HOW COUNSELLING AND PEER-LED SERVICES CAN OPTIMISE STUDENT SUCCESS:

An integrated approach to student mental health and wellbeing in higher education

HEA HIGHER EDUCATION AUTHORITY
AN tÚDARÁS um ARD-OIDEACHAS
INNOVATION AND TRANSFORMATION FUND

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Foreword

Education is the most robust, transformative and lasting means to prepare and reorient in response to changes we have experienced and the changes coming. Funded under the 2018 HEA Innovation and Transformation fund, the 3Set project spanned some of the most significant transitions in the history of Irish higher education, including the adoption of remote and hybrid teaching and service delivery during the Covid-19 pandemic, and the consolidation of twelve Institutes of Technology into five Technical Universities. The dedication of students and staff to this project, including those participating in national advisory groups and committees over the course of its three-and-a-half years, truly demonstrates a national commitment to make positive change in student mental health and wellbeing happen.

The student must be at the centre of all we do. 3Set has taken great strides to ensure we have relevant, quality data to inform a national picture of the student mental health experience in higher education, a framework to assist HEIs in the development of suicide prevention and mental health strategies, and an evidence-based suite of resources to support peer-led transition into undergraduate education. The project also set a precedent for successful collaborations between academic staff, researchers, student affairs practitioners and the students themselves. The **3Set model for Innovation in Student Mental Health and Wellbeing** demonstrates how higher education environments provide a unique opportunity to bring diverse perspectives and expertise together behind a shared vision for student success. It also makes a compelling case for student partnership as an essential component of the design and implementation process, and as an intervention in its own right.

A whole-of-institute approach is key, both to the development of student success strategies and to the design and implementation of successful student mental health and wellbeing interventions. Inherent within this approach is the understanding that, within higher education environments, everyone has something to teach, and everyone has something to learn. When this understanding is explicit between students and all staff, in every academic, administrative and services area, education becomes a truly transformative space, and meaningful change is assured.

Our students will need to remain agile, resilient and innovative in the face of ongoing national and global change. Our education system must support them to develop and hone the personal and professional skills required, both within and outside of the classroom. On behalf of the Department of Further and Higher Education, Research, Innovation and Science I would like to acknowledge the contribution that the 3Set project has made to the wellbeing, resilience and persistence of our student communities, and to the advancement of innovation within the higher education sector. Far from concluding the project, this report outlines important next steps and speaks to the huge potential for change that exists within our HEIs, and I look forward to seeing how it will be adopted and adapted into the future.

Simon Harris

Minister for Further and Higher Education, Research, Innovation and Science

Executive Summary

Mental health and wellbeing are increasingly critical issues. The World Health Organization cites depression as a leading cause of disability worldwide, and suicide as the second most common cause of death for young people globally (World Health Organization, 2021a).

The 3Set project consisted of three research teams working in partnership to meet one shared goal; addressing the increasing demand for mental health supports in Irish Higher Education Institutions. The project's achievements, enriched by intertwining research expertise with practitioner wisdom and student insight, and underpinned by evidence-based practices, have made lasting contributions to student mental health and wellbeing.

Standardised data collected through the student counselling services database will form the most comprehensive and informative picture of student mental health and wellbeing ever to have been created within the Irish higher education landscape. As well as enabling precisely informed interventions and appropriate resource allocation, the Practice Research Network designed to support the collection, analysis, and dissemination of this data has the potential to become the site of significant collaborative learning between practitioners, academics, research professionals and students.

With the development of the *National Student Mental Health and Suicide Prevention Framework*, 3Set assisted the HEA in addressing an urgent need for national guidance related to suicide risk and critical incident response in HEIs, and significantly enhanced co-ordinated preventative and early intervention measures aligned with the goal of student success, including suicide prevention (CAMS) training for Student Counselling Service (SCS) staff and a keyword partnership with Text 50808.

Through the lens of Peer-Led transition, 3Set has modelled the invaluable contribution that student partnership can make to student success, especially in the design and evaluation of student mental health and wellbeing policies and interventions. There is now a structure in place for peer-led transition programmes nationally to collaborate and support each other, including a shared tool to measure their influence on positive first year and volunteer student experience.

Two thirds of the 3Set project were conducted during the Covid-19 pandemic when loneliness was a higher risk factor for students than ever before (Bu, Steptoe and Fancourt, 2020). The need not simply to rebuild but to reimagine our communities of support has never been more pressing. It is not just a question of resources, although these are vital. Student mental health and wellbeing, students' sense of belonging and student success are intrinsically linked and mutually dependent strategies. The task now is to construct communities within and across HEIs that can work collaboratively and holistically to advance these strategies nationally.

The responsibility for the care of student mental health and wellbeing is not limited to student affairs departments. The expertise of staff in counselling, health, disability, and other support services needs to be harnessed to inform a *whole-of-institute* approach. This approach includes all HEI staff at all levels and from all functional areas, and equally privileges the voice of students (National Forum for the Enhancement of Teaching and Learning, 2021, p. 7).

Peer-led programmes offer significant expertise in training and engaging students as leaders and co-designing meaningful interventions with student volunteers for the wider student body. Students and staff from these programmes should play an essential role in developing a whole-of-institute approach.

This report explains how student-staff partnerships, interdepartmental workings, national collaborations between colleagues, and inter-agency alliances are interconnected and essential components of student mental health and wellbeing, and student success. It also identifies how student mental health and wellbeing and student success are mutually dependent goals.

The **3Set Model for Innovation in Student Mental Health and Wellbeing** is proposed as a template on which future student mental health and wellbeing interventions (of all scales) should be constructed to optimise their impact on student success.

The 6 questions (influences) below form the structure of this report, and should guide the design of future projects:

1. How will this intervention improve student mental health and wellbeing?
2. How can collaboration be increased during the design and/or implementation process?
3. Is the intervention targeted, and evidence-based?
4. How can we meet student needs more effectively in the design/roll-out of this intervention?
5. Can this intervention improve the quality of the services we are offering?
6. How does the interventions' design and/or implementation increase student belonging?

Alongside these six influences, ten interrelated mechanisms must be considered:

1. Mitigate the increasing demand on services
2. Address the concerns raised by and about students
3. Enhance student and staff capabilities
4. Increase student knowledge of and access to services
5. Build confidence in students' capabilities
6. Collect and share data collaboratively, institutionally and nationally
7. Ensure internal and external collaborations and partnerships
8. Identify and implement current best practice
9. Design and implement valid and robust data gathering tools
10. Inform resource allocation

This report explains how these influences and mechanisms interacted throughout the 3Set project and presents a compelling case for the equal consideration of student perspective and staff experience in our whole-of-institute approaches. Recommendations focus on how this work can be advanced at local and national levels.

The *National Student Mental Health and Suicide Prevention Framework* requires local implementation, including credit-bearing training for all students and staff, a national vision to share learning and evolving best practice, and multi-agency support to ensure effective referral pathways. Data sharing must be cognisant of a student's right to privacy, but collaborative enough to allow a national understanding of student mental health and wellbeing issues to emerge and build effective "care pathways" for students experiencing mental health problems. Effective prevention strategies and mental health promotion initiatives must become whole-of-institute tasks, with substantial involvement of students and faculty, administrative and other staff outside of student affairs. This includes building faith and confidence in students' capabilities, for the staff working with them and for the students themselves. Student Unions are an invaluable part of this process but should not be relied upon in isolation; a much broader student population needs to be recruited and trained for this purpose. Services must be fully resourced to deliver best practice within their fields, with additional, values-driven funding to enable collaboration and partnership.

Investment in student partnership is by no means tokenistic. Recruitment, training, and consultation processes collectively inform students' belief that they are studying in an institute that cares about their wellbeing, that students have significance within their HEI community, and that they belong to their institute of study. These are instrumental factors in student success (Kahu and Nelson, 2018), so co-creation and evaluation with students as partners becomes an intervention in and of itself.

Evaluation must be considered during the design of any intervention. The quality of data gathered and the means of collecting and analysing it warrants serious consideration. Evaluation also invites collaborative opportunities between practitioners and research staff in the HEI, with substantial scope for shared learning in the partnership. To better embed academic rigour within student affairs practice, the report recommends the establishment of one or more research centres, including training opportunities and postgraduate qualifications for student affairs professionals nationally. To ensure hierarchies reflect the interdependency of student wellbeing and academic outcomes, consideration should also be given to the appointment of a Vice-Provost (or equivalent) for student affairs, effectively embedding student success in institutional strategy. National bodies, including the student counselling database's Practice Research Network and the National Consortium for Peer-Led transition should also be sustained to secure and evolve the advances in learning made by the 3Set project.

Each of the report's recommendations is mapped to the *National Forums' Guiding Framework for Embedding Student Success* (National Forum for the Enhancement of Teaching and Learning, 2021). This effectively demonstrates how student mental health and wellbeing should not be considered in isolation from this strategy but must be addressed using the **3Set Model for Innovation in Student Mental Health and Wellbeing** to optimise impact at every stage.

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Introduction

This report, informed by the work of the HEA Innovation & Transformation funded 3Set project, establishes the role that student mental health and wellbeing plays in student success and identifies the mechanisms by which student counselling and peer-led services can work to optimise positive outcomes.

As a multidisciplinary research and development project spanning academia, research, clinical practice, and peer leadership, the 3Set project is ideally placed to demonstrate the value of this approach and provide a road map for implementing it at a local and national level (Howard, 2022). Howard's 2022 report gives a comprehensive overview of 3Set project activities. This report uses learning from those activities to describe:

1. The role of mental health and wellbeing in student success
2. The mechanisms that ensure the efficacy of student mental health and wellbeing initiatives
3. A model for HEIs to use when designing mental health and wellbeing interventions, to optimise student success

Commencing with an introduction to student success and the National Forum's 2021 Guiding Framework, the report introduces the **3Set Model for Innovation in Student Mental Health and Wellbeing** as the way to ensure student mental health and wellbeing interventions incorporate the mechanisms to optimise student success. Subsequent sections examine the six key influences necessary for this process:

- Improved Student Mental Health and Wellbeing
- Increased collaboration
- Targeted, evidence-based interventions
- Meeting students' needs more effectively
- Improved quality of services
- Student belonging

Each section gives a brief overview of research and findings from the 3Set project and makes recommendations to embed and enhance that learning at an institutional level. Enabling factors are also identified; these include national contexts and resources that have helped to shape our learning, and those that will be critical going forward. Mindful that this work was completed during the Covid-19 pandemic, each section concludes with a review of the challenges that were overcome and the opportunities encountered to take new and transformative approaches, and forge enduring innovations in remote, in-person and hybrid environments.

The final section demonstrates how findings from the project align with the *National Forum's 2021 Guiding Framework for Embedding Student Success* (National Forum for the Enhancement of Teaching and Learning, 2021). It does this by mapping each recommendation for action onto the Guiding Framework's template, looking at institutional capabilities, culture, and practices.

The report concludes by stressing that a fully integrated approach to student success relies on fully embedding mental health and wellbeing in student success strategies, with students at the centre.

The Context of Student Success, Mental Health and Wellbeing

The 3Set project (see Howard, 2022 and Appendix 1) was a joint initiative nationally between research, counselling, and peer mentoring staff in UCD, TCD and TUS Midlands (formerly AIT). Funded under the HEA Innovation & Transformation fund, the original focus in 2019 was on "student engagement and retention". However, reviews of relevant literature and engagement with students and staff revealed a significant shift from measuring retention to optimising student success, as reflected in the extensive work of the National Forum for the Enhancement of Teaching and Learning.

The National Forum's 2021 Guiding Framework and 7Cs Toolkit offers an excellent template from which to build whole-of-institution enablers for student success and an iterative, cyclical process for engagement and development of initiatives. These enablers are divided as follows:

INSTITUTIONAL CAPABILITIES
Strategy and enabling policies and practices
Evidence-based decision making
Structured and well-resourced professional development
INSTITUTIONAL CULTURE
Whole-of-institution approach and alignment
Centrality of students and their learning
Inclusivity
Communication and collaboration
Respectful and meaningful relationships
INSTITUTIONAL PRACTICES
Assessment and feedback
Engagement and student partnership
Teaching approaches and learning design
Transitions and belonging

The Guiding Framework demonstrates an evolution in the national understanding of student engagement and student success that implements Felten's call to transform "silos into systems" (Felten et. al., 2016, p. 6) by repositioning student engagement and student success at the heart of mission, vision, and values in a whole-of-institute approach.

The 2022 HEA Bill clearly articulates the importance of student success in Irish higher education with Function 1(b):

> "promote and support student engagement and student success in higher education and the attainment by students of a high-quality educational experience in higher education"
>
> (Section 9 - Functions of An tÚdarás)

This is a much needed and long overdue move away from defined KPIs such as progression and completion rates, grade point averages and analysis of post-qualification salaries, all of which make insupportable assumptions about the desired trajectory of student outcomes and enforce a limited perspective of who and what a student "normally" is. However, to fully appreciate the revolutionary potential of this shift in discourse, it is essential to acknowledge the ambiguity of the term "success". Success according to who? And how should this be measured?

SUGGESTED INDICATORS FOR STUDENT SUCCESS

In his 2019 report *Understanding and Enabling Student Success in Irish Higher Education,* Lee O'Farrell notes the futility of trying to create one model or set of measures: *"Success is too highly nuanced and individualised to be concisely defined. It can, nonetheless, be understood and facilitated"* (O'Farrell, 2019, p. 28).

By recognising that definitions of student success can be highly individual, it becomes inevitable that approaches must be student-centred, and analysis and review of student success strategies and initiatives must include student consultation and co-creation at their core. It is equally important to recruit as diversely as possible for these co-creators and not rely on specific or self-nominated cohorts.

Established academic, student affairs and student perspectives were considered together to define plausible indicators of student success (see Appendix 2). The below suggested indicators cannot be considered exhaustive. Not every student will feel the need to address all eight indicators, but research suggests that creating appropriate opportunities for students to address them will enhance student success:

1. Achieving or surpassing a student's own expectations of their academic outcomes
2. Broadening their interests and engagement within their field of study and beyond it
3. Self-efficacy in study, writing, and research
4. Gaining personal and professional development through curricular and/or co-curricular engagement/activities
5. Confidence in their capacity to contribute to their communities and/or broader society
6. Meeting or exceeding their career aspirations
7. A sense of psychosocial development
8. Stronger sense of satisfaction with life

The 3Set project examined these areas in detail and, using a Theory of Change process (Noble, 2019), identified six key influences for improving student success through mental health and wellbeing initiatives, along with ten interconnected mechanisms described below. Using this model to design and implement mental health and wellbeing interventions will ensure the best possible outcome for student success.

The 3Set Model for Innovation in Student Mental Health and Wellbeing

A whole-of-institute approach to student mental health and wellbeing can only optimise student success strategies if the mechanisms for change are clearly understood. The 3Set project delivered transformative policies and practices for students and staff by addressing significant gaps in data-driven knowledge, interagency collaboration, and student partnership. Using a Theory of Change discovery process (Noble, 2019) to map out their deep knowledge and learning, the 3Set team has developed a model to design interventions that will enhance HEIs' abilities to address student mental health and wellbeing needs within the context of student success.

This model can be usefully applied to any scale of intervention, from a "short-term", replicable promotion initiative locally, to a whole programme design or a national, multi-institutional project like 3Set.

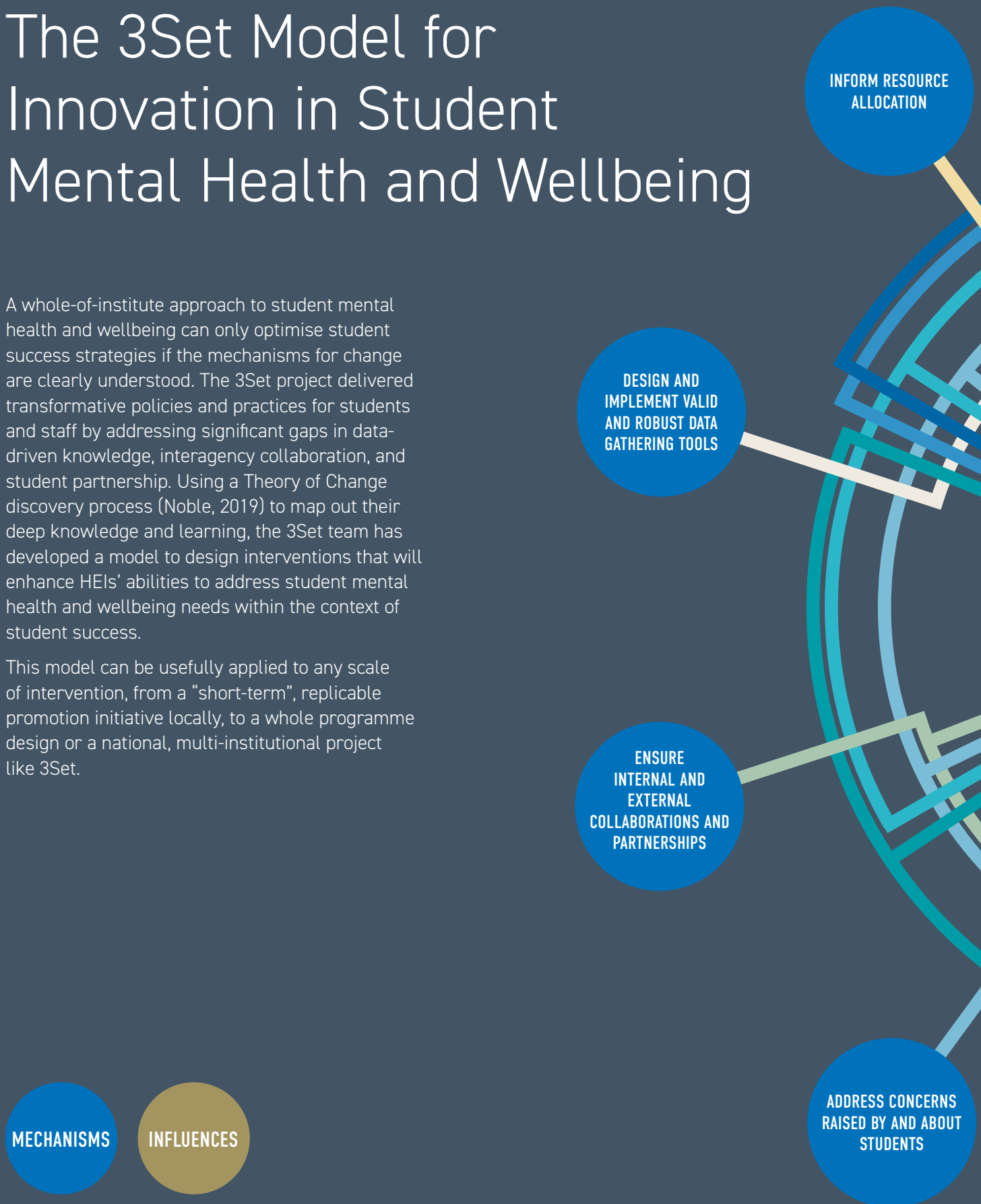
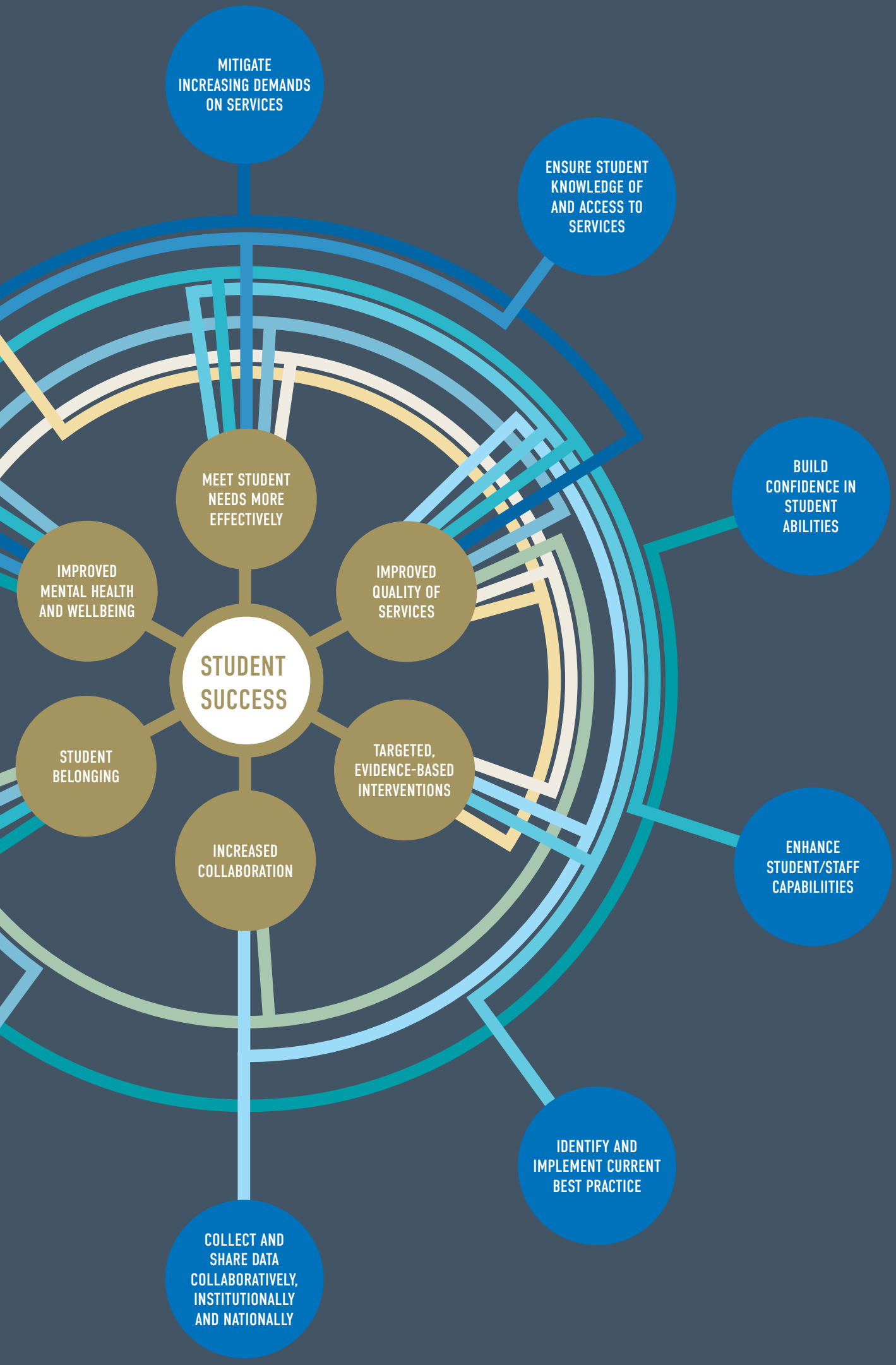
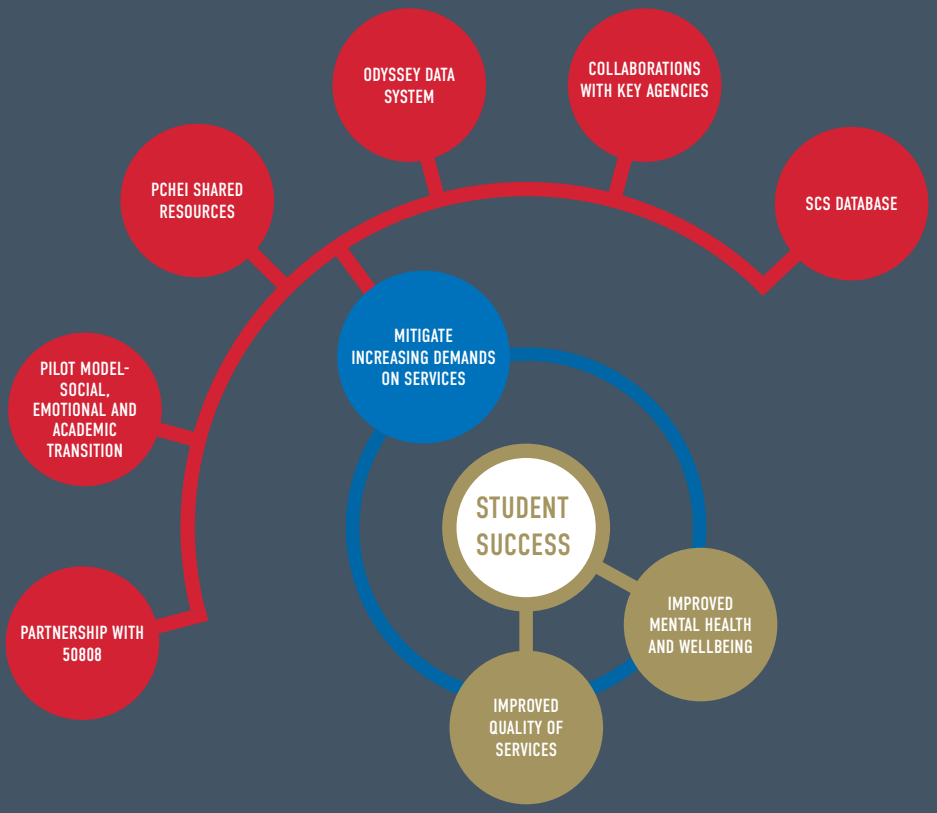
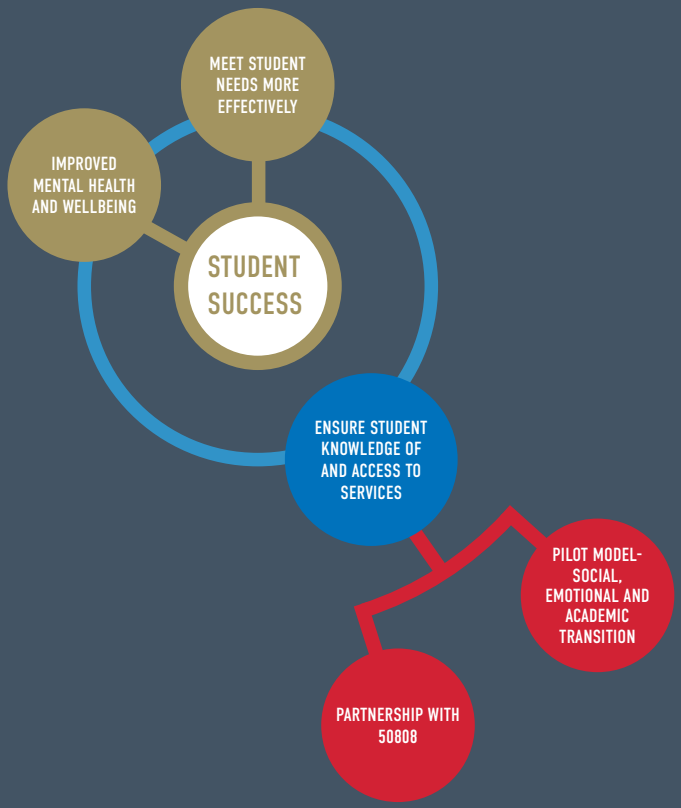


Figure 1: The 3Set Model for Innovation in Student Mental Health and Wellbeing

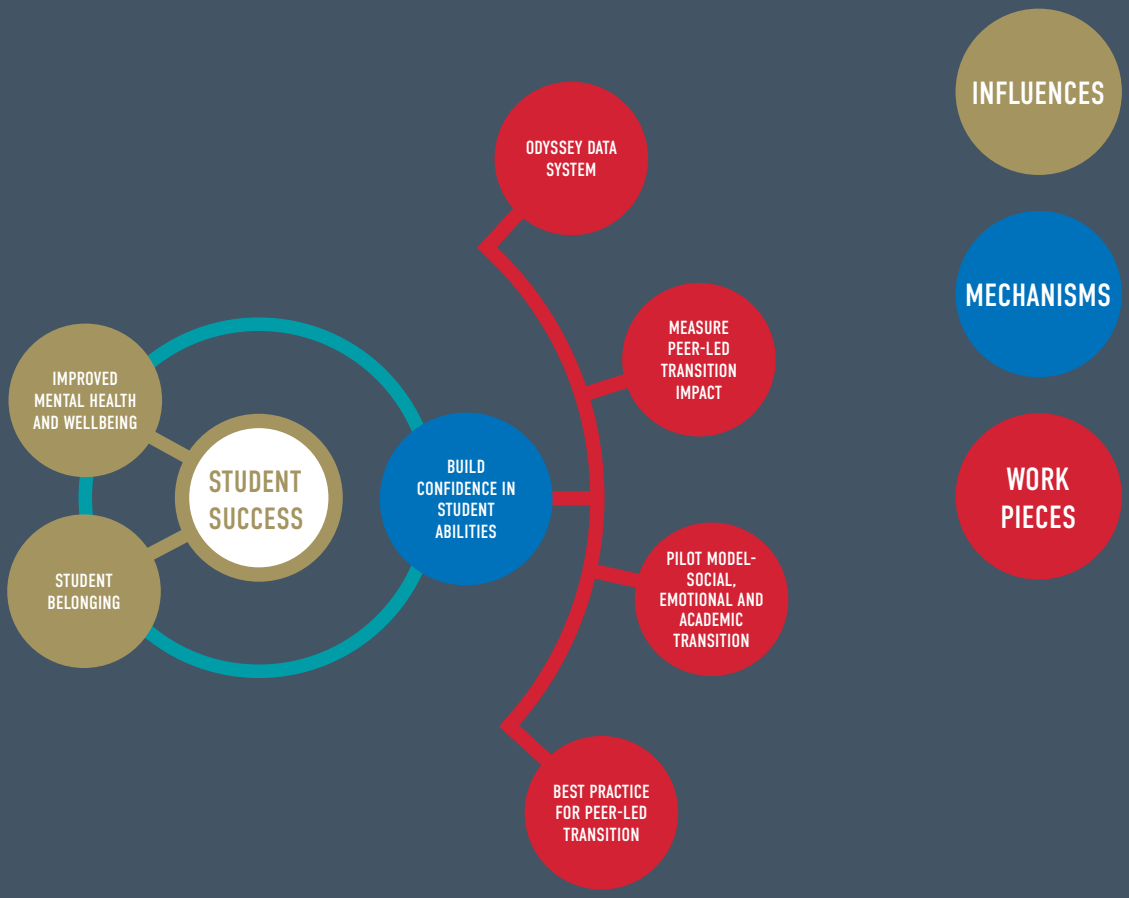

MITIGATE INCREASING DEMANDS ON SERVICES
ENSURE STUDENT KNOWLEDGE OF AND ACCESS TO SERVICES
BUILD CONFIDENCE IN STUDENT ABILITIES
ENHANCE STUDENT/STAFF CAPABILIITIES
IDENTIFY AND IMPLEMENT CURRENT BEST PRACTICE
COLLECT AND SHARE DATA COLLABORATIVELY, INSTITUTIONALLY AND NATIONALLY
MEET STUDENT NEEDS MORE EFFECTIVELY
IMPROVED MENTAL HEALTH AND WELLBEING
IMPROVED QUALITY OF SERVICES
STUDENT SUCCESS
STUDENT BELONGING
TARGETED, EVIDENCE-BASED INTERVENTIONS
INCREASED COLLABORATION



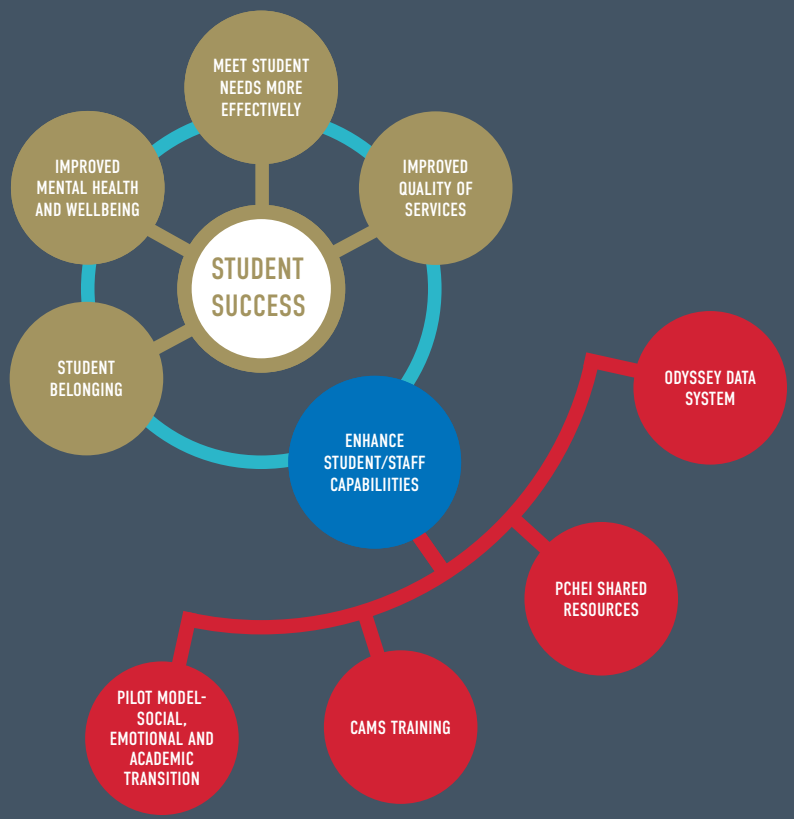
TOC 1: Mitigate increasing demands on Services



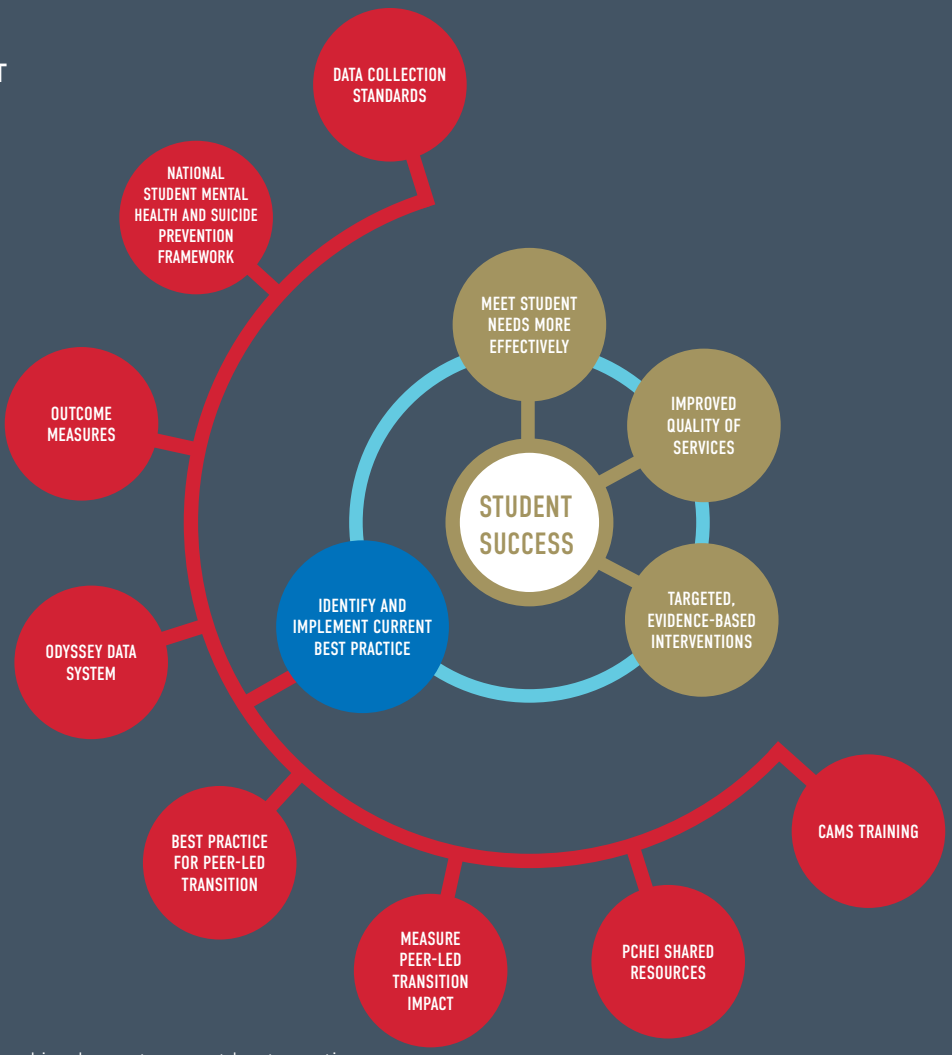
TOC 2: Ensure student knowledge of and access to services



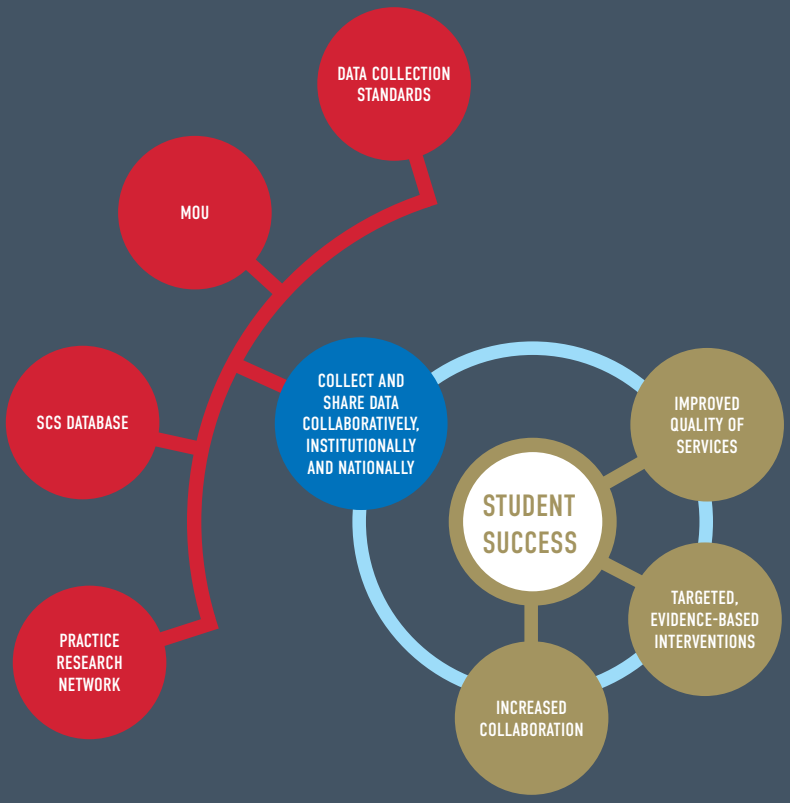
TOC 3: Build confidence in student abilities



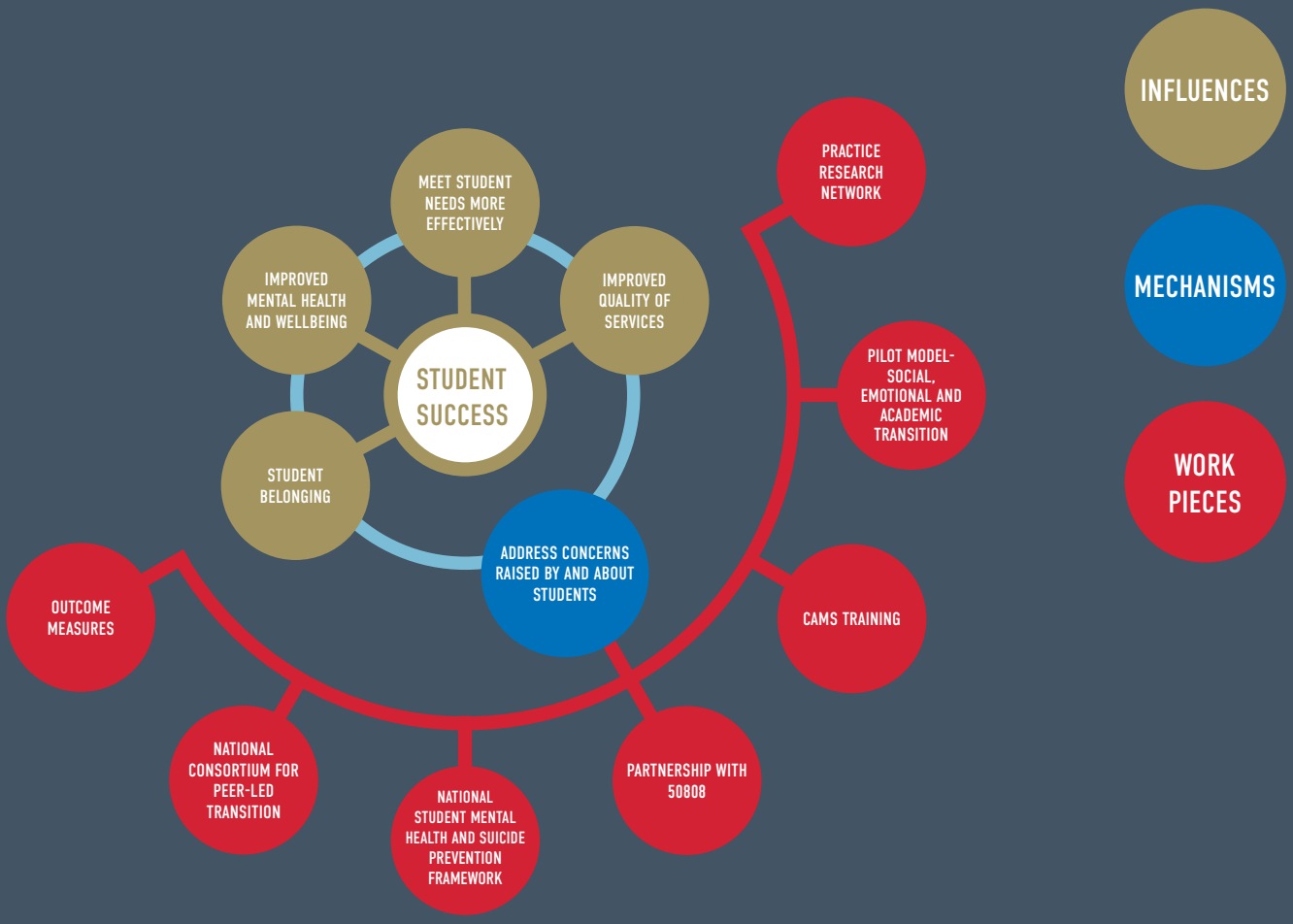
TOC 4: Enhance student/staff capabilities



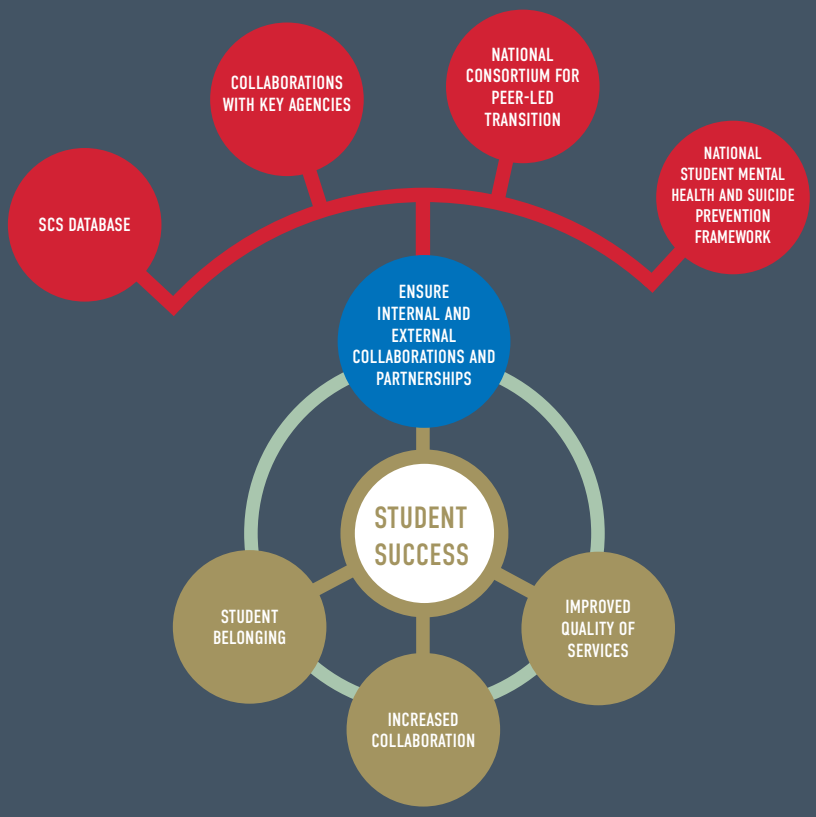
TOC 5: Identify and implement current best practice



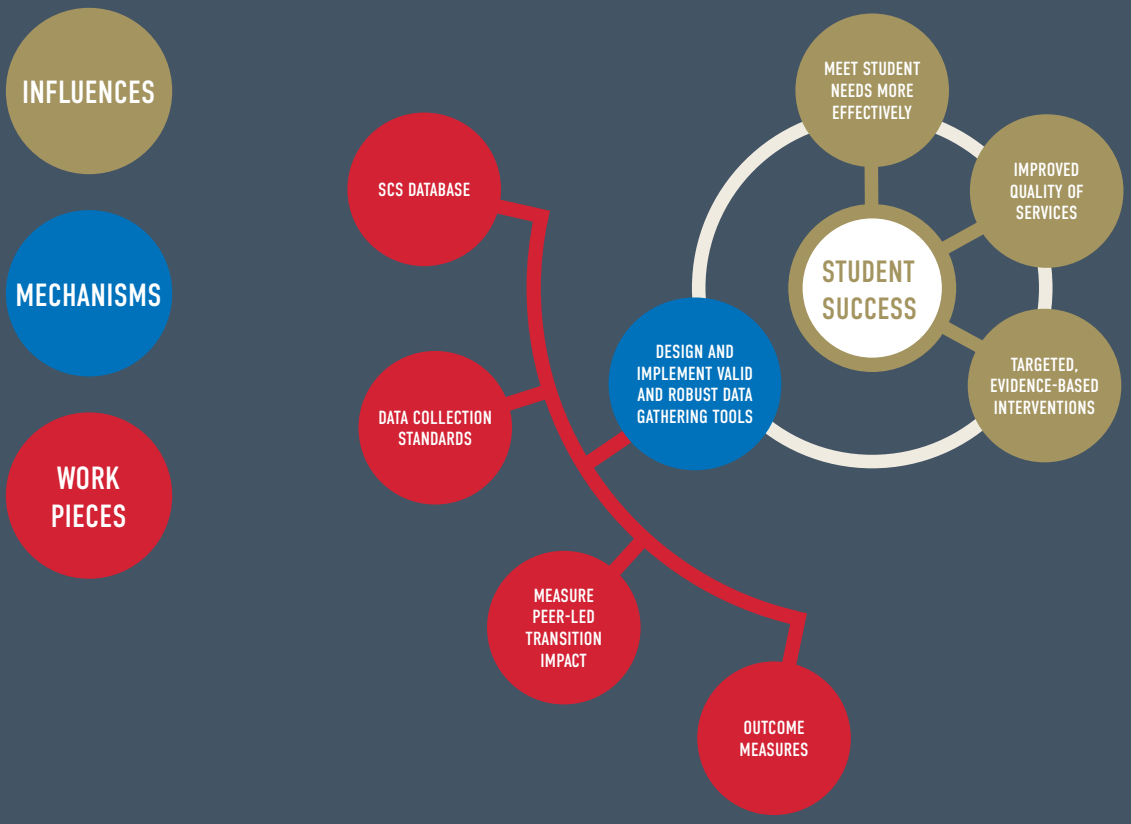
TOC 6: Collect and share data collaboratively, institutionally and nationally



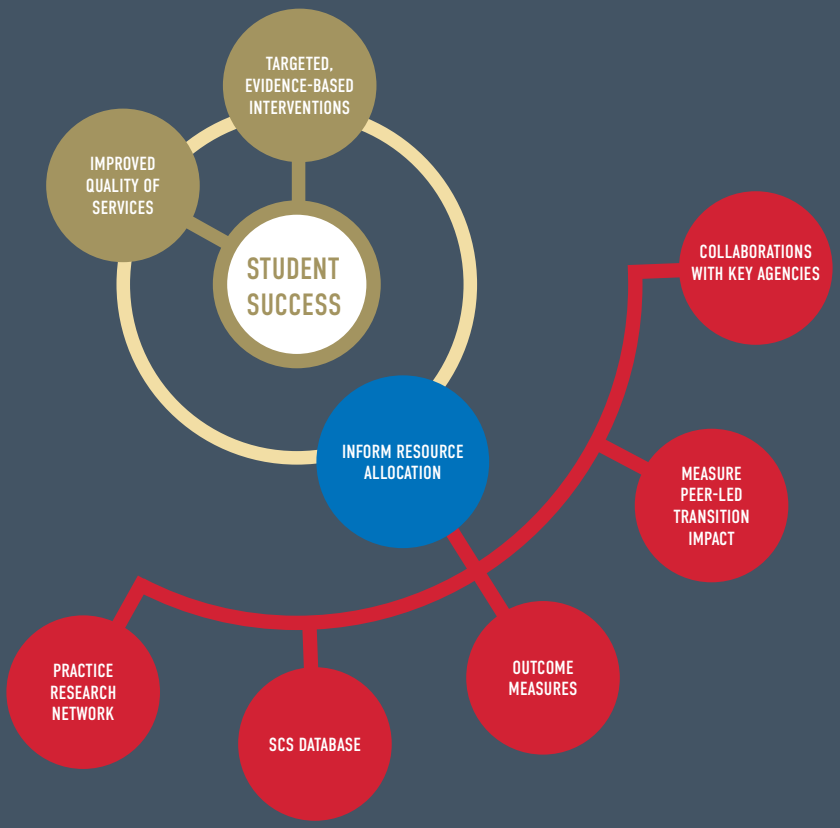
TOC 7: Address concerns raised by and about students



TOC 8: Ensure internal and external collaborations and partnerships



TOC 9: Design and implement valid and robust data gathering tools



TOC 10: Inform resource allocation

The model offers six key influences to be carefully considered when designing or implementing student mental health and wellbeing interventions. Connected to these are a series of ten interrelated mechanisms which, when adopted in line with the relevant influences, will ensure that the intervention's impact on student success is optimised.

Some influences will appear self-evident. For example, "How will this improve student mental health and wellbeing?" is a fundamental question normally addressed at the inception of any intervention designed in this context. However, when the mechanisms by which the intervention could also increase collaboration, be evidence-based, meet student needs more effectively, improve quality of services, and encourage student belonging are contemplated, incremental, often minor adjustments to the design and implementation take place. These adjustments may be small, but the difference they can make in outcome can be substantial, and the value is not limited just to an improvement in outcomes. The process of applying this model collaboratively between student and staff stakeholders is, in and of itself, a highly transformative intervention.

The following TOC (Theory of Change) models and subsequent report sections are designed to give the reader guidance and clarity on how to apply this model, using insight and experience from the work undertaken during the 3Set project to showcase outcomes, learning and recommendations for further development to ensure a whole-of-institute approach.

The 3Set work pieces being used to contextualise the influences and mechanisms proposed by the 3Set Model for Innovation in Student Mental Health and Wellbeing are listed below:

MEANINGFUL DATA	SynthSCS	PEER-LED TRANSITION
National Standards for the collection of data in SCSs	Assist HEA with National Student Mental Health and Suicide Prevention Framework	Integrated model for peer-led social, emotional and academic transition
Memorandum of understanding with PCHEI	Partnerships/collaborative networks	Measure benefit of participation (first-years and volunteers)
Establish a Practice-Research Network	Resource repository of tools for SCSs	Best Practice guidelines for peer-let transition programmes
Database for the collection of SCSs data nationally	Dissemination of key tools and resources nationally, including	Volunteer management data system
Outcome measures for routine evaluation	- CAMs training - 50808	National consortium for peer-led transition

Table 1: 3Set Work Packages and Associated Work Pieces

(I)

Improved Student Mental Health and Wellbeing

RECOMMENDATIONS

- Continued implementation of the *National Student Mental Health & Suicide Prevention Framework*
- Initiation of early intervention activities
- Ongoing research within and between HEIs to understand the evolving mental health and wellbeing trends, and timely dissemination of relevant findings
- Conducting annual "temperature checks"; embedded mental health and wellbeing questions in **studentsurvey.ie** and/or data capture at the point of registration
- Mandatory induction training in student support and referral, with CPD credits for "top-up" training in student mental health and wellbeing for all HEI staff
- Commitment to and engagement with student partnership models of consultation, co-creation and evaluation to meet the needs of an increasingly diverse student population
- Interrogate the pilot peer-led transition programme's evaluation findings by rolling the model out to a broader student body

OVERVIEW

Student Mental Health and Wellbeing is a complex space in which multiple disciplines work with a variety of treatments and interventions, and where collaboration can often be hindered by shifting definitions attributed to seemingly common terminology. Inconsistent definitions and approaches create ambiguity and confusion regarding the underlying theoretical models and/or aims of interventions, resulting in difficulties with measurement, outcomes and evaluation of these initiatives. For this report, the 3Set project has adopted the definitions of the UK's *University Mental Health Charter* (Hughes and Spanner, 2019, p. 9), namely:

Mental health - a full spectrum of experiences ranging from good mental health to mental illness

Good mental health – is not the absence of mental illness; it is described as a state of internal equilibrium in which an individual experiences regular enduring positive feelings, thoughts, and behaviours and can respond appropriately to normal negative emotions and situations

Mental illness - a condition and experience involving thoughts, feelings, symptoms and/or behaviours which may receive or be eligible to receive a clinical diagnosis (e.g., clinical depression, anxiety, bipolar, eating disorders, schizophrenia)

Mental health difficulties/problems or poor mental health – an experience of emotional and/or psychological distress beyond normal experience and beyond the student's current ability to effectively manage it. This includes those experiencing mental illness and those whose experiences fall below this threshold but whose mental health is not good.

Wellbeing - a wider framework, of which mental health is an integral part, including physical and social wellbeing. (See Figure 2)

A growing number of HEI students are experiencing mental health problems and, concurrently, the levels of complexity and severity of presenting issues are also increasing. (Dooley et. al., 2019; Dooley and Fitzgerald, 2012). This is not unique to Ireland. The WHO World Mental Health International College Student initiative shows that HEIs worldwide are struggling with rising rates of students with mental health difficulties and that the demand for student support services far exceeds the resources available (Auerbach et. al., 2018).

3Set researchers noted the critical nature of this situation in the *National Student Mental Health and Suicide Prevention Framework:*

> "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). (My World Survey 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)."
>
> (Fox, Byrne and Surdey, 2020, p. 14)

Inadequate referral pathways to external statutory and voluntary services compound this situation for students with mental health difficulties or mental illness, or those requiring access to specialist services (i.e., to support issues with addiction, experiences of childhood sexual abuse, or those in need of forensic mental health services).

MECHANISMS

Mitigate the increasing demand on services

Before the publication of the *National Student Mental Health and Suicide Prevention Framework*, there was a significant gap in national policy to address the growing pressure on student mental health services. There was also a lack of available data to make evidence-based decisions when prioritising scarce resources. One of the *National Student Mental Health and Suicide Prevention Framework's* key strengths is how it drives an investment-evaluation cycle that encourages informed, iterative processes. Its **continued implementation** will be essential to improving student mental health and wellbeing.

The *National Student Mental Health and Suicide Prevention Framework* also contributes much-needed clarity to the debate around where and by whom services should be provided to treat mental illness, address poor mental health, engage in preventative strategies, and promote wellbeing (Fox, Byrne and Surdey, 2020, p. 13-14).

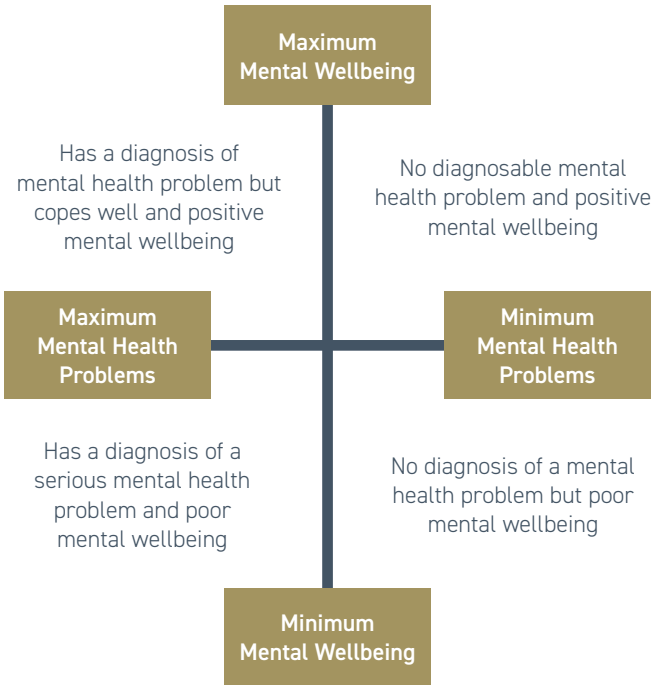


Figure 2: Mental Health Dual Continuum Model (adapted from Tudor, 1996), taken from the *National Student Mental Health and Suicide Prevention Framework*, p. 5

The dual continuum model demonstrates that the absence of mental health problems does not guarantee the presence of wellbeing and that mental health problems do not inevitably lead to low wellbeing. Student mental health and student wellbeing cannot and should not be separate strategies. The *National Student Mental Health and Suicide Prevention Framework* effectively harnesses this model to advocate for the **initiation of early intervention activities** such as psychoeducation and awareness-raising, the creation of intrusive communities for learning and peer support, and encouragement of disclosure either through champions or through open, supported discussions to mitigate the increasing demand on services (Fox, Byrne and Surdey, 2020, p. 42).

Address the concerns raised by and about students

The National Student Mental Health and Suicide Prevention Framework contributes to the broader understanding of the importance of positively promoting mental health and wellbeing alongside treatments for mental health difficulties, building on national research in the United States (JED's Comprehensive Approach to Mental Health Promotion and Suicide Prevention for Colleges and Universities, 2019), Australia (Orygen's Australian University Mental Health Framework, 2020) Canada (National Standard for Mental Health and Well-Being for Post-Secondary Students, 2020) and closer to home in the UK (Hughes & Spanner, 2019; Universities UK, 2017).

A whole-of-institute approach to student mental health and wellbeing is strongly advocated in each framework. This will require **ongoing research within and between HEIs to understand the evolving mental health and wellbeing trends,** but forges a significant pathway for timely dissemination of relevant findings to enhance national understanding, identify opportunities for further collaboration and address the concerns raised by and about students. Research should include opportunities to build a complete national picture of student mental health and wellbeing by **conducting annual "temperature checks"; either by embedding mental health and wellbeing questions into annual studentsurvey.ie questionnaires and/or by capturing student data at their point of registration.**

Enhance Student and Staff Capabilities

Within the *National Forum's Student Success Framework*, the rubrics define institutes leading in "Respectful and Meaningful Relationships" as those in which *"Wellbeing is clearly defined, valued and monitored, and there is a suite of supports available to students and staff (to) maintain positive wellbeing"* and in which *"Wellbeing is embedded in the curriculum, and the culture of the institution enables staff and students to address areas which are affecting wellbeing"* (National Forum for the Enhancement of Teaching and Learning, 2021, p. 46).

Using a values-led approach like the *National Forum's Student Success Framework* allows HEIs to identify common goals in student mental health and wellbeing and exposes the potential for integration. Another key recommendation from the *National Student Mental Health and Suicide Prevention Framework* is that SCSs nationally be supported to adopt whole-of-institution approaches that include training to enhance all student and all staff capabilities. This will ensure that work is not undertaken in isolation and that the onus is not solely on counselling and/or health professionals. A whole-of-institute approach should include **mandatory induction training in student support and referral, with CPD credits for "top-up" training in student mental health and wellbeing for all HEI staff.**

Increase student knowledge of and access to services

The student body in HEIs has become more diverse in recent years, with more significant numbers of disadvantaged students, mature students, international students, and students with disabilities (including diagnosed mental illness). The increase in diversity leads to more complexity and is seen as contributing to the number of students seeking help with mental health difficulties. It is also a distinct reason to foster a holistic approach to student mental health and wellbeing, which includes students, faculty and practitioners, as this type of framework would inevitably be more attuned to the needs and culture of the population it seeks to support.

A commitment to and engagement with student partnership models of consultation, co-creation, and evaluation, like the ones deployed to design the 3Set pilot model for social, emotional, and academic transition, exponentially improve efforts to meet the needs of an increasingly diverse student population. These partnership models also increase student knowledge of and access to services for participants and the peers with whom they subsequently engage. An evaluation of the pilot showed that participating in a mentoring programme correlated with an increase in the likelihood of accessing clubs and societies, health services, librarian services, college tutors, careers services, and students' unions. Notably, students who accessed mentoring were not significantly more likely to access student counselling services, chaplaincies, financial support, or suicide helplines (Weiner et. al., 2022b). Further research is now needed to **interrogate the pilot peer-led transition programme's evaluation findings by rolling the model out to a broader student body.**

Build confidence in students' abilities

During an evaluation of the 3Set pilot model for social, emotional, and academic transition, researchers noted the relative speed at which theoretical convergence was reached when models had been co-created with students. This was as true during a rapid response to pandemic restrictions as it was following a year-long, in-depth consultation. It was a striking example of how the relevance and effectiveness of interventions can be heightened when students are partners in their development and implementation. Further research and dissemination of findings like these are essential to build confidence in students' abilities; to encourage full engagement from participants, and to ensure staff faith in the process and in the outcomes (this is covered in more detail in "Meet Students' Needs More Effectively").

ENABLERS

Adoption of the *National Student Mental Health and Suicide Prevention Framework* has been significantly enhanced by the creation of specific-purpose posts within individual HEIs. This, combined with the annual requirement to report to the HEA under each of the *National Student Mental Health and Suicide Prevention Framework's* nine themes, helps operationalise the recommendations (Surdey et. al., 2022). The concurrent increase in funded sector-wide projects related to student mental health and wellbeing gave a much-needed stimulus to the sector, leading to huge advances over a very short period.

Resources need to be identified to ensure projects can continue to respond to current and emerging student mental health needs. This includes, but is not limited to, an ongoing provision for systems that collect and disseminate accessible, common data that practitioners can use to inform their interventions (See "Targeted, Evidence-based Interventions"). Multi-disciplinary, integrated approaches to student mental health and wellbeing would also be enhanced by a collaborative study to develop a national understanding of student mental health and wellbeing definitions.

To ensure student mental health and wellbeing becomes an embedded consideration across all levels of the higher education landscape, we need to leverage the increased legislative powers recently invested in the HEA and advocate for robust infrastructures to allow seamless referral processes between HEIs, HSE and voluntary service providers whilst prioritising student-centred approaches.

LEARNINGS DURING COVID-19

Emergency funding was made available by the HEA during the Covid-19 pandemic to enhance student mental health and wellbeing outreach and engagement activities. This enabled significant innovation in online and hybrid provisions, which, for many students, were a lifeline during extensive periods of remote learning. For staff, it was a seismic shift in practice and approach that has yielded hugely positive outcomes; confidence in online interventions has increased, along with staff and student fluency in the technologies.

This should not be limited to the context of the pandemic; online platforms can be embraced as effective mechanisms to increase the scope and range of outreach provisions. Students who would not have availed of services directly in person have a new pathway to access support, and international/exchange students who may previously have succumbed to gaps in service provision during periods of relocation have a much-needed contingency. Self-paced online content (psychoeducational materials that require engagement but can be undertaken in a student's own time, at their discretion) will require further study to fully understand their mechanisms as stand-alone interventions and/or as points of contact to encourage hard to reach students to access support.

Please refer to 3Sets TOC Models:
TOC 1; TOC 7; TOC 4; TOC 2 and TOC3

(II)

Increased Collaboration

RECOMMENDATIONS

- Credit-bearing wellbeing promotion modules (e.g., suicide intervention skills)
- Protected, timetabled time for student wellbeing and mental health promotion activities
- Appoint Student Services leadership at a VP (or equivalent) level within each HEI
- Ensure Healthy Campus initiatives include mental health and wellbeing strands that equally respect student insights and the multidisciplinary expertise of student affairs professionals (including counselling, health and disability services)
- Include students as partners in the design, implementation and evaluation of student mental health and wellbeing interventions
- Adopt appropriate training and infrastructures to optimise learning opportunities for students and staff
- Ensure services are fully resourced to deliver best practice within their fields, with additional, values-driven funding to enable collaboration and partnership

OVERVIEW

Much has been done already to undo the "top-down, bottom-line" neoliberalist strategies of the early 2000s that acted as catalysts for siloed responses to student needs, with academics and student affairs professionals "competing with one another for smaller and smaller pieces of the pie" (Harrison, 2013) and there is now significant momentum for whole-of-institute approaches to both student success and to student mental health and wellbeing. Collaboration is not always intuitive though. There are significant variations between the unique infrastructures that house student counselling and peer-led transition services that can complicate efforts to share and/or co-design resources. During the research phase for the *National Student Mental Health and Suicide Prevention Framework*, 3Set staff conducted interviews with 22 HEI counselling services and found that no two were the same. Similarly, 17 HEI peer-led transition co-ordinators were interviewed about their programmes, all of which varied from the others even though some were initially founded on the same model. Thematic analysis, however, identified core practises and values between these services, along with a shared experience of pressure to justify funding and resources, frequently measuring activity by deficit-based KPIs. There was also a common struggle to connect with academic and research colleagues and a sense that activities were restricted by the pressure of curricula requirements on student and staff time.

The national adoption of the *National Forum's Framework for Student Success* is an ideal juncture to move away from expecting SCSs to demonstrate their value to academic outcomes, and instead explore collaborative, whole-of-institute ways to address and measure positive influence on student engagement and student success. Previous student experience models have posited the academic sphere of primary importance, whilst noting that substantive elements of student engagement and success require integrated approaches with social and/or service supports (Thomas, 2012). However, a whole-of-institute approach to student success requires a consideration of the "whole student" and the role of student affairs professionals as educators, with mutual dependency between curricular and co/extra-curricular learning (Day et. al., 2004).

The *Stanford Student Mental Health and Well-being Task Force Report* identifies the risks associated with an exclusive focus on academic outcomes:

> "...academic success is not a reliable indicator of emotional well-being, suggesting that though they are academically accomplished, some students may not have developed the maturity or personal resiliency skills to help them cope with the demands of student life".
>
> (Stanford University, 2008, p. 2)

It is important to address student mental health and wellbeing within the curriculum. The joint USI & National Forum report on *Embedding Wellbeing Across the Curriculum in Higher Education* is a rallying call for integrated, course-based interventions relevant to individual disciplines and mindful of existing student workloads. (Byrne and Surdey, 2021). This is echoed by the *National Student Mental Health and Suicide Prevention Framework's* recommendation for a *"curricular infusion of mental health across all academic disciplines"* (Fox, Byrne and Surdey, 2020, p. 40). However, there are ongoing difficulties **embedding personal and professional skills modules (e.g. suicide intervention skills) into the curriculum** due to the structure of ECTS credits and the external accreditation requirements that influence some professional courses' ability to facilitate timetabled, credit-bearing interventions. **Protected time for student wellbeing and mental health promotion activities in each course of study** will be essential if we are to address student success effectively.

Hill, Farrelly, Clarke and Cannon (2020) effectively argue that *"Students' mental health is everyone's business"* (p. 6). However, while they propose modelling UK infrastructures in which Institutional Leaders and Academic Heads are positioned as champions, there is a strong argument to consider the North American model of **appointing a Vice-Provost for Student Affairs (or equivalent)** to thoroughly integrate student experience within institutional decision-making and practice. It is also essential to consider institutional frameworks that can robustly develop the understanding and integration of student mental health and wellbeing. **Ensuring Healthy Campus initiatives include mental health and wellbeing strands that equally respect student insights and the multidisciplinary expertise of student affairs professionals (including counselling, health and disability services)** is a critical next step.

Kahu and Nelson's framework for student engagement (2018) is a useful model to consider why this is so relevant in the context of leadership and whole-of-institute approaches. They argue that, whilst transition theory and engagement theory have situated HEIs as spheres of influence to mitigate potential barriers to student success (Astin, 1984; Chickering & Gamson, 1987; Kuh et. al., 2006), the exact way in which institutional actions and interventions can influence student outcomes remains ill-defined. They propose a model that identifies the "educational interface" and four key mediating mechanisms that optimise student engagement: self-efficacy, emotions, belonging and wellbeing.

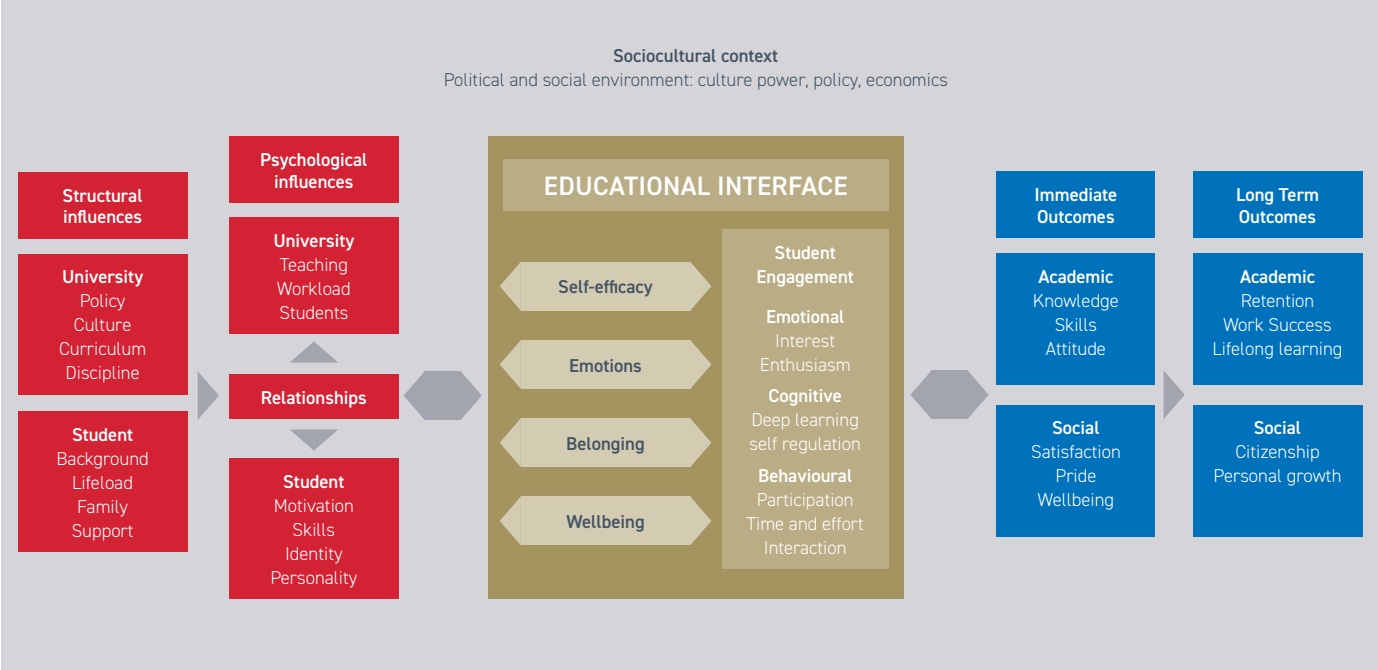


Figure 3: Refined conceptual framework of student engagement incorporating the educational interface.
Adapted from Kahu & Nelson, 2016, p. 64

In traditional models of post-secondary transition theory, the students' background, lifeload, family and support systems would be considered beyond the capacity of student affairs to influence. Focus would instead by given to the structural influences of the university. The psychological influences listed by Kahu and Nelson (including university teaching and student motivation) would be identified as the methods to achieve better immediate and long term outcomes for students. What Kahu and Nelson have identified are the *mechanisms* that make these psychological influences succeed. When students are supported to engage emotionally, cognitively and behaviourly the outcomes are more positive. Students' self-efficacy, emotions, sense of belonging and wellbeing are intrinsic to their engagement, and to their success.

The constituent factors of student engagement and the mechanisms identified to optimise them speak to the powerful role of student mental health and wellbeing in student success. This is corroborated by Kuh's 2006 review of student affairs literature and by O'Farrell's 2019 report on *Understanding and Enabling Student Success in Irish Higher Education,* both of which found that students need to feel their HEI places importance on their wellbeing and is invested in it. The implication here is that taking decisive action towards promoting student mental health and wellbeing is a meaningful intervention, and that the prominence of that action can have an immediate, positive influence on the student experience. Astin (1993, p. 398) asserts that peers are "the single most potent source of influence," which further suggests that prominent support for peer-led activities and the inclusion of students as partners in the design, implementation and evaluation of student mental health and wellbeing interventions are amongst the most powerful actions a HEI can take to influence student success.

The 3Set rapid evidence assessment for the role of peer-led engagement in curricular and co-curricular educational activities has also enhanced the evidence base for **engaging students as partners in mental health and wellbeing interventions.** While 3Set focus groups with academic staff revealed persistent concerns around imparting "hacks" (e.g., poor study habits, plagiarism) and the additional pressure that volunteering could put on students, they also recognised the potential for appropriately trained peers to challenge classroom passivity and to convey key messages in normalising, reassuring ways. This is substantiated in the literature and focus group and advisory group conversations with students. Here, the value of learning from a peer and the importance of a volunteer in "learning by teaching" are consistent themes.

It is essential that services collaborate more holistically between individual departments, academic colleagues, and student bodies to provide an innovative, student-centred approach (Manning, Kinzie and Schuh, 2014). The *National Student Engagement Programme's Steps to Partnership Framework* is an invaluable resource to design and implement this approach meaningfully and identifies how learning opportunities for students and staff can be optimised at each stage of the process **if appropriate training and infrastructures** are adopted (National Student Engagement Programme, 2021).

MECHANISMS

Collect and share data collaboratively, institutionally and nationally

The HEA Innovation & Transformation fund offered a unique opportunity to overcome the common sectoral barrier of limited time and resources and to foster national collaboration to a previously unimaginable level. The *National Student Mental Health and Suicide Prevention Framework* harnessed the expertise of eleven separate agencies to create a ground-breaking framework and accompanying implementation guide. This framework has already transfigured student counselling services in HEIs and continues to inform substantial innovations under its nine key themes.

3Set researchers tasked with the development of a national standardised dataset for student counselling services undertook significant work to build a sense of community and trust between their team and the student counselling practitioners, citing the value of leadership, understanding other stakeholders' needs and challenges, and a problem-solving approach as essential to overcoming barriers to collaboration (Howard et. al., 2021). Seventy-four student counsellors and 125 students were eventually involved in the design and, to date, five individual HEIs have signed data-sharing agreements. A further three HEIs have commenced data collection, and at least ten more implemented the standardised dataset variables in their data collection processes. The collective data from this initiative will form the most comprehensive and informative picture of student mental health and wellbeing ever to have been created within the Irish higher education landscape. This is a testimony to the remarkable achievements that can be made when collaboration is well-resourced. The alliance forged between 3Set staff and Psychological Counsellors in Higher Education in Ireland (PCHEI) members and leadership over this project has resulted in transformative processes in collecting and sharing data collaboratively, institutionally and nationally, the full benefits of which will be felt for generations of students to come.

Ensure internal and external collaborations and partnerships

Although the collaborative nature of the 3Set Peer-Led transition pilot programme seemed at first to be grounded by the Covid-19 pandemic, the pivot project undertaken to create resources for online training of student volunteers and their remote delivery of student orientation brought over 150 students and staff from 12 HEIs together in the strongest collective action ever to be seen in Irish HEI peer-led transition. This engagement was sustained in the return to the substantive project and has led to an original, co-created model for peer-led transition and a national consortium for student volunteers and staff practitioners. Neither this nor the data collection described above would have been possible if the HEIs had not released staff from their regular commitments to deliver these projects effectively. Collaboration requires investment. One key learning under the 3Set project is the need to **ensure that services are fully resourced to deliver best practice within their fields, with additional, values-driven funding being made available to ensure internal and external collaborations and partnerships.**

ENABLERS

The substantial collaborations facilitated by the 3Set project would have been unimaginable without the support of the HEA Innovation and Transformation Fund. It is apposite that, as this funding stream draws to a close, the innovative and transformative actions it has inspired continue to grow. The nascent Practice Research Network that will interpret and disseminate findings from the student counselling services' shared dataset will require support to conduct the data discovery and analysis. Further resources will be needed to guarantee timely and effective interventions based on this evidence locally and nationally. Similarly, the National Consortium for Peer-Led transition will flourish if commitment can be compensated by relevant training and professional development opportunities.

The development of the Technological Universities also affords a unique opportunity to support the consolidation and comprehensive resourcing of student counselling and peer-led transition services through their resulting transitions and enable shared learning from their processes.

LEARNINGS DURING COVID-19

The initial move to online environments during the early stages of the pandemic led to significant obstacles to collaboration. Staff were charged with simultaneously learning how to use new platforms and developing protocols to engage with student clients and volunteers safely. They did not have the capacity to engage in new initiatives and pilot interventions. However, the HEA's emergency funding inspired sea changes in student mental health and wellbeing provisions and allowed staff to connect over the unifying nature of a pandemic.

The inability to initiate in-person conversations, which initially appeared to be an insurmountable block to relationship building, resulted in increased networking opportunities through the common adoption of online platforms (Zoom, MS Teams etc.) For time-poor student affairs staff, this will continue to enable attendance at meetings and events that would previously have been inaccessible due to the time and cost of commuting to other campus locations. However, while attendance may increase, it is essential to reflect on the experience of student mentors, who noted that while numbers were higher for online meetups, the quality of engagement significantly improved when students were in person. This distinction warrants much closer investigation as we continue to explore and implement hybrid practices.

Please refer to 3Sets TOC Models:
TOC 6 and TOC 8

(III)

Targeted, Evidence-Based Interventions

RECOMMENDATIONS

- Embed peer-led transition and peer support in outreach and intervention strategies
- Inform student affairs colleagues about the scope and potential of peer-led services
- Agree on local strategies to translate data from the national student counselling services database into practical, targeted interventions based on trends.
- Thoroughly evaluate the effectiveness of the student counselling service dataset tools and the ensuing interventions
- Support the establishment of student affairs research centres, including professional training programmes and postgraduate programme(s) in student affairs.

OVERVIEW

The International Accreditation of Counselling Services (IACS) Standards recommend that student counselling services should provide a range of services to meet student needs which include:

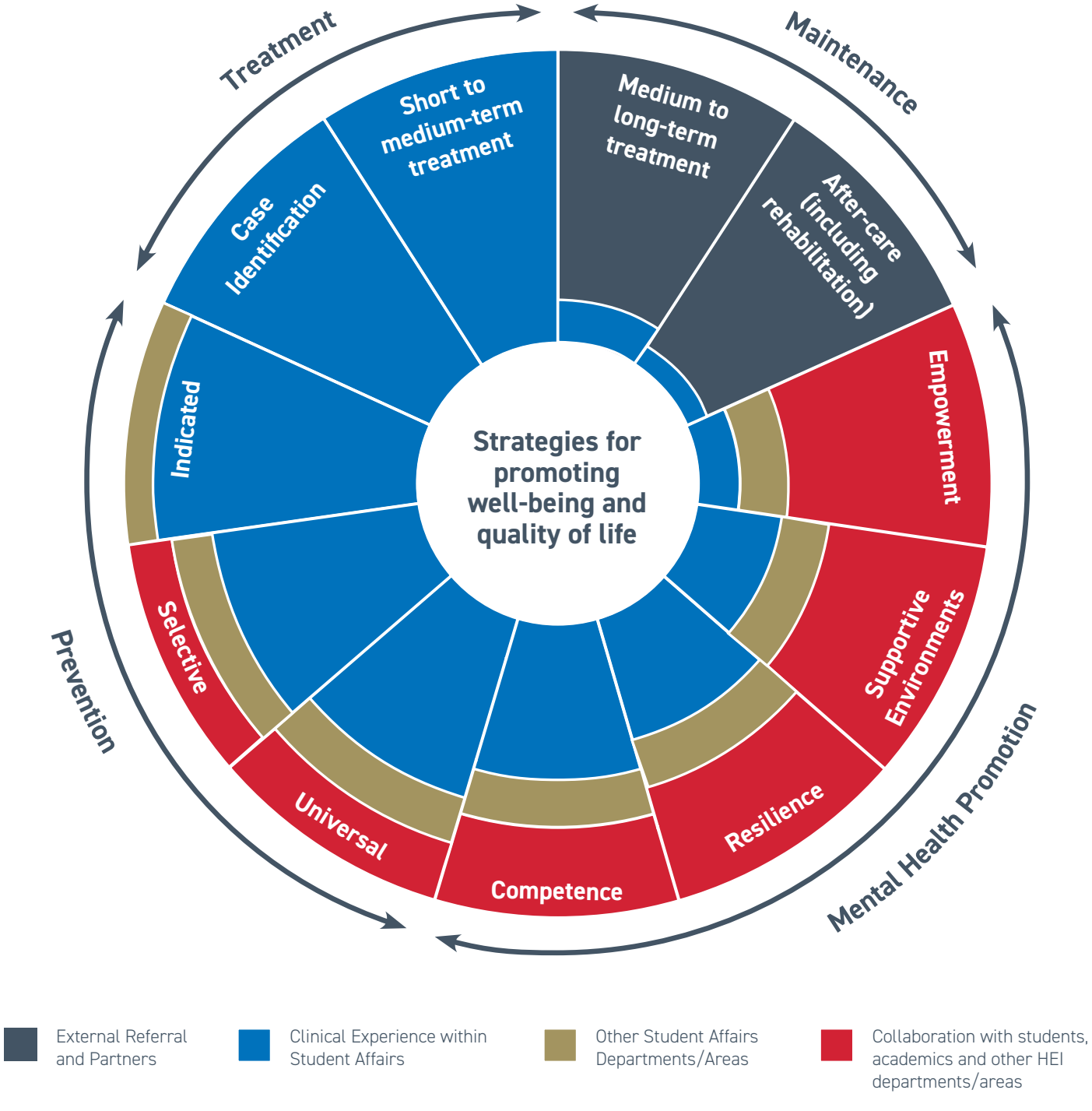
1. Individual and group counselling
2. Crisis intervention and emergency services
3. Outreach interventions
4. Consultation interventions
5. Referral resources
6. Research
7. Programme evaluation
8. Professional development
9. Training programmes (clinical trainees)

Whilst a number of these services rightly come under the exclusive domain of clinically trained professionals (individual and group counselling, programmes for clinical trainees), and some necessitate institutional collaboration (crisis intervention and emergency services, consultation interventions), important questions need to be asked: to what extent do other services rely more on expert input from clinical staff than extensive or exclusive delivery? Could the requirement to conduct research and evaluate programming, for example, be shared with academic professionals and postgraduate students? Similarly, could the curation and evaluation of referral resources be a shared/supervised activity? And, in the context of a whole-of-institute approach, where and how should outreach interventions be housed?

The following diagram is an adaptation of Barry et. al.'s 2019 model for implementing mental health promotion. Adjustments have been made to demonstrate the possible role of other student affairs professionals, students themselves and the broader HEI to deliver on core outreach objectives:

Barry et. al. demonstrate the interconnected roles of mental health promotion, preventative strategies, treatment and maintenance. They are expanding on Mrazec and Heggarty's 1994 work which divides prevention activities into the following:

Figure 4: Modified mental health intervention spectrum. Adapted from Barry et.al., 2019, p. 18



Universal - targeting the whole population

Selective - targeting individuals or groups considered to be at higher risk

Indicated - targeting high-risk individuals or groups with minimal but detectable signs or symptoms of mental health difficulties.

Barry's expansion includes mental health promotion, which she divides into competence-building, resilience-building, creation of supportive environments and empowerment. In the 3Set adaption of this model, further distinction has been made between actions which exclusively require clinical expertise and those which, to a lesser or greater extent, can be supported or led out on by other student affairs staff, HEI colleagues and/or student bodies. This is only a guideline, and as interventions are designed decisions should always be made about which resources are to be allocated to each segment of this wheel. Consideration must always be given to the resources required externally for seamless, reliable referral. If referral is required, those departments/agencies being referred to should also be invited as stakeholders in the design and implementation process.

> "It is clear that since mental health has an impact on numerous interconnected social and economic areas of life... an intersectoral approach to mental health promotion policy is crucial for the achievement of these broader health and development agendas."
>
> (Barry et. al., 2019)

Barry et. al.'s sentiment is reflected in Stanford's 2008 *Student Mental Health and Well-being Task Force Report*, in which they assert that "supporting student mental health and well-being is the province of all of us - faculty, staff and students alike" (Stanford University, 2008, p. 2). The shared role in outreach provision is a logical way to reduce the identified risk that wellbeing promotion could increase expectations on services already overstretched with the task of supporting mental ill health (Barkham et.al., 2019; Arie, 2017). This is not simply because student engagement in outreach liberates more clinical hours to respond to increased demand, but because effective, broad-reaching strategies can encourage early access, potentially decreasing the severity of presentation. There is significant evidence for the efficacy of peer-leadership in this regard. The findings of 3Set longitudinal data on student transition showed that a strong sense of belonging early in a student's first semester had a significant positive effect on resilience at the start of their second semester (see Appendix 3).

The primary benefit of student co-delivery in the outreach space is not for the students receiving the intervention but for the student volunteers themselves. When appropriate training and support, including reflective practice, are implemented, a meaningful intervention becomes an invaluable learning opportunity for the student delivering it. The challenge is not just for student mental health and wellbeing providers to engage in outreach and preventative programming that integrates with institutional approaches to student success. To do this effectively, the outreach and preventative programming must also be student-centred and student-driven. **Peer-Led programmes, such as mentoring and peer support, are an intrinsic element of outreach and wellbeing promotion strategies that must not be overlooked.**

MECHANISMS

Identify and implement current best practice

3Set brought together a unique combination of researchers, clinical practitioners, student affairs professionals and academic staff with a core objective to identify and implement current best practice and build an informed, accessible evidence base on which colleagues nationally could draw. Until this point, peer-led transition was significantly under-researched. Along with a rapid literature review, the 3Set team co-ordinated two national symposia with student volunteers and programme co-ordinators from across the country to consolidate and evaluate the potential impact of the best practice guidelines. It became evident that, while most programmes

already had practices in place that reflected some if not all the considerations for best practice, it would be hugely beneficial to publish accessible, adaptable resources to support the creation or revision of formal policies and protocols. Also striking was the extent to which best practice could be used to **inform student affairs colleagues about the scope and potential of peer-led services.**

Design and implement valid and robust data gathering tools

Evaluation is a core issue within the domains of student counselling and peer-led services. When 3Set researchers interviewed SCS staff about their activities, they found that all 22 participating services engaged in more than 1-to-1 clinical care, but that while client attendance data was readily available and reported on annually, there was relatively poor reporting on the wider activities of the counselling service, both within institutions and nationally.

To ensure best practice in the methodology and content of the standardised data set, 3Set researchers interviewed 28 participants across 22 HEIs, as well as drawing from established centres of best practice in the US (Collegiate Centre for Mental Health) and the UK (Student Counselling Outcomes Research and Evaluation [SCORE] Consortium). This informed approach to designing and implementing valid and robust data gathering tools encourages confidence in the quality and pertinence of the data that will be collected but will need further time and resources to **agree on local strategies by which to acknowledge emerging trends and translate these trends into practical, targeted interventions.** There will be a need to engage significant numbers of students/SCSs to **evaluate the tool's effectiveness and the ensuing interventions** in the coming years.

Collecting and sharing data collaboratively to Inform resource allocation

Two mechanisms have been combined here as, in this instance, they are entirely interdependent. Clear communication and collaboration between researchers, clinical practitioners, student affairs colleagues and the broader HEI are essential because the resources allocated to strategies and interventions should be continually informed by the evidence collected. The student counselling database will be instrumental in this regard.

Ultimately, research, data analysis, design of evidence-based interventions and meaningful evaluation could be housed nationally in **student affairs research centres,** and work could inform **professional training programmes**, as well as **postgraduate programme(s) in student affairs.** Opportunities to advance professional development to this extent would build significant confidence amongst student affairs staff, keep our understanding of student experience and student success live and accurate, formalise pathways for collecting and sharing data collaboratively, institutionally, and nationally, and bridge the gap between student affairs and academic colleagues.

ENABLERS

The Higher Education Authority's decision to award dedicated resources to research and disseminate evidence-based practices at scale across the sector represents a significant efficiency and return on investment that will continue to yield dividends over time.

To fully capitalise on work to date, it will be important to sustain academic partnerships such as the Research Advisory Group for the peer-led transition pilot and the Practice Research Network to discover and analyse national student counselling service data. Formal learning and development structures should be developed in tandem to capture and formalise expertise as it develops, including postgraduate qualifications in student affairs. The data collection systems (the student counselling database and the Odyssey student volunteer platform) will incur ongoing maintenance and hosting costs, and sustainable solutions will need to be identified to resource these.

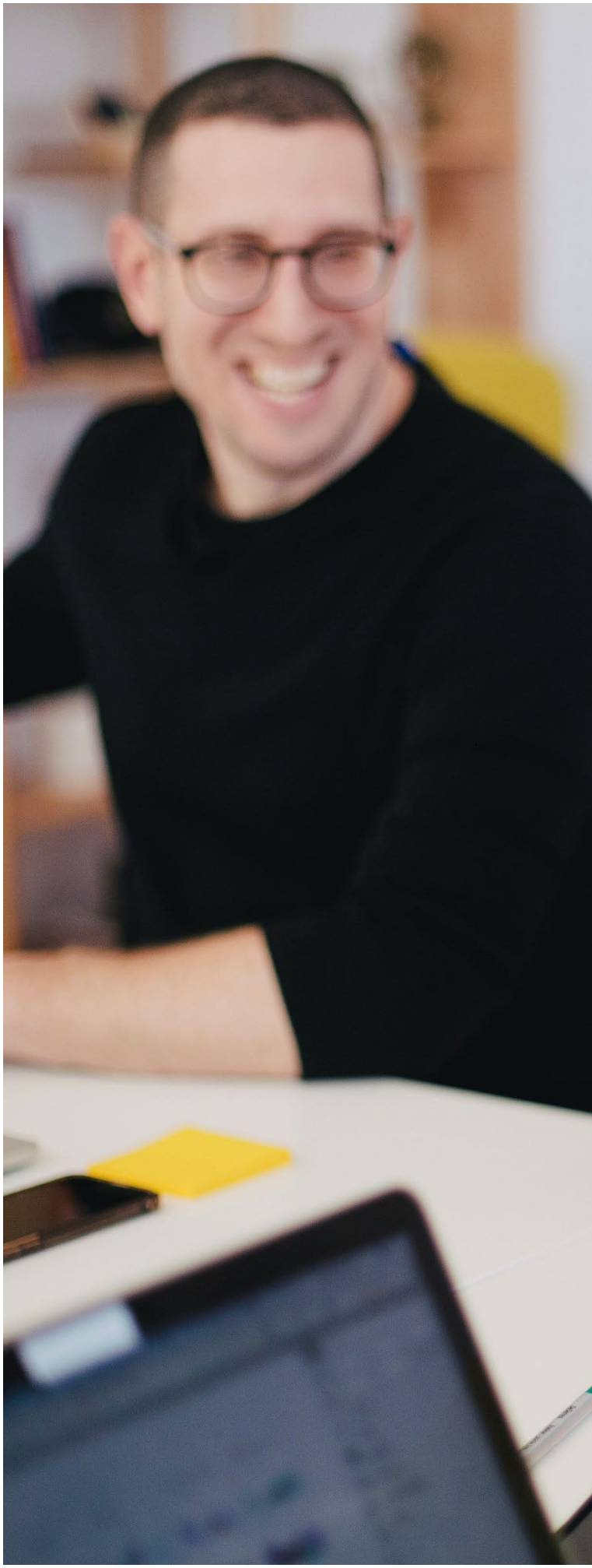
Significant progress has been made towards well-organised, accessible repositories for academic and practical resources, to support the implementation of best practices. This includes a suite of materials housed on the PCHEI website and the creation of openly accessible, interactive learning resources for peer-led transition volunteers and first-year undergraduates. Substantial efficiencies can be made by ensuring that these resources are adaptable and freely available under creative commons licensing (see National Forum, 2019); fewer wheels will be reinvented, and best practice can be more fluently integrated and evaluated. However, a meaningful resource is never a final product; it constantly evolves based on feedback and changing contexts. These resources will rapidly wane in relevance if they are not well-curated and promoted, and it is important that capacity is identified to undertake this. Crucially, there will be an added value to these innovations as they are sustained; the ability to fully establish and evaluate their impact over time would significantly contribute to our understanding of student success.

LEARNINGS DURING COVID-19

The HEA's generous provision of Covid-19 emergency relief funding and their support for implementing the *National Student Mental Health and Suicide Prevention Framework* allowed the significant enhancement of outreach and prevention activities for student counselling services.

Unfortunately, the initial round of data collection for the student counselling dataset was delayed due to time constraints on SCS staff in the immediacy of the move to online service provision. However, the fact that online technologies had to be adopted has, in the long term, increased both staff and student confidence in online outreach interventions, including SilverCloud and social media campaigning. We can confidently predict that the positive influence of these interventions will be discernible when the data is available for evaluation.

Please refer to 3Sets TOC Models:
TOC 5; TOC 9; TOC 6 and TOC 10



(IV)

Meet Student Needs More Effectively

RECOMMENDATIONS

- Capture and interpret current data about student mental health and wellbeing to inform the creation and delivery of relevant, timely interventions
- Consider Theory of Change models for stakeholders to identify how interventions can be optimised
- Further research on the positive downstream effects of mentoring
- Explore levels of peak demand for Text 50808 in terms of design for peer-led transition
- Implement experiential training for student volunteers, including advisory group, national consortium and community of practice participants

OVERVIEW

The *National Student Mental Health and Suicide Prevention Framework* offers a comprehensive overview of student mental health in the Irish higher education context (p. 6-14), noting that:

> "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."
>
> (Fox, Byrne & Surdey, 2020, p. 8)

Each student's wellbeing and mental health is challenged in a higher education learning environment. Students transitioning to adulthood will traditionally grapple with identity formation, establishing intimate and social relationships, and consolidation of personal values. Mature students and postgraduates, although they may not fall into the same age bracket, are likely to be facing complex life transitions of their own. Any number of these students could be juggling significant personal, financial, and familial responsibilities with their studies whilst expectations are high for them to focus on their academic development and attainment, often with a view to their future careers.

The Association for Higher Education Access & Disability's 2019 demographical analysis identified a 127% increase in the number of students registered with mental health conditions between 2014-2018, rising at double the rate of other students with disabilities (Ryder, 2019, p. 63). In this AHEAD report, students with mental health conditions constituted 15.1% of all students registered with disabilities in Irish Higher Education (Ryder, 2019, p. 20). By 2019/20, this had further increased to 16.7% (Ryder, 2021, p. 18).

In their 2021 report, the Royal College of Psychiatrists reiterates that *"(s)tudents who have severe mental illnesses are at considerable risk of academic failure and drop-out"* and that *"even mental disorders that are less severe can lead to failure on the part of students to fulfil their potential"* (Royal College of Psychiatrists, 2021, p. 18). However, the report also prominently highlights the opportunities for these students, specifically within the sphere of Higher Education:

> "Higher education may offer benefits to students with a history of mental illness or psychological difficulties by providing new sources of self-esteem and opportunities for engagement with peers and wider society. Students are at a stage in life open to a range of possible futures; if problems that arise are caught early, it may be possible to set someone on a life path that is more positive and less difficult."
>
> (Royal College of Psychiatrists, 2021, p. 9)

MECHANISMS

Design and implement valid and robust data gathering tools

The student counselling service database provides a unique and urgent opportunity to **capture and interpret current information about student mental health and wellbeing** through the design and implementation of valid and robust data gathering tools. If scaffolded by strong communication strategies, this data could **inform the creation and delivery of relevant, timely interventions**. However, to effectively design interventions that meet student needs, it is essential to fully understand the context of those needs and the outcomes sought from the intervention. Activities should always be cognisant of their intended audience and how the proposed activities' change mechanisms will influence the desired outcomes and impacts (Noble, 2019).

Address concerns raised by and about students

Theory of Change exercises, even for relatively minor-scale projects, are a highly effective way of bringing students and staff together to share perspectives over the issue at hand, increase and advance the lenses through which issues are examined, and fully consider how interventions can be optimised to address concerns raised by and about students. They are also key learning spaces for participants themselves.

The 3Set pilot peer-led transition model was co-created between students and staff using the theory of change model. The pilot identified and interrogated how activities undertaken between first-year undergraduates and student volunteers could positively influence students' goals to establish community/make friends, seek and use support services and be comfortable engaging academically.

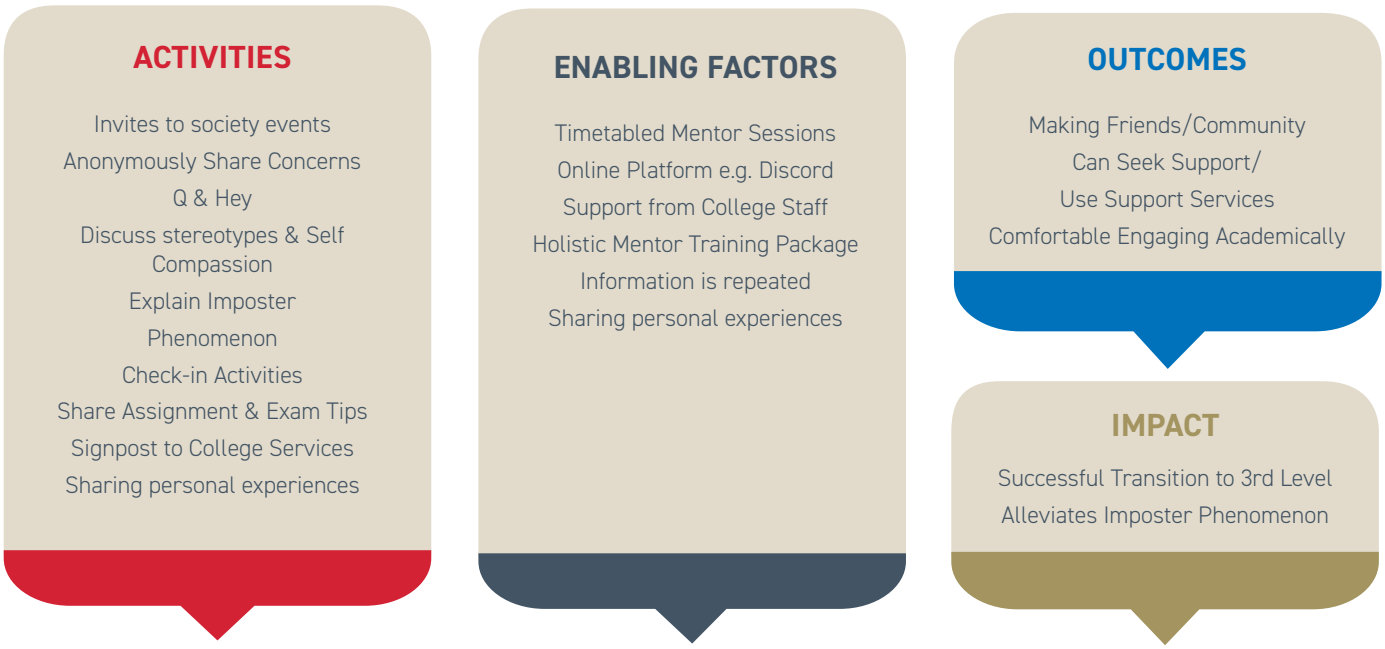


Figure 5: Peer-Led Transition model designed by the 3Set Work Package 3 Student Advisory Group using Theory of Change

Evaluation of the intervention's efficacy makes a compelling argument for the value of co-creation through the Theory of Change. Enrolment in the pilot peer-led social, emotional, and academic mentoring programme was associated with a 536% increase in the odds of attending a mentoring session and a 398% increase in the odds of attending more than one session when compared with responses from students enrolled in the pre-existing mentoring programme in the same HEI. Students' engagement with mentoring did not have a significant effect on academic self-efficacy in semester one, but by the second semester engagement with both mentor emails and mentor sessions showed a significant effect. This demonstrates that the benefits of mentoring may appear later on, when academic self-efficacy is tested by assignments and exams, for example (Weiner et. al., 2022b).

The positive downstream effects of mentoring warrant further research. 3Set designed a model to look at the effects of belonging, academic self-efficacy, and resilience on one another over the course of first year and found that both higher belonging and higher academic self-efficacy at the beginning of the year were significant causes of higher resilience at the end of the year. This shows the importance of interventions that improve on belonging and academic self-efficacy for building community resilience in higher education (See Appendix 3).

Identify and implement best practice

3Set staff also worked to identify and implement best practice interventions based on current literature. Studies among young adults indicate that text-based counselling is often preferred due to increased privacy (Evans et al., 2013), greater perceived anonymity and control, greater emotional distance from the counsellor, and ease of access (Navarro et al., 2020). An Implementation Community of Practice was established following CAMS (Collaborative Assessment and Management of Suicidality) training. This Community of Practice identified Text 50808 as a valuable resource in collaborative safety planning.

Text 50808 is an anonymous, free, 24/7 365 text support service funded by the HSE. Developed collaboratively with 3Set, a "keyword partnership" with Text 50808 promoted the service within HEIs by encouraging students to use their HEI acronym (e.g. TUS 508508, TCD 508508) to begin a text conversation with a trained volunteer. The service provides everything from a calming chat to crisis response. Participants confirmed safety and its subthemes as the strongest motivators for accessing text-based counselling services, consistent with e-mental health literature. Similarly, participants confirmed accessibility as a strong motivator for selecting text-based counselling services, echoing research that suggests that this type of intervention can help young service users to overcome financial, gatekeeper, and transportation barriers to mental health care (Navarro et al., 2020). Between January 2020 and May 2022, the keyword partnership fielded just under 1300 conversations from students nationally and has already reported back valuable data about peak times for calls; Monday and Tuesday were points of highest demand, between 6 pm-12 pm, with **a significant peak during the orientation period that warrants further investigation in term of peer-led transition** (See Appendix 4).

Ensure student knowledge of and access to services

As well as embedding efficacy in design concepts, co-creation with students helps to build investment and trust between students and staff, which inevitably enhances referral pathways. This can be further enhanced by ensuring that student training includes key messages about relevant services and instils the value of safely sharing appropriate personal experiences. It is essential that this **training is experiential;** it should be substantiated by ongoing opportunities for student volunteers to check-in with senior volunteers or support staff, allowing for reflective learning, brainstorming around possible signposts and the provision of up-to-date information. This will ensure student knowledge of and access to services (See Improved Student Mental Health and Wellbeing).

Enhance student and staff capabilities

While experiential training like the student volunteer training described above is valuable, it is also resource intensive. Training organised on a sector-wide basis, such as CAMS and Text 50808, can deliver significant efficiencies, as they can be organised between and across HEIs. Consideration needs to be made of the value of different training and support models and the feasibility of sharing resources from core materials right the way through to collaborative, national training sessions for students and staff, including how and where resources could be hosted, developed, and delivered to enhance student and staff capabilities.

ENABLERS

Interventions are hugely reliant on successful promotion; the extent to which students will engage, and the quality of that engagement, rely on their understanding of its purpose and value. In the first year of the keyword partnership, engagement with Text 50808 was strongly correlated with institutional promotion. Those institutions that hosted a local launch, involved Student Unions and/or student groups and encouraged ongoing promotion through embedding Text 50808 details in staff email signatures had a significantly higher number of users than other HEIs.

Learnings during COVID-19

The iterative model for the design, implementation and evaluation of the peer-led transition model was negated by a year-long pivot project to address the immediate issue of online service provisions. However, the pilot model was substantially enhanced by the opportunity to increase student co-creation. In focus groups, student volunteers spoke very eloquently of their appreciation for the value of their own experience in a student-to-student relationship, noted by its absence in the 2021/22 academic year, when they were in the unique position of mentoring students in a physical campus environment of which they had little to no familiarity.

The transition to online training delivery compelled practitioners to re-examine didactic over experiential content, making very specific decisions about what participants needed to engage in collectively (and how to achieve this in a remote environment), and what could be recorded/delivered through online, participant-pace content. These hybrid modalities could make significant savings on staff and student time if the practice is continued, but how students are supported to connect and engage with each other in volunteer communities must always be considered.

Remote interventions, such as Text 50808 and its keyword partnership with HEIs, were needed more than ever, but their value is not limited to what they could offer in an emergency. As with methods of collaboration and training delivery, the ongoing use of online resources and the mechanisms by which they interact with in-person provisions have huge potential but require much further research.

Please refer to 3Sets TOC Models:
TOC 8; TOC 7; TOC 5; TOC 2 and TOC 4

(V)

Improved Quality of Services

RECOMMENDATIONS

- Unified data systems for all student affairs departments
- Replicate the Odyssey data system across peer-led transition services to begin a national narrative of peer-led volunteer experience
- Evaluate CAMS influence on service quality, and make recommendations for integration within staff professional development
- Meaningful appraisal of the long-term impacts of interventions on student success
- Embed accreditation benchmarks in counselling and peer-led programming
- Implement student-centred, shared protocols for managing students at risk

OVERVIEW

The 2022 HEA Bill is tasked under Function 6 to: *"collect statistical information and maintain an evidence base in order to provide high quality evidence-based policy advice."* (Section 9 – Functions of An tÚdarás Higher Education Authority, 2022).

Robust statistical data and associated evidence bases are essential to inform the quality of interventions as well as the policy that drives them. While there are substantially valid concerns over the sharing of sensitive data, there is also a significant gap in vital knowledge towards supporting student mental health and wellbeing, and student success, that must be addressed if we are to enhance the quality of student affairs. Disability services are leaders in this area, as they keep unified data sets which they are obliged to return to the HEA annually. However, student health services do not have data sets and can only estimate that between 20-40% of consultations with students relate to mental health (Hill et. al., 2020). Student advisors, personal tutors, chaplains, and other student affairs departments also need **unified data systems** to capture and respond effectively and collaboratively to student needs.

MECHANISMS

Design and implement valid and robust data gathering tools

The 3Set standardised dataset, the ensuing student counselling database and the evaluation tool for student transition were all designed as valid and robust data gathering tools under the principle of GIGO (garbage in, garbage out). By ensuring that evaluative tools were built on national experience, international best practice and student insight, 3Set has now developed a standardised dataset for student counselling services to collect a national picture of student mental health and wellbeing (Howard, 2021), and a psychometrically validated measurement model for successful undergraduate transition (Weiner et. al., 2022a) (See "Increased Collaboration" for more detail).

Ensuring internal and external collaborations and partnerships to Address the concerns raised by and about students

Two mechanisms are described in tandem here, as in this instance they work in unison. The design and implementation of the student counselling service database is an excellent example of how collaboration and a student-centred approach can overcome barriers to collecting and sharing data to address concerns raised by students (Howard et.al., 2021). The issues identified by the data system will be able to inform timely interventions, locally and nationally, based on near-to-live SCS client information.

3Set has benefitted hugely from the involvement of research staff, as members of the project team and as supporting participants in the 3Set Steering Group, the Peer-Led Transition Research Advisory Group (who were instrumental in assuring psychometric validity of 3Set's measurement model for undergraduate transition,) and the Practice Research Network.

The inclusion of the Practice Research Network as part of the 3Set project to design and implement a student counselling service database is a testament to the ongoing value of national collaboration and partnership. Outcome measures must be sensitive to change, relevant, and accessible. Proof of concept needs to be developed for both the intervention and the tools used to assess it. To ensure this, time is needed to build momentum. Another key learning from the 3Set project is that mainstreaming should be embedded within project planning; the Practice Research Network is an excellent example of how to achieve this.

Mitigate increasing demands on services

Consideration must always be paid to the impact of new initiatives and evaluation processes on existing staff workloads. Intentions to mitigate the increasing demands on services can easily be negated by the resources required to plan, implement, and assess interventions. Cross-institutional collaboration with students, academic staff and researchers may take time to build, but it invites the concentration of considerable skills and expertise and is a very meaningful step toward a whole-of-institute approach to student mental health and wellbeing and student success. It also significantly reduces the amount of time spent by individual departments on new initiatives, as processes and learnings can be seamlessly shared.

Data systems can also seem prohibitively resource-intensive in terms of staff time and costs. However, if seed funding can be identified, the return on investment is prolific. For example, the Odyssey system for volunteer management, designed by Dovetail Technologies in collaborative partnership with peer-led transition staff and volunteers in Trinity College Dublin, alleviates weeks of data processing and integrity checking and ensures GDPR compliance much more cost-efficiently. It also allows for quality assurance checking, as staff can easily identify when and where volunteers are not engaging and make appropriate connections to ensure that they and their student groups are supported. If **other HEIs can be resourced to adopt and adapt the Odyssey system,** there is significant potential to generate long-term efficiencies in the use of staff time, and to **begin a national narrative on the experience of student peer-led programme volunteers** akin to the commentary already underway in student counselling, thanks to the 3Set student counselling database.

Collect and share data collaboratively, institutionally and nationally and Enhance student and staff capabilities

Again, two mechanisms working intrinsically together are described in tandem here. Data-driven policy and interventions can be both student and staff-facing, so it is essential that as we collect and share information about the student population, we are also evaluating where and when professional development needs arise. For example, Collaborative Assessment and Management of Suicidality (CAMS) training was identified as an appropriate intervention when 3Set staff interviewing student counselling staff noted a considerable variance in the training level of staff within counselling services in the assessment of, and confidence in working with, suicidal clients. 239 mental health service staff across 25 HEIs engaged in the training, demonstrating how important an evidence-based suicide assessment and intervention programme was to the sector. **Further evaluation of the programme's influence on service quality and recommendations for integration within staff professional development** are now required.

Inform resource allocation

To fully interrogate and learn from quality improvement, more meaningful measures than KPIs must be identified. We need to demonstrate the influence and impact of services, building informed analysis that incorporates robust quantitative and qualitative measures with practice wisdom and student perspective (Bamber & Stefani, 2016). This is how the long-term impact of **interventions on student success can be meaningfully appraised to inform resource allocation and ensure appropriate return on investment.** The student counselling database, the Odyssey data system and the tool to evaluate successful student transition will all provide invaluable quantitative and qualitative data that, with appropriate collection and analysis, will reveal the most detailed picture of student mental health and wellbeing we have ever been able to access. The interventions we design in the wake of this data will be hugely strengthened if we sustain the student, and staff networks that have informed the 3Set project and continue to validate and interpret our data through their reflections and insights.

Identification and implementation of current best practice.

Quality Assurance is essential for building trust in reliable, professional services for all stakeholders. **Accreditation benchmarks established on best practices,** such as the International Accreditation of Counselling Services (IACS) standards and Investing in Volunteers (IiV) accreditation, are invaluable tools to ensure ethical compliant practices across the sector. They are also constructive ways to demonstrate the value and the complexity of work undertaken "behind the scenes" to achieve high-quality services. Accreditation is another resource-intensive process but it contributes significantly to the identification and implementation of current best practice, and both IACS and IiV benchmarks have been central to 3Set's design of interventions.

ENABLERS

There is an exigent need to create and sustain data systems that can inform both whole-of-institute and national narratives of student success. There is also an urgent requirement to find ethical ways of creating "care pathways" between departments and between HEI and HSE services. These pathways must prioritise mental health and wellbeing whilst protecting students' sensitive data (especially, but not exclusively, for students pursuing careers in health or social services). The *National Student Mental Health and Suicide Prevention Framework* recommends implementing **student-centred shared protocols for managing students at risk,** which include monitoring, referrals, and follow-up between health and counselling services (Fox, Byrne and Surdey, 2020, p. 48). This recommendation merits critical attention.

The burden of accreditation could be significantly alleviated by national funding to support inter-institutional collaborations as well as the cost of the accreditation itself. If HEIs could be funded to jointly prepare, share useful documentation and/or disseminate learning from their accreditation processes there would be a significant gain for all students and staff involved. The momentum built by 3Set's work to foster interdisciplinary relationships and develop communities of practice will be instrumental here.

LEARNINGS DURING COVID-19

The national engagement of students and staff in communities of practice during the pandemic was a true testimony to the willingness and openness to collaboration in the student mental health and wellbeing sector. While it has been acknowledged that the adoption of online platforms has enabled meetings and symposia that could not previously have achieved the same levels of attendance, it must also be said that staff in the sector were carrying additional workloads in the transition to online provision, during a further increase in demand for mental health support. For many, they were also managing huge institutional change due to the emergence of Technological Universities. Their engagement was not driven by new-found availability but by a commitment to improving the quality of services for students.

The way new technologies were adopted almost uniformly and at speed offered valuable insight into implementing new systems. Tying systems into existing workloads, alleviating pressure points in processing and compliance, making sure systems are intuitive and giving time for training and learning are ways to facilitate implementation of and engagement with ICT whilst enhancing student and staff capabilities.

Please refer to 3Sets TOC Models:
TOC 9; TOC 8; TOC 7; TOC 1; TOC 6; TOC 4; TOC 10 and TOC 5

(VI)

Student Belonging

RECOMMENDATIONS

- Student partnership meaningfully implemented in HEI and service-level strategic development
- Include students in the evolution of the national consortium for peer-led transition
- Collaborations between peer-led transition and EDI offices to ensure equity of access to mentoring support
- Consider peer-to-peer models for students experiencing specific barriers, including mental health diagnoses
- Expand peer-led transition support to include pre-arrival and outduction, and consider similar support for placement transition, exchange transition etc.

OVERVIEW

As with student success, student belonging must not be treated as one ubiquitous concept. Carruthers Thomas eloquently argues for a change to current practice in which she describes prevailing cultures defining how and why students belong, while student affairs professionals exert time and energy trying to pull those on the periphery closer to the centre (Carruthers Thomas, 2019). Rather than relying on definitions and measures that focus on "young, full-time, time rich undergraduate(s), resident on or near campus" (p. 25), belonging needs to be defined by each student in terms of their own needs and expectations.

Strayhorn's literature review of belonging in postsecondary education leads him to outline 4 key principles (abridged from Strayhorn, 2019, p. 11):

1. A feeling that the student matters to other students and that there is a collective commitment to be together
2. A sense of indispensability within the system
3. A sense of identification/positioning in relation to a group/college community
4. A belief that the student is accepted, valued, included, and encouraged by others

What is striking about these four definitions is that they all rely on a student's perception of their own circumstances. They also all point to the intrinsic value of feeling important, not in the sense of being elected society president or the editor of a college newspaper, but in the sustained belief that they have a unique contribution to make and that that contribution enriches their relevant group/ course/ community. This speaks profoundly to the value of **student partnership as an intervention in and of itself** and a means of **meaningfully informing policies and programmes in HEIs.**

MECHANISMS

Addressing concerns raised by and about students

Belonging has been tied to student persistence (O'Keeffe, 2013) and academic competence (Pittman & Richmond, 2008). 3Set's research into successful undergraduate transition further identified significant correlations between belonging, resilience and academic self-efficacy, and significant potential for mentoring to act as a growth catalyst for all three (see Appendix 3). When reviewing the original schema for the pilot peer-led transition model, Student Advisory Group members were unequivocal in their belief that addressing Imposter Phenomenon should be promoted from an activity to an overall impact, positioning it as equal to, and intertwined with, a sense of belonging. Activities were redesigned to include opportunities for students to reflect on when and how feelings of imposterism arose and, by doing so in a group setting, to both normalise its occurrence and challenge its validity. The above process is another example of addressing concerns raised by and about students in the design and not simply by the dissemination of an intervention.

Build confidence in student abilities

During the design of interventions to combat imposter phenomenon, it became clear that students' expectations of themselves, and their expectations of their peers, were frequently creating barriers to belonging. In focus groups, students cited mature status, disability, and country of origin among their reasons for fearing that they would be "caught out" or considered a fraud when compared to their classmates. Prominent in this is the belief that belonging and fitting in are synonymous, whereas Brené Brown's grounded theory research has posited that, in fact, fitting in is the opposite of belonging (Brown, 2010). This makes the issue of defining and interpreting belonging two-fold; before we can assess the extent to which students' need to belong is being met, ways to develop their own understanding of belonging and their personal goals in terms of how they want to achieve it must be found.

Ensure internal and external collaborations and partnerships

Participation in the peer-led transition programme and its evaluation was significantly enhanced by school/faculty support. Response rates to surveys increased two-fold when they were endorsed and promoted by academic staff. Similarly, we learned from focus groups that the investment in timetabled sessions, although a big ask, was returned not only by attendance at sessions but by the increased belief within the school group that faculty staff cared about their wellbeing. To continue this learning, it will be essential to **include students in the nascent Peer-Led Transition consortium,** and to ensure their participation in the ongoing evaluation, redesign, and implementation of peer-led transition resources.

3Set's best practice guidelines for mentoring strongly advocate for an opt-out model to ensure inclusive programmes (meaning that every incoming undergraduate student is assigned to a mentor or mentor group, rather than having to sign-up or enrol). However, demographic analysis of responses to the 3Set undergraduate transition survey revealed that having a disability was associated with a 31% decrease in the odds of accessing mentoring, and being a mature student was associated with a 55% decrease in the odds. Gender was also a significant predictor of whether a student had attended mentoring, with 60.42% of male students having attended mentoring, compared with 72.58% of female students, and 71.43% of non-binary students and students with a trans history or other gender identity, suggesting that male-identifying students tend to engage less. The research data found no significant difference in accessing mentoring resulting from HEAR status, LGBTQ+ identity, first generation vs legacy students, or ethnicity (Weiner et. al, 2022b). **Collaborations with Equality Diversity and Inclusion (EDI) offices to study how peer-led transition can be offered equitably** should now be undertaken.

Enhance student and staff capabilities

Key learning from the 3Set Student Advisory Groups was that students were not used to giving feedback at an institutional level and required some time to understand and embrace their role in informing broader goals, like student belonging. The Theory of Change model (Noble, 2019) proved instrumental in helping students to contextualise their experience and to understand the value of their contributions to both smaller scale activities and to more foundational concepts. Participants found that the ability to understand the influences of their activities on outcomes and impacts, and to reflect on how their contributions in sessions had helped to shape the trajectory of the model, really boosted their confidence to contribute. Concurrently, staff noted that their own confidence in designing interventions was bolstered by these student voices. Feedback from the advisory groups, in each iteration, helped practitioners to simplify and add potency to the interventions by focusing on what mattered most to the intended recipients.

ENABLERS

The advancement of the peer-led transition model and its evaluation would not have been possible without the students who engaged as volunteers, as mentees, in the national advisory groups and in the symposia. A strong partnership model is inarguably valuable to both students and staff as advocated by the NStEP: *"(a) culture of partnership supports a developmental model of citizenship, that motivates partners to engage in activities that enhance their own learning journey, as well as collective experiences"* (National Student Engagement Programme, 2021).

Students have a much more significant role to play beyond orientation support. As "experts by experience" (World Health Organization, 2021b, p. 70), their contribution to advisory groups boards and decision-making bodies within their HEIs is invaluable. They can also offer particular "expertise through experience" to students who may feel disenfranchised due to their background, identity, mental health diagnosis and/or other circumstances. **Models to train and support peer-to-peer interactions that alleviate such barriers** warrant more significant research. This is echoed by the finding in the *National Student Mental Health and Suicide Prevention Framework* that *"interventions and therapies must be student-centred; and for this to happen, students themselves must be actively involved in informing practice"* (Fox, Byrne and Surdey, 2020, p46). Equally, student transitions are not limited to undergraduate orientation. **Effective models for peer-led transition could be expanded to include outduction, transition to/from study abroad, transition to placement and other stress points in the student life cycle.**

LEARNINGS DURING COVID-19

Alongside the negative health implications (Long et. al., 2022), the detrimental impact of lockdowns on students' relational mechanisms was a predictor of a poorer sense of belonging. Being a student emerged as a higher risk factor for loneliness than usual during the COVID-19 pandemic (Bu, Steptoe & Fancourt, 2020), pointing to the importance of social networks and connections made in the educational environment. It is impossible to tell whether the need to connect increased participation in the advisory groups and in the peer-led transition programme, and/or if participation was negatively impacted for first-year students by the continued use of remote environments. Data about which students engage in peer-led transition and the efficacy of that engagement may well change in the move back to physical environments, and continued evaluation and comparison with current data would yield significant learning.

Please refer to 3Sets TOC Models:
TOC 7; TOC 3; TOC 8 and TOC 4

NEXT STEPS:

Embedding Student Mental Health And Wellbeing In Student Success

The recommendations highlighted throughout this report are essential steps to ensure a whole-of-institute approach to student mental health and wellbeing. The table below shows how they also act as enablers to student success under the *National Forum's Guiding Framework* (National Forum, 2021).

As the National Forum's 7Cs Toolkit is adapted at institutional levels, these recommendations for a whole-of-institute approach to student mental health and wellbeing must also be implemented to ensure the continued development of student mental health and wellbeing in Irish higher education, and to support the national strategy for student success.

To fully optimise the positive effects of these recommendations, the 3Set Model for Innovation in Student Mental Health and Wellbeing should be adopted in the design, implementation, and evaluation of each of these activities.

INSTITUTIONAL CAPABILITIES

NATIONAL FORUM GUIDING FRAMEWORK	3 SET RECOMMENDATIONS
Strategy and enabling policies and practices	**(I)** Continued implementation of the National Student Mental Health & Suicide Prevention Framework **(III)** Agree local strategies to translate data from the national student counselling services database into practical, targeted interventions based on trends. **(I)** Conducting annual "temperature checks"; embedded mental health and wellbeing questions in **studentsurvey.ie** and/or data capture at the point of registration
Evidence-based decision making	**(I)** Ongoing research within and between HEIs to understand the evolving mental health and wellbeing trends, and timely dissemination of relevant findings **(IV)** Capture and interpret current data about student mental health and wellbeing to inform the creation and delivery of relevant, timely interventions **(III)** Fully evaluate the effectiveness of the student counselling service dataset tool and the ensuing interventions
Structured and well-resourced professional development	**(I)** Mandatory induction training in student support and referral, with CPD credits for "top-up" training in student mental health and wellbeing for all HEI staff **(V)** Evaluate CAMS influence on service quality, and make recommendations for integration within staff professional development **(V)** Embed accreditation benchmarks in counselling and peer-led programming **(III)** Support the establishment of student affairs research centres, including professional training programmes and postgraduate programme(s) in student affairs.

INSTITUTIONAL CULTURE

NATIONAL FORUM GUIDING FRAMEWORK	3 SET RECOMMENDATIONS
Whole-of-institution approach and alignment	**(V)** Meaningful appraisal of the long-term impacts of interventions on student success **(II)** Ensure Healthy Campus initiatives include mental health and wellbeing strands that equally respect student insights and the multidisciplinary expertise of student affairs professionals (including counselling, health, and disability services) **(II)** Appoint Student Services leadership at a VP (or equivalent) level within each HEI
Centrality of students and their learning	**(II)** Protect timetabled time for student wellbeing and mental health promotion activities **(II)** Initiate and support credit-bearing wellbeing promotion modules (e.g., suicide intervention skills) **(V)** Replicate the Odyssey data system across peer-led transition services to begin a national narrative of peer-led volunteer experience
Inclusivity	**(I)** Initiation of early intervention activities (e.g., psychoeducation and awareness-raising, the creation of intrusive communities for learning and peer support, encouragement of disclosure either through champions or through open, supported discussions) **(I)** Commitment to and engagement with student partnership models of consultation, co-creation, and evaluation to meet the needs of an increasingly diverse student population **(VI)** Collaborations between peer-led transition and EDI offices to ensure equity of access
Communication and collaboration	**(II)** Ensure services are fully resourced to deliver best practice within their fields, with additional, values-driven funding to enable collaboration and partnership **(III)** Embed peer-led transition and peer support in outreach and intervention strategies **(V)** Unified data systems for all student affairs departments
Respectful and meaningful relationships	**(V)** Implement student-centred, shared protocols for managing students at risk **(VI)** Consider peer-to-peer models for students experiencing specific barriers, including mental health diagnoses

INSTITUTIONAL PRACTICES

NATIONAL FORUM GUIDING FRAMEWORK	3 SET RECOMMENDATIONS
Assessment and feedback	**(VI)** Include students in the evolution of the national consortium for peer-led transition
Engagement & student partnership	**(II)** Include students as partners in the design, implementation and evaluation of student mental health and wellbeing interventions **(VI)** Student partnership meaningfully implemented in HEI and service-level strategic development
Teaching approaches and learning design	**(II)** Adopt appropriate training and infrastructures to optimise learning opportunities for students and staff **(IV)** Consider Theory of Change models for stakeholders to identify how interventions can be optimised **(IV)** Implement experiential training for student volunteers, including advisory group, national consortium, and community of practice participants
Transitions and belonging	**(III)** Inform student affairs colleagues about the scope and potential of peer-led services **(I)** Interrogate the pilot peer-led transition programme's evaluation findings by rolling the model out to a broader student body **(IV)** Further research on the positive downstream effects of mentoring **(IV)** Explore levels of peak demand for Text 50808 in terms of design for peer-led transition **(VI)** Expand peer-led transition support to include pre-arrival and outduction, and consider similar support for placement transition, exchange transition etc.

Conclusion

The increasing prevalence of student mental health difficulties in Irish higher education urgently needs to be addressed. It is not a tangential health issue encroaching into the educational space; student mental health and wellbeing is a formative strand of student success and an intrinsic mechanism within the educational interface through which student outcomes are influenced (Kahu and Nelson, 2018).

The **3Set Model for Innovation in Student Mental Health and Wellbeing** offers HEIs a prototype for embedding and integrating meaningful interventions that bring academic expertise, practitioner wisdom and student insight together to spark positive change in a whole-of-institution approach.

This model has been fuelled by substantial national funding and collaborative practice, which has sustained unprecedented advances in policy, data collection and the creation of evidence-based resources for student mental health and wellbeing. In the landscape of a pandemic, the generosity of stakeholders' time and energy to achieve these goals is testimony to their commitment to student success.

With the development of the *National Student Mental Health and Suicide Prevention Framework,* 3Set assisted the HEA in addressing an urgent need for national guidance related to suicide risk and critical incident response in HEIs. This significantly enhanced co-ordinated preventative and early intervention measures aligned with the goal of student success.

National policies are now in place with ringfenced funding to implement and evaluate the interventions established under the *National Student Mental Health and Suicide Prevention Framework*. Priorities for these interventions and appropriate resource allocation can now also be more precisely informed by comprehensive, standardised data collected through the student counselling services database. The Practice Research Network designed to support the collection, analysis, and dissemination of this data has the potential to become the site of significant collaborative learning between practitioners, academics, research professionals and students.

Through the lens of Peer-Led transition, the 3Set programme has successfully modelled how student engagement can significantly contribute to key indicators of student success, especially in the design and evaluation of student mental health and wellbeing policies and interventions. Measures of first-year student experience have also been compiled and validated and there is now a structure in place for peer-led transition programmes nationally to measure their influence on positive first year and volunteer student experience.

Evidence-based practice is essential, but to really optimise its impact, our models must be iterative and subject to collaborative design, implementation and evaluation between students, faculty, and student affairs professionals. Sustainable resources to continue and evolve this practice would ensure that transformative, continuous development is embedded in student mental health and wellbeing provision and the whole-of-institute approach to student success.

The period in which the 3Set project took place was one of substantial uncertainty. One of our most significant learnings has been that perceptions of "change aversion" in higher education belie a reality in which dedicated, student-centred staff are frequently called upon to address urgent demands, to the detriment of important, strategic innovation. By finding sustainable ways to effectively resource services, and complementary values-driven support, like the HEA Innovation and Transformation Fund, to bolster the national partnerships and collaborations, we will be able to protect and build on the considerable work already undertaken nationally to enhance student mental health and wellbeing.

IN SUMMARY:

- A whole-of-institute approach is required for student success
- A whole-of-institute approach is also necessary to support student mental health and wellbeing
- The interdependencies between student mental health and wellbeing and student success are complex and pronounced
- Student partnership and co-creation are essential
- A fully integrated approach to student success relies on fully embedding mental health and wellbeing into student success strategies, with students at the centre
- The 3Set Model for Innovation in Student Mental Health and Wellbeing will enhance HEIs' abilities to address student mental health and wellbeing needs within the context of student success.

FTCD, FOSA, FInstP.
andfather 1928-2010

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APPENDIX 1:
About the 3Set Project

3Set was a collaborative strategy consisting of three work packages designed to address the increasing demand for mental health supports in Irish Higher Education Institutions (HEIs), initiated by Dr Deirdre Flynn, Principal Investigator (Trinity Counselling, Learning Development and Student 2 Student Services). The strategy aimed to increase student retention and engagement by gaining meaningful data on support needs, collating and developing shared resources for counselling service providers and developing a peer-led emotional, social and academic transition programme for students.

MEANINGFUL DATA

Led by Professor Barbara Dooley, Work Package One was based in UCD and aimed to collect meaningful data about student presentations to student counselling services across HEIs nationally.

It was supported by PCHEI (Psychological Counsellors in Higher Education Ireland) and harnessed the expertise of YMHL (Youth Mental Health Lab) in UCD

Overall aims of Work Package 1:

- Create national standards for the collection of data in student counselling services
- Develop and agree on memorandums of understanding with PCHEI, participating SCS services and their HEIs
- Establish a Practice Research Network – a collaboration between researchers and practitioners
- Design and build a database for the collection of SCS data nationally
- Support services in using outcome measures for routine evaluation

SYNTHSCS PROJECT

Led by Treasa Fox, the SynthSCS Project Team were based in TUS Midlands (formerly Athlone Institute of Technology). They were tasked with exploring Synthesis and Knowledge Transfer across Irish Higher Education Student Counselling Services.

Overall aims of Work Package 2:

- Assist the HEA with the development of a National Student Mental health and Suicide Prevention Framework for Ireland (2020)
- Develop partnerships/collaborative networks across sectors and disciplines with key partners
- Create a resource repository of student mental health tools for student counselling services
- Support the dissemination of key tools and resources nationally, including:
  - CAMS training
  - 50808

PEER-LED TRANSITION

Led by Ralph Armstrong-Astley in Trinity College Dublin, Work Package 3 researched best practices nationally for peer-led transition, social networking, and peer-assisted study programmes to develop and pilot an integrated, replicable model for peer-led social, academic and emotional transition.

Overall aims of Work Package 3:

- Design and pilot an integrated model for peer-led social, emotional and academic transition
- Measure the benefit of participation for first-year students and volunteers
- Author best practice guidelines for peer-led transition programmes
- Design and build a data system to alleviate the administrative burden on peer-led transition programmes
- Build a national consortium for peer-led transition with student and staff participants

APPENDIX 2:
Defining Gauges of Student Success

The following table aligns indicators for student success as defined in:

- Braxton's 2006 review of student success in teaching practices
- Kuh's concurrent 2006 review of student services' contributions to student success
- O'Farrell's (2019) report on what Irish 3rd-Level students believe is core to student success, and the same report's synopsis of what HEIs define as important (based on publicly available lists of graduate attributes)

Each line on the above table has been summarised to create the following indicators:

1. Achieving or surpassing a student's own expectations of their academic outcomes
2. Broadening their interests and engagement within their field of study and beyond it
3. Self-efficacy in study, writing, and research
4. Gaining personal and professional development through curricular and/or co-curricular engagement/activities
5. Confidence in their capacity to contribute to their communities and/or broader society
6. Meeting or exceeding their career aspirations
7. A sense of psychosocial development
8. Stronger sense of satisfaction with life

BRAXTON (ACADEMIC PERSPECTIVE)	KUH (STUDENT SERVICES' PERSPECTIVE)	O'FARRELL (IRISH STUDENT PERSPECTIVE)	IRISH HEI GRADUATE ATTRIBUTES
Academic attainment	Attainment of educational objectives Academic achievement Persistence	Completing award/graduating Achieving high academic attainment Progressing to a postgraduate programme	Disciplinary expertise
Acquisition of general education	Acquisition of desired knowledge	Deepening learning	Respect for knowledge and learning
Development of academic confidence	Skills and competencies	Doing your best, achieving personal potential	Communication and influence Creativity and innovation
Personal accomplishments	Engagement in educationally purposeful activities	Engaging with the full college experience	
Development of cognitive skills and intellectual dispositions			Critical and analytic thinking Independence and autonomy
Preparation for adulthood and citizenship		Contributing to society	Global Awareness
Occupational attainment	Post-college performance	Developing skills to maximise employability	Professional competence
Personal development		Developing personal attributes Socialising and making friends	Ethics and integrity Leadership and collaboration
	Satisfaction	Being happy / satisfied	

Table 2: Indicators of Student Success

APPENDIX 3:

3Set Time Lag Model for the Impact of a Pilot Peer-led Programme on Student Belonging, Resilience and Academic Self-efficacy

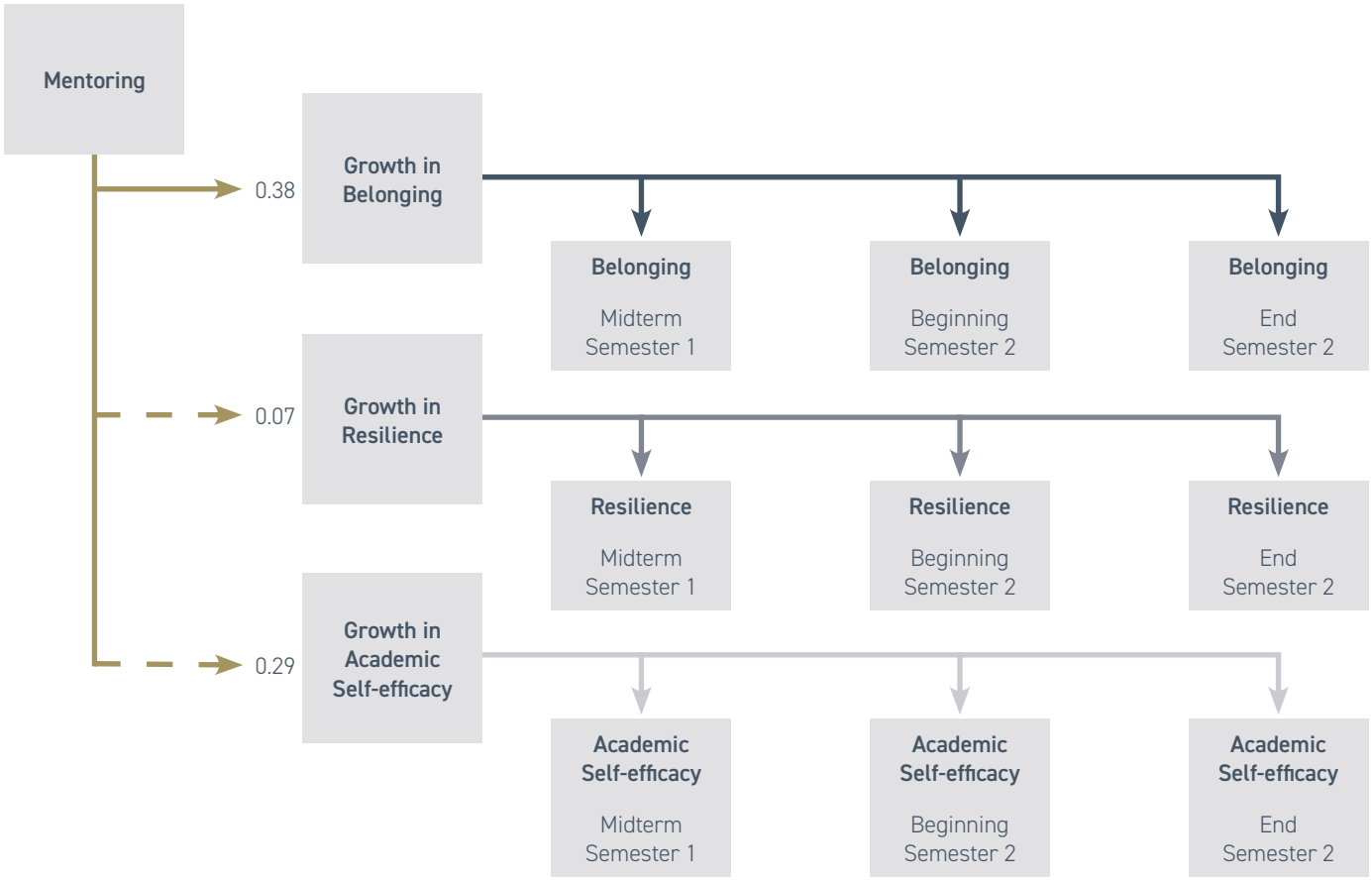
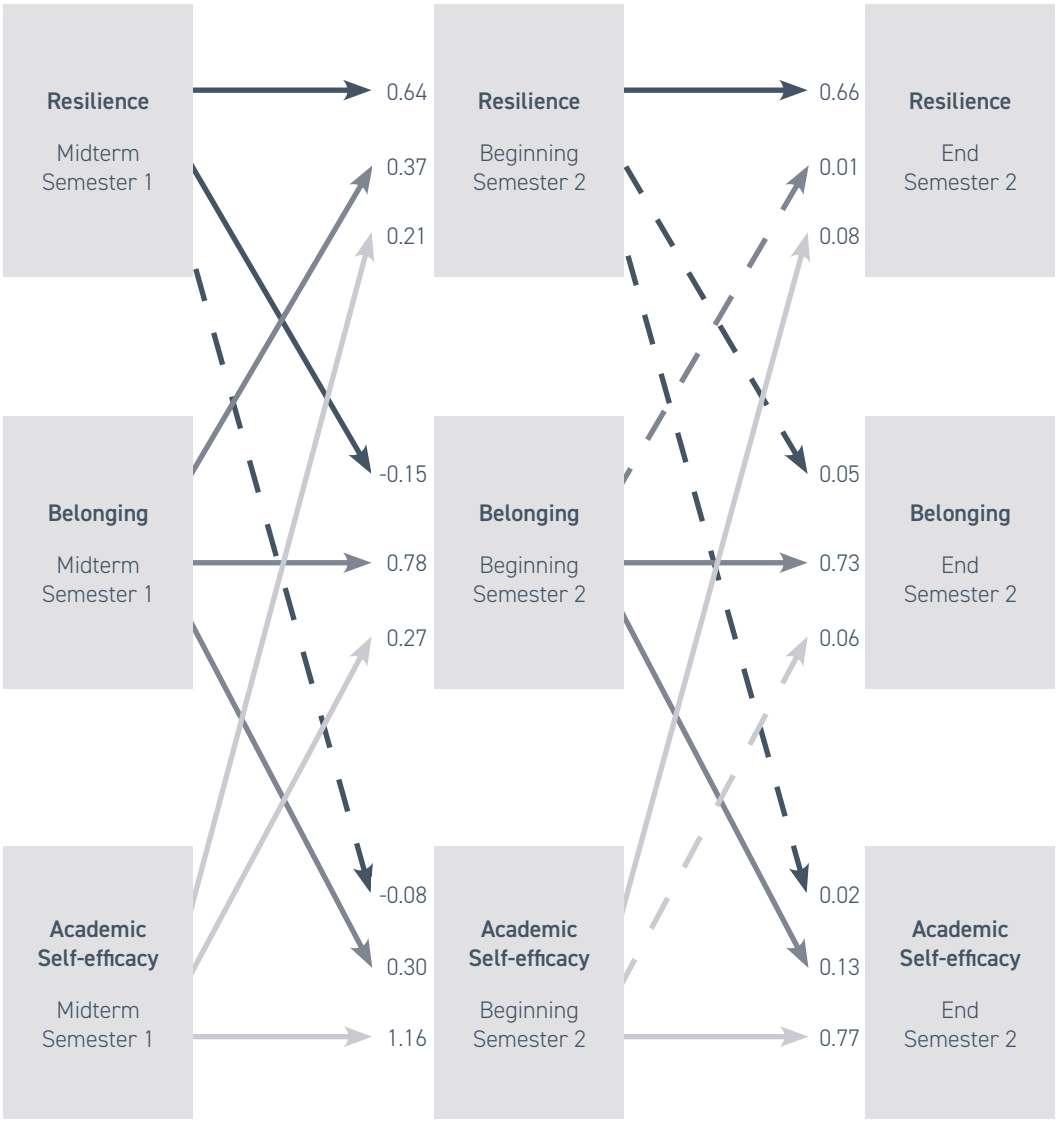


Figure 6: Latent growth model showing the positive effect of mentoring on belonging, resilience, and academic self-efficacy

We used a second order latent growth model to estimate change in belonging, resilience, and academic self-efficacy in first year students between midterm of semester one, beginning of semester 2, and end of semester 2. We found a significant decrease in belonging over this time [β = -0.72, std. err = 0.12, z=-6.17, p<0.001], and no significant change in resilience [β = -0.02, std.err = 0.09, z = -.22, p=.83] or academic self efficacy [β = -0.43, std.err = 0.26, z = -1.64 p=0.10]. As the figure shows, engaging with mentoring had a positive effect on growth in belonging, resilience, and academic self-efficacy, and the effect of mentoring on belonging was statistically significant. This suggests that while on average, students' belonging, resilience, and academic self-efficacy decreased over time, engagement with peer-led mentoring was protective against these decreases, at least in the case of belonging where engagement in mentoring on average was associated with a 0.38 standard deviation greater growth in belonging.

APPENDIX 3:
(Continued)



- 46% variance in resilience at time 3 explained
- 42% variance in resilience at time 2 explained
- 53% variance in belonging at time 3 explained
- 46% variance in belonging at time 2 explained
- 64% variance in academic self-efficiency at time 3 explained
- 62% variance in academic self-efficiency at time 2 explained
- RMSEA=0.019 indicated excellent fit
- SRMR=0.063 indicated good fit
- CFI=0.93 indicated acceptable fit

Figure 7: Cross-lagged panel model showing the interrelationship between resilience, belonging, and academic self-efficacy during the transition to higher education

As Figure 7 above shows, resilience, academic self-efficacy, and belonging were significantly related to one another in terms of changes over time. Each single-headed arrow represents the causal effect of the origin of the arrow on the destination of the arrow. Dashed arrows indicate that the effect was not statistically significant while solid arrows indicate that the effect was statistically significant (at the $p<0.05$ level). The numerals annotating the arrows indicate standardised effects e.g., 1 standard deviation greater resilience at time 1 was associated with 0.64 standard deviations higher resilience at time 2. There was substantial variability in resilience between semester 1 and 2 which was significantly explained by belonging and academic self-efficacy early in the transition. Changes in belonging between semester one and two were also significantly explained by academic self-efficacy. Of the three variables, academic self-efficacy was the most consistent between semesters one and two but changes in academic self-efficacy were also significantly explained by belonging in semester one. Lagged effects among the variables were lesser between beginning and end of semester two but higher academic self-efficacy at the end of the semester was predicted by higher belonging at the beginning of the semester. The largest percentage of variance explained in the model was that of academic self-efficacy which reflects the greater consistency of academic self-efficacy over time.

APPENDIX 4:

Text 50808 Statistical Data for Keyword Partnership

JANUARY 2020-MAY 2022

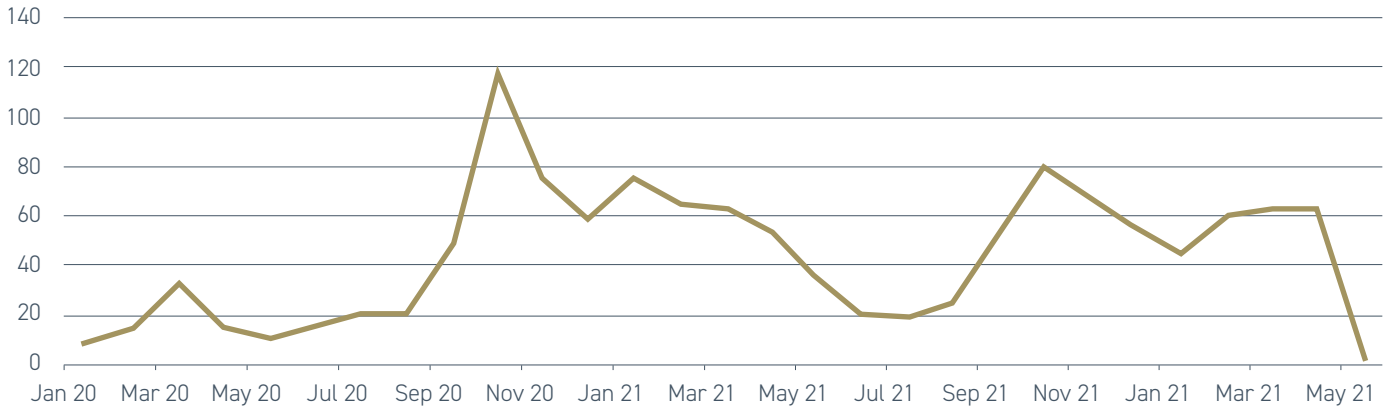


Figure 8: Number of Text conversations by month/year

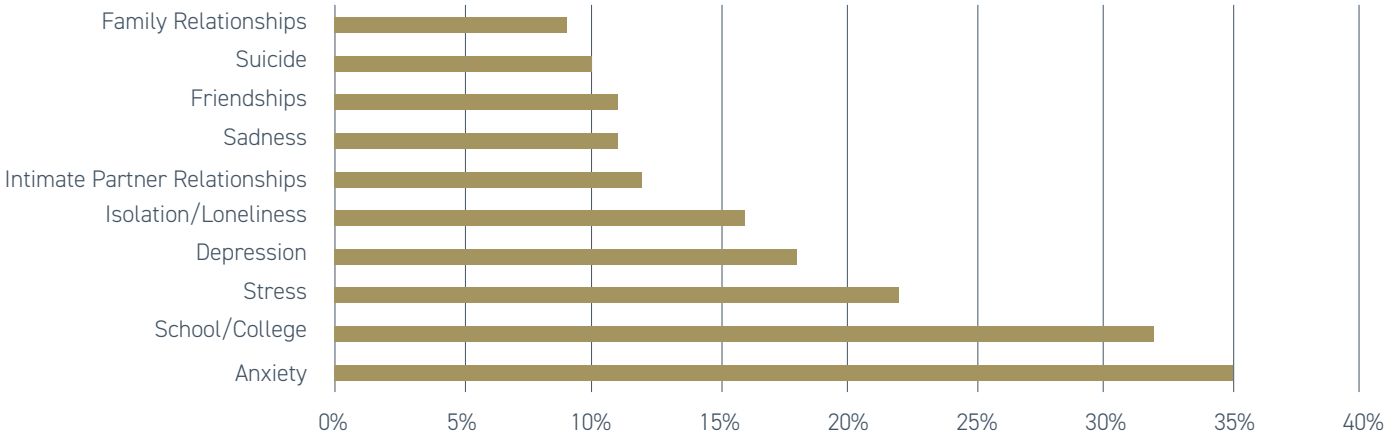


Figure 9: Presenting Issues - N.B. Figures represent multiple issues presenting in unique calls

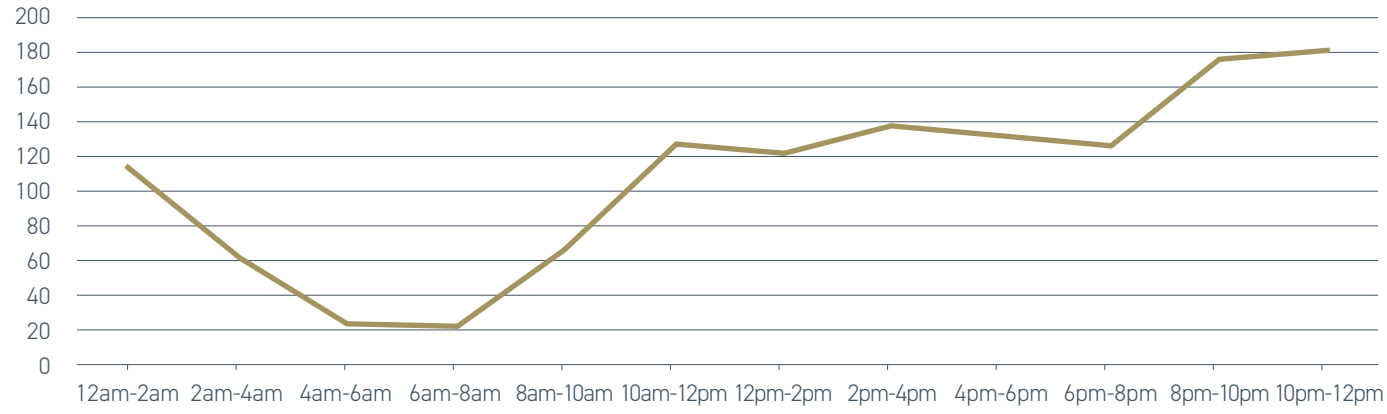


Figure 10: Number of text/conversations/time

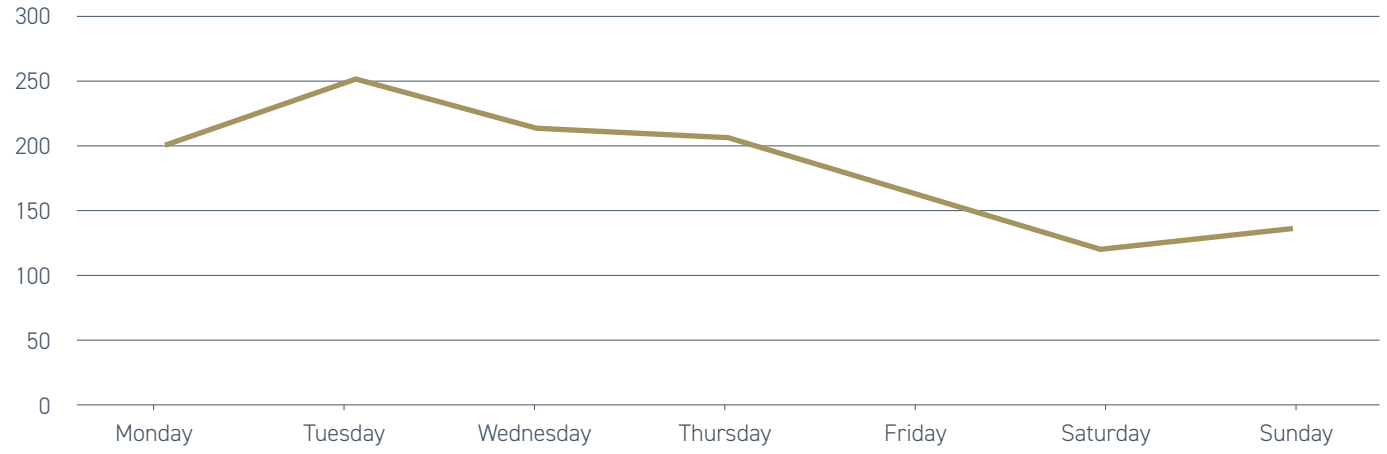


Figure 11: Number of text conversations/day

APPENDIX:
Resources (Links)

SCS DATA DOCUMENTS

SCS Data Documents (**https://www.tcd.ie/Student_Counselling/3set/wp1/scs-database-documents.php**) including:

- Data Protection Policy for Client Data on the Student Counselling Service (SCS) Database
- Data Protection Policy for Counsellor Data on the Student Counselling Service (SCS) Database
- Research Privacy Notice for Student Counselling Service Clients
- Categories of presenting issues: A guide on capturing clients' concerns in Student Counselling Services in HEIs
- Standardised Dataset Manual

REPORTS

Reports (**https://www.tcd.ie/Student_Counselling/3set/resources/reports.php**) including:

- National Student Mental Health and Suicide Prevention Framework
- Best Practice Guidelines for Peer-Led Transition in Ireland
- Student Success: Exploring evidence-based academic, emotional, and social supports - Seminar Report UCD 12/1/2022

TOOLKITS

Toolkits (**https://www.tcd.ie/Student_Counselling/3set/resources/toolkits.php**) including:

- Peer-led transition volunteer training materials
- Peer-led transition session materials
- Peer-led online orientation materials

PCHEI

PCHEI resources developed through the SynthSCS project can be found at **https://www.pchei.ie/resources**

APPENDIX:
Glossary

EXPERIENTIAL TRAINING

Training based on the principles of experiential learning, in which participants learn by tackling problems/scenarios collectively with guidance, rather than being taught didactically what they should and shouldn't do.

GIGO (GARBAGE IN, GARBAGE OUT)

This is a commonly used term in mathematics and computer science, concisely describing the fact that the quality of output is determined by the quality of the input. An early IBM programmer and instructor, George Fuechsel, is generally given credit for coining the term. GIGO is used much more broadly now and is frequently cited in situations where a faulty decision is made as a result of incomplete information.

HYBRID MODELS

This term refers to the ability to transition fluidly between online and in-person delivery of teaching or training content. In hybrid models, there can be planned distinctions (e.g. training that must be received in-person, and some that should be undertaken in an online module) and contingencies (e.g. plans to deliver a meet-up in person, with plans to deliver it online instead if necessary). However, the session would normally only exist in one format or the other. If a session/meet-up is intended to be delivered online and in person simultaneously, this is a mixed-delivery model.

MIXED DELIVERY MODELS

This term refers to events, lessons etc. that are deliberately planned to be delivered simultaneously to people in the room and to people online.

ODYSSEY DATA SYSTEM

A data system designed within the 3Set Project in partnership with Dovetail Technologies. Its purpose is to streamline volunteer application processes, allow for volunteer autonomy over training dates and group management, and house activity logging. Logs can be used to generate accurate contribution logs for awards and references and can help staff to identify mentors and/or mentees who may need additional support.

PARTICIPANT-PACE TRAINING

Training/learning resources undertaken outside of scheduled sessions, frequently through online modules that trainees can study and interact with in their own time.

PEER-LED TRANSITION

A term used to describe any student led programme in which trained student volunteers support the transition of incoming undergraduate students, including mentoring, peer-assisted learning, and peer-assisted study.

STUDENT AFFAIRS

Departments and services supporting student success at institutions of higher education, designed to enhance student growth and development. These can include Admissions, Academic Registries, Alumni Offices, Careers Services, Campus Life (including catering and leisure outlets), Chaplaincies, Counselling Services, Disability Services, Diversity and Inclusion Offices, Financial Assistance, Health Services, Learning Development Programmes, Peer-Led Transition Programmes, Residential Supports, Sports and others.

STUDENTS AS PARTNERS

Officially used to describe students and faculty/academic staff working in collaboration, as partners, to improve teaching and learning experiences, the definition is expanded within this document to describe any partnership with HEI staff, noting that teaching and learning experiences occur within and outside of the classroom.

WHOLE-OF-INSTITUTE APPROACH

A term to describe the collective involvement of all stakeholders in an institution (students and staff alike) in decision making, strategic planning, delivery and evaluation.

APPENDIX:
List of Abbreviations

AHEAD	The Association for Higher Education Access & Disability
AIT	Athlone Institute of Technology (now TUS Midlands)
CAMS	Collaborative Assessment and Management of Suicidality
CCMH	Collegiate Centre for Mental Health (USA)
CIT	Cork Institute of Technology (now MTU)
CPD	Continuous Professional Development
DAWN	Disability Advisors Working Network
DCU	Dublin City University
DIT	Dublin Institute of Technology (now TU Dublin)
DkIT	Dundalk Institute of Technology
ECTS	European Credit Transfer and Accumulation System
EDI	Equality, Diversity and Inclusion
GDPR	General Data Protection Regulation
HEA	Higher Education Authority
HEI	Higher Education Institute (e.g. universities, technological universities, colleges and institutes of technology)
HSE	Health Service Executive
IACS	International Accreditation of Counselling Services
IADT	Institute of Art Design & Technology, Dún Laoghaire
IiV	Investing in Volunteers (volunteer management accreditation)
JED	The Jed Foundation (leading US organization dedicated to young adult mental health)
KPI	Key Performance Indicator
MTU	Munster Technological University
MU	Maynooth University
NStEP	National Student Engagement Programme
NUIG	National University of Ireland, Galway
PCHEI	Psychological Counsellors in Higher Education in Ireland (representative body)
SCORE	Student Counselling Outcomes Research and Evaluation (UK Consortium)
SETU	South East Technological University
SCS	Student Counselling Service
TCD	Trinity College Dublin
TOC	Theory of Change
TU Dublin	Technological University of Dublin (formerly DIT)
TUS	Technological University of the Shannon
UCC	University College Cork
UCD	University College Dublin
USI	Union of Students in Ireland
WHO	World Health Organization
WIT	Waterford Institute of Technology (now South East Technological University Waterford)
YMHL	Youth Mental Health Lab

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