Mental health strategy

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<td>Purpose</td>
<td>The University Mental Health Strategy is to promote positive mental health and wellbeing and to support each other in the creation of a healthy, well informed and compassionate working environment in which students and staff can fulfil their potential.</td>
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Introduction:

(1) Drawing on guidance from Universities UK (Stepchange Framework, 2017) and the Scottish Government, and in recognition of the needs of all students and staff, the University of St Andrews is taking a whole university approach to mental health and making it a strategic priority. We ask our community to take responsibility for the promotion of positive mental health and wellbeing and to support each other in the creation of a healthy, well-informed and compassionate working environment in which students and staff can fulfil their potential. Whilst recognising the different needs of members, we are also mindful of the fact that ours is a small and well-integrated community and, therefore, this is a single strategy for all.

(2) This strategy recognises the breadthness of the field of wellbeing and that different aspects of wellbeing are inter-related (so that, for example, physical exercise has acknowledged mental health benefits). The strategy does not, however, conflate mental health and wellbeing and nor does it seek to address all aspects of wellbeing. The scope of this strategy is specifically mental health and mental wellbeing.

(3) The aim of the strategy is to raise awareness and to reduce stigma about mental health issues, to foster a collegial, responsible and supportive workplace, to enhance the support available to students and staff and to increase awareness of, and participation in, wellbeing activities. This strategy provides the framework within which we will address these aims and sets out both a) what is current practice and, b) on the basis of evidence, what we need to do next in order to improve our mental health promotion and our provision for mental illness support.

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2 It has been suggested that conflating the two may be damaging. See Rachel Hewitt, ‘Measuring well-being in higher education’, Higher Education Policy Institute (HEPI), Policy note 13, May 2019. [https://www.hepi.ac.uk/2019/05/09/measuring-well-being-in-higher-education/].
This strategy has been developed by a working group with representation from academic staff, the Students’ Association, Student Services, Occupational Health, Professional Services, CAPOD, the VP Education (the Proctor) and the AVP Diversity. Preliminary consultations were carried out with representative groups of students and staff, and further consultations took place with Human Resources, Trade Union representatives, EDI networks, the broader university community and the NHS. A Mental Health Task Force has been established in order to develop and monitor an action plan for delivery of the strategy, to enhance our digital communication around mental health and to consult with members of our community as we implement the strategy and respond to new challenges.

**Rationale:**

There has been a significant increase in the numbers reporting mental health issues across the university sector. This has led to an increase in demand for mental health services and a recognition on the part of the University of the importance of promoting positive mental health and wellbeing, early intervention and enhanced counselling and training services where mental health issues arise.

According to the Scottish Funding Council’s Paper on Mental Health, ‘the number of college and university students seeking counselling support has increased from 2012-13 to 2016-17’, by an average of a 67%, and by 47% in those accessing counselling services (Annex C, p. 14).

Recent publications, including those from Wonkhe and the Higher Education Policy Institute (HEPI), also point to an increase in Mental Health concerns amongst staff in the HE sector.

At the University of St Andrews, the number of students disclosing a mental health disability has more than doubled from 250 students in the academic year 2014/15 to 542 in 2018-19). Many students who are disclosing ‘two or more disabling conditions’ have a mental health disability, and these numbers have also more than doubled since 2014/15 (48 to 122).

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In terms of staff, the University of St Andrews Occupational Health team reports that in 2017/18 mental health issues accounted for 4,120 days lost, which was a 37% increase from 2016/17. In the same year, mental health accounted for 26% of all absences and was one of the top three reasons for Occupational Health reviews. In 2018-19, over a nine-month period, the footfall through Occupational Health was nearly 2,300 contacts with 62% of these presenting with a mental health aspect, most commonly depression and/or anxiety; figures for work-related stress also show an increase of 44% in the Units and 37% in Schools since the previous year.

A recognition of transitions, pressure points and the need to provide focused support informs our strategy and we are determined to make positive mental health and wellbeing a key aspect of the student and staff experience at St Andrews. Responding to mental health issues will also be a priority. Just as physical health is an issue for everyone, we hope that, through the development of this strategy, mental health will also be recognised as everyone's business. We therefore aim – with your support – to create a working environment that is compassionate and responsible for all members.
The Strategy:

(11) This strategy commits the University to demonstrating leadership; working to destigmatise issues around mental health; supporting students and staff throughout their careers at St Andrews; promoting positive mental health and wellbeing within our community and in partnership with outside experts; supporting those facing significant mental health challenges; and monitoring the situation and responding to changing needs. This strategy confirms the University’s commitment to the whole community’s mental health and wellbeing, which is a fundamental part of our wider commitment to providing the necessary conditions and environment for all in our community to thrive and flourish.

(12) While specific to the context and needs of the University of St Andrews, the strategy reflects the themes put forward by Universities UK’s Stepchange Framework for mental health in higher education (2017). The areas that the strategy covers are:

1. **Leadership:** As a strategic priority of the university, mental health and wellbeing will be supported by the Office of the Principal and the Students’ Association. We will help our community as a whole to show leadership and take responsibility for supporting mental health and wellbeing at all levels across the University.

2. **Promotion and Prevention:** We will work to destigmatise mental health issues and we will examine the areas in which stress and anxiety for students and staff can be reduced, resilience enhanced in order to support staff and students dealing with the everyday stresses of academic life, and a positive environment for mental health and wellbeing created.

3. **Suicide Prevention:** We will deliver a suicide prevention strategy for the University.

4. **Early Intervention:** We will continue to encourage early disclosure of mental health issues, deliver appropriate supports and enhance digital and other communication of available services.

5. **Transitions and Pressure Points:** We will work to support students and staff at key transition points in their university careers. We will help students and staff to build resilience to deal with everyday stress and also to recognise when stress levels become greater and they need to access further support.

6. **Support for Students:** We will provide clearly sign-posted and accessible support services and training for students, including targeted support for those facing additional challenges.

7. **Support for Staff:** We will improve communication around support services and we will increase training for staff to help themselves and others and to create a healthy working environment.
8. **Partnerships**: We commit to cultivating and extending partnerships both internally and externally to deliver the best possible mental health support for students and staff.

9. **Data and Monitoring**: In addition to keeping abreast of relevant national and international developments and best practice, we commit to the ongoing evaluation of needs of staff and students at St Andrews as the evidence base for considering appropriate responses and, further, we commit to measuring their effectiveness over time.
I. Leadership:

(13) The University has made mental health a strategic priority with direct oversight of support and provision from the Office of the Principal. The VP Education and the AVP Diversity are the members of that office with responsibility for the development of the strategy. The University’s Mental Health Task Force will also play a key role in its implementation. The Student Association’s Director of Wellbeing, in partnership with other representatives, articulates the student voice in the development and implementation of our strategy. Together we will help our community to show leadership and take responsibility for promoting positive mental health and supporting those facing mental health challenges at all levels across the University.

(14) What we are doing now:

i. The University has initiated obligatory mental health training for those taking on management roles (Heads of Schools and Units).

(15) What we will do next:

i. We will create a University Mental Health Task Force, with representation from Student Services, the Students’ Association, the Faculties of Arts and Divinity and Science and Medicine, Occupational Health, Human Resources and Organisational & Staff Development Services (OSDS), reporting to the VP Education and the AVP Diversity, to help to implement the strategy and to respond to issues and opportunities as they arise. The Task Force will ensure that communication and activities related to the strategy are coordinated on a University-wide basis.

ii. We will continue to improve communication (digital and other) around mental health issues and to signpost the relevant services and policies available and link to further resources. The University’s new online policy hub— The Governance Zone— will clarify where to locate all policy documents relevant to mental health.

iii. We will create an Advisory Board of outside experts and strategic partners to keep us informed of best practice and to offer feedback on our own support systems.

iv. We will provide mandatory mental health training for current Heads of Schools and Units, as well as for School Wellbeing Officers.

v. We will implement a programme to ‘train the trainers’, so that the Mental Health Toolkit can be delivered in every School and Unit across the University on an ongoing basis.

vi. Heads of Schools and Units will be encouraged to include regular positive mental health and wellbeing discussions in their team’s practice, at events such as staff councils and School and Unit meetings.
vii. Schools and Units will be encouraged to work with the Mental Health Task Force to promote positive mental health and to work to destigmatise mental health issues.

viii. Discussion of vision for engagement with the University’s Mental Health Strategy will be part of the process when choosing people for leadership roles.
2. Promotion and prevention:

(16) We will work with students and staff and especially those in key support roles to raise awareness about positive mental health and wellbeing and to help to reduce stigma around mental health.

(17) What we are doing now:

i. We provide wellbeing resources for students through the accredited Wellbeing, Counselling/Cognitive Behaviour Therapy (CBT) and Mental Health Team in Student Services, the Wardennial Teams, the Sports Centre and the Library. We provide and regularly develop stress-reduction activities at examination periods. The University has also appointed a part-time assistant to the Chaplain, to facilitate the wellbeing activities offered by the multi-faith chaplaincy.

ii. The University has created two Graduate trainee posts focused on mental health to address the skills shortage in this area. The post-holders will work with Student Services and the Students’ Association, enhancing our peer support offerings and helping to develop an anti-stigma campaign.

iii. The University has employed two Clinical Supervisors (1FTE) to work with staff in Student Services, Occupational Health and any staff member across the University to provide professional support whilst working with staff and students. Clinical supervision is complementary to, but separate from, managerial supervision. The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect, review and learn from their personal and professional responses when working with people who have emotional or mental health difficulties.

iv. We have committed to the NUS Scotland’s Think Positive campaign and the creation of a Student Mental Health Agreement.

v. The Students’ Association runs events and campaigns aimed at promoting positive mental health in the student community through the Student Representative Council (SRC) Wellbeing Subcommittee. The Students’ Association has a Zero Tolerance Policy towards bullying and harassment.

vi. ‘Got Consent’ provides bystander intervention training to all students living in halls, as well as all Students’ Association subcommittees and society committees.

vii. Student Services is working with the Students’ Association to develop Active Listening Training for students in leadership positions, such as those on subcommittees, society committees and sport club committees.

viii. The Students’ Association and the Centre for Educational Enhancement & Development (CEED) have developed signposting training for all student mentors in CEED mentoring.
schemes, to ensure they can make mentees aware of the services available to them and ensure mentors are not tackling issues they are not trained to provide support on.

ix. OSDS provides mental health-related training opportunities including the NHS Scotland Mentally Healthy Workplace for Managers course, Scottish Mental Health First Aid training, resilience training, and other relevant workshops. The promotion of mental health and wellbeing is part of the University Wellbeing and Engagement Group’s annual campaign calendar, delivered by CAPOD and linked to national Mental Health Awareness Week.

x. We provide a wide range of wellbeing information, news and resources via the University ‘Wellbeing’ webpage, maintained by OSDS.

xi. Occupational Health offers a range of services and support for staff, including help for staff to achieve improved work/life balance and to improve their wellbeing. In addition, Occupational Health offers support and advice for comorbidity ailments that would have a risk of impacting on wellbeing and mental health.

(18) **What we will do next:**

i. We will enhance digital communication and signposting around mental health and wellbeing provision across the University (including during key transitional and pressure points).

ii. We will help members of our community to develop resilience in order to cope with the everyday stresses of academic life.

iii. We will ensure that all Schools and Units have a Wellbeing Officer and an Equality and Diversity Officer in place by the 2020-21 academic year.

iv. We commit to providing Wellbeing Officers and Equality and Diversity Officers with training to encourage the promotion of positive mental health and wellbeing. In addition, Wellbeing Officers will be trained to deliver the MH toolkit within their Schools and Units.

v. We will publish collaborative resources (digital and non-digital) – to inform students and staff on key wellbeing and mental health service provision, resources and contacts.

vi. The University and Student Services and the Students’ Association will help Hall committees to use their resources to provide activities and opportunities for inclusion and belonging.

vii. We commit to developing a University-wide positive mental health campaign to help to reduce stigma, encourage disclosure, and promote peer support. We will work with staff and with the Students’ Association to identify and support Mental Health Champions, who in turn will work to reduce stigma and raise awareness of mental health by sharing their experiences.

viii. We will create a range of reporting tools to encourage early disclosure.
ix. We will explore wellbeing and mental health in the curriculum and will make it an ‘Educational Priority’ for 2021.

x. With the Occupational Health team, we commit to enhancing healthy behaviours of our staff through evidence-based interventions and initiatives in order to reduce the risk of long-term chronic health complaints that can trigger poor mental health.

xi. The Students’ Association will develop a drugs and alcohol awareness branch of StAnd Together. This branch will run campaigns linked to drugs and alcohol, including campaigns which reduce stigma around seeking help for issues with substance abuse.

xii. An individual’s socioeconomic environment, class background, social networks, employment and finances are some of the complex elements that can impact mental health in a HE setting. The Equality, Diversity and Inclusion (EDI) office will, therefore, commission a report to explore socio-economic context and examine the impact of cost of living and cost of healthcare on mental health and wellbeing.

xiii. Building on our recent university-wide teaching and learning space review (2017-18) and plans for campus development, we will take into consideration the impact on students and staff of a healthy and positive physical working environment. All new building and large refurbishment projects will include a colleague with EDI and MH training.

3. Early intervention:
We will encourage early disclosure and provide training.

(19) What we are doing now:

i. We provide opportunities for Mental Health training to those staff in student-facing roles.

ii. Across the wider University, the bespoke Mental Health Toolkit training (originally adapted from the NHS Scottish Mental Health First Aid course), designed and delivered by Student Services staff, has improved mental health awareness and confidence for over 700 staff. Sabbatical Officers in the Students’ Association received mental health training through Student Services to ensure they can support students who may come to them.

iii. We will continue to employ and review our academic alert system, which allows for early intervention with regards to academic engagement.

iv. We include a range of supportive conditions for students returning after a leave of absence to re-engage with their studies successfully.

v. Student Services deliver ‘How to Help a Friend’ workshops, working with the Students’ Association to increase student engagement.
vi. The Occupational Health Team advises managers to undertake an individual stress risk assessment for all staff reporting work-related stress and encourages staff to create a Wellness Recovery Action Plan (WRAP) with their manager.

vii. OSDS offers training for managers and staff to build awareness and to equip people with mental health resources (like resilience) and a workplace coaching service which is open to all staff and is a valuable early intervention.

(20) **What we will do next:**

i. We will develop anti-stigma campaigns with the Students’ Association and the Mental Health Task Force linked to seeking support, encouraging students and staff to get support early before manageable problems become crises which impact multiple areas of life.

ii. We will provide online information about mental health to all student-facing academic staff. In addition, all academic staff will have access to training via in-School delivery of the Mental Health Toolkit.

iii. The University will foster a supportive environment to encourage early disclosure of mental health issues, ensuring students and staff that this information will be treated in confidence and only used to provide relevant support.

iv. The University commits to the introduction of Critical Responders, to relieve pressure at peak time of demand, such as at night-time and weekends.

v. With the Occupational Health Team, the University commits to training Heads of Schools and Units to undertake, complete, review and implement both departmental/unit stress risk assessments and individual stress risk assessment for all staff who report work-related stress issues.

vi. With the Occupational Health Team, we will offer guidance for managers and staff to complete, develop, review and implement WRAP where appropriate.
4. Suicide prevention:

(21) We recognise that suicide safety needs to be an institutional priority and placing the Suicide Prevention Strategy within the wider Mental Health Strategy confirms this status. We are working together to create compassionate and aware communities within the University.

(22) What we are doing now:

i. The University has in place risk management procedures around suicide as part of its comprehensive risk management system, overseen by the VP Governance. This is reviewed on a quarterly basis.

ii. In line with Universities UK Suicide Safer Strategy, the VP Education has established three teams: Prevention, Intervention and Postvention. Working with internal stakeholders and external experts, these teams aim to develop and deliver good working practices and new initiatives to ensure the University of St Andrews has a whole university approach to preventing suicide.

iii. Students and staff with any concerns about student suicide have clearly established contact routes to Student Services via its Advice and Support Centre (ASC).

iv. Student Services provide tailored interventions to those most at risk and coordinate with the NHS where appropriate.

v. Student Services has developed regular liaison with GP practices and have a system for coordinating when there are concerns around risk. Student Services has a Risk Protocol that specifically monitors students at risk to themselves as well as monitoring best practice in risk reduction.

vi. A new Security and Response Team provides enhanced out of hours cover, involving staff with mental health training.

vii. Universities UK Suicide Safer document indicates that 54% of mental health patients who died by suicide had a history of alcohol/drug misuse. We are addressing this issue by training Student Services staff, including Wardens, in brief alcohol interventions and several Counsellors already have training in alcohol and drug reduction.

viii. Student Services will continue to reach out to students who have been adversely affected by the suicidal or risky behaviour of peers, friends and other people they know.

ix. The Students’ Association, in collaboration with national campaigns and the Press Office, will deliver information regarding campaigns annually in September (Suicide Awareness Month).
(23) What we will do next:

i. We will deliver a University Suicide Prevention Strategy within the 2019-2020 academic year.

ii. We commit to increased communication around suicide prevention and emergency support.

iii. The University has committed to a continuation of the provision of Student Mental Health Coordinators in accordance with our needs.

iv. The Mental Health Task Force will work to identify liaison routes with Schools to embed messages promoting wellbeing and suicide awareness in the processes of academic life.

v. We will train Student Services staff in brief drug interventions to complement existing training in brief alcohol interventions.
5. Transitions and Pressure Points:

(24) The University commits to promote compassionate and aware communities for students and staff experiencing transitions. The university experience is a transformational stage in the lives of students and often for staff. Identified transitions for students include: moving from child to adult mental health services; coming to university; progressing through the academic structure; leaving university; and moving to another country for international study. For staff, these transitions include: first jobs; caring responsibilities; family leave; chronic long-term health complaints; retirement; flexible working; organisational change; and moving to the University from another city or country.

(25) There are certain groups who face additional challenges and we are working to develop targeted support in response to these. Drawing upon multiple sources of information, such as national and University specific surveys, like the National Student Survey (NSS) and internally-focused University wellbeing studies, we are aware that lower levels of mental wellbeing and higher levels of depression are experienced by international students, first generation HE students, non-binary students, students with disabilities, and students from minority ethnic backgrounds.

(26) What we are doing now:

i. Student Services provides a Matched Care model designed to assist students by offering the lightest effective intervention when it is needed. Additionally, Student Services Disability Advisers target applicants who declare a mental health disability to ensure they have appropriate care upon moving to St Andrews.

ii. Student Services works with Registry to identify students facing specific or additional challenges and to ensure that they have appropriate support.

iii. We are proudly international with 45% of students and staff at the University who are from outside the UK. We are working to enhance existing targeted efforts to further promote compassionate and aware communities for the high proportion of international students and staff at St Andrews.

iv. The Students’ Association provides incoming students with information on available support through publications and digital resources prior to arrival.

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5 Our Matching Care model includes wellbeing support and counselling as well as CBT and mental health coordination. It aims to:

- promote autonomy, resilience and independence of students by offering the lightest effective interventions.
- offer equity of access by ensuring there are appointments available to students need at the right time.
- prudently and efficiently use of all our resources.
v. Peer Support Volunteers are available on call throughout Orientation Week and beyond to provide support to any incoming students.

vi. We have created a ‘Transition pathway’ programme to support staff involved in organisational change.

(27) **What we will do next:**

i. We will provide information about wellbeing and mental health as part of the admissions process for students and induction for new members of staff.

ii. We will provide support and guidance via the Careers Centre, Human Resources, Global Office, Registry, Wellbeing Officers and EDI for other key transition points for students and staff.

iii. Working with Student Services, Human Resources, the VP Education, the AVP Diversity, the Students’ Association, and existing groups, we will enhance our targeted initiatives for susceptible groups (such as: international students and staff; refugees; people on the spectrum of neurodiversity; students and staff with disabilities; black, Asian and minority ethnic students and staff; and lesbian, gay, bisexual, trans, queer/questioning students and staff).

iv. We will help members of our community to develop resilience in order to cope with the everyday stresses of academic life and to recognise when stresses become greater and other supports are required.

v. We will continue to provide support and guidance via Human Resources and Occupational Health for key transition points for staff.

vi. The Students’ Association will develop initiatives around transitions, such as Freshers’ Week events to help incoming students to become settled in their new community and feel part of the St Andrews experience.

vii. The University will increase support available to graduating students, and ensure we are communicating with them throughout their final semester to prepare them for leaving university.
6. Support for Students:

(28) The University offers a range of support services in response to ongoing needs assessment. Student Services offer assessment-based mental health support that is linked to a broad range of student services.

(29) **What we are doing now:**

   i. Student Services provides an integrated, university-wide system of support and advice to encourage non-medical responses where appropriate. This includes: a Matched Care model of counselling; health advice and referrals; disability service; mental health training; wardens in residences; and signposting for information about funding, accommodation, the Library, Registry, multifaith Chaplaincy and the Students’ Association.

   ii. We currently offer online support for students through SilverCloud (a CBT programme), which is available to all staff and students of the University with a username and password.

   iii. Support and advice are also available from: Academic Advisors, Study Abroad Advisors and Associate Deans (Advising). Within Academic Schools, there are: Directors of Teaching, Directors of Postgraduate Studies, Wellbeing Officers, Equality and Diversity Officers and Study Abroad Officers.

   iv. Existing policies and procedures regarding engagement, such as the Academic Alert system (linked to Student Services) and Leave of Absence, are clearly signposted.

   v. The Disability Team is currently developing enhanced guidance for Schools on inclusive teaching, learning and assessment.

   vi. We have enhanced out-of-hours provision through the University’s Security and Response Team.

   vii. The Students’ Association has a variety of support to help students, including Stand Together (peer-to-peer support) and an online ‘Help Hub’ where students can find services and resources for a range of issues, including mental health.

(30) **What we will do next:**

   i. We will continue to monitor demand on student mental health services and allocate resources accordingly.

   ii. We will provide information and signposting on Mental Health within the St Andrews Orientation app.

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6 We are the first psychological therapy service to have received the Royal College of Psychiatrists/ British Psychological Society APPTS (Accreditation Programme for Psychological Therapies Services) accreditation in Scotland and only the second HEI to have received it in the UK.
iii. Aligning with the People Strategy, we will provide online route maps for mental health and mental wellbeing for all students.

iv. The University commits to providing obligatory mental health training for those in key student support roles, as well as increased online training for students. In addition, support will be given to the Students’ Association to guarantee the provision of peer-to-peer training.

v. We will work to improve and develop the communication of existing provision with clear signposting of relevant policies and resources. As part of this, we will highlight and enhance our online provision.

vi. We are currently piloting a graduate trainee scheme, providing two graduates with work-based learning opportunities and CBT training. Once trained, they will help to train others and collaborate on the implementation of the Mental Health and Suicide Prevention Strategies.

vii. The University commits to enhancing student literacy around mental health, building on our existing Mental Health Toolkit.

viii. We will work with our PG cohort, the Student Association and St Leonard’s PG College to create more targeted support for this group of students.

ix. We commit to working with academic schools to ensure that reasonable adjustments for mental health disability are in place.
7. Support for Staff

(31) The University offers a range of support and advice in response to ongoing needs assessment.

(32) **What we are doing now:**

i. We offer mental health training to those in student-facing roles and to Heads of Schools and Units.

ii. We offer information and advice about finances, disability, flexible working and career breaks, and provide signposting to other services.

iii. The Occupational Health Team offers counselling, referrals, health advice and other supports, including CBT and online resources. It currently operates a model of prioritised reviews with a commitment to see staff as follows: all staff within 30 days; staff with work related stress within 14 days; staff with mental health crises within 48 hours.

iv. The Occupational Health Team works with Human Resources and provides fitness to work and fitness to attend capability/disciplinary assessments regarding mental health.

v. Occupational Health works in partnership with OSDS to deliver mental health training to managers.

vi. The University Wellbeing and Engagement Group (run by OSDS) offers support, activities and information to actively promote positive mental health, and aims to enhance the connection between staff wellbeing, levels of engagement, and organisational performance.

(33) **What we will do next:**

i. We will continue to monitor demand on staff mental health services and allocate resources accordingly.

ii. We will improve our digital communication around mental health, wellbeing and supports.

iii. Aligning with the People Strategy, we will provide online route maps for mental health and mental wellbeing for all staff.

iv. We will work to enhance our counselling and Matched Care model.

v. We will provide more detailed HR guidance on dealing with mental health issues and their impact on staff.

vi. The University will expand the mental health training provision for staff, including online provision.

viii. The University will continue to review the training and support for staff in teaching roles, administrative roles, support and estate roles, and those working in halls.

ix. Regular meetings of Wellbeing Officers will be coordinated by Student Services (student-focused) and Human Resources/ Organisational Development/ Occupational Health (staff-focused).
x. We will work to develop targeted Occupation Health support for Units/Schools where we identify mental health risks.

xi. We aim to reduce the waiting time for an Occupational Health review for all staff in order that early intervention can be offered.
8. Partnerships:

(34) We work collaboratively within and outwith the University, with the NHS, local GPs and mental health services and we will continue to build and strengthen our links with third-sector organisations.

(35) What we are doing now:

i. Existing collaborations and partnerships include links with local GPs and hospitals; MANTRA—tailored provision for students with an eating disorder, operated jointly with GP practices; the Student Health Hub, a collaboration with the local community hospital in St Andrews; monthly liaison meetings with GPs, and collaboration with the Heads of Disability Services across Scotland to enhance assessment practices.

ii. We have signed up to Think Positive, the Scottish Government-funded student mental health project at NUS Scotland and we are committed to working with the Students’ Association to develop a Student Mental Health Agreement.

iii. Occupational Health works with several outside partners, including the government’s ‘Access to Work’ scheme, local Alcohol Awareness support services, and health and fitness practitioners.

iv. The Students’ Association and Student Services have formed a strong partnership with Nightline, which provides a vital listening service for students.

v. We commit to ongoing collaboration with other colleges and universities to share resources/best practice and we currently work with HUCS (Heads of University Counselling Services) and Amosshe (the student Services managers organisation sharing best practice). We are also represented on the Universities Scotland Mental Health group and the Scottish Government Mental Health working group and we participate in the Scottish branch of the Healthy Universities Network.

vi. We have established informal links with the Scottish mental health charity, PENUMBRA.

(36) What we will do next:

i. The Suicide Prevention and Intervention teams are creating strong links with local and national partners from the healthcare and voluntary sectors and with the local authority, especially local suicide partnerships. Colleagues have identified external stakeholders in Public Health and Health Promotion and are exploring how best to work with them.

ii. The Suicide Prevention Group commits to working with the Public Health and Health Promotion Lead for Mental Health in Fife. We will work with the Health Promotion Officer for the Fife Health and Social Care Partnership who are re-establishing a Core Multi-Agency
Suicide Prevention Group in Fife. In addition, members of the Intervention Group have begun engagement with the Samaritans.

iii. The University and the St Andrews SA will continue to lobby the government for increased investment in local mental health services.

iv. Occupational Health will build on partnerships working both within the University and in the wider community to assist our staff in receiving the appropriate holistic support that may be required.
9. Data and Monitoring:

(37) We commit to the ongoing evaluation of needs of staff and students in order to measure the impact of our activities. We commit to evidence-based planning and responses to change.

(38) What we are doing now:

i. Ongoing monitoring is already carried out by the Occupational Health Team and we commit to enhancing this. Occupational Health undertakes patient satisfaction surveys every six months and produces statistics on trends with Units and Departments for staff mental health and work-related stress to allow appropriate intervention. Occupational Health produces and monitors all absence statistics, specifically focusing on mental health and work-related stress.

ii. Ongoing monitoring is already carried out by Student Services and we commit to continuing and enhancing this. The data provided by Student Services allows for evidence-based interventions and development of targeted supports for students.7

iii. We have completed an audit of mental health provision across the university and identified strengths, weaknesses and future actions.

iv. Approximately 30% of staff took part in the People Strategy survey/focus groups in 2019. These focused on all aspects of staff experiences including work-life balance, health, crises and wellbeing.

(39) What we will do next:

i. We are currently developing an undergraduate survey to address the issue of mental health and wellbeing amongst our largest student population, taking particular note of our highly international student body and students with protected characteristics.

ii. We commit to surveying our postgraduate community to help us to understand and respond to their specific mental health needs.

iii. We will evaluate the data provided by existing surveys, including internal measures (such as the Equality and Diversity survey) and external ones (such as the iGrad survey), to inform our planning.

iv. We will include questions related to mental health and wellbeing in the annual/biannual staff survey.

v. We will work with underrepresented groups and those less likely to report problems in order to understand their specific needs and how to adapt our provision to them.

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7 In its Matched Care model, Student Services employs the CORE 34 Outcome Measure, a set of 34 questions asking about the student’s wellbeing, problems/symptoms, functioning and risk to self/others. It provides a basic consistent framework for all practitioners working in the Matching Care team.
vi. Occupational Health will undertake a University health needs assessment to plan strategic interventions in any areas highlighted as risk to both the University and staff.

vii. Progress on our commitments within the strategy and the work of the Mental Health Task Force will be reported to the VP Education and the AVP Diversity.

viii. We will use the EDI-commissioned report on the impact of cost of living and cost of healthcare to build our evidence base.
Appendix 2: Staff Mental Health and Wellbeing Guidance Map—Are you ok?

Are you OK?

What’s going on?

Work Issues
Share what’s on your mind with your HR Business Partner, line manager, or the head of your Unit or Department.

Interested in expanding your skill set? Talk to OSDS osds@

Coaching & Mentoring
can support your professional development osds/my-development/mentorin g-coaching/

Discrimination? Support & Advice
Equality, Diversity & Inclusion
01334 463096 diversity@st-andrews.ac.uk

Trade Union Representatives
offer advice, support and guidance on employment matters.
Unison unisonlocal.wp.st-andrews.ac.uk
Unite unite@theunion.or unitemail@
University and College Union (UCU)
standrewsunions.org/ucu/

Emotional & Mental Health Issues
Need to talk?
Occupational Health 01334 462750 or 01334 462752 occhealth@
Chaplaincy 01334 462866 or chaplaincy@
Samaritans 116 123 or text 07725 909090 Free to call 24 hours.
Breathing Space An NHS Scotland service for anyone with low mood, anxiety or depression. 0800 838587 Free to call Mon-Thurs 18.00-02.00 and Fri-Mon 18.00-06.00 Breathingspace.scot
CALM Specialist support for men who are feeling down or need to talk. 0800 585858 Free to call 17.00-22.00 Daily thecalmzone.net/help
Switchboard Specialist support for the LGBT+ community 03003 30830 10.00-22.00 Daily switchboard.lgbt

Physical Issues
Health & Fitness Saints Sport
Explore the benefits of staff membership 01334 462190
Illness or Injury?
Physiotherapy & Sports Medicine – Heal Physiotherapy 01334 845248 healphysiotherapy.co.uk
HNS Scotland scot.nhs.uk NHS 24 111
St Andrews Community Hospital 01334 465566
Disability Support? Occupational Health 01334 462750 or 01334 462752 occhealth@

Other
Wellbeing
Sign-up for the Well Now! Newsletter & visit the Wellbeing calendar via OSDS’s website @ st-andrews.ac.uk/staff/wellbeing
Child Care
University of St Andrews Nursery nursery@st-andrews.ac.uk 01334 460606
Scottish Family Information Service Families.scot 01592 583146

Alcohol & Drugs
DAPL offers counselling & support to those affected by substance use in Fife. The service is free & confidential. 01334 422277 dapl.net/home/
Fife Alcohol Support Service fassaction.org.uk

Mental health issues?
Please visit your GP. In an emergency call 999.

Still not sure who to talk to?
Contact Human Resources or your HR Business Partner: humres@ or 01334 463096 standrews.ac.uk/hr/supportandadvice

The University of St Andrews is a charity registered in Scotland, No: SC013532
Appendix 3: Other related University Policies

The University’s Mental Health Strategy interacts with several of the University’s established policies, most notably, but not exclusively, the following:

*Institution-Wide*

- **Alcohol, drug and substance misuse policy**

- **Health and safety policy**

- **Policy on dealing with abusive, persistent or vexatious complaints and complainants**

- **Policy statement relating to student sexual misconduct**

- **Protection of vulnerable groups and criminal records check policy**

- **Risk management policy**

- **Safeguarding of children, vulnerable adults and prevention of radicalisation policy**

- **Trans staff and students policy**
  [https://www.st-andrews.ac.uk/staff/policy/hr/policyandguidanceontransstaffandstudents/](https://www.st-andrews.ac.uk/staff/policy/hr/policyandguidanceontransstaffandstudents/)

*For Students*

- **Fitness to study policy**
  [https://www.st-andrews.ac.uk/policy/academic-policies-student-progression-fitness-to-study/fitness-to-study.pdf](https://www.st-andrews.ac.uk/policy/academic-policies-student-progression-fitness-to-study/fitness-to-study.pdf)

- **Student absence policy**

- **Student harassment and bullying policy**

- University data protection code: collection and use of student personal and sensitive personal data

- Policy on Leave of Absence, Re-engagement and Withdrawal

- Academic adjustments for disabled students: Guidance for students

**For Staff**

- Academic adjustments for disabled students: Guidance for staff

- Academic promotion procedure

- Assessments, policies and procedures: Guidance for staff

- Capability policy: For long-term absence

- Capability policy - poor performance

- Career break policy

- Dignity and respect at work policy

- Disciplinary procedure
The University’s Duty of Care towards its students is ultimately determined by legislation, including: the European General Data Protection Regulation (EU) 2016; the Freedom of Information Act (2014); and the Mental Health (Care and Treatment) (Scotland) Act 2003.

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