encourage them to build trust with staff who they can then disclose their mental health issues (Ramluggun et al 2018). Such disclosure according to Hyman (2008) can be gratifying and beneficial to their recoveries and those who care for them may find this helpful. (Hyman 2008).

Strengths and Limitations

While the survey was widely publicised at both universities, with a 61% response rate it consists of a small purposive sample. A larger study surveying the views of faculty staff randomly selected across the UK may provide a more accurate picture. Although the participants' narratives were meaningfully examined some answers were restricted to short narratives. An in-depth interview may provide more nuanced exploration of the issues reported. However, mindful of these limitations, this is one of very few studies addressing the problem under investigation using a survey method which enabled anonymous sharing of experiences that could otherwise be withheld due to the topic being of a sensitive nature. This paper provides rare empirical evidence of faculty staff views on their role in supporting students with mental health needs. Understanding challenges that staff face and their preparedness to provide support can help higher education institutions to rethink how they approach this issue and what factors they need to take into consideration when developing support interventions for both students and staff.

Further Research and Conclusion

The preparedness of faculty staff to support students with mental health needs is an issue of concern across the sector. There is general willingness to support students' mental health needs especially within the faculty of health and life sciences. Supporting students' mental health needs on health and social care programmes have inherent challenges. The main findings of this study suggest that the factors constraining faculty staff pastoral role stemmed from inadequate institutional support and collaborative working, lack of role clarity and increased workload affecting their ability and confidence to support students' mental health needs. This is further compounded by their dual responsibility to students' wellbeing and the fiduciary professionalism as health and social care professionals negatively impacting on their work experience and wellbeing beyond the workplace. The impact of the challenges faced by faculty staff on providing students with mental health needs useful and meaningful support requires further exploration. Further study is also required to explore the efficacy of supportive strategies for staff. For a fuller picture of the students' mental health support to the Practice Educators in the students' placement also need to be surveyed.

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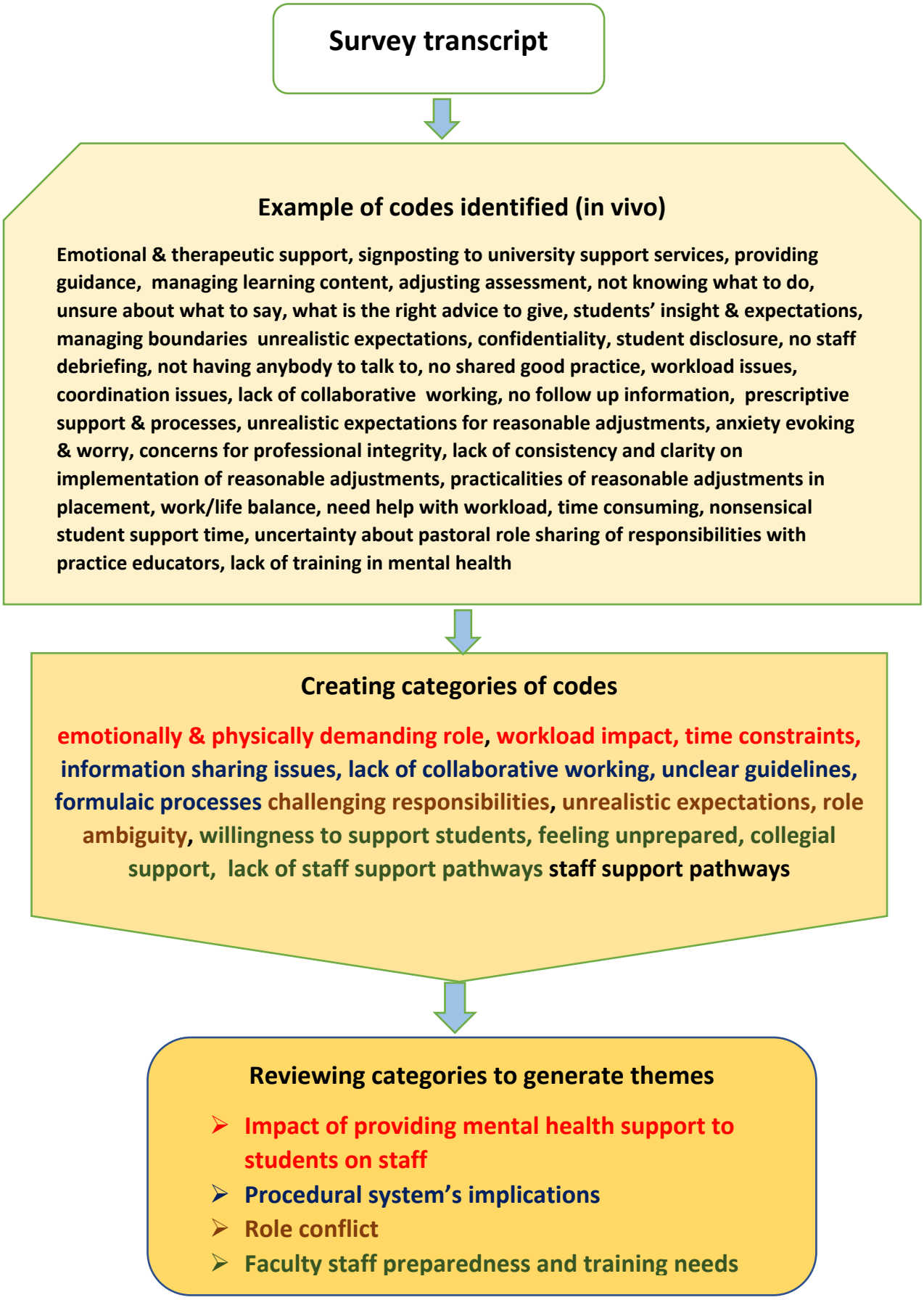

Appendix 1 Thematic analytical process