An Roinn Breisoideachais agus Ardoideachais, Taighde, Nuálaíochta agus Eolaíochta
Department of Further and Higher Education, Research, Innovation and Science

HEA HIGHER EDUCATION AUTHORITY
AN tÚDARÁS um ARD-OIDEACHAS

National Student Mental Health and Suicide Prevention Framework

2020

Seirbhís Sláinte Níos Fearr á Forbairt | Building a Better Health Service
Connecting for Life
USI Union of Students in Ireland
IUA IRISH UNIVERSITIES ASSOCIATION
thea TECHNOLOGICAL HIGHER EDUCATION ASSOCIATION

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Foreword

This year has been a year like no other. For students, it has been remarkably tough. Many milestones have been missed. Many events cancelled. The normal college experience upended and the support of lecturers and friends moved online. Covid-19 has brought so many challenges for students, their studies and their mental health. Now more than ever we need this new framework and mental health supports for students.

Since becoming Minister for Further and Higher Education, Research, Innovation and Science, I have been clear I want this Department to be an economic driver but also a department which drives social inclusion. I want the third level sector to be a leader in facing some of the greatest challenges our country faces. I want the college experience to be one of celebration, adventure, hard work and tolerance. But I know that the college experience can be daunting for many. As the years go by, the pressure of education can bring obstacles for many.

As the framework says, they can include: academic pressures; exam and assignment stress; transitions in and out of higher education; financial burdens; managing jobs and academic work; social and cultural pressures that include family, friends and intimate relationships; social media. We also know that some students will face greater challenges than others including those in the LGBTQ+ community, international students, asylum seekers, mature students.

One of my first acts as Minister was to increase mental health supports for students but I know resources won't be enough. We must build a tolerant, respectful third level sector. One that builds students up and protects them throughout the academic term.

The COVID-19 pandemic has allowed us to hold national conversations around mental health, wellbeing and suicide prevention. I can think of no better time to publish this National Student Mental Health and Suicide Prevention Framework for Higher Education and as the Minister for Further and Higher Education, Research, Innovation and Science, I am committed to the support and implementation of this Framework.

I would like to commend the work undertaken by the National Office for Suicide Prevention/Higher Education Authority Working Group on the development of the Framework as part of its response to the national suicide prevention strategy, Connecting for Life.

Work on this document was led by the SynthSCS research team at Athlone Institute of Technology headed by Treasa Fox, supported by a broad range of stakeholders from the HEA/NOSP group and beyond, including the USI and Department of Health in particular, and I am grateful to all who contributed.

The rolling out of this Framework comes at a time of great challenge for us all. But I am absolutely determined to work with our partners across the higher education sector to see it implemented and making our colleges safe, respectful and tolerant. I am delighted to launch this Framework.

Minister Simon Harris T.D.,
Minister for Further and Higher Education, Research, Innovation and Science

Preface

This document outlines a national framework within which Ireland's higher education system can address the issues of student mental health and suicide prevention in a structured and planned way. The framework has been developed as part of the Higher Education Authority's commitment to play its part within the wider context of the Department of Health's *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020.* In particular, the HEA is committed to developing 'national guidelines for HEIs in relation to suicide risk and critical incident response, thereby helping to address any gaps which might exist in the prevention of suicide in higher education'.

In 2018, the HEA convened a working group on suicide prevention in higher education to achieve this goal. Members of the working group were drawn from the HEA, the HSE's National Office for Suicide Prevention [NOSP], the Union of Students in Ireland [USI], Psychological Counsellors in Higher Education Ireland [PCHEI]; Irish Students Health Association [ISHA]; National Suicide Research Foundation [NSRF], as well as nominees from the Irish Universities Association [IUA], the Technological Higher Education Association [THEA], Mental Health Ireland, the Irish Research Council, the Department of Education and Skills, and the Mental Health Division of the HSE.

The working group takes the view that suicide prevention in higher education cannot be viewed as a stand-alone issue and must sit within wider national guidelines for student mental health, and for that reason the scope of this framework was expanded to cover wider mental health issues.

The HEA Connecting for Life Working Group identified a subgroup to review the developing framework. The subgroup included the SynthSCS Project Team, Sarah Woods (HSE, NOSP) and Roisin O'Donovan (USI).

The authors of this document are Treasa Fox (Project Lead), Dr Deirdre Byrne and Dr Jessica Surdey of the SynthSCS Project Team from Athlone Institute of Technology. Their research on international best practice in student mental health together with fieldwork conducted in student counselling services across higher education in Ireland positioned them well within the field of knowledge; and this led to the working group's request that they should write the framework.

This document is organised as follows:

- Chapter 1, **Mental health in Irish higher education: the context** describes the background context for why Ireland now needs a student mental health and suicide prevention framework.
- Chapter 2, **International practice in student mental health and suicide prevention** presents an overview of what other countries are doing to address student mental health and suicide prevention, and what we can learn from them and apply to an Irish context.
- Chapter 3, **A National Student Mental Health and Suicide Prevention Framework for Ireland** sets out the nine themes of the framework – collectively, these cover how HEIs can take actions that will make a difference to student mental health and suicide prevention.
- This document is accompanied by an **Implementation guide** that covers how the details of the framework themes can be put into effect within HEIs.

Student mental health in context

Concern for the increased levels of student mental ill health, mental distress and low wellbeing has been recognised by the recent *My World-2: National Study of Youth Mental Health in Ireland* [MWS-2] (Dooley, O'Connor, Fitzgerald and Reilly, 2019) and by the *Union of Students in Ireland National Report on Student Mental Health in Third Level Education* (USI, 2019). This trend is also evident from the findings of WHO's World Mental Health International College Student [WMH-ICS] Initiative that surveyed 13,984 students from Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain and the United States of America.

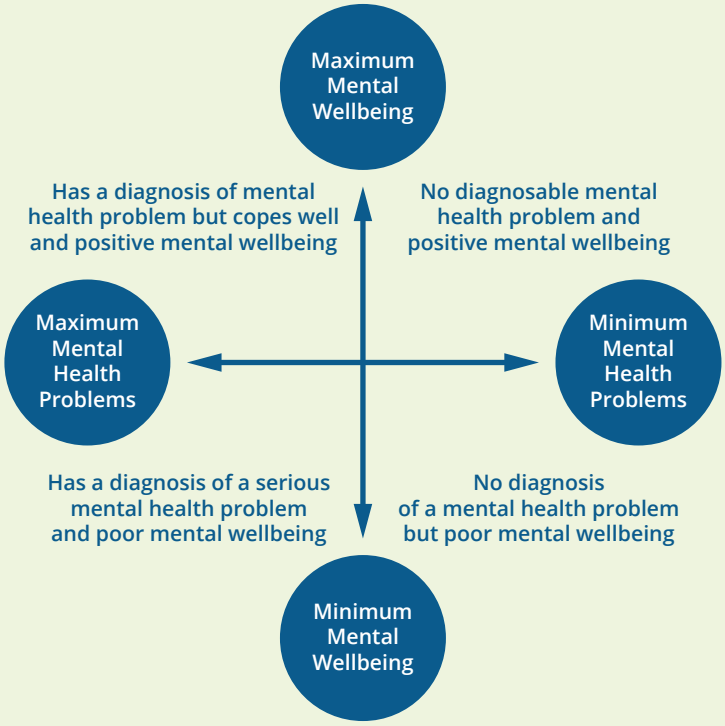
The WMH-ICS initiative shows that HEIs across the world are struggling with rising rates of students with mental disorders and the demand for student support services far exceeds the resources available (Auerbach et al., 2018). There have also been similar findings from Canada and the UK (see: CACUSS, 2013; Thorley, 2017; and Pereira et al., 2019).

MWS-2 found 58% of the 8,290 18-25-year-old respondents surveyed in Ireland were classified as outside the normal range for both depression and anxiety (Dooley, et al., 2019).

The mental health continuum

Mental health has been defined by the World Health Organization [WHO] as 'a state of wellbeing in which the individual recognises their own abilities and is able to cope with normal daily stresses in life' (WHO, 2005). Mental health is more than the presence or absence of a mental condition (*Sharing the Vision: A Mental Health Policy for Everyone*, DoH, 2020; Keyes, 2002), and it is best thought of as being on a continuum that includes positive emotional wellbeing and positive functioning. We are all somewhere on the continuum: our position is not static and it changes throughout our lives. Figure 1 illustrates the mental health dual continuum model.

Figure 1: Mental Health Dual Continuum Model (adapted from Tudor, 1996)



A note on terminology

Recent studies and reports on student mental health use the following terms:

- *Mental health conditions* are those which are clinically diagnosable – they may be more or less severe, and their treatment pathways may vary.
- *Mental health difficulty* and *mental health issue* are broad terms that describe mental distress that may or may not be temporary and/or be related to a diagnosable mental health condition.
- Wellbeing is a broader and more subjective term relating to quality of life. (Office of Students UK, 2019).

1. Mental health in Irish higher education

This chapter looks at mental health within the context of Irish higher education sector. It presents a brief overview of the mission and size of the sector, and summarises what we currently know about the prevalence of mental ***health*** *issues among students. It reviews legislation and national policy in relation to education and health, with particular reference to* ***Connecting for Life: Ireland's National Strategy for Suicide Prevention****.*

Higher education in Ireland

The mission of Irish education is to deliver a 'high-quality education that will enable individuals to achieve their full potential and to participate fully as members of society; and contribute to Ireland's social, cultural and economic development' (DoES, 2019).

Higher education in Ireland is provided by universities, technological universities, institutes of technology, colleges of education and other higher education institutes. The institutions are diverse, range in population from 1,000 to 30,000 students, and are based in both urban and rural locations.

Ireland has one of the most educated workforces in the world (IDA, 2019) – 41% of the population have a higher education qualification – and that increases to 53.5% in younger adults aged 30-34, compared to an EU average of 40%. Irish third-level graduates have the highest employment rate (85%) and lowest unemployment rate (4%) of the eligible workforce. By comparison, those with a second-level education have an employment rate of 71% and an unemployment rate of 5.5% and those with no formal/primary education have an employment rate of 35% and an unemployment rate of 14% (HEA, 2019).

Over the past decades there has been a steady increase in the proportion of school leavers entering higher education: from 10% in the mid-1960s to 65% of the relevant age cohort in 2010 (Hyland 2011: 2). Currently there are 231,710 students enrolled across the higher education system (HEA, 2019).

The *National Strategy for Higher Education to 2030* projects that demand for higher education among school leavers will continue to rise steadily and will reach approximately 65,000 in 2025 (DoES, 2011: 44). In recent years, access to higher education has broadened to take in an increasingly diverse population – this includes under-represented groups as well as economically disadvantaged and mature students. Higher education is also adapting to meet the challenges and opportunities posed by increased internationalisation, by the greater take-up of lifelong learning, reskilling and experiential learning opportunities, as well as those that arise from wider workforce/society needs, distance learning and technology advancement.

Table 1: Student mental health: numbers at a glance

Globally

- 75% of serious mental health difficulties emerge in the age range 15-25 (Kessler et al., 2005)
- 35% of 1st year students screened positive for at least one mental health disorder – depression, anxiety, substance use, etc. (WHO, 2018)
- Suicide is a leading cause of death of young people (WHO, 2018)

Irish mental health

- 18.5% of adults have a mental health disorder (OECD, 2018)
- €8.2 billion annual costs arise from those mental health disorders (OECD, 2018)
- 20-24 year olds have the highest rate of inpatient psychiatric admissions (HRB, 2019)

Irish higher education students

- 6% of adults in Ireland are studying in HEIs (HEA, 2018)
- 231,710 students are enrolled (HEA, 2019)

Irish higher education student mental health

- 127% increase in students registered with disability services for mental health over the past 5 years (AHEAD, 2019)
- 21% of respondents fell into the severe and very severe categories for depression (MWS 2) v 14% (MWS 1)
- 26% of respondents fell into the severe and very severe categories for anxiety (MWS 2) v15% (MWS 1)

Self harm/suicidal ideation

- 29% increase in self-harm among those aged10-24 over last 10 years (NSRF 2019)
- 8% of respondents reported a suicide attempt (MWS 2) v 7% (MWS 1)
- 53% of respondents thought that life was not worth living (MWS 2) v 43% (MWS 1)
- 33% of respondents reported deliberate self-harm (MWS 2) v 22% (MWS 1)

Support and sources of help

If students did talk about their problems, they were:

- more likely to talk to their family 42% (MWS 2 v 33% MWS 1)
- less likely to talk to their friends 42% (MWS 2 v 50% MWS 1)
- more likely to approach a psychologist/counsellor/therapist 30% (MWS 2 v 24% MWS 1)

Sexual consent

- 47% have been touched without their consent (MWS 2)
- 20% have been forced or pressured to have sex (MWS 2)

Student mental health in Ireland

Ireland has one of the highest rates of mental illness in Europe, with 18.5% of the population recorded as having a mental health condition such as anxiety, bipolar, schizophrenia, depression, or alcohol or drug misuse (OECD, 2018). Given the recognised global prevalence rate of mental illness (see Kessler et al., 2009: Steel et al., 2014; Vigo et al., 2016), it is expected there will be a significant number of students with mental health difficulties enrolled in Ireland's HEIs.

The My World Survey-1 [MWS-1] found that the number one health issue for young people is their mental health (Dooley and Fitzgerald, 2012).

Almost 75% of all serious mental health conditions first emerge between the ages of 15 and 25 (Kessler et al., 2005). The vast majority of full-time undergraduate entrants fall within that age group (HEA 2018); and for that reason students are identified as a high-risk group for mental health difficulties. However, there is no data in Ireland on the number of students who die by suicide – the Central Statistics Office does not at present report on the occupation of people who have died by suicide.

Of all new entrant students enrolled in the 2017/18 academic year 92% were under 30 years of age. Young adults are identified as a group at increased risk of suicide (DoH, 2015).

Student mental health: concern in the US and the UK

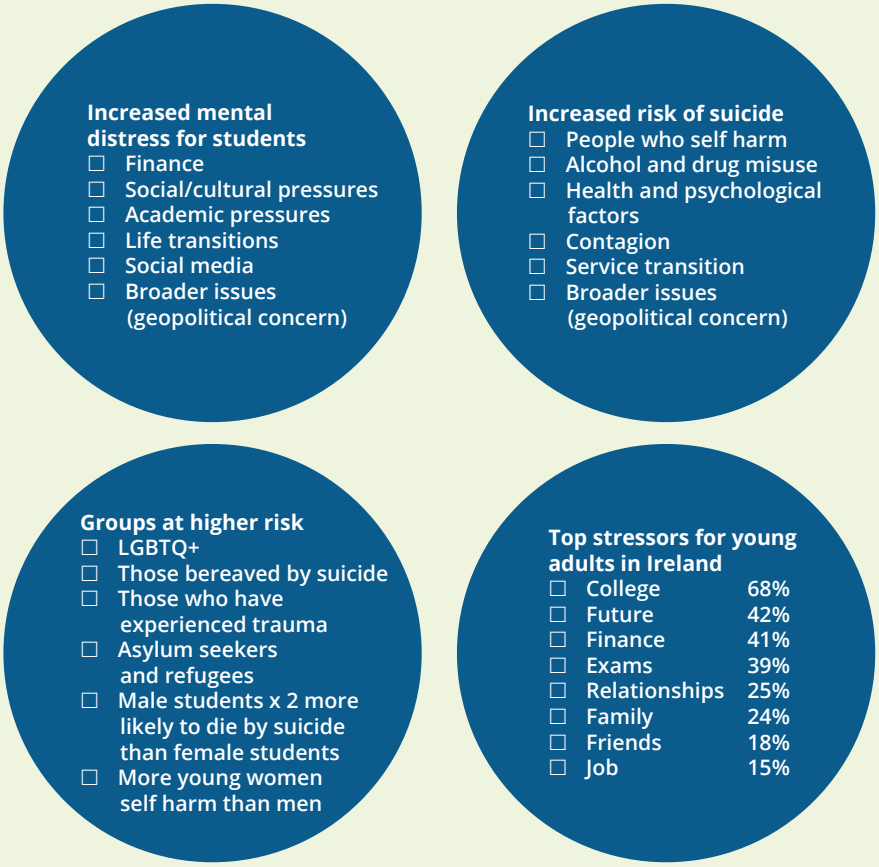
Suicide is a leading cause of death in young people, both in Ireland and worldwide (HSE, 2018).

Student mental health has become a major national concern in the United States where tragic incidents in HEIs receive global attention (JED 2019a). In the UK, student suicide has increased in recent years (Shackle, 2019), and high levels of suicide behaviour have been reported in first-year students in Northern Ireland (O'Neill et al., 2018).

On average 131 'young people under the age of 30 die by suicide in Ireland each year' (NOSP, 2016: 23).

In England and Wales, the Office of National Statistics [ONS] recorded 95 student deaths that were registered as suicide in the year leading up to July 2017 – that equates to one student every four days (ONS, 2018).

Figure 2: Factors that increase mental distress, risk of suicide and groups at higher risk (original sources: Suicide-Safer Universities, UUK/Papyrus, 2018; MWS-2, Dooley et al., 2019)



Student mental health: risk factors

While the majority of students cope well in higher education, some groups and demographics are more susceptible to mental health difficulties. Some of the factors that may increase the risk of mental health difficulties for students have been identified (see Figure 2 above) by Suicide-Safer Universities (UUK, 2018) and MWS-2 (Dooley et al., 2019). These include: academic pressures; exam and assignment stress; transitions in and out of higher education; financial burdens; managing jobs and academic work; social and cultural pressures that include family, friends and intimate relationships; social media; and broader geopolitical concerns.

Groups at higher risk

Some groups of students are at higher risk of experiencing mental health difficulties including: those who identify as LGBTQ+; international students; asylum seekers and refugees; those who have experienced trauma; online/remote students; first generation students; mature students; those from disadvantaged socioeconomic backgrounds, and those from ethnic minorities. Suicide-Safer Universities also identified particular categories of students at increased risk of suicide, including those who self-harm; those who have been bereaved by suicide; those who have existing health or psychological conditions or difficulties; and those who have a history of drug or alcohol misuse.

Specific challenges for students

The college-age years present a time in an individual's life when priorities and behaviours are established (McLafferty et al., 2018; Laidlaw et al., 2016; Grace, 1997; Erikson, 1968). Higher education is a time of many transitions, opportunities and challenges for students: often they are living away from home for the first time, dealing with independence, forming relationships, coping with financial independence, with all of these factors coming on top of the pressures of academic exams and coursework.

This is a crucial period of psychological and biological change when many new behaviours begin, such as sexual activity, experimentation with alcohol or drugs as well as changes in diet or physical activity. Students attending mental health services may also have to transition from child and adolescent services to adult mental health services, or to a service team nearer their new location, or they may have difficulties maintaining contact with existing services.

Psychosocial development literature recognises the college years as central to the development of identity and to successful transition to adulthood as well as to overall wellbeing (Schwartz et al., 2016; Surdey, 2015; Arnett, 2014; Astin, 2004; Chickering and Reisser, 1993). Good mental health in adolescence and young adulthood is a prerequisite for 'optimal psychological development' (Dooley and Fitzgerald, 2012: vii) that can lead to individuals having positive social relationships, successfully engaging in learning, developing an ability for self-care, enjoying better physical health, and participating productively in the wider economy and society throughout their lives.

The HEI environment is distinct in that it provides a single setting where work and social life as well as health services and other supports are integrated. As research and development are among their key functions, institutions are well positioned to develop, evaluate and disseminate best practice in support of students with mental ill health and that may be difficult to achieve elsewhere (Callender et al., 2011). In this context, Hunt and Eisenberg (2010: 3) suggest that 'colleges offer a unique opportunity to address one of the most significant public health problems among late adolescents and young adults'.

Legislation and policy relating to student mental health in Ireland

Legislation in Ireland provides for equal access to and participation in higher education and protection against discrimination. Some of the relevant laws are the Equality Act (2004), the Equal Status Act (2000) and the Disability Act (2005). Higher education providers are legally obligated to accommodate the needs of those with disabilities, including those with mental health difficulties.

Equity of access to higher education is a fundamental principle of Irish educational policy and is a core national objective for the higher education system (HEA, 2015). Higher education in Ireland is committed to national policies and strategies that support students. Policies directly related to student success and mental health are shown in Table 2.

Table 2: Policies and strategies

The National Strategy for Higher Education to 2030

Improved transitions in and out of higher education: 'undergraduate education should explicitly address the generic skills required for effective engagement in society and the workplace'.

The National Plan for Equity of Access to Higher Education, 2015-2021

Set a goal to improve success for underrepresented, disadvantaged students, especially those with mental health issues.

Supported by the Innovation and Transformation Programme: 'student retention, experience and progression; improve the equality of opportunity; enhanced supports/ completion rates for students with mental health issues or from low socioeconomic backgrounds that experience adversity'.

Performance Framework for the Higher Education System, 2018-2020

The Department of Education and Skills requires all higher education institutions to develop a student success strategy that embeds a holistic, whole institution approach.

Supported by the National Forum for the Enhancement of Teaching and Learning success initiative: 'empowering students to realise their full potential' and are equipping them 'to flourish in a global world' – *Understanding and Enabling Student Success in Irish Higher Education* publication and resources.

Healthy Ireland/Healthy Universities

Higher education focus of Healthy Ireland and the WHO 'healthy campus' concept with goals for improved health and wellbeing: 'increase the proportion of those who are healthy at all stages of life, reduce health inequalities, protect from threats to health and well being, an environment where every individual and sector of society can play their part in achieving a healthy Ireland'.

Sharing the Vision: A Mental Health Policy for Everyone

National Mental Health Policy and Services for Ireland 2020-2030, updated from a Vision for Change, the policy focuses on 'promotion, prevention and early intervention, service access, coordination and continuity of care, social inclusion and accountability and continuous improvement'.

National Taskforce on Youth Mental Health Report 2017

Recommendation 6 '...develop appropriate indicators to assess student experience in higher education in the system performance framework for higher education'.

Related national strategies

Better Outcomes, Brighter Futures (DoCYA), Responding to Excessive Alcohol Consumption in Third Level (REACT), Sexual Consent Framework, towards a Higher Education Landscape (2012), HEAR, DARE.

Connecting for Life: the national strategy

The vision of *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020* is to reduce lives lost by suicide and to empower communities and individuals to improve their mental health and wellbeing (DoH, 2015). The strategy was developed using a collaborative and inclusive process that included public consultation. *Connecting for Life* is based on current national and international evidence on effective suicide prevention strategies. Implementation structures for the strategy place a strong emphasis on evaluation and research. There are seven identified goals embedded in the strategy, as shown in Figure 3 below:

Figure 3: Goals to reduce suicide (original source: *Connecting for Life* (DoH, 2015))

For each of its goals, the *Connecting for Life* strategy indicates the actions that need to be taken, who needs to take them, and the key partners who need to be involved. The current framework fulfils part of the HEA's commitment to Goal 3: Focus on Priority Groups. Young adults are identified as a group who are at increased risk of suicide and the majority of third-level students fall within this group. *Connecting for Life's* Action 3.3.3 states that the HEA as lead agency and in partnership with NOSP should: 'work with the HSE to develop national guidance for higher education institutions in relation to suicide risk and critical incident response, thereby helping to address any gaps which may exist in the prevention of suicide in higher education'.

Institutional policy and guidance on student support

Individual HEIs provide guidance, policies and procedures to support student success. Currently, however, not all HEIs have fully documented guidance on areas such as mental health policy, critical incident procedures, distressed student protocols, student death policy, and the use of emergency response teams. Where such guidance does exist, it is not always clear how it is implemented in practice or embedded in campus life.

Student support services

The ever-growing access and participation in higher education, including that by under-represented groups, demands continuing robust support from institutions to foster student success. HEIs provide students with a range of support services across areas as diverse as counselling, access, tutors/help centres, disability services, health centres, students' unions, chaplaincy, careers advisory service, and academic writing support. While mental health first responder resources on campus can include any staff in a student-facing role, the increasing demand for professional supports for student mental health is largely provided by student counselling services, disability services and health centres.

The availability of on-campus health and counselling services means that higher education students usually have access to support for their mental health without the barriers that people in the wider community often experience (Hunt and Eisenberg, 2010). The higher education environment has been shown to have more influence on health related behaviours than health literacy alone. (Hunt & Eisenberg, 2010).

Student counselling services

Student counselling services are the dedicated mental health support services available in all HEIs. According to the standards of the International Accreditation of Counselling Services [IACS], student counselling services play four essential roles in serving the higher education community (IACS, 2010):

- They provide psychological counselling to students experiencing personal adjustment, developmental and/or psychological problems that require professional attention
- They assist students in identifying and learning skills that will assist them to effectively meet their educational and life goals
- They support and enhance the healthy growth and development of students through consultation and outreach to the campus community
- They contribute to the safety of the campus community.

Over the past five years demand for counselling has significantly increased in UK universities. In a 2017 survey, 94% of responding universities report an increase in demand for counselling services and at some HEIs in the UK 'up to 1 in 4 students are using, or waiting to use, counselling services' (Thorley, 2017). In Ireland, demand for on-campus counselling services continues to rise annually. In the 2015 Reaching Out in College survey, 72% of students who had previously used college resources for mental health support cited the student counselling service, and 63% indicated they were likely/very likely to use this service if they needed mental health support (Karwig, Chambers and Murphy, 2015). MWS-2 identified a psychologist/counsellor/therapist and student counselling services as the preferred source of formal support that young adults would use for mental health concerns (Dooley et al., 2019).

Student health service

Many HEIs provide a Student Health Centre on or near campus. These can be either GP- or nurse-led and aim to complement, rather than replace, regular GP or HSE care. Student Health Centres typically do not provide overnight or weekend care and are, in many cases, fully staffed only during the academic term. Student Health Centres generally aim to provide services that are important to the student population and include acute illness care, contraception, sexual health including STI screening, travel health, vaccinations and mental health care.

Students can self-refer to the service or may be referred from other support services such as disability support services or student counselling. For students presenting with mental health issues, most will be managed within the service or they may refer to other available student supports including student counselling services. More complex cases may be referred to local Adult Mental Health Services or to a hospital emergency department if there is a high risk of suicide. In some HEIs a psychiatrist attends for a limited number of sessions a week to consult and advise on more complex cases.

Student disability support services

Disability support services foster an inclusive and equitable learning environment that seeks to provide students with the support they need to be independent learners. They provide a range of supports to students with mental health difficulties, including early orientation/welcome programmes, needs assessment, exam accommodations (e.g. a smaller exam venue/extra time), classroom accommodations (e.g. provision of lecture slides), and liaison with faculty and assistive technologies (e.g. use of a recording device).

Some HEIs also provide additional supports including one-to-one and group learning support, occupational therapy services, and coaching and supports for the transition into college. Some HEIs have employed a case coordinator to coordinate care between campus and community resources. These additional supports vary considerably between HEIs and are largely resource-dependent.

The demand for disability support services is growing: over the last five years, there has been a 127% increase in students registered with disability support services for mental health conditions (AHEAD, 2019).

2. International practice in student mental health and suicide prevention

This chapter looks at how other countries (US, Canada, Australia and UK) have addressed student mental health and suicide prevention. These are countries where extensive work has been done or is under way in these areas. Also examined are some models of practice that have wide applicability.

United States

The mental health needs of university students have received national focus in the US (Prince, 2015) but there is no nationwide strategy to address these needs. The US National Strategy for Suicide Prevention does recognise young people as a group vulnerable to suicide and has highlighted the suicide prevention needs of adolescents, specifically those of students on campuses (US Department of Health and Human Services, 2001). In 2004, the US Congress passed the Garrett Lee Smith Memorial Act that provides federal funding to states, tribes and colleges across the US to implement community and college-based youth and young adult suicide prevention programmes.

The Jed Foundation offers HEIs a whole-system public health approach to promote emotional wellbeing. The suicide prevention model used is adapted and developed for campuses by the Suicide Prevention Resource Centre and the Jed Foundation, drawing on the US Air Force Suicide Prevention Program that itself is based on the Zero Suicide approach (Jed, 2019c).

Figure 4: Jed Comprehensive Approach (original source: Jed, 2019b)

The Jed Foundation is a non-profit organisation that has been instrumental in supporting student mental health in the US. It takes a whole-system approach that supports emotional health and reduces the risks of substance abuse and suicide (Jed, 2019b). The primary mission of the foundation is to prevent suicide among college and university students through promotion of awareness that 'mental illness is treatable and that suicide is preventable' (Prince, 2015: 8). The foundation provides action plans for campus mental health and protocols for responding to suicidal students (SPRC/JED, 2011).

Canada

Post-Secondary Student Mental Health: Guide to a Systemic Approach (2013) was developed by the Canadian Association of College and University Student Services [CACUSS] and the Canadian Mental Health Association. The guide aims to support the creation of third-level campus communities that are 'conducive to transformative learning and mental wellbeing'. The guide is designed as a resource to develop a whole-institution systemic approach to student mental health. It supports campus self-assessment, strategic goal-setting and the identification of options for change that can be used to inform planning and evaluation. Canada is similar to Ireland in that post-secondary institutions have independently developed policies and programmes to respond to student mental health. DiPlacito-DeRango (2016) suggests that, despite improvements, student mental health remains a problem in Canadian higher education settings.

The Mental Health Commission of Canada is currently holding a public consultation on a standard for psychological health and safety among post-secondary students. This new standard is due to be released in 2020 and will act as guideline for HEIs to promote and support student mental health. The standard is based on a socio-ecological model (see page 20) and a planned framework that sets out the clear leadership that is expected in a campus culture that 'promotes and supports student psychological health and safety and supports student success' (Mental Health Commission of Canada, 2019).

Australia

As in Ireland and Canada, universities across Australia have independently developed policies and programmes to respond on campus to student mental health and wellbeing (Orygen, 2017). At a government level suicide prevention and mental health policies provide educational support only within primary and secondary schools. In 2017, Orygen, the National Centre for Excellence in Youth Mental Health, published *Under the Radar: the Mental Health of Australian University Students* with a view to:

- Improving data collection on student mental health
- Identifying the reasonable expectations of universities in responding to students' mental health issues
- Describing opportunities for partnership between universities and community mental health services
- Promoting the use of evidence-based, appropriate and acceptable programmes and interventions (Orygen, 2017).

Leading on from the *Under the Radar* report, Orygen has been awarded funding to develop a National University Mental Health Framework that is due to be launched on 31 October 2020 (Orygen, 2020).

Youth mental health policies, services and programmes should engage and provide support to universities. This includes extending government funded school-based mental health programs beyond secondary school into tertiary education settings (Orygen, 2017).

United Kingdom

In 2017, Universities UK [UUK] launched *Stepchange: Mental Health in Higher Education*, a framework for encouraging university leaders to adopt a strategic approach to the mental health of their populations. Through collaboration between Universities UK, Student Minds and various other stakeholders, the Stepchange Framework has been remodelled and in May 2020 was launched as *Stepchange: Mentally Healthy Universities*. The primary aim of the framework is to offer guidance to HEIs on suicide prevention.

Universities UK has also been working with the Suicide-Safer Universities project at the University of Worcester and in partnership with the Department of Health, Public Health England and the Office for National Statistics to improve the national suicide dataset. In 2018 Suicide-Safer Universities guidelines were published to help HEIs prevent student suicide (UUK/Papyrus 2018).

This project is based on the Zero Suicide model (see page 19). The aim is to better understand the settings and causes of student suicide as well as to carry out a survey of suicide prevention and postvention strategies across the higher education sector.

The founding aim of the Suicide-Safer Universities project was to build a 'suicide-safer' university and then in a phased plan, to move on to a 'suicide-safer' city and county (University of Worcester, 2019).

The UK Institute of Public Policy Research suggests that HEIs need to make student mental health a strategic priority and adopt a 'whole-university' approach based on promotion, prevention, intervention and postvention, as well as established referral pathways to specialist care. 'There is currently too much variation in the extent to which universities are equipped to meet this challenge' (Thorley 2017: 3). A sector-led approach needs to be accompanied by strengthened health service provision and government-level initiatives.

The Stepchange (2017) approach was piloted at the University of West England (Bristol), Cardiff University and the University of York with support from the student mental health charity Student Minds. The pilots were funded by the Higher Education Funding Council for England.

Figure 5: Stepchange framework (original source: Universities UK, 2017).

The Stepchange (2017) framework set out eight domains (as shown in Figure 5) and recommends a continuous improvement process driven by a sustained leadership focus as well as engagement with students and staff. This whole-university approach aims to embed mental health across the whole university and to all aspects of student and staff experience.

In December 2019, Student Minds launched *The Universities Mental Health Charter* (Hughes and Spanner, 2019). The vision of the Charter is for all universities in the UK to adopt a whole-university approach to mental health, and to become places where mental health and wellbeing are promoted for students and all members of the university community. The Charter has two main aims:

- 'Create an evidence-informed Charter that can provide a reference point for HEIs to adopt a whole-system approach to mental health and inform ongoing enquiry and debate.'
- 'Develop a Charter Award Scheme, which will assess HEIs against the Charter and recognise those providers who demonstrate excellent practice, providing further structure and building an evidence base which can inform ongoing improvement' (Hughes and Spanner, 2019).

The Charter's view of a whole-university approach is one that has effective and accessible mental health services and proactive interventions that are all adequately resourced. It should provide an environment and culture that not only reduces poor mental health but supports good mental health.

Student Minds recognises that the problems of mental health in universities are complex, multi-faceted and not easily resolved. However, universities have a long history of solving complex, multi-faceted problems. Complex problems are what we do (Hughes & Spanner 2019).

The Charter Award Scheme is due to be launched in 2020 and will be a means to give recognition to and reward HEIs that have responded to the challenges of improving and supporting mental health and wellbeing for the whole campus community.

Models of practice

Zero Suicide

Zero Suicide is a suicide prevention framework originally developed for clinical health care systems. Zero Suicide is 'a call to relentlessly pursue a reduction in suicide and improve the care for those who seek help' (Zerosuicide, n/d). Fundamental to the Zero Suicide framework is a multilevel view of suicide prevention with three core values: leadership, continual improvement and patient support. Zero Suicide is used widely in the US and is gaining traction internationally as an evidence-based suicide prevention model. Covington and Hogan (2019) report that the model is being implemented in the UK in 50% of NHS trusts. In Australia almost 70% of Local Health Districts [LHD] are using the Zero Suicide Toolkit. A 'Towards Zero Suicide' initiative has recently been introduced in all HSC Trusts in Northern Ireland (Department of Health NI, 2019).

HEIs in the US have adopted Zero Suicide prevention programmes – for example, Georgia Tech introduced Tech Ends Suicide Together (Georgia Tech, 2019) based on the Zero Suicide initiative. Professor Jo Smith, project lead on the Suicide-Safer Universities project at the University of Worcester (UK) acknowledges the Zero Suicide model needs to be adapted to be 'fit for purpose' if used in higher education settings and it would require 'a "hearts and minds" shift in HEI from anxieties about reputation, recruitment, "duty of care" and corporate responsibility to an overt focus on "student suicide" prevention' (Smith and Howie 2018).

Whole-system approaches

There is a substantial overlap among best practices relating to student mental health in higher education. There is overwhelming evidence supporting the benefits of an embedded whole-system approach. Across the HEIs in Ireland there is a wide range of mental health initiatives and services, and the barriers of time, resources and management support that they encounter (as identified by Kracen, 2003) are still apparent. There are great programmes, modules, services and campaigns for student mental health supported by departments such as student counselling services and health centres. However, even at HEIs where there are mental health policies, it is unclear if these are embedded and supported in campus life. This is evident from the recent USI Student Mental Health Survey (2019: 49) which found a 'lack of coordination between services [that] is causing difficulties for students'.

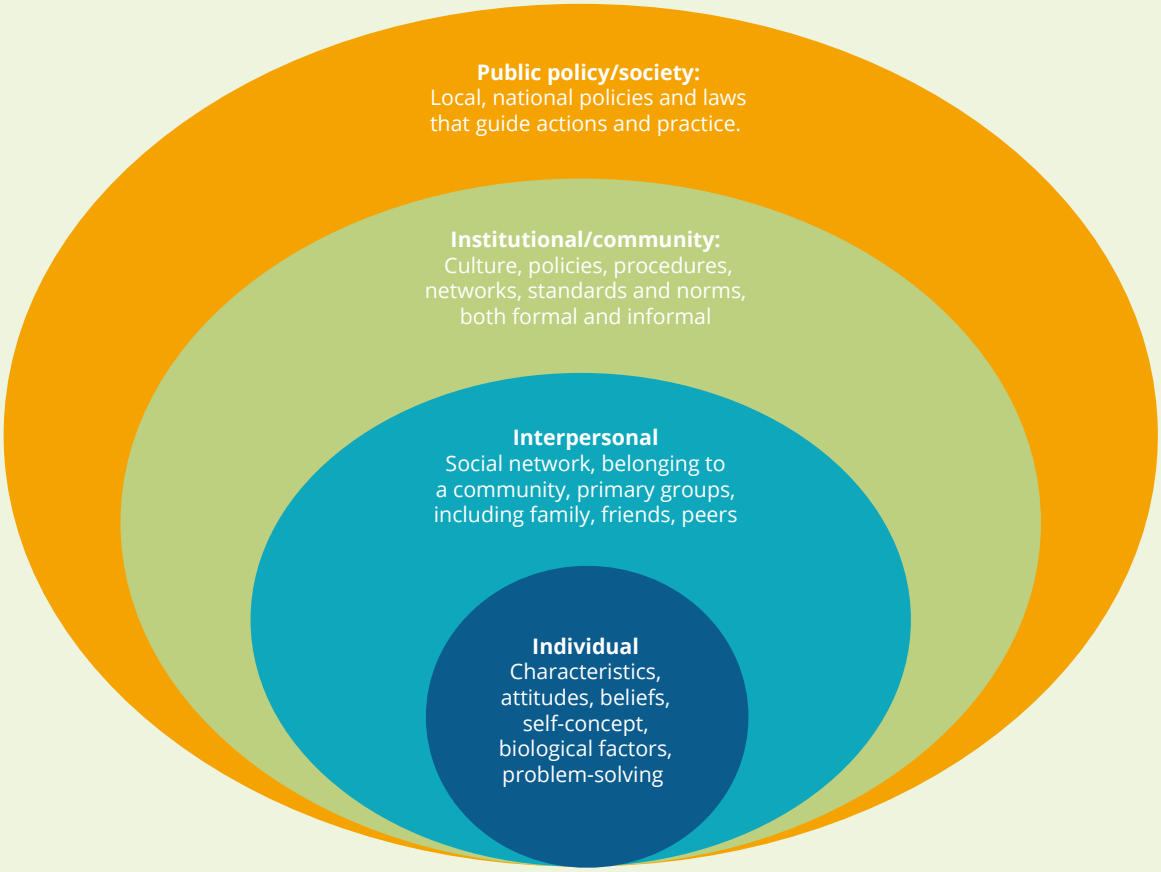
The American Council on Education 2019 survey of 1,700 university presidents found that 29% of presidents had received reports of students with mental health issues once a week or more and 42% reported hearing about these problems a few times a month. Such a high level of reporting of mental health issues to university presidents gives some indication of the increased prevalence and severity of such issues. It also highlights the need for greater system-wide coordination and cultural change in how the issues are addressed in HEIs. Improving and supporting student mental health requires a whole-system collaborative approach based on empirically-backed practices: this is not a job for a single department or office. Mental health needs to be integrated '...through institutional changes at all levels... and into the university culture, creating horizontal cooperation and decision-making... participation and cooperation across sectors and departments' (Tsouros et al., 1998).

Social-ecological model

The social-ecological model is a framework for understanding how individual human behaviour is influenced by both individuals themselves and by their environment. A comprehensive mental health promotion and suicide prevention programme within such a framework addresses all the levels of influence: intrapersonal (individual), interpersonal (group, peer, family), institutional/community, and public policy (Cramer and Kapusta, 2017; DeJong and Langford, 2006; Langford, 2008).

The World Health Organisation recommends an integrated multi-level social ecological approach in prevention efforts for any health or disease issue. 'The emergence of the settings-based approach [...] has increasingly been guided by a recognition that health gain can be most effectively and efficiently achieved by [...] interventions in a range of social systems that take account of the processes of personal, organisational and political development are essential for improving the health of populations' (Tsouros et al., 1998: 23).

Figure 6: An ecological perspective on health promotion programmes (adapted from McLeroy et al., 1988)



A higher education institution is a social-ecological system. Higher education is an ideal setting to develop health and well-being and ultimately '[...] plays a major role in shaping society, with significant social, economic and environmental impacts at regional, national and global levels' (Newton et al., 2015).

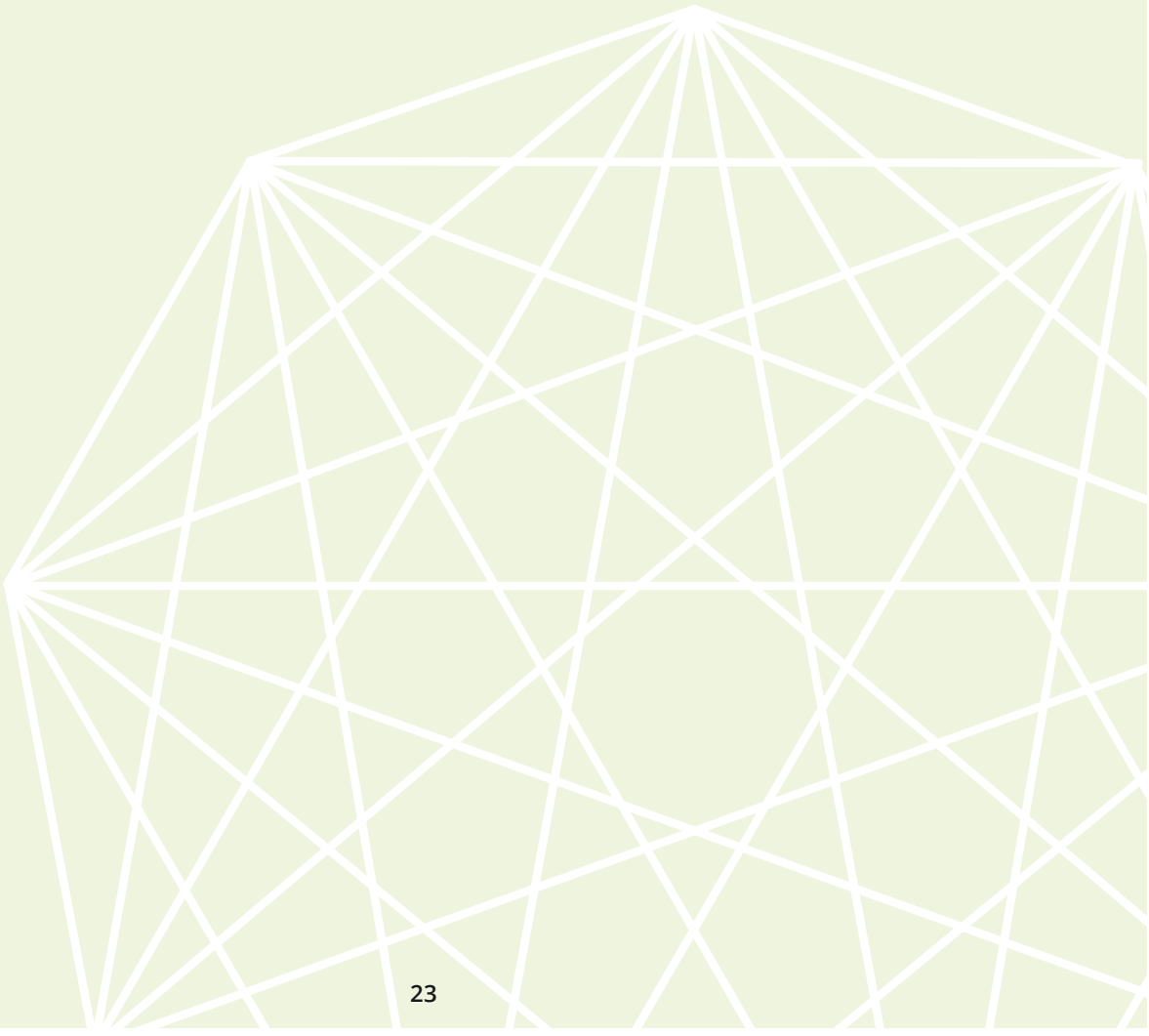
3: A National Student Mental Health and Suicide Prevention Framework for Ireland

This chapter sets out the detail of a National Student Mental Health and Suicide Prevention Framework for Ireland. It presents the nine themes that together make up the framework, along with signposting to resources that give further information, links to international experience, as well as tools and ideas for implementation.

Each of the nine themes is encapsulated in a single word that draws together the main ideas of the theme and gives it focus.

National Student Mental Health and Suicide Prevention Framework for Ireland is informed by international evidence that calls for an embedded whole-system approach. The recommendations are drawn from *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020*, the World Health Organization, the Jed Foundation, the Suicide Prevention Resource Center, Zero Suicide, Suicide-safer Universities, Stepchange (2017; 2020) and international higher education polices.

It is expected that the framework will provide an opportunity for HEIs to review and reflect on their current support for student mental health and actions for suicide prevention. It will also help them identify areas where further improvements for student mental health are needed. This needs to be done in partnership with students, and HEIs should work with their local Students' Unions to implement the framework to ensure that the student voice is central to strategic planning: the student voice must be heard.



National Student Mental Health and Suicide Prevention Framework for Ireland

The framework consists of the following nine themes, each of which is described in more detail in this chapter.

Build and support national and institutional strategies for student mental health

Improvements in student mental health and suicide prevention will only be effective if prioritised at a national, sectoral, and institutional levels – through policy and strategy, this is student-centred and championed by strong leadership.

Develop partnerships on campus and in the community with health services to support student mental health

HEIs need a co-creative, inclusive approach where students and staff are involved at every stage of the journey to improve mental health outcomes. Strong partnerships are embedded throughout the institution with health services, local and national authorities, and with NGOs and the wider community.

Build campus knowledge and skills on student mental health and suicide prevention

Education and training are key to an improved understanding of and attitudes to mental health and suicide prevention. HEIs need to ensure that campus members are trained in mental health literacy and suicide awareness so that they can identify signs of psychological distress and direct vulnerable students to appropriate resources.

Create campus communities that are connected, safe, nurturing, inclusive and compassionate

HEIs need to foster the development of student wellbeing through community connectedness, purpose, engagement and belonging. Institutional culture needs to reflect diversity, inclusivity and compassion.

Prioritise awareness training for all staff and students to enhance recognition and referral

HEIs need to take action to identify students who are at risk of mental health problems as well as promoting mental health awareness for all students and all front facing staff.

Provide students with safe, accessible and well-resourced mental health support

HEIs must ensure that support services are adequately resourced, safe, inclusive, culturally appropriate, and accessible to all students, delivered by professionals using high quality, evidence-based interventions and therapies that are subject to regular evaluation.

Ensure that institutions have the critical incident protocols required for varying levels of student mental health crisis

In addition to the provision of treatment, HEIs need to have a crisis response or critical incident plan that is accessible to the institution as a whole. The plan should include clear responding protocols for varying levels of crisis and effectively communicated to the whole institution.

Establish student supports throughout the higher education journey

Higher education represents a major milestone and time of transition for students, therefore it is vital that institutions pre-entry, induction, re-orientation and outduction. Supports and interventions need to be in place for students who are more vulnerable to mental health problems during transitions.

Collect and analyse data to inform measures to improve student mental health

A whole system response requires starting with a baseline needs assessment and evaluation of current practices. The frequent collection, evaluation and strategic auditing of data is vital to ensure policies and interventions remain effective and allow prompt action be taken to improve student mental health outcomes.

LEAD

Build and support national and institutional strategies for student mental health

Leadership at national and sectoral level

Improvements in student mental health and suicide prevention will only be effective if they are led out and supported at a whole-sector level, through national policy and strategy. Regard for student wellbeing and mental health should permeate all aspects of decision-making at government level – this is necessary to ensure that HEIs can effect the changes necessary in their institutions. One way to ensure student mental health and suicide prevention remains on the agenda at sectoral and policy level is to establish an advisory group or committee on mental health in higher education, similar to that established by Universities UK.

The student voice

Students themselves have a leadership role, and their voice must be heard at policy level, both nationally and within the institutions. The findings of the Irish Survey of Student Engagement provide rich data at national and institutional levels that can guide enhancement of the student experience. The survey details students' self-reported experience and perception of their engagement with their studies, their institution and how much their institution supports engagement.

The National Student Engagement Programme (NStEP), launched in 2016 by HEA, QQI and USI, has further endorsed students as collaborators and partners in decision making and as co-creators of the learning environment. NStEp has devised a set of ten principles which institutions can employ to support meaningful engagement with their students as partners in decision-making, and not as consumers or token contributors.

Union of Students in Ireland (USI) is a representative body and voice of tertiary students nationally. USI provides student leadership and representation in various forums including higher education strategy and policy, advocacy, research, and campaigning for students' rights 'to improve and protect the lives of students' (USI, 2019). USI is central in representing student mental health at a national level.

The whole-institution approach to mental health

The whole-institution approach to improving student mental health is enabled by leadership through strategic prioritisation at every institution: '...the cultural and structural changes needed to improve mental health in higher education require strong and engaged leadership at all levels, starting with the vice-chancellor and the board of governors' (Stepchange, 2017). Strong and engaged leadership and a whole institution approach supports Goal 2 of *Connecting for Life: '*...to support local communities' capacity to prevent and respond to suicidal behaviour'.

Institution leaders should be the champions, so everyone at the whole institution knows what the goal for change is and understands the contribution they can make to the mission. Engagement and participation from all members of staff, including senior management, heads of departments and faculties, provosts, deans, student services professionals, students, academic staff, tutors, students' unions, security and accommodation personnel will highlight and remove obstacles.

'Thriving institutions transform silos into systems by supporting cross-unit coordination and by paying more attention to the student experience than to how the organizational chart divides up the campus'. (Felten, 2017)

Investing in student engagement and success

Leaders both national and on campus, are responsible for adequately resourcing and funding student mental health based on need, current services and future projections. When adequately resourced, flexibility and space are created for innovation with existing services.

Higher education completion rates in Ireland compare well to international standards. Research conducted for the National Forum for Teaching and Learning into student non-completion in Ireland identified five core themes associated with student non-completion: course, personal, financial, health/medical, and family (Moore-Cherry, Quin and Burrough, 2015: 3).

Given the array of factors influencing completion rates, facilitating pathways to course completion for students necessitates a whole-system approach (O'Toole, HEA 2019).

A longitudinal study of non-completion rates, by Lipson et al., (2019), found that students with mental health problems were twice as likely to leave higher education without graduating. Research shows that supporting student mental health can improve academic performance, retention and graduation rates (Hughes and Spanner, 2019; Schwitzer et al., 2018).

Non-completion has significant costs. For students, the costs are not just financial – there are also time costs and the costs of their emotional energy. From an institutional perspective, non-completion is not only costly in lost revenue (assessed at €10,379 per student per annum, HEA 2017: 4), it can also damage the institution's reputation. On a national level, 'non-completion represents an inefficient use of limited educational resources and a loss of future skill, and as a consequence, it cannot be regarded as inconsequential' (HEA 2019: 47).

Establish a campus mental health task force

A way to prioritise resource allocation is through a campus mental health task force or committee. Such a task force must support broad ownership of common goals, and it must 'help mobilise more talents, resources and approaches [...] of varied perspectives and reinforce the idea that promoting student mental health is a responsibility shared by many different campus administrators, staff, and faculty' (Jed and EDC, 2011).

Responsibility for establishing such a task force or committee would rest with local HEI leadership. Figure 7 provides suggestions on the areas of campus life that need to be represented on the task force.

Figure 7: Suggested membership of campus mental health task force (adapted from SPRC/Jed, 2011)

Administration	Sport	Career Services	Chaplaincy/ ministry	Campus Security
Community mental health providers	Counselling services	Dining Services	Disability Services	Facilities Management
Faculty/ academic affairs	Graduate student services	Health promotion/ wellness	Health services	International Student Services
Legal counsel	Residential officers	Student affairs	Student leaders	Student organisations and union

Strategic policy development

HEI leadership and the proposed mental health task force must also take the lead in strategic policy development, including all of the strategies and policies that relate to students' wellbeing. Institutions and their leadership must provide guidance, policies and procedures to support student success. The *Student Mental Well-being in Higher Education: Good Practice Guide* (UUK, 2015) suggests that in this 'increasingly consumer-driven market, there is a growing emphasis on enhancing the "whole" student experience'. There is growing demand for providing students with the support they need (including mental health and wellbeing supports) to reach their goals and aspirations, this is not only in the interest of the institution, but also in the interest of society as a whole.

Mental health and wellbeing strategies provide guidelines on student mental health, promote student wellbeing and ensure that appropriate intervention supports are present. The underlying principle here is that HEIs have a 'duty of care' and must support student access, retention and achievement, while also ensuring that students can enjoy the wider student experience, with local mental health supports where appropriate. The HEI mental health strategy should work together with existing procedures of student care (Braden and Caleb 2019) such as: health and safety policy, critical incident procedure, distressed student protocol, student death policy, confidentiality and privacy policy, fitness to study/practice policies, temporary leave and return policy, communication strategy, and student code of conduct policy.

Policies, guidance and protocols should cover the following areas:

- **Critical incident policies** *to provide steps for handling serious events that affect the welfare of students or the institution and require immediate intervention.* Such events may include a student death, accident, serious injury, natural disaster or disease epidemic. Some institutions include in this policy a provision for emergency response teams to manage campus safety, resource mobilisation, communication, coordination, and decision-making in the event of an emergency. Institutions often tier or classify the level of emergency to mobilise resources effectively.
- **Distressed student protocol** *to provide guidelines for dealing with a student in emotional distress.* The actions to be taken will have regard to the severity of the distress or behaviour – particularly in cases of suicidal intent, self-harm, or threatening behaviour. The response begins by assessing the seriousness, urgency, and risk of the problem, and by determining the willingness of the student to accept help. It also covers communication and onward referral to appropriate professional support.
- **Student death protocol** *to provide guidelines for responding to the death of a student and that includes specific procedures for a death by suicide or suspected suicide.* Depending on the circumstances of the student's death, this could involve communicating with the student's family and conveying their wishes; with fellow students mourning the loss of a peer; with campus faculty and staff members; with An Garda Siochána or medical personnel; and with the wider community.

- **Fitness to study/practise policy** *to set out how to support students whose mental health is impeding their ability to perform all activities associated with attending college and/or taking part in professional practice placement (for example, where there might be a risk of harm to themselves or to others).* This policy puts in place actions and supports that respond to student needs, and seeks to ensure that students have a positive experience and can continue in higher education develop to their full potential.
- **Temporary withdrawal policy** *to support students impacted by mental health difficulties.* Such a policy needs to be in place so that, where necessary, students can take time away from their studies to get healthy. Then, when they are ready to resume their studies, they can do so with supports in place and without having to reapply.
- **Communication strategy** *to provide coordinated messaging that underpins the institution's commitment to support student mental health.* A central landing page for student mental health should be easily accessible from the institution's homepage. This should contain immediate information for students experiencing crisis, as well as general information about counselling and health services across the institution.

Restricting access to means

HEI leadership and the mental health task force should review and restrict possible lethal means on campus, in line with Goal 6 of *Connecting for Life:* '...to reduce and restrict access to means of suicidal behaviour'. Common lethal means used by college-aged students are jumping, drowning, hanging, poisoning via high-risk alcohol and drug use or access to laboratories and/or toxic substances (Jed, 2016). In 2011 the CSO recorded the most common methods of suicide were by hanging, drowning and self-poisoning (CSO, 2014).

As part of strategic planning, the institution should examine the campus environment for access to lethal means such as, building rooftops, balconies, windows, and bridges; as well as access to toxic substances and chemicals. For example, in 1988 wire barriers were installed on the Clifton suspension bridge in Bristol and jumping deaths from the bridge were reduced by half; and, furthermore, people did not substitute means (Bennewith, Nowers and Gunnell, 2007).

LEAD Resources

Whole-institution comprehensive approach

- Jed/SPRC Comprehensive Approach to Mental Health Promotion and Suicide Prevention for Universities
- University Mental Health Charter by Student Minds
- UUK Stepchange strategy and implementation of whole university mental health
- Cornell University: example of the whole campus application

Strategic policy development

- Policy for Student Mental Health Canada/UK
- The Jed Foundation Framework for developing institutional protocols for the acutely distressed or suicidal college students – includes developing a safety protocol, emergency contract notification protocol, and leave and re-entry protocol.
- Jed/SPRC Campus Mental Health Action Plan
- AUCCCD Responding to a Student Death Protocol and postvention examples
- Higher Education Mental Health Alliance Guide for Response to Suicide on College Campuses

Investment and returns

- Online calculator for economic returns on improve student mental health
- Investing in Student Mental Health for College Leadership

Means Restriction

- SPRC Restricting Access to Lethal Means at Universities
- The Jed Foundation's Means Restriction Saves Lives

COLLABORATE

Develop partnerships on campus and in the community with health services to support student mental health

HEIs need to support an inclusive co-creative approach where students and staff collaborate at every stage of the journey to improve mental health outcomes. HEIs also need to develop strong, high-level and regular links with the HSE, with other local and national authorities, and with NGOs. They also need to develop strategies and action plans on student mental health and suicide prevention that are embedded not just throughout the HEI environment but also in the wider community.

During term time, the migration of students into towns and cities with HEIs is significant. While this population brings many advantages for the local economies because of its spending, the increase in population can also put a strain on local services such as health, housing and transport. It is argued that 'all publicly-funded higher education institutions have a civic duty to engage with the wider society at local, national and international levels' (Goddard 2009: 4).

The National Strategy for Higher Education to 2030 states:
'HEIs need to deepen the quality and intensity of their relationships with the communities and regions that they serve and insure that the emergence of new ideas can better inform community and regional development' (DoES 2011: 77).

Collaboration between HEIs and community health services

Collaborative partnership can help gain access to support and targeted services. Stepchange (2020) stress that partnership is encouraged between college support services and external health services and *Minding Our Future* (UUK, 2018) contains guidance to improve the coordination of care between national health services and HEIs. Universities UK stresses that a partnership approach between educational settings and mental health services is needed at the local level not just to assess needs but to design and deliver services for students.

Some HEI student support services have established strong links with their regional HSE mental health services. Good communication with local mental health services will enhance treatment and support for students. An example of such collaboration is with the self harm clinical nurse specialists [CNS] based in hospital emergency departments. In 2014 the National Clinical Programme (NCP) was introduced for the assessment and management of patients presenting at emergency departments following self harm or suicide ideation. The aim of the NCP is to ensure that these patients receive prompt biopsychosocial assessment, that their emergency contact person is supported with suicide prevention advice, and that they are linked to appropriate care (in some cases to student counselling services) and both the patient and their GP receive a written plan of care.

Examples from Northern Ireland and Manchester

An example from Northern Ireland is the link between local NHS care provision and on-campus supports at Queen's University Belfast and Ulster University. Working in partnership the Belfast Trust, the two universities have each committed to investing £50,000 annually to develop and run the initiative, which will establish a co-produced student-friendly mental health service organised around the structure of the academic year (Ulster University, 2019).

In Greater Manchester, which has one of the largest student populations in England, an innovative, sector-leading partnership for students experiencing mental health problems was launched recently. The partnership is between the region's four universities and the Greater Manchester Health and Social Care Partnership. The partners have established a dedicated centre to support higher education students with mental health needs. The service aims to provide diagnosis and treatment at an early stage. The partnership also aims to help the students develop the skills to manage their own mental health. The service aims to transform mental health provision for students by making sure that it's easier to get referred, regardless of where someone studies or lives and that young people are supported with the transition to university (The University of Manchester, 2019).

SMARTEN: collaboration across higher education

The Student Mental Health Research Network [SMARTEN] is a UK national research network that provides a platform to support collaboration across the higher education sector. The network encourages researchers and stakeholders with expertise or interest in student mental health to join. The overall aim is to improve the understanding of student mental health and to develop an evidence base to support professional services so that the right services are there for students.

NOSP collaboration with HEIs

The HSE National Office for Suicide Prevention [NOSP] provides training in suicide prevention (e.g. ASIST and SafeTALK), workshops in suicide bereavement support and in understanding self-harm. Locally this is coordinated by HSE Resource Officers for Suicide Prevention who are involved with some HEIs in delivering ASIST and SafeTALK training to students and staff. The NOSP also has a service level agreement with the USI which ensures that all student welfare officers are trained in suicide prevention. Given the known vulnerability of young people to self-harm and suicide, it has been suggested (Hawton et al., 2019) that in areas where there are HEIs, there should be HEI representation in local multi-agency suicide prevention such as Connecting for Life Implementation Steering Groups.

Links with Garda, NGOs and charitable organisations

Student support services in HEIs throughout Ireland also have strong links with Community Garda Liaison Officers as well as NGOs and charitable organisations in their localities; these include: Samaritans, Pieta House, Jigsaw, Aware, Rape Crisis Network, Domestic Violence Services, GOSHH [Gender Orientation Sexual Health HIV], Body Whys, Mental health Ireland and many others. These groups support Mental Health Week events on campus and other awareness raising campaigns.

COLLABORATE Resources

Sector leading collaborations

- UUK is working with NHS leaders to improve mental health supports for students minding-our-future
- Manchester has a dedicated centre to support students from the region's four universities with mental health needs
- Link between NHS, Queen's University and Ulster University to support student mental health
- SMARTEN research network

Institute collaborations

- Student support services and HSE clinical nurse specialists at emergency departments

Community mental health promotion

- Mental health promotion Mental Health Ireland
- HSE mental health supports for young people
- HSE youth mental health information line 1800111888

Community mental health, suicide prevention, intervention and postvention support

- NOSP Community Resource Office
- NOSP suicide prevention training

Helpline support

- 50808
- Samaritans
- Pieta House
- Aware
- Jigsaw

EDUCATE

Build campus knowledge and skills on student mental health and suicide prevention

Education and training are key components to the achievement of Goal 1 of *Connecting for Life*, which aims to improve the nation's understanding of and attitudes to suicidal behaviour, mental health and wellbeing (NOSP, 2019). Leading international experts, WHO, the Jed Foundation, Orygen and Suicide-Safer Universities have also stressed the importance of training community members to be gatekeepers who can identify signs of psychological distress and direct vulnerable students to appropriate resources. These leading authorities also recommend that all student-facing staff (including academic, professional services and operational staff) across the whole organisation, should be trained in mental health literacy and suicide awareness. The aim of the training is to promote mental health awareness, reduce mental health stigma and prevent suicide. Although the evidence on its long-term effectiveness is limited (Dillon et al., 2015; Isaac et al., 2009), gatekeeper training is recognised as a system-wide preventive approach that can raise awareness, increase knowledge and build skills within the community (Mitchell et al., 2013; WHO, 2014).

Campus community awareness and education

A study conducted by Gulliver et al. (2018), on the mental health training needs of HEI teaching staff, found most staff felt moderately confident in providing students with everyday emotional support, but many (60%) did not feel sufficiently equipped to deal with students with higher mental health needs or heightened distress.

'Provide training in mental health literacy and health promotion for all staff and allocate time and resources to staff so that they can support student mental health'
(Universities UK 2017).

The staff in the Gulliver study reported that they needed 'clear, concise training that provided information on a range of issues relevant to university students, including *when, how and where* to refer students for help for mental health difficulties both inside and outside the university setting' (Gulliver et al., 2018 emphasis added).

- **'Recognise early warning signs for students experiencing difficulties.**
- **Recognise when a student is in distress.**
- **Support student who are at risk or in distress**
- **Refer students in distress or in crisis to the appropriate resources.'**

(PCHEI, 2017)

Gatekeeper programmes

There are many different gatekeeper training programmes and most focus on suicide prevention; but many also address common issues such as depression and anxiety (Lipson et al., 2014). In Ireland, the gatekeeper training that is available, commonly used and recommended by the NOSP for community settings includes: ASIST, safeTALK and Living Works Start (a new e-learning training programme). There is also a bespoke mental health and suicide prevention programme, designed by PCHEI specifically for HEI staff to help them identify and respond to distressed and at-risk students. Another training that is offered by Mental Health First Aid Ireland provides training in the skills required to offer *first aid* help to a person who is developing a mental health difficulty or experiencing a mental health crisis (see the EDUCATE Resources panel on page 38).

It is recommended that students in a supporting role (for example, peer supporters, students' union representatives and class representatives) should be trained in mental health literacy and suicide awareness. (See **Wellbeing and mental health promotion in the curriculum** on page 40).

Support from friends and peers

The MWS-2 Survey shows that young adults are most likely to use informal sources of support (Dooley et al., 2019: 82). Friends, classmates or roommates are often the first people who identify that a fellow student may be having a mental health problem. Research shows that students are most likely to turn to friends when they need help with emotional and wellbeing problems (Dooley et al., 2019; Karwig et al., 2015). Karwig, Chambers and Murphy (2015: 44) highlight the level of 'responsibility' that is placed on the friend 'having the right information' and importance of 'knowing how to appropriately and adequately support a help-seeker'.

Student Minds the UKs student mental health charity believe that peer support programmes have the potential to change student mental health. Peer support programmes can offer an efficient and effective way of reducing isolation and stigma.

> **Comprehensive information should be provided to students on mental health generally, on minding our mental health, on how and where to seek help and how to support a friend (Karwig, et al., 2015: 44).**

Student Minds stress that peer support should be delivered safely:

- Having systems in place to effectively signpost people in need of further help and support
- Ensuring that adequate training and supervision is in place for peer-supporters have access to support when deal with challenging situations.

> **Students are all experiencing very particular life circumstances at the same time [...]. This shared experience of specific circumstances places the student community in a good position to deliver valuable peer support models (Gulliver and Byrom, 2014: 7).**

Many HEIs in Ireland offer peer support to students, but the delivery and purpose of the support varies. Some institutions train peer mentors to offer informal guidance, support and practical advice to first year students; while others require peer mentors to undergo more extensive training and to be prepared to support a fellow student through a wide range of issues including ongoing support. A research team from Trinity College Dublin is currently researching best practice peer-mentoring programmes that assist with supporting transitions, engagement and student success.

Training and CPD for staff

Training and continued professional development for professional student support service employees also needs to be considered. Student counselling services, student health services and chaplaincy are most often called on to assess a distressed student's level of need and 'hold' the student, often managing suicidality, until a referral can be made. A study by Munnelly and Cox (2017) with GPs (N=469) found that 81% had not undertaken any suicide prevention training. Those who had undergone such training self-reported more positive attitudes to suicide prevention and felt more confidence in dealing with the needs of suicidal patients.

International evidence shows that ongoing continued professional development [CPD] is vital for improved outcomes and safety (Hughes and Spanner, 2019). It is essential that all student support professionals have access to adequate financial resources and time to upskill in emerging practices in screening, crisis management and responding to risk.

EDUCATE Resources

Gatekeeper training

- NOSP
- ASIST
- SafeTalk
- esuicideTALK
- Start
- Identifying and Responding to Distressed and at Risk Students: contact PCHEI
- University of Wolverhampton suicide risk training: 3 Minutes to save a life
- Mental Health First Aid training: mhfaireland
- Charlie Waller Memorial trust: e-learning for colleges and universities
- Free online suicide prevention training: zerosuicidealliance
- See Engage Resources in this document on page 40 for curricular infusion resources

Health promotion

- healthpromotion.ie
- HSE Little Things Campaign
- USI Health Promotion Strategy 2017-2020
- USI Re:Charge Campaign
- Healthy Ireland 2018-2023
- Jigsaw Workshop Brochure

CPD training for health care professionals

- STORM
- CAMS
- SAFETool
- SAFE-T
- IACP
- PSI

ENGAGE

Create campus communities that are connected, safe, nurturing, inclusive and compassionate

HEIs foster the development of student wellbeing through community engagement, and through a sense of shared purpose, connectedness and belonging, and in doing so they support Goal 2 of *Connecting for Life,* which is to 'support local communities' capacity to prevent and respond to suicidal behaviour'. Institutional culture needs to be inclusive and compassionate and it needs to reflect the diversity of the student body. In the USI Student Mental Health Survey (2019) 35.9% of student respondents reported feeling lonely all of the time or often and over 20% did not have someone to talk to about their personal and emotional difficulties.

In the Irish Survey of Student Engagement (2019), 71.7% of students reported that their institution did little to help them manage non-academic responsibilities (work, family, friends, etc.). Students with lower perceived social support, in particular students from minority groups (for example, by race/ethnicity, disability, age, gender, or sexual orientation) are more likely to experience mental health problems (Byrd and McKinney, 2012). Hefner and Eisenberg (2009) found that students with lower social support are the most at risk for isolation – as much as six times a greater risk of depression and ten times a greater prevalence in suicidal thoughts in the prior month.

The importance of belonging and social integration

Relationships are an important protective factor, including the sense of engaging with or being part of the institution, the wider campus community, and the student body (Hefner and Eisenberg, 2009). The Student Minds *University Mental Health Charter* states that 'belonging and social integration are important, not just for student well-being, but also for academic achievement and persistence to graduation' (Hughes and Spanner, 2019).

Students participating in student organisations were less likely to have seriously considered suicide in the past twelve months (Drum et al., 2009); and participation in sports was associated with decreased suicidal behaviour (Brown and Blanton, 2002). In the recent *Irish Survey of Student Engagement* (2019) institutional support towards overall wellbeing was rated by students as very important for student belonging and success.

Promoting good mental health on campus

Promotion of healthy behaviours can have a significant impact on mental health (WHO, 2005). Mental health promotion efforts on campus have included campaigns on: breaking down the stigma of mental health, tools for self-care, how to recognise the signs of being unwell, how to develop healthy coping strategies, and the importance of peer support. Teaching students to recognise when they need support and where they can get it makes the idea of seeking support more normal and culturally acceptable.

Wellbeing and mental health promotion in the curriculum

Some institutions are providing students with mental health knowledge through academic courses (Lipka, 2010) and their positive effects on students have been well-documented (Mack and Shaddox, 2004). Evidence supports that teaching well-being skills helps prevent depression and anxiety, it also increases optimism (Gaffney, 2011; Seligman, 2009). PCHEI has developed a resource repository for student well-being that includes apps, podcasts, online courses, e-books, workbooks, and community resources.

Some campuses have created opportunities for students to have increased interaction with peers and faculty to help foster the development of necessary life skills in students. They also offer health education, incorporating life skills and resilience into the curricula. *Connecting for Life* recommends that suicide prevention should be incorporated into undergraduates curriculum (DoH, 2015: 50) and is supported by the recent USI Survey that recommended that mental health promotion be part of the curriculum for all students: '...in class workshops should be scheduled into a timetable' and 'understanding of mental health [should be] built into the academic programme' (USI, 2019).

ENGAGE Resources

Whole campus engagement

- Harvard University Belonging Strategic Plan
- Canadian Association of College and University Student Services Supportive, Inclusive Campus Climate and Environment Inventory

Curricular infusion

- PCHEI student wellbeing resources: includes apps, podcasts, online courses, workbooks
- Work and Wellbeing Required in undergraduate business module at Trinity College Dublin
- National Forum for the Enhancement of Teaching and Learning in Higher Education Curriculum Resources – the First Six Weeks of College support for new students and Peer-assisted student support
- Wellbeing statement in a place students frequent like Moodle or module syllabi – requiring professors address mental health and normalising help-seeking behaviour

Interventions and tools

- Harvard University Resilience Consortium
- US Air Force Suicide Prevention and Resilience Program
- Resilience Skills from Positive Psychology @the University of Pennsylvania

IDENTIFY

Prioritise awareness training for all staff and students to enhance recognition and referral

The Jed Foundation stresses the importance of taking actions to identify students who are at risk of mental health difficulties as well as promoting mental health awareness for all students and all front-facing staff. HEIs need to establish a campus culture where action is taken to 'increase mental health understanding, awareness, literacy and compassion' (Stepchange, 2017). Many HEIs in Ireland provide a wide range of mental health initiatives, including campaigns to raise mental health awareness and psycho-education for students and staff. The presence of 'regular and highly visible awareness raising interventions' (Hughes and Spanner, 2019: 51) can help to establish a culture that supports students who may be experiencing poor mental health and help them identify appropriate services.

Figure 8: Identify: how do you know there is a problem? (adapted from: Woolfson n/d)

The value of early intervention

Stepchange (2017) recommends early intervention activities – for example, campaigns against mental health stigma, the creation of intrusive communities for learning and peer support, and encouragement of disclosure either through champions or through open, supported discussions (Stepchange, 2017). Intrusive communities for learning and support enable proactive interventions targeted at vulnerable or at-risk groups. Crisp and Hatch (2016) suggest that intrusive student support should include making non-academic help an integral or mandated part of every student experience, and by so doing help make it easier for people to seek support.

Goal 3 of *Connecting for Life* is to 'target approaches to reduce suicidal behaviour and improve mental health among priority groups' (DoH, 2015). Because the majority of higher education students are in the 18-24 age group, they fall within an identified priority group. Many students also within other vulnerable groups – including those with mental health problems, those from the LGBTQ+ community, BAME students, those who are economically disadvantaged, international students, and young men.

'Engage' is an example of a programme developed for front-line service providers dealing with men who are reluctant to engage with health providers. The 'Engage' training was developed to address the deficit in gender-sensitive service provision for men and it meets Recommendation 7.2 of Ireland's *National Men's Health Policy 2008-2013* (DoHC, 2008).

Students need to know they will be supported if they disclose mental health concerns

Despite mental health difficulties being the most common problem for young people in higher education, fewer than one in four students seek support (Murphy, 2017; Blanco et al., 2008). Seeking help and then accepting treatment are important factors in recovery. Hughes and Spanner (2019) suggest that it is important that students encounter a culture where they can feel safe to disclose their mental health concerns. Stigma, prejudice and discrimination can be experienced by people with mental ill health, and these all present significant barriers that they need to overcome in order to achieve their life goals. Untreated mental ill health at college is a significant predictor of lower grades, higher drop-out as well as poorer economic and social outcomes (Kosyluk et al., 2016).

Students who formally disclose a history of mental ill-health to their institution's disability support service may be more easily supported in their path through higher education. Students choosing non-disclosure may risk getting into crisis situations, having academic problems or dropping out (Callender, 2011: 57). Survey data from the UK shows just under half the students who reported experiencing a mental health condition chose not to disclose to their HEI (Thorley 2017: 4).

Students registered with disability support services for mental health increased by over 127% over the past five years (AHEAD, 2019).

Identify and respond

Early identification and treatment of people at elevated risk for suicide is a key suicide prevention strategy (WHO, 2014). The overarching advice from suicide prevention experts is that if you are concerned that someone is thinking of suicide, you should ask them about it. There are many gatekeeper programmes that offer training in how to identify and respond to people at suicide risk, and many HEI staff and students have taken such training. The HSE's NOSP provides online information to help people to recognise when someone is a suicide risk, and has an information booklet aimed at people who are concerned about a family member or friend (*Would you know what to do if someone was thinking of suicide* (HSE, n/d)). The SPRC recommend the Ask Suicide Screening Questions Toolkit [aSQ] developed by the US National Institute of Mental Health (2017). The toolkit was designed to be used across all medical settings as well as in non-clinical settings by non-psychiatric clinicians and it takes two minutes to complete.

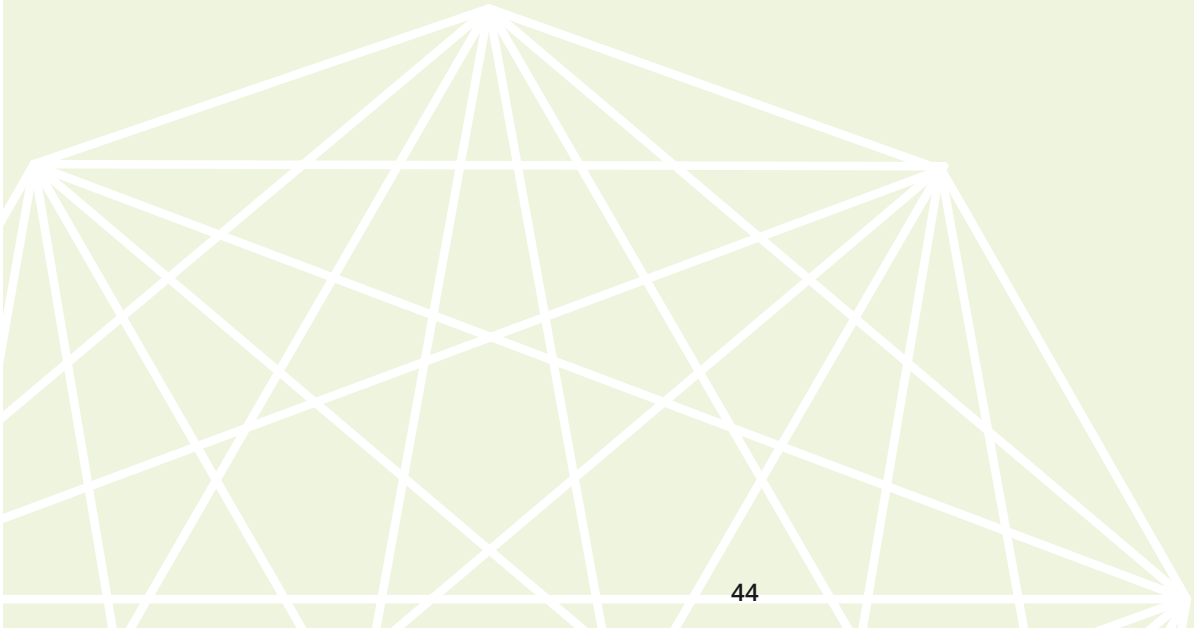
Mobile and online screening tools

The use of mobile technology (Mobile health or 'm-Health') to support health objectives is growing rapidly and a wide range of psychological tools are available. These relatively new online developments can help identify symptoms, aid early screening, help in the management of individuals with mental health issues, encourage those who need it to seek help, and provide preventive or therapeutic interventions (Olff, 2015).

In the US, the Jed Foundation provides UlifeLine, an anonymous online self screening option that helps students self-evaluate if they are depressed or at risk of suicide, and then connects them to the care available in their school or college. Jed (2019: 19) suggests that online screening tools such as ULifeline are more effective in linking women students to available care but 'harder to reach' students such as marginalised young men may need additional prevention efforts and more direction on where and how to seek help.

IDENTIFY Resources

- HSE NOSP help identify someone thinking about suicide – HSE about suicide
- Screening toolkit Ask Suicide Questions – aSQ
- JED Foundation self-evaluation screening toolkit for students – ULifeLine
- Green Ribbon and work nationally and in the community – seechange
- Training for health worker in gender sensitive service provision for men – ENGAGE
- HSE mental health supports for young people
- Community support to maintain and promote positive mental health – recoverycollege



SUPPORT

Provide students with safe, accessible and well-resourced mental health support

Ensuring access to effective, student-centred care, support and treatment is essential to the improvement and recovery of students experiencing mental health difficulties (CACUSS, 2013; Orygen, 2017; Suicide Safer Universities, 2018; JED 2019; Stepchange, 2020). As a priority, HEIs must provide students with high-quality services that offer evidence-based supports, interventions and therapies that are delivered by qualified professionals and that are subject to regular evaluation. Such services are necessary to meet the objectives of Goal 5 of Connecting for Life – 'to ensure safe and high-quality services for people vulnerable to suicide' (DoH, 2015).

The University Mental Health Charter (UK) presents four main areas for student support: support services; managing risk; collaborative partnerships and referral pathways; information sharing (Hughes and Spanner, 2019).

Provide easily navigable services offering integrated support for university-specific risk factors for mental ill-health (Orygen, 2020).

Similarly, the American College Health Association guidelines for developing and sustaining high quality campus mental health support services (ACHA, 2019) recommend that such services should be delivered:

- Through professional practice that is safe, responsive, evidence based and ethical
- In collaboration with multidisciplinary stakeholders on and off campus
- With the active involvement of students.

Safe and effective services

On-campus counselling and health services require appropriate clinical governance to ensure they are safe, ethical and effective, and that they make efficient use of resources. This includes ensuring that staff in specific mental health roles are appropriately qualified, clinically supervised and registered with a professional body (Hughes and Spanner, 2019: 33). Measures to achieve these goals include:

- Provision of resources to match increased demand for services
- Good internal and external communication
- Cross-disciplinary and interdisciplinary collaborations with key stakeholders and access to referral pathways
- Increased mental health and suicide risk screening to manage risk
- Data collection and information sharing systems contributing to a national standardised data set.

Evidence-based practice

Evidence-based practice is 'practice that is based on the most up-to-date, valid and reliable research findings' (Tinder, 2000: 3). Student support services must use appropriate evidence-based interventions to support the range of presentations.

A wide range of evidence-based practices are found in the Nice Guidelines and SPRC/Zero Suicide Clinical Toolkit and specifically for third-level students and young people, What Works for Wellbeing Centre and Orygen (see resources below). The Collaborative Assessment and Management of Suicidality [CAMS] is a therapeutic framework where '...the clinician and patient engage in a highly interactive assessment process and the patient is actively involved in the development of their own treatment plan' (Collaborative Assessment and Management of Suicidality, n/d). Research conducted in US college counselling services showed that the CAMS approach was successful in reducing suicidal ideation among students (Jobes and Jennings, 2011; Pistorello et al., 2017). The What Works Centre for Wellbeing has produced a review that establishes what is known about effective interventions to improve student mental health and wellbeing (Worsley, Pennington and Corcoran, 2020:1).

Ensuring that support is student-centred

Interventions and therapies must be student-centred; and for this to happen, students themselves must be actively involved in informing practice. Professionals must keep up to date with student-specific needs in areas such as wellbeing, lifestyle, safety and health behaviours. Evaluative feedback should be gathered regularly from students, and not just from those who use the support services.

Modes of reaching students in need

Just as students have different learning styles, the ways that they seek support also varies. For that reason, HEIs should provide students with multiple service access points for support, including in-person service as well as remote, online, text and telephone services, an after-hours service, access to group and peer support, and self-help resources.

The 50808 service is an example of a text-based support service that is available 24/7. The service is funded by the HSE, and it can provide everything from a calming chat to immediate support for people going through a mental health or emotional crisis. In 2020, 50808 entered into a keyword partnership with PCHEI, where each HEI promotes use of it's own keyword to open a text conversation with a trained volunteer. This partnership will allow high level data to be returned to the HEI regarding their students' use of the service, issues presenting etc. which can help inform campus services development.

Another example of an online self-assessment tool for students is the e-Coping Stress Management Tool from the University of Almeria (Spain). This tool was found to have been useful and effective in detecting and offering a first response for students with mental health problems associated with academic stress (De La Fuente et al., 2015). Similar online screening tools are ULifeLine provided by the Jed Foundation to accredited campuses. The aim of these self-evaluations is to connect students who may be depressed or at risk of suicide to appropriate local resources.

The Covid-19 pandemic has led to restrictions on contact and movement that require services to be made available online, by telephone or tele-health video. These kinds of service delivery have the potential to widen access to services and to deliver improved outcomes for students.

Screening for mental health

Findings from recent studies recommend that health professionals should routinely screen for mental health, depressive symptoms, and suicide risk. A large representative longitudinal study (Ahmedani et al., 2014) found that 83% of people who had died by suicide had received health care services (most commonly, primary care) in the year prior to death. Reviews of the published studies indicated that 45% had received services in the month prior to their death and between 16% and 25% of those who died by suicide visited their GP in the week prior to death (Munnelly and Cox 2017).

The Patient Health Questionnaire-9 (PHQ-9) is an internationally validated tool for assessing health, depression and suicide ideation that is widely used in primary care health settings. It is widely available in paper or online versions at no cost. Other screening tools currently in use in services include Counselling Outcomes in Routine Evaluation [CORE] and Counselling Centre Assessment of Psychological Symptoms [CCAPS].

Data collection

Student services, health and counselling centres should use data collection systems that cover questionnaires and administrative documents used to track progress and to audit effectiveness and quality. Some of the common systems specific to mental health data in HEIs in Ireland are CORE-Net, Titanium, and Health One.

In the US, the Center for Collegiate Mental Health collects data on student mental health derived from CCAPS-Screen from over 600 HEI counselling centres. Such data is a valuable resource to inform and improve clinical practice, and also in the development of tools. (CCAPS-Screen is a mental health instrument that screens for the most common psychological problems experienced by college students, including suicidal ideation.)

A research team from University College Dublin is working in collaboration with PCHEI to develop a standardised national dataset for student counselling services in Irish HEIs. The dataset will include demographics of students using the service, presenting issues and the therapeutic supports offered. Study of this data will help to provide a more detailed picture of student mental health in Ireland. The UCD team have established a Practice-Research Network collaboration between researchers and practitioners who are engaged in collecting high quality date for the purposes of service delivery improvements (Dooley et al., 2020).

Communication and collaboration

Good communication and collaboration (on campus, with the wider health service and with student's families) are an essential part of the effort to ensure the best outcomes for students experiencing mental health difficulties.

- **Among on-campus services:** good communication between on-campus services is necessary to ensure that in-need students don't slip between the cracks (see LEAD section for details on multidisciplinary mental health committees). Student health and counselling services should have shared protocols for responding to such students – these should cover ongoing monitoring of risk, follow-up from both services, two-way referrals, and so on. The annual survey of the Association for University and College Counselling Center Directors annual survey (AUCCCD, 2018), endorses this collaborative approach.
- **With wider health services:** Good communication with local mental health services is essential to support students in need, and good working relationships can 'enable safe transitions, ensure access to general medical and specialist mental health supports, avoid duplication and facilitate the management of risk and response to crises' (UUK, 2015: 29). Across the UK, successful partnerships have been established between universities and the NHS to support student mental health – see page 33. In addition, a national collaboration has been convened by Universities UK with Student Minds and the Academic Health Science Network to share learning and inform national policy (Universities UK, 2020: 33).
- **Emergency family contact:** Institutions should require students to supply a family contact upon registration for emergencies or in cases of extreme mental health issues. Data from MWS-2 shows that students are more likely to communicate with their parents for mental health support and problem-solving (Dooley et al., 2019) and this view is also supported by the Student Minds University Mental Health Charter:

  > 'Staff explained that they often work with ill students to identify individuals in that student's life, who could provide helpful support, such as family members, partners and/or friends. When necessary, staff support those students to make contact with families or others to explain the problem they are having. This may involve planning out conversations or, for example, a practitioner joining a student on a phone call or in a meeting with a family member to support disclosure. This leaves control of sharing with the student but also mobilises their external resources.' (Hughes and Spanner, 2019)

In the 2019, UK Survey of Student Engagement, most students (66%) were happy for their parents to be contacted in the circumstance of an extreme mental health issue arising.

Professional development

As discussed previously, (see page 38), there is evidence that CPD is important for improved outcomes and safety, and all student support professionals should have access to adequate financial resources and time to upskill in emerging practices in screening, crisis management and responding to risk. For recommendations on CPD, refer to registering bodies such as the Irish College of General Practitioners, SPRC, Zero Suicide, the British Psychological Society and PCHEI.

SUPPORT Resources

Standards and evidence

- International Association of Counselling Services Standards
- NICE guidance, advice, pathways and quality standards on mental health and wellbeing
- ACHA, college health policies, guidelines, recommendations for college health professionals
- Jed Framework for developing institutional protocols for distressed or suicidal students
- Association for University and College Counseling Center Directors
- British Psychological Society evidence backed treatments and recommendations
- Zero suicide treatment guidelines
- Evidence-based psychotherapies for suicide prevention
- What Works Centre for Wellbeing: What interventions improve college and university students' mental health and wellbeing?
- Orygen training resources
- HSE: Best Practice Guidance for Mental Health Services
- HSE NOSP: Best Practice Guidance for Suicide Prevention Services

Measures and data

- Center for Collegiate Mental Health: Standardized Data Set of student mental health
- Joint Commission Mental Health and Suicide Risk Screenings and Management
- Patient Health Questionnaire-9 (PHQ-9) – 9 item internationally-validated screening tool
- The ACHA-National College Health Assessment – widest used annual survey and dataset of students' health habits, behaviours, and perceptions

Continuing professional development

- See Educate Resources in this document on page 38 for training/CPD
- Clinical Load Index is a tool to help on staffing for mental health services in higher education
- The Irish College of General Practitioners training and standards in general practice CPD e-learning modules in mental health

RESPOND

Ensure that institutions have the critical incident protocols required for varying levels of student mental health crisis

Every higher education institution should have a protocol or plan setting out how to respond in the event of a critical incident or crisis, and the protocol must include clear responding protocols for various levels of crises. To be effective it must be communicated to staff members and to student representatives (Kracen, 2003).

The World Health Organisation, describes a critical incident as an event out of the range of normal experience – one that is sudden and unexpected, where there is a loss of control, where there is a perceived threat to life, or where there are elements of physical and emotional loss (WHO, 2006). Typically, critical incidents include fire, flooding, the outbreak of an infectious disease, and so on. Within a HEI, the death of a student by suicide must also be regarded as a critical incident, and HEIs need to respond appropriately to deal with the aftermath of such a sad and emotive event. Suicide Safer Universities UK recommends that HEIs have an effective plan to follow, with defined members, a nominated lead person and agreed templates for communications (UK Universities, 2018).

The importance of good, coordinated postvention

Suicide postvention encompasses the activities that are undertaken in the aftermath of a suicide. It is widely accepted that good, coordinated postvention has a critical role to play in the prevention of further suicidal actions in the community affected by the suicide (Griffin and McMahon, 2019; Andriessen et al., 2017). In the HEI community, where students often inhabit the same geographical area, social space and online space, a peer suicide may have a large ripple effect, with 'circles of vulnerability' affecting the bereaved (Lahad and Cohen, 2006). Particularly vulnerable are family members, friends and people who felt close to the person who has died, (Spillane et al., 2019; Lahad and Cohen, 2006).

Those who are vulnerable following a suicide can be grouped by geographical, psychological or social proximity to the deceased person (Hawton et al., 2019):

- **Geographical proximity.** The physical distance between the person and the incident. For example, someone who witnesses the incident or found the body of someone who had died by suicide or those exposed to the immediate aftermath may be more at risk. Extensive or sensationalised news or social media coverage may extend the geographic boundaries of people who may be vulnerable.
- **Psychological proximity.** The psychological closeness a person feels to the person who has died by suicide. Some people may identify more with the deceased – for example, someone of the same age, gender, sexual orientation, religion or culture. People who were viewed as role models may have a larger number of people who identify with them psychologically.

- **Social proximity.** Social closeness to the person who has died by suicide. Family members, close friends and partners are likely to be particularly vulnerable. People within the person's community e.g. school, faith group, sports club or wider social groups including social media also need to be considered.

Suicide postvention in HEIs should include: psychological support and other forms of assistance for those affected – for example, these could include planned interventions to:

- Facilitate the grieving or adjustment process among the bereaved
- Stabilise the campus environment
- Reduce the risk of negative behaviours
- Limit the risk of further suicides through contagion (HEMHA, 2014).

Suicide clusters are groups of suicides (more than two) clustered in time, location and possible method (HEMHA, 2014). Suicide clusters can result from 'contagion', where one or more deaths by suicide influence another person to engage in suicidal behaviour that in turn increases their risk of suicide ideation and attempts (Hawton et al., 2019: 6). Suicide clusters are a great cause of concern in secondary and post-secondary education institutions, as they predominantly occur in people under the age of 25.

'Although a school [or college] can be affected by many challenging incidents, including sickness and accidental death, it is suicide that presents the unique risk of potentially being the trigger for another suicide'. (Samaritans, 2016: 7)

The critical incident team

As part of their critical incident plan or protocol, HEIs need to have identified the team of people who will implement the protocol appropriately. Then, in response to the incident, the appropriate team members will take up their defined roles. In 2013 HEMHA and Jed produced guidelines to help guide HEIs to make informed decisions about the structure, scope, function and operations of their critical incident teams; these guidelines cover:

- *Team mission and purpose* – how to choose a scope and emphasis for the team
- *Naming the team* – so that it accurately reflects its mission and purpose
- *Team composition* – size and leadership
- *Team functions* – forming a team, developing policies and procedures, promoting a culture of caring and ongoing team functions
- *Common pitfalls and obstacles* that teams can anticipate and avoid (HEMHA and Jed, 2013).

Tiered level of response

Crisis response or critical incident protocols, policies and procedures provide steps for handling serious events that affect the whole institution and require immediate intervention. These may include a death, accident, serious injury, natural disaster or disease epidemic. HEIs often tier the level of emergency to mobilise their resources effectively (Mitchell, 2006):

- **Tier 1** localised emergency that is unlikely to cause injury or major damage and can be resolved by institution staff. For example, the death of a student by suicide.
- **Tier 2** an area or building that may result in injury or damage and can be resolved by institution staff/student supports with limited external help. These emergencies involve risk to students and the campus community and include: violent assault; sexual assault; bomb threat; suicide on campus; hate crime.
- **Tier 3** poses risk of serious harm to the campus and community and if not immediately responded to can become a Tier 4 disaster. These cannot be handled internally. Examples include: long power outage; major fire; bomb incident; outbreak of infectious disease or water contamination.
- **Tier 4** is danger to life or property for most of the campus and community. These disasters cannot be managed internally. Examples include: natural disaster; explosion; fire or an incident with a high media profile.

Death response protocol

When a student death occurs HEIs must respond appropriately by acknowledging the loss, dealing sensitively with the aftermath and supporting the bereaved. HEIs also need a Death Response Protocol [DRP] that includes a response to student suicide that is developed separately but is linked to and compatible with the critical incident protocol (Flynn, 2019). A DRP should respond to the emotional and logistical needs of the deceased student's family, close friends, peers and staff. It should set out culturally sensitive protocols for liaison with the family.

The DRP should also set out communications requirements with details of those who need to be notified of the death and of what, if any, media guidelines need to be taken into account. Media reporting of a death by suicide which glorifies the death or gives detail of the method can have significant negative effect and potentially increase the risk of a suicide cluster. The person responsible for communication with the press or other media must be appropriately trained in relation to suicide reporting (Samaritans, 2013).

Recognising students who support their bereaved peers

Often the preferred source of support for bereaved students is one or more of their peers. However, with only limited knowledge and understanding of the bereavement process, it can be difficult to support someone who is bereaved (Flynn, 2019). For that reason, it is essential that HEIs recognise and support students who are supporting their bereaved peers and that they provide appropriate psychoeducational training on bereavement and self-care.

Memorials protocol

HEIs need to establish protocols and policies for memorials after a death by suicide and suicide memorials need to be carefully managed. Memorials are addressed by HEMHA (2014), in their comprehensive guide for responding to a suicide on college campuses. The Samaritans (2016) provide a step-by-step guide for schools that can also be applied to HEIs. The Canadian Centre for Suicide Prevention (2019) also provide a toolkit for use after a student suicide. These guides all stress the importance of:

- Responding in a way that avoids actions that could act as a trigger for anyone who is deeply affected as a result of the suicide
- Treating all deaths the same way, so as not to sensationalise a suicide death
- Consulting with family members about funeral arrangements and following their wishes
- Planning temporary grieving opportunities for students
- Limiting physical memorials (to about two weeks) as they have the potential to glamourise the death
- Being aware that anniversaries might be difficult for students who were close to the deceased person.

RESPOND Resources

- Suicide Safer Universities – Postvention Strategy – preventing-student suicides
- Student death and the university response (Flynn 2019) Death Response Protocol
- Suicide cluster response plans – Suicide_Cluster_Guide
- Jed Foundation provides a range of resources – Jed Postvention resources
- Guides for memorials – HEMHA; Samaritans step-by-step; Canadian CSP
- Critical response teams – Campus teams
- A guide for response to suicide on campus – HEMHA-postvention-guide
- NOSP suicide bereavement community training programme – Suicide Bereavement Training
- Media guidelines on reporting suicide – Media_Guidelines_Ireland

TRANSITION

Establish student supports throughout the higher education journey

Research by Denny et al., (2015) found there was very little pre-entry preparation for Irish students transitioning from secondary school to higher education. Furthermore, this study showed that challenges relating to increased personal responsibility, particularly in time management and in social and personal challenges may take considerable time to navigate and resolve. The results indicated that the more a student struggles with transitional challenges the less likely they were to achieve higher academic grades. The report offers a range of suggestions as to how HEIs can help students navigate the transition into higher education. The national policy framework for children and young people 2014-2020 committed the government to strengthening transitions throughout the education system (Department of Children and Youth Affairs, 2014). The HEA (2015) are also committed to easing transition by using a collaborative approach across second level and higher education but according the USI (2017) there is still a shortfall in how students are prepared. In the UK a taskforce has been established by the Department of Education to help students manage the challenges of transition to higher education (FE News 2019).

Higher education: a time of transition

Higher education is a time of transitions for students and for many it involves living away from home for the first time or living in two locations, at home and at college. The data collected by the MWS-2 (Dooley et al., 2019: 61) found that 55% of university students and 67% of institute of technology students live in their family home.

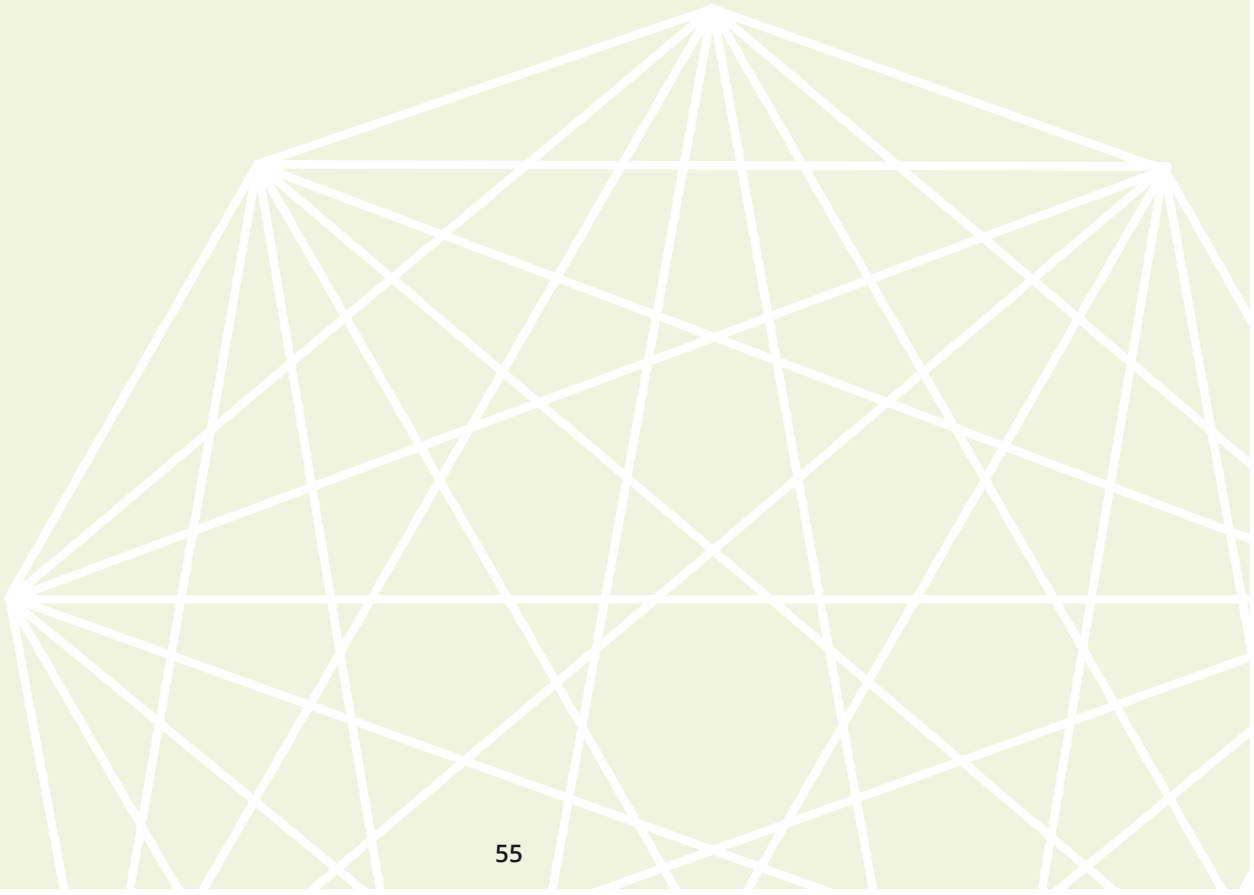
Students, whether living at home or not, have to deal with independence, forming new relationships, dealing with financial independence, as well as with the pressures of academic exams and coursework. Many students in the study by Denny et al., (2015) also suggested that greater support from HEIs was needed with regard to social aspects of the transition. Starting college can be overwhelming and most HEIs hold an orientation event for first-year students, to connect them to each other and to the HEI. Some colleges have extended orientation for several weeks and others extend first year orientation by providing peer mentoring for the first year. The Jed Foundation's Set to Go and Student Minds 'Know before you go' programmes provide prospective students and their families with resources that will help students to achieve a successful and a smooth transition to college and into adulthood.

Certain groups and demographics are more susceptible to mental health difficulties or to conditions that might impact on their wellbeing during transitions. Examples include: international students, refugees, students on the neurodiversity spectrum, students with disabilities, students from ethnic minorities, those who identify as LGBTQ+ and others. Stepchange recommends that students from these groups should be targeted with intrusive student support, appropriate initiatives and outreach programmes especially at key transition points (Universities UK, 2020).

Transition and access to services

For students registered with mental health services, there can also be a significant transition from child and adolescent services [CAMHS] to adult mental health services or to another service team nearer their new location when they begin third-level education. Transition from CAMHS to adult care was cited as a key issue in the Student Voices study (Student Minds 2017: 24). Starting higher education can mean an abrupt change in a student's level of responsibility and management of their mental health problems (Cleary et al., 2011). Students who have been receiving ongoing treatment such as medication may not be accustomed to organising repeat prescriptions for themselves. Students receiving ongoing therapy such as DBT, group therapy for eating disorders or attending psychiatrist appointments in their home service may be challenged to arrange travel and time to attend during the academic year. The Jed Foundation have a Transition of care guide that helps student's diagnosed mental health issues plan for the transition of mental healthcare from home to college. 32

Transition can also be linked to Goal 4 of Connecting for Life as it aims to improve access to services. In the UK, Callender et al. (2011: 10) identified as a major problem the fact that 'NHS services are not usually adapted to the timescales of student life', and this problem exists in Ireland also. To support continuity and integrated care of students who move between home and university, Thorley (2017) suggests that the piloting of a digital Student Health Passport in the UK, which would ensure that students' health data and records travel with them so they can have consistent healthcare treatment across geographies – this could also have application in Ireland. See also ***Examples from Northern Ireland and Manchester*** on page 33.



A series of transitions

Another significant yet under researched transition is the transition into final year. There is much advice available on exam stress but for final year students but there is the added pressure of their undergraduate experience coming to an end. O'Donnell, Kean and Stevens (2016) present an understanding of transition as a complex process of development, change and identity shifts. They suggest higher education needs to move away from its narrow focus of transition initiatives and support for first-year students only. Morgan (2011) recognises that students experience a series of transitions throughout their higher education journey and has developed the Student Experience Transitions Model [SET] as a whole-system framework to support students throughout their higher education. The model was developed for all students at all levels of study. The six stages of the SET model are:

1. First contact and admissions
2. Pre-arrival
3. Arrival and orientation
4. Induction to study
5. Re-orientation and re-induction
6. Outduction.

TRANSITION Resources

- Student Led Learning Guidebook – peer assisted learning support transition
- Leeds for Life – peer mentoring programme
- Student Minds transition preparation package – Know before you go
- Get ready for 3rd level education MOOC getready.education
- Student Minds advice for exam stress – examstress
- Student Experience Transition model – SET
- Support for international students – International Students
- Coming out as LGBTQ+ at university – Studentminds
- Jed Foundation – Transition of Care Guide for student with mental health issues
- Jed Foundation – Set to Go

IMPROVE

Collect and analyse data to inform measures to improve student mental health

A baseline needs assessment and evaluation of current practices are key to developing the whole-system response for student mental health and suicide prevention. Frequent collection, evaluation and strategic auditing of data supports Goal 7 of *Connecting for Life Goal 7:* 'to improve surveillance, evaluation and high quality research relating to suicidal behaviour'.

Examination of existing data

An examination of existing data, such as campus-specific reports on counselling usage and waiting times, or subsets of national surveys such as those of USI (2019), MWS-1 (Dooley and Fitzgerald, 2012), MWS-2 (Dooley et al., 2019), Studentsurvey.ie (2020), as well as those of statutory and voluntary services in the local area are a good starting point from which to quantify the health of the student body and also to establish risk and protective factors. Also of interest in this regard is the work of the Irish Survey of Student Engagement.

'Strategic, well-designed programs can be developed only after program planners have gained a thorough understanding of campus problems and how their programs are expected to achieve specified goals. In other words, to plan strategically is to begin with the end in mind. Using a systematic, data-driven process [...] ensures that proposed solutions are designed to address specific campus problems. Following such a process helps to build broad ownership from leaders and key stakeholders and increases the likelihood that programs are integrated with one another and sustained over time' (Jed Foundation, 2011).

Ongoing audit and monitoring plan

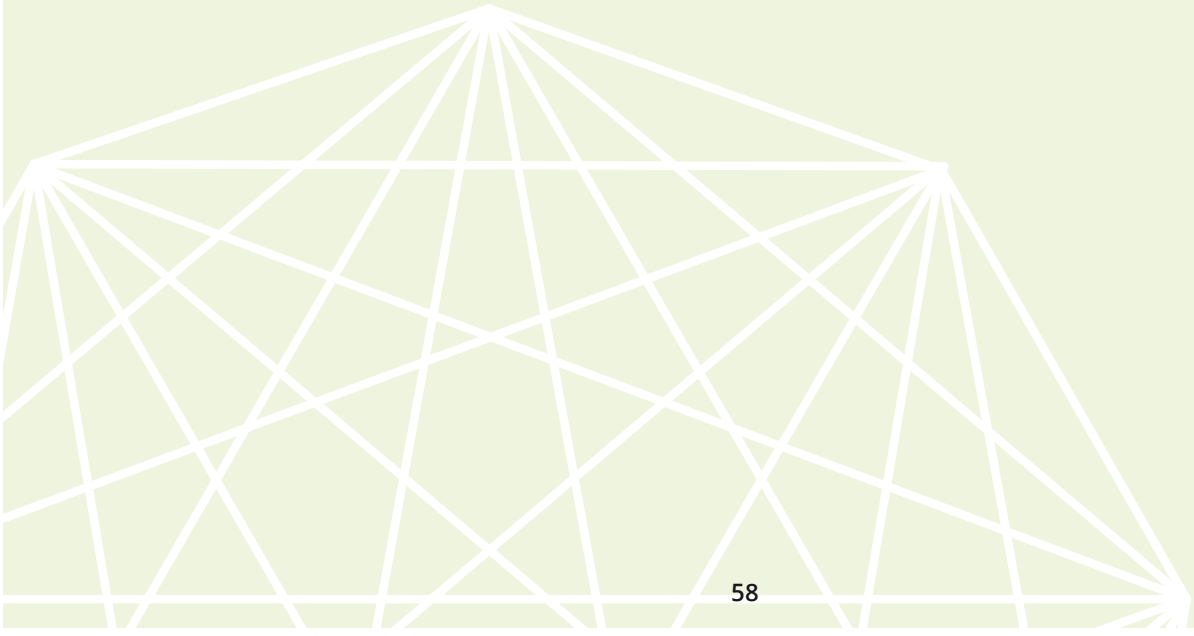
'Data drives an integrated, organisation wide approach to improvement' (Stepchange, 2020). Campus strategy begins with a baseline assessment, but progress audits must be conducted each year. Such reviews will reveal the effectiveness of policies and interventions, but also allow relatively quick action to improve outcomes.

Ongoing audits, monitoring of progress and other arrangements may be required more regularly, as appropriate. Consider existing data collection mechanisms where available – such as those listed above or other types of data collection such as surveys on student satisfaction, retention, evaluation, quality indicators, wellbeing/life satisfaction measures, graduate outcomes surveys, counselling outcome measures, waiting times and various student safety and health indicators (for example, on violence, criminal activities, sexual assault and substance abuse).

The Student Mental Health and Suicide Prevention HEI Implementation Guide (Appendix 1) maps onto this framework and provides an opportunity for HEIs to review, reflect and plan their support for student mental health and actions for suicide prevention.

IMPROVE Resources

- National Student Mental Health and Suicide Prevention Implementation Guide – see the Implementation Guide that accompanies this document.
- UUK Stepchange 2020 Institution Self-Assessment tool
- The Irish Student Survey on engagement and experiences of support studentsurvey.ie
- The NCAA Institution Mental Health Planning and Implementation kit provides an institutional self-assessment and a campus collaboration action plan
- Canadian Association of College and University Student Services Guide to Implementing and Assessing a Systemic Approach for student mental health



Abbreviations

ASIST	Applied Suicide Intervention Training
AUUUCD	Association for University and College Counselling Center Directors
BAME	Black Asian Ethnic Minority
CACUSS	Canadian Association of College and University Student Services
CAMHS	Child and Adolescent Mental Health Services
CAMS	Collaborative Assessment and Management of Suicidality
CCAPS	Counselling Centre Assessment of Psychological Symptoms
CNS	Clinical Nurse Specialist
CORE	Counselling Outcomes in Routine Evaluation
CPD	Continued Professional Development
CSO	Central Statistics Office
DARE	Disability Access Route to Education
DAWN	Disability Advisors Working Network
DBT	Dialectical Behaviour Therapy
DoCYA	Department of Children and Youth Affairs
DoES	Department of Education and Skills
DoH	Department of Health
DoHC	Department of Health and Children
DRP	Death Response Protocol
ED	Emergency Department
HEA	Higher Education Authority
HEAR	Higher Education Access Route
HEI	Higher Education Institute
HEMHA	Higher Education Mental Health Alliance
HSE	Health Service Executive
HSC	Health and Social Care Trusts (Northern Ireland)
IACS	International Accreditation of Counselling Services
ISHA	Irish Student Health Association
IUA	Irish Universities Association

LGBTQ+	Lesbian Gay Bisexual Transgender Queer (or Questioning) + Others
LHD	Local Health Districts
MOOC	Massive Open Online Learning Course
MWS-1	My World Survey-1
MWS-2	My World Survey-2
NCP	National Clinical Programme
NGO	Non-Governmental Organisation
NHS	National Health Service
NOSP	National Office for Suicide Prevention
NStEP	National Student Engagement Programme
NSRF	National Suicide Research Foundation
OECD	Organisation for Economic Cooperation and Development
ONS	Office of National Statistics (England and Wales)
PCHEI	Psychological Counsellors in Higher Education Ireland
PDP	Personal Development Planning
QQI	Quality and Qualifications Ireland
REACT	Respond to Excessive Alcohol Consumption in Third Level
SCAN	Suicide Crisis Assessment Nurse
SET	Student Experience Transition
SPRC	Suicide Prevention Resource Center
STORM	Skills Training on Risk Management
THEA	Technology in Higher Education
USI	Union of Students in Ireland
UUK	Universities UK
WHO	World Health Organization
WMH-ICS	World Mental Health – International College Students

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An Roinn Breisoideachais agus Ardoideachais, Taighde, Nuálaíochta agus Eolaíochta
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HEA HIGHER EDUCATION AUTHORITY
AN tÚDARÁS um ARD-OIDEACHAS

National Student Mental Health and Suicide Prevention Framework

Implementation Guide

2020

Seirbhís Sláinte Níos Fearr á Forbairt | Building a Better Health Service
Connecting for Life
USI Union of Students in Ireland Aontas na Mac Léinn in Éirinn
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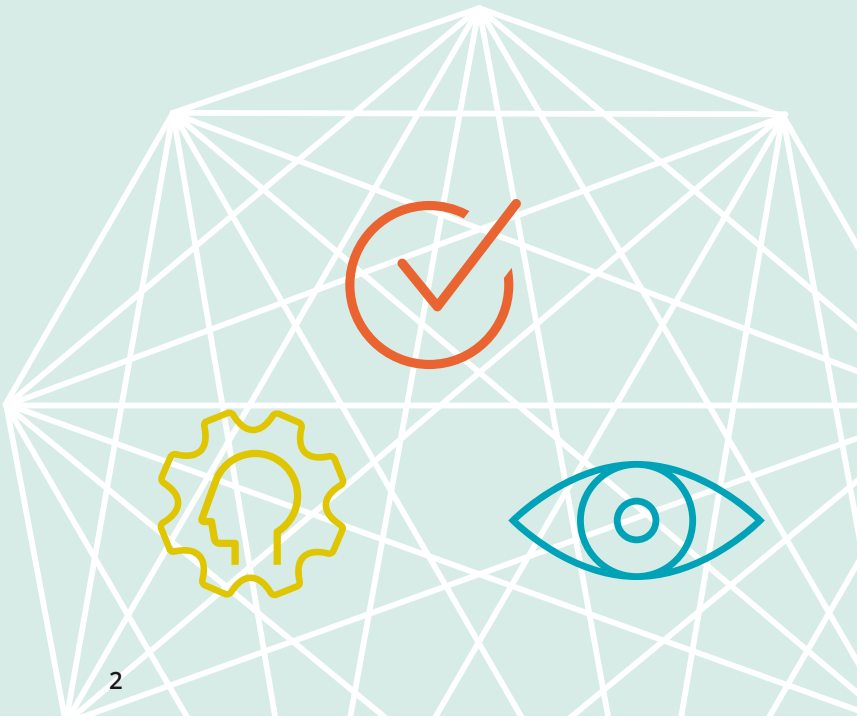
Using this Implementation guide

This *Implementation guide* is the companion document to *A National Student Mental Health and Suicide Prevention Framework for Ireland*. Its purpose is to offer HEIs guidance on how to implement the framework and embed it across all areas of campus life. For more details on the context of student mental health and the evidence base and international best practices behind the framework and its nine themes please refer to *The National Student Mental Health and Suicide Prevention Framework for Ireland*.

The framework, nine interconnected themes and subsequent resources are informed by international evidence that calls for an embedded whole system approach to student metal health and well-being with recommendations drawn from: Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020[1], World Health Organisation[2], Jed Foundation[3], Suicide Prevention Resource Center[4], Zero Suicide[5], Suicide Safer Universities[6], Student Minds Charter[7], Step Change 2017 and 2020[8 9] and international higher education polices[10 11].

For each of the nine themes set out in the *Framework*, this guide presents a set of good practice actions and a list of resources that give further information, links to international experience, as well as more tools and ideas for implementation.

These resources allow customisation based on individual HEIs culture, student needs and infrastructure. HEIs can review and reflect on their current support for student mental health and suicide prevention and identify areas where further improvements are needed. To implement the framework institutions must engage with the whole campus and work in partnership with students, through Students' Unions, to ensure that the student voice is central.



Build and support national and institutional strategies for student mental health

Improvements in student mental health and suicide prevention will only be effective if prioritised at a national, sectoral, and institutional levels - through policy and strategy, this is student-centred and championed by strong leadership.

Actions checklist

- Student wellbeing and mental health needs to permeate all aspects of decision-making at governmental level – to ensure HEIs can affect changes necessary in their institutions.
- Dedicated leadership – championing student success, wellbeing & mental health.
- Form a Mental Health Committee with engagement from all staff, including senior management, heads of departments and faculties, provosts, deans, counselling, students, academic staff, tutors, students' unions, security, and accommodation.
- Build and strengthen strategic partners nationally and in the community.
- Strengthen infrastructure by investing in resources (e.g., staff & technology).
- Stimulate campus-wide cultural change that de-stigmatises mental health issues, promotes wellbeing and encourages students to seek help when they need it.
- Develop or revise comprehensive institutional student mental health policies.
- Audit the campus environment with a view to restricting access to lethal means.

LEAD Resources

Whole-institution comprehensive approach

- Jed/SPRC Comprehensive Approach to Mental Health Promotion & Suicide Prevention for Universities
- University Mental Health Charter by Student Minds
- UUK Stepchange strategy and implementation of whole university mental health
- Cornell University: example of the whole campus application

Strategic policy development

- Policy for Student Mental Health Canada/UK
- The Jed Foundation Framework for developing institutional protocols for the acutely distressed or suicidal college students – includes developing a safety protocol, emergency contract notification protocol, and leave and re-entry protocol.
- Jed/SPRC Campus Mental Health Action Plan
- AUCCCD Responding to a Student Death Protocol and postvention examples
- Higher Education Mental Health Alliance Guide for Response to Suicide on College Campuses

Investment and returns

- Online calculator for economic returns on improve student mental health
- Investing in Student Mental Health for College Leadership

Means Restriction

- SPRC Restricting Access to Lethal Means at Universities
- The Jed Foundation's Means Restriction Saves Lives

Develop partnerships on campus and in the community with health services to support student mental health

HEIs need a co-creative inclusive, approach where students and staff are involved at every stage of the journey to improve mental health outcomes. Strong partnerships embedded throughout the institution with the HSE health services, local and national authorities, NGOs and the wider community to develop strategies, action plans and deliver services for student mental health and suicide prevention.

Actions checklist

- Establish strong and regular links with local mental health services.
- Establish formal connections between local authorities and government agencies.
- Establish formal relationships with non-statutory community agencies.
- Build staff and student capacity to work collaboratively with external agencies.

COLLABORATE Resources

Sector leading collaborations

- UUK is working with NHS leaders to improve mental health supports for students minding-our-future
- Manchester has a dedicated centre to support students from the region's 4 universities with mental health needs
- Link between NHS, Queen's University and Ulster University to support student mental health
- SMARTEN research network

Institute collaborations

- Student support services and HSE clinical nurse specialists at emergency departments

Community mental health promotion

- Mental health promotion Mental Health Ireland
- HSE mental health supports for young people
- HSE youth mental health information line 1800111888

Community mental health, suicide prevention, intervention and postvention support

- NOSP Community Resource Office
- NOSP suicide prevention training

Helpline support

- 50808
- Samaritans
- Pieta House
- Aware
- Jigsaw

Build campus knowledge and skills on student mental health and suicide prevention

Education and training are key to an improved understanding of and attitudes to mental health and suicide prevention. HEIs need to ensure that campus members are trained in mental health literacy and suicide awareness so that they can identify signs of psychological distress and direct vulnerable students to appropriate resources.

Actions checklist

- Establish training on mental health literacy, suicide awareness for all students and staff.
- Ensure that the whole community are aware of the steps to get help and support.
- Allocate time and resources for staff to support student mental health.
- Embed mental health awareness in the curriculum.

EDUCATE Resources

Gatekeeper training

NOSP · ASIST · SafeTalk · esuicideTALK · Start
Identifying and Responding to Distressed and at Risk Students: contact PCHEI
University of Wolverhampton suicide risk training: 3 Minutes to save a life
Mental Health First Aid training: mhfaireland
Charlie Waller Memorial trust: e-learning for colleges and universities
Free online suicide prevention training: zerosuicidealliance
See Engage Resources in this document on page 6 for curricular infusion resources

Health promotion

healthpromotion.ie · HSE Little Things Campaign
USI Health Promotion Strategy 2017-2020 · USI Re:Charge Campaign
Healthy Ireland 2018-2023
Jigsaw Workshop Brochure

CPD training for health care professionals

STORM · CAMS · SAFETool · SAFE-T · IACP · PSI

Create campus communities that are connected, safe, nurturing, inclusive and compassionate

HEIs need to foster the development of student wellbeing through community connectedness, purpose, engagement and belonging. Institutional culture needs to reflect diversity, inclusivity and compassion.

Actions checklist

- Provide for curricular infusion of mental health across all academic disciplines – life skills, resilience, management of challenges/adversity and adaptability.
- Reduce student isolation by promoting culture of belonging.
- Initiate peer mentoring programmes.
- Show zero tolerance to bullying and harassment.
- Encourage social environments and smaller groups within campus community.

ENGAGE Resources

Whole campus engagement

- Harvard University Belonging Strategic Plan
- Canadian Association of College & University Student Services Supportive, Inclusive Campus Climate and Environment Inventory

Curricular infusion

- PCHEI student well-being resources: includes apps, podcasts, online courses, workbooks
- Work & Wellbeing Required in undergraduate business module at Trinity College Dublin
- National Forum for the Enhancement of Teaching and Learning in Higher Education Curriculum Resources – the First Six Weeks of College support for new students and Peer-assisted student support
- Wellbeing statement in a place students frequent like Moodle or module syllabi – requiring professors address mental health and normalising help-seeking behaviour

Interventions and tools

- Harvard University Resilience Consortium
- US Air Force Suicide Prevention and Resilience Program
- Resilience Skills from Positive Psychology @the University of Pennsylvania

Establish a culture of mental health awareness, recognition, and compassion

HEIs need to take action to identify students who are at risk of mental health problems as well as promoting mental health awareness for all students and all front facing staff.

Actions checklist

- Establish regular, highly-visible mental health awareness raising interventions.
- Establish a culture that encourages disclosure of mental health issues.
- Establish a culture that supports students who are experiencing poor mental health and help them identify appropriate services.
- Make non-academic help such as social interpersonal skills an integral or mandated part of every student's HEI experience; in doing so, make it easier for students to seek help.

IDENTIFY Resources

- HSE NOSP help identify someone thinking about suicide – HSE about suicide
- Screening toolkit Ask Suicide Questions – aSQ
- JED Foundation self-evaluation screening toolkit for students – ULifeLine
- Green Ribbon and work nationally and in the community – seechange
- Training for health worker in gender sensitive service provision for men – ENGAGE
- HSE mental health support services for young people
- Community support to maintain and promote positive mental health – recoverycollege

Provide students with safe, accessible and well-resourced mental health support

HEIs must ensure that support services are adequately resourced, safe, inclusive, culturally appropriate, and accessible to all students, delivered by professionals using high quality, evidence-based interventions and therapies that are regularly evaluated.

Actions checklist

- Put in place high-quality, effective and adequately resourced treatment to support students with mental health issues.
- Establish better communications within the campus and between the campus and community services (in both directions).
- Develop cross-disciplinary/interdisciplinary collaborations with stakeholders.
- Provide access to referral pathways.
- Increasing mental health and suicide risk screening by support staff.
- Improve data collection, information sharing & contributing to a standardised data set.
- Provide integrated interdisciplinary services on campus.
- Provide CPD for student services staff.

SUPPORT Resources

Standards and evidence

- International Association of Counselling Services Standards
- NICE guidance, advice, pathways and quality standards on mental health and wellbeing
- ACHA, college health policies, guidelines, recommendations for college health professionals
- Jed Framework for developing institutional protocols for distressed or suicidal students
- Association for University and College Counseling Center Directors
- British Psychological Society evidence backed treatments and recommendations
- Zero suicide treatment guidelines
- Evidence-based psychotherapies for suicide prevention
- What interventions improve college and university students' mental health and wellbeing?: What Works Centre for wellbeing
- Orygen training resources
- HSE: Best Practice Guidance for Mental Health Services
- HSE NOSP: Best Practice Guidance for Suicide Prevention Services

Measures and data

- Center for Collegiate Mental Health: Standardized Data Set of student mental health
- Joint Commission Mental Health and Suicide Risk Screenings & Management
- Patient Health Questionnaire-9 (PHQ-9) – 9 item internationally-validated screening tool
- The ACHA-National College Health Assessment – widest used annual survey and dataset of students' health habits, behaviours, and perceptions

Continuing professional development

- See Educate Resources in this document on page 5 for training/CPD
- Clinical Load Index is a tool to help on staffing for mental health services in higher education
- The Irish College of General Practitioners training and standards in general practice CPD e-learning modules in mental health

Institutions need critical incident protocols for varying levels of student mental health crisis

In addition to the provision of treatment, HEIs need to have a crisis response or critical incident plan that is accessible to the institution as a whole. The plan should include clear responding protocols for varying levels of crisis and effectively communicated to the whole institution.

Actions checklist

- Have a plan in place. Well, coordinated postvention has a critical role to play in the prevention of further suicidal actions in a community affected by suicide.
- Establish a team to execute the plan with clearly defined roles for each member.
- Suicide postvention should include: psychological support, crisis intervention and other forms of assistance to those affected.

RESPOND Resources

- Suicide Safer Universities – Postvention Strategy – preventing-student suicides
- Student death and the university response (Flynn 2019) Death Response Protocol
- Suicide cluster response plans – Suicide_Cluster_Guide
- Jed Foundation provides a range of resources – Jed Postvention resources
- Guides for memorials – HEMHA; Samaritans step-by-step; Canadian CSP
- Critical response teams – Campus teams
- A guide for response to suicide on campus – HEMHA-postvention-guide
- NOSP suicide bereavement community training programme – Suicide Bereavement Training
- Media guidelines on reporting suicide – Media_Guidelines_Ireland

Establish student supports throughout the higher education journey

Higher education represents a major milestone and time of transition for students, therefore it is vital institutions do pre-entry, induction, re-orientation and outduction. Supports and interventions need to be in place for students who are more vulnerable to mental health issues during transitions.

Actions checklist

- Establish transition supports for students throughout the higher education journey: pre-entry, induction, re-orientation and outduction.
- Champion the introduction of 'student health passports' so that their health data and records travel with them.
- Identify at-risk groups to be targeted with intrusive student support, appropriate initiatives and outreach programmes, especially at key transition points.

TRANSITION Resources

- Student Led Learning Guidebook – peer assisted learning support transition
- Leeds for Life – peer mentoring programme
- Student Minds transition preparation package – Know before you go
- Get ready for 3rd level education MOOC getready.education
- Student Minds advice for exam stress – examstress
- Student Experience Transition model – SET
- Support for international students – International Students
- Coming out as LGBTQ+ at university – Studentminds
- Jed Foundation – Transition of Care Guide for student with mental health issues
- Jed Foundation – Set to Go

Improve

Frequent data collection and analysis to ensure an effective improvement in student mental health

A whole system response requires starting with a baseline needs assessment and evaluation of current practices. Regular collection, evaluation and strategic auditing of data is vital to ensure policies and interventions remain effective and allow prompt action to improve student mental health.

Actions checklist

- Complete an institutional baseline assessment of current practice.
- Track and analyse student risk/protective factors, and safety/health indicators using data collected via tools such as Irish Survey of Student Engagement, Graduate Outcomes Survey, as well as generic information on counselling outcomes, wait time, violent/criminal behaviour, sexual assault/substance abuse.
- Repeat institutional assessment annually and track progress against improvement goals set in each area.

IMPROVE Resources

- UUK Stepchange 2020 Institution Self-Assessment tool
- The Irish Student Survey on engagement and experiences of support – studentsurvey.ie
- The NCAA Institution Mental Health Planning & Implementation kit provides an institutional self-assessment and a campus collaboration action plan
- Canadian Association of College & University Student Services Guide to Implementing and Assessing a Systemic Approach for student mental health

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