



Finding better ways to support student wellbeing



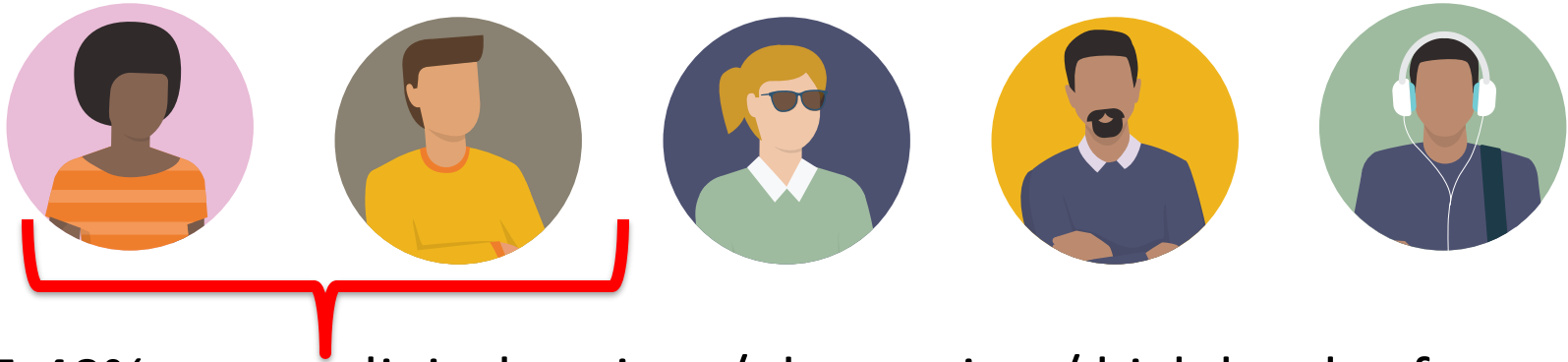
<https://www.nurtureuniversity.co.uk/>



PI: Prof Edward Watkins; Co-Is: Prof Paul Farrand, Prof Catherine Gallop; Prof Gordon Taylor, Prof Siobhan Creanor; Prof Louise Lawrence; Prof Felicity Thomas; Exeter Student Guild VP Liberation & Equality; Prof Anne Duffy, Prof Kate Saunders, Dr Nicola Byrom; Prof Ian Jones; Dr Lucy Robinson; Prof Sam Chamberlain



Need for improved mental health approach in students:



25-40% report clinical anxiety / depression / high levels of worry^{1,2,3}
1/3 report high levels of loneliness

Only 1/3 access services

Dramatic increase in students seeking help from university mental health services, with demand > resources^{4,5,6}



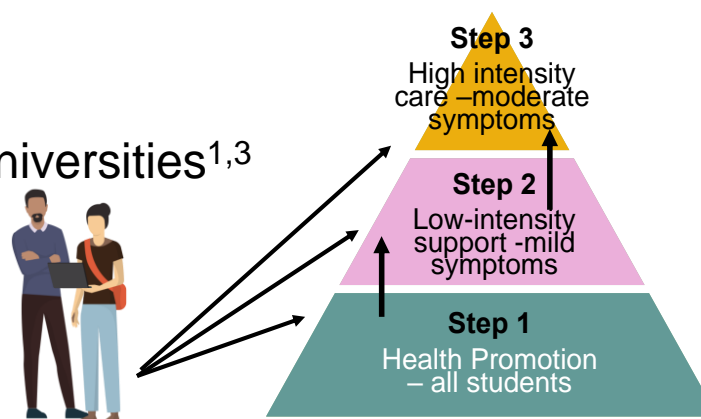
¹ Pereira et al., 2019; ² McIntyre et al., 2018; ³ Auerbach et al., 2018;

⁴ Thorley C. Not by degrees, 2017 IPPR; ⁵ Universities UK. Minding our Future. 2018; ⁶ Duffy A et al. Lancet Psychiat. 2019;6(11):885-7;



Proposed solutions:

1. Stepped care model tailored to universities^{1,3}



2. Whole university approach^{2,3} integrating culture, environment, curriculum, assessment, prevention, promotion, formal support services



¹ Duffy et al, Lancet, 2019;

² Student Minds Student Mental Health Charter, 2019;

³ Universities UK StepChange report, 2018

Challenges for enhancing student mental health:

1. Varied service delivery by institution, rarely evaluated; what is best practice?^{1,2}
2. Barriers due to inequalities^{1,2} (including stigma, exclusion); what works best for whom?
3. Student engagement with and access to support services³
4. Integration across support services & resources within universities & continuity of care with NHS³;
5. Lack of proven effective prevention initiatives^{4,5,6}

¹ Duffy A et al. Lancet Psychiat. 2019;6(11):885-7;

² Hughes & Spanner, Student Minds University Mental Health Charter, 2019;

³ Thorley C. Not by degrees, 2017, IPPR;

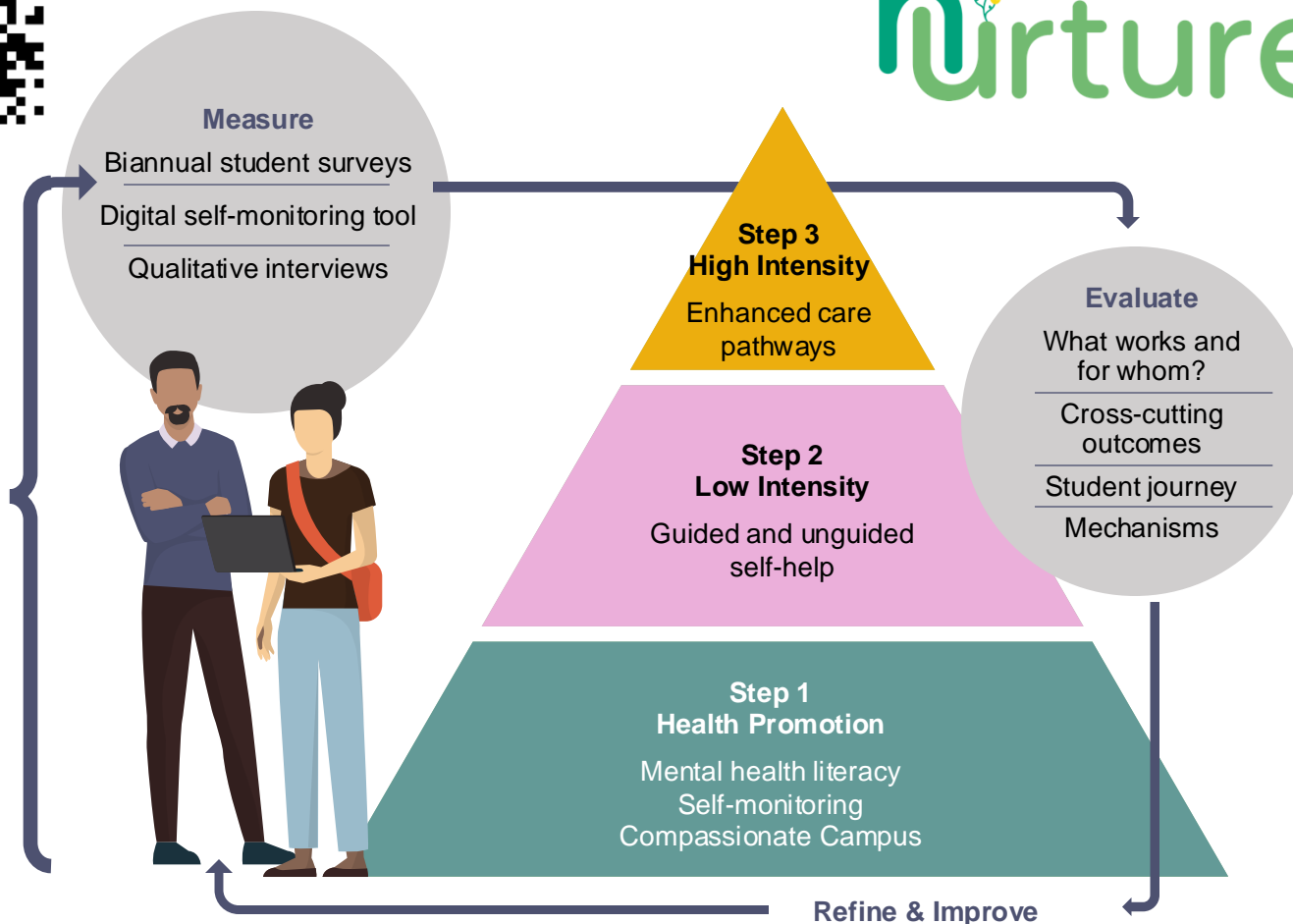
⁴ Andrews G et al. Br J Psychiatry. 2004;184:526-33; ⁵ Ormel J et al. Curr Opin Psychiatr 2019;32(4):34854;

⁶ Universities UK StepChange report, 2018;





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**Can we identify relative risk and protective factors
associated with mental health difficulties?**

**How does prevalence for mental health problems vary
between students?**



Longitudinal surveys of student mental health

Most surveys only cross-sectional, lack depth or in a single university

Nurture-U e-surveys: start & end of academic year 2022, 2023, 2024,
X 5 universities:

Examine both risk & protective factors over time

Measures: well-being, mental health, demographics, history, lifestyle, cognitive-emotional processes, stigma, stressors, use of & attitude to services

>10,000 students completed survey, **n > 4400** data at 2 time-points



¹ Pereira et al., 2019; ² McIntyre et al., 2018; ³ Auerbach et al., 2018; ⁴ Campbell et al., (2022) BMC Public Health



Longitudinal surveys of student mental health

Multiple domains covered:

Demographics

History:

Personal, family, early
adversity

Symptoms:

depression, anxiety,
eating, suicidality

Processes:

self-compassion, resilience,
loneliness, brooding

Lifestyle:

recreation, exercise,
sleep, coffee, alcohol

Service Use

Stress:

Perceived stress; student
stress; sexual harrassment,
cost-of-living; eco-anxiety

**Stigma
/Belonging**

Descriptives – baseline survey 2022/23

Age:

20 (median)

22 (mean)

Gender identity:

Female = 65%

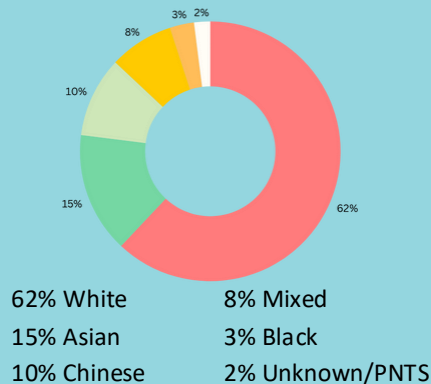
Male = 32%

Gender diverse = 3%

Gender matched sex at birth:

No: 3.8%

Ethnicity



62% White

15% Asian

10% Chinese

8% Mixed

3% Black

2% Unknown/PNTS

64% home students



84% undergraduates



Average age: 21 / 57% female, 0.2%

“other” / Gender different from assigned at birth: 1.9%

<https://www.hesaa.cuk/data-and-analysis/student/whos-in-he>

White 72.6%, Asian 12.2%, Black 8.7%,
Mixed 4.5%, Other 2%

<https://www.ethnicity-facts-figures.service.gov.uk>

74.2% home students

74.5% undergraduates

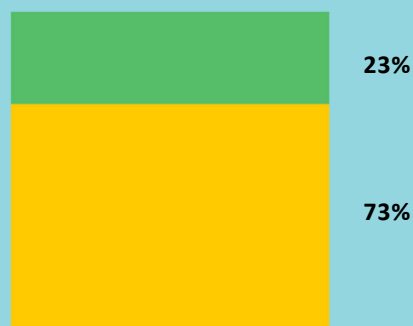
<https://www.hesaa.cuk/data-and-analysis/student/whos-in-he>
www.universitesuk.ac.uk



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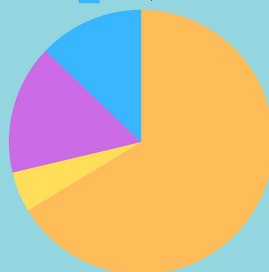
Descriptives

73% first year students



Sexual Orientation

Heterosexual
Homosexual
Bisexual
Other/PNTS



Disability



Parents attended uni



44% students are first year students

www.universitesuka.co.uk

84% heterosexual (2019 data)

<https://www.officeforstudents.org.uk/>

17.3% have a disability

61% parents attended uni

<https://www.hesa.ac.uk/data-and-analysis/students/whos-in-he>



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Previous experiences

Adverse childhood experiences (44%)

26% emotional
12% physical
17% sexual
30% bullied

58% young people

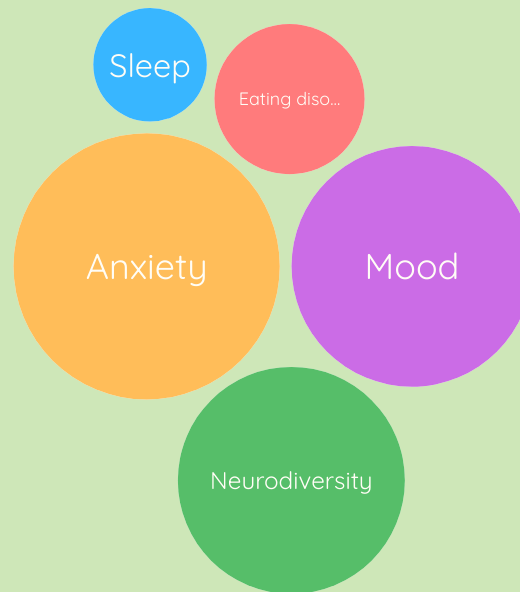
Madigan et al., 2024

20%: Parent divorce

4%: Parent death

48%: Parent diagnosed with mental health or neurodiversity

39% have history of mental health or neurodiversity



18-25s 12% suicidal thoughts, 24% self harm

www.youngminds.co.uk

Lifetime Suicidality:

42% thoughts about ending life

9% have made a suicide attempt/s

31% have hurt themselves without trying to end their life

15-20% neurodivergent, 25% MHC
(overlap between groups)

www.neurodiversity.guru / www.mind.com

Current experiences



Mean 26 gen pop / 26
18-25s / 20.3 HE
students

Mean: 21.66
(20% low, 18% high)



7% gen pop / 10% 18-
25s / 25-35% HE
students

27% reported clinically
significant depression



6% gen pop / 16% 18-
25s / 22% HE students

21% reported clinically
significant anxiety

16% currently receiving mental
health treatment

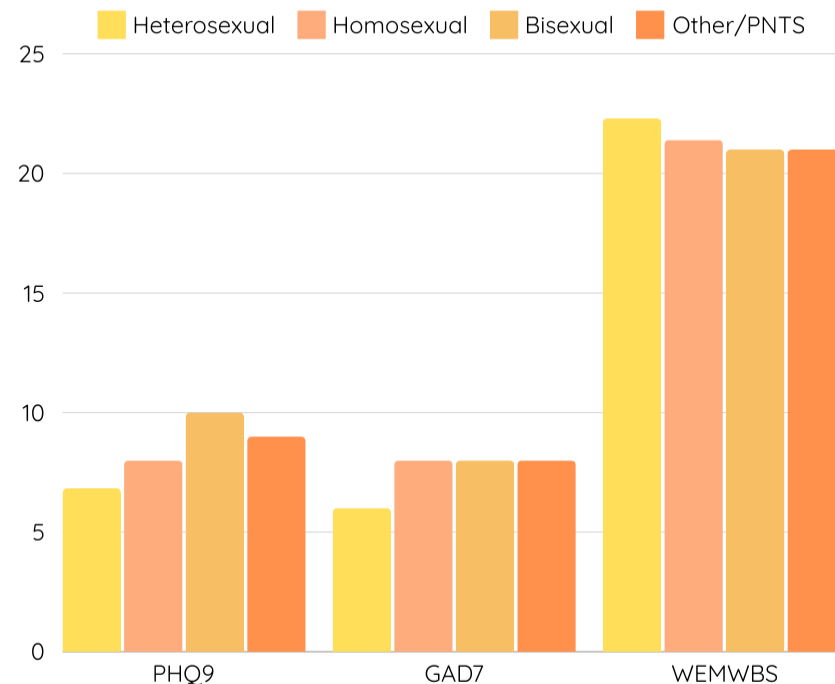
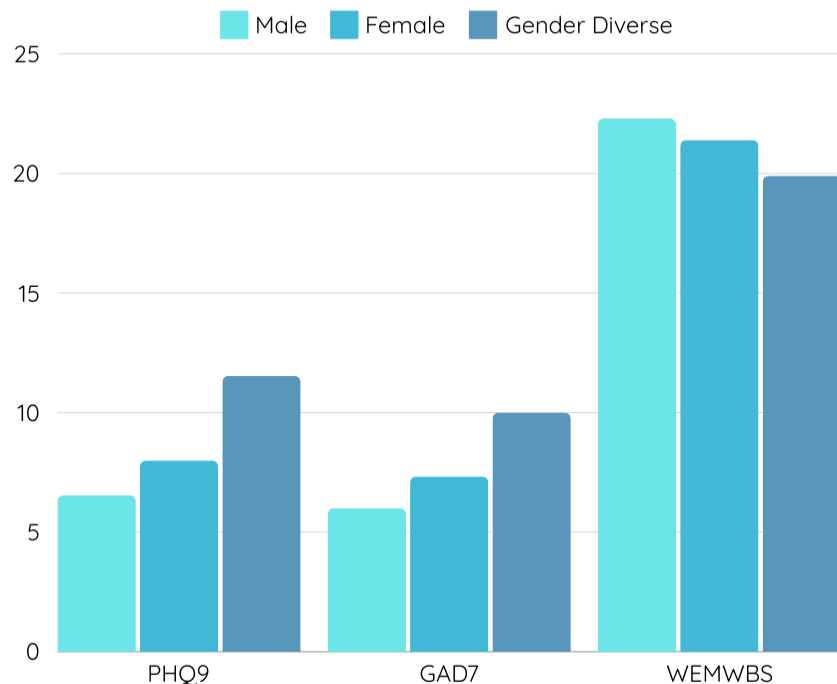


7% therapy
5% medication
4% both

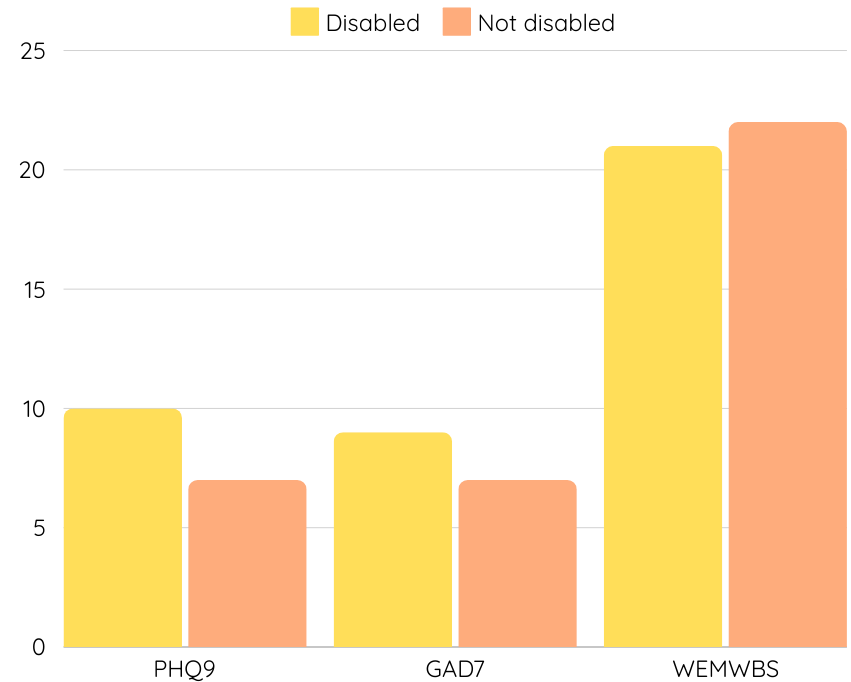
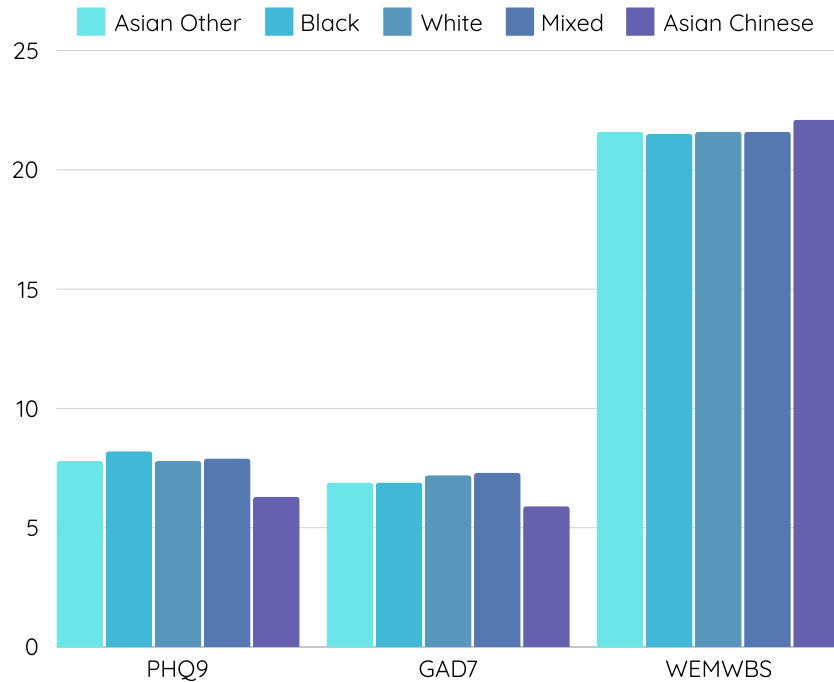


6% gen pop / 23% 18-25s /
37% HE students (in past 12
months)

Differences between groups



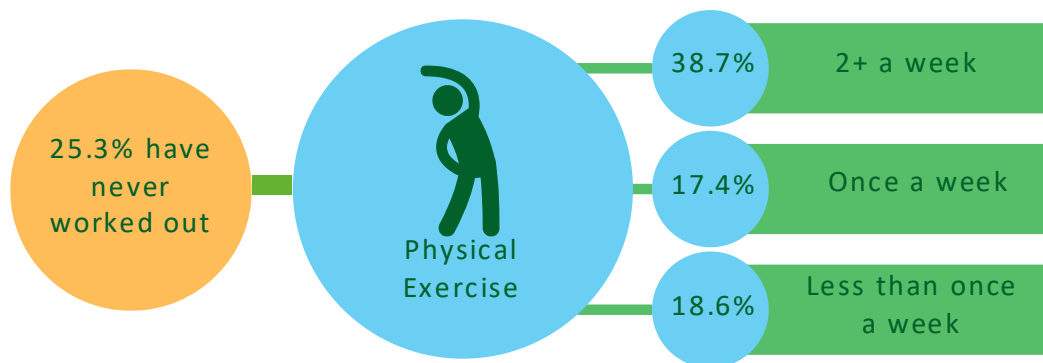
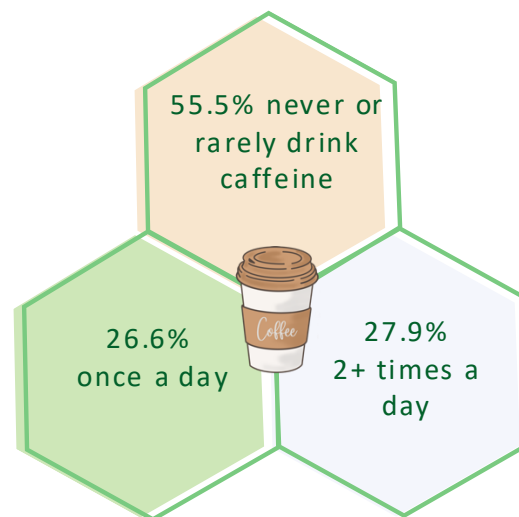
Differences between groups



Student lifestyle



55.4% set time for recreation
2+ times a week
24.1% once a week
20.5% less than weekly or never

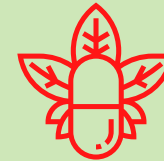


Student lifestyle

26.4% drink 2+ times a week
15.5% never drink
11.2% drink 5+ units at
least once a week

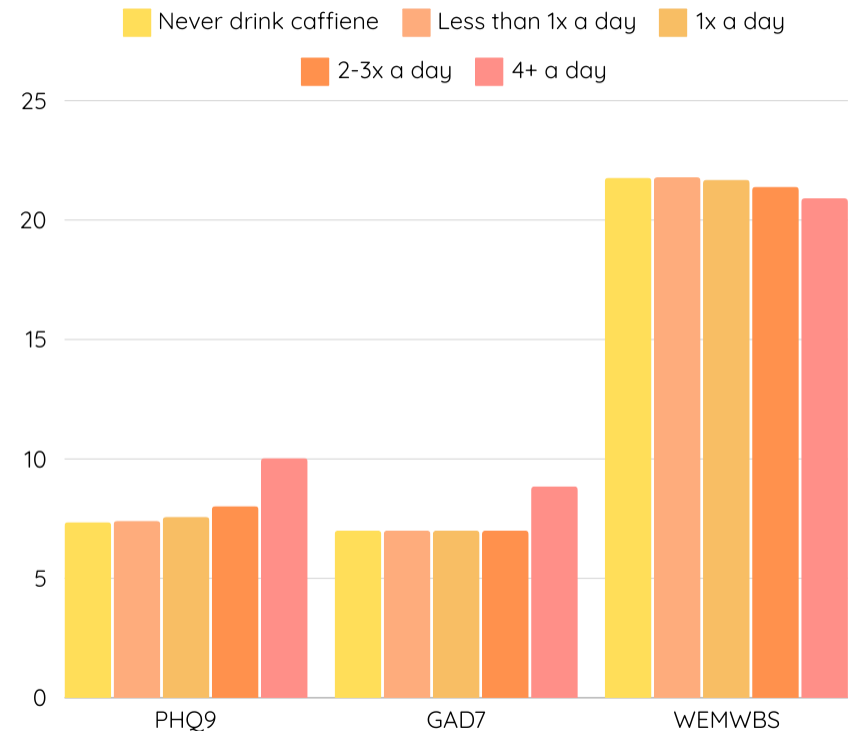
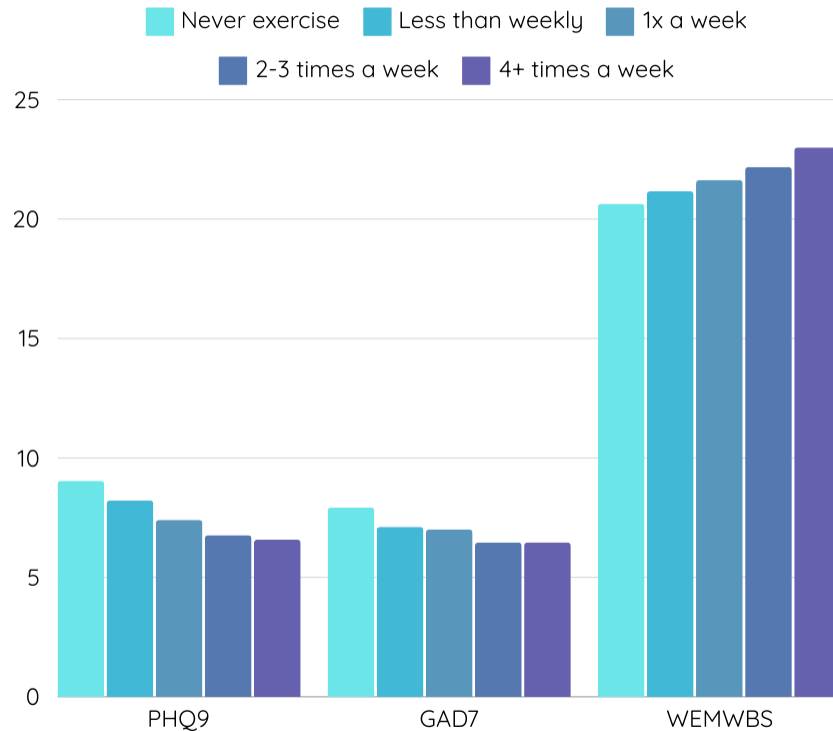


10.3% smoke/vape
at least once a day

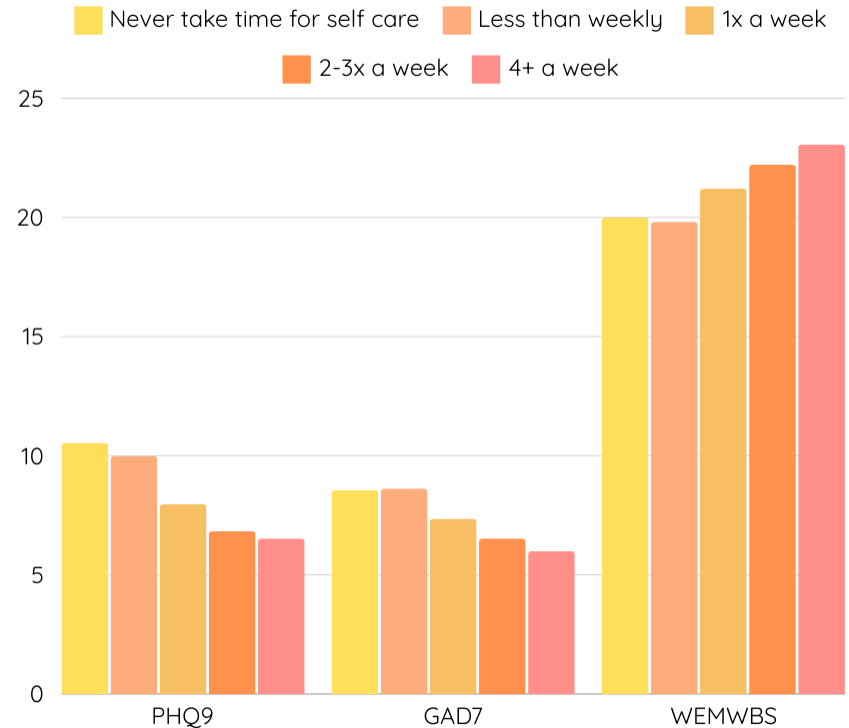
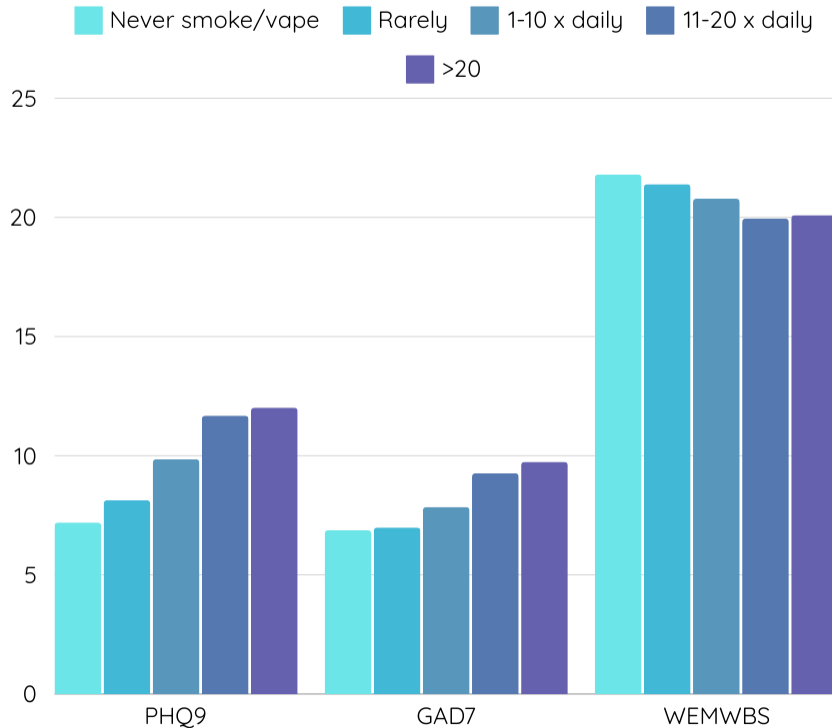


18.6% used drugs
14% have smoked cannabis
5% used cocaine
15% used other street drugs
6% used prescription drugs
3% used drugs to increase
academic performance

Differences between lifestyle factors



Differences between lifestyle factors



Predictors..?

PHQ9≥10

Lower age

Disability

Adverse childhood experiences

Smoking

Higher caffeine intake

Gender diverse + female

LGBTQ+

Lower levels of Exercise

Less time for recreation

GAD7≥10

Survey year

Disability

Adverse childhood experiences

Smoking

Gender diverse + female

LGBTQ+

Lower levels of Exercise

Less time for recreation

Lower WEMWBS

Lower age

Disability

Adverse childhood experiences

Smoking

Higher caffeine intake

Gender diverse + female

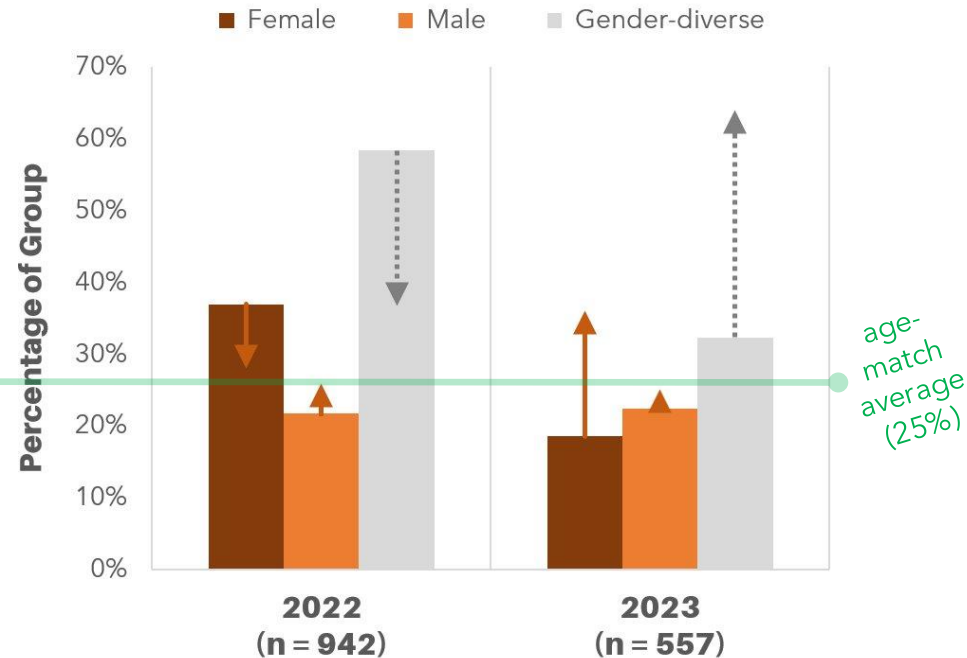
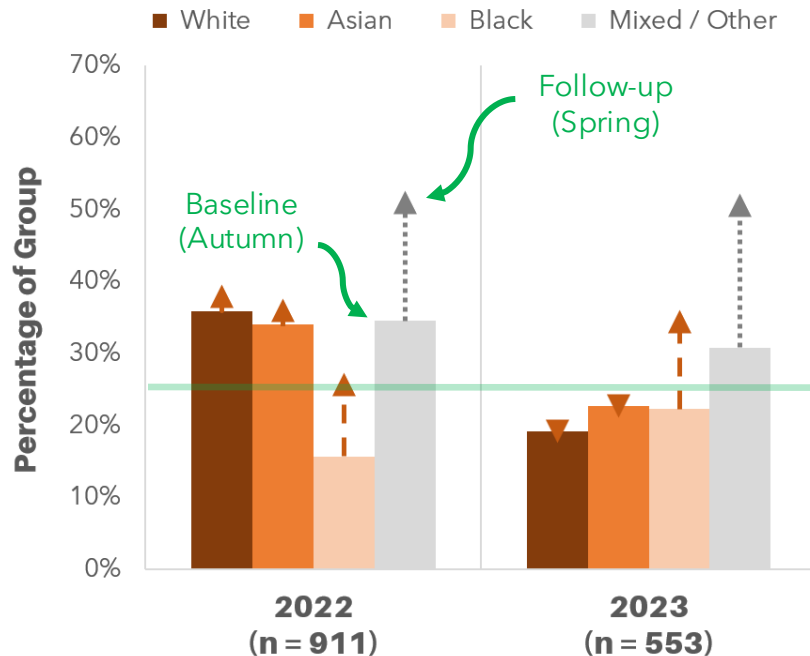
LGBTQ+

Lower levels of Exercise

Less time for recreation

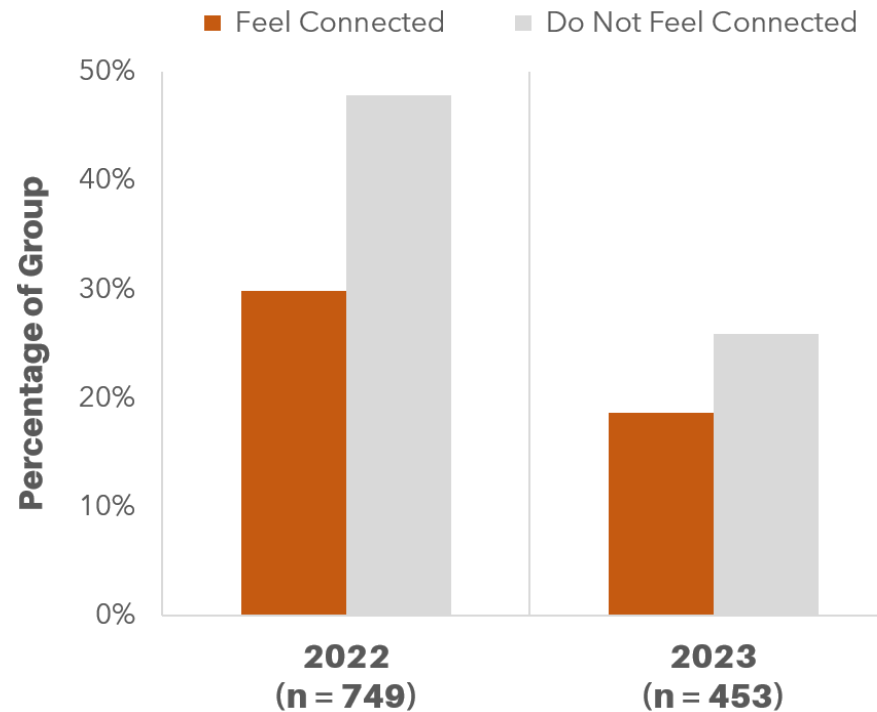
Demographics and trends in anxiety over academic year

Percentage of students surpassing cutoff for high anxiety (GAD-7)



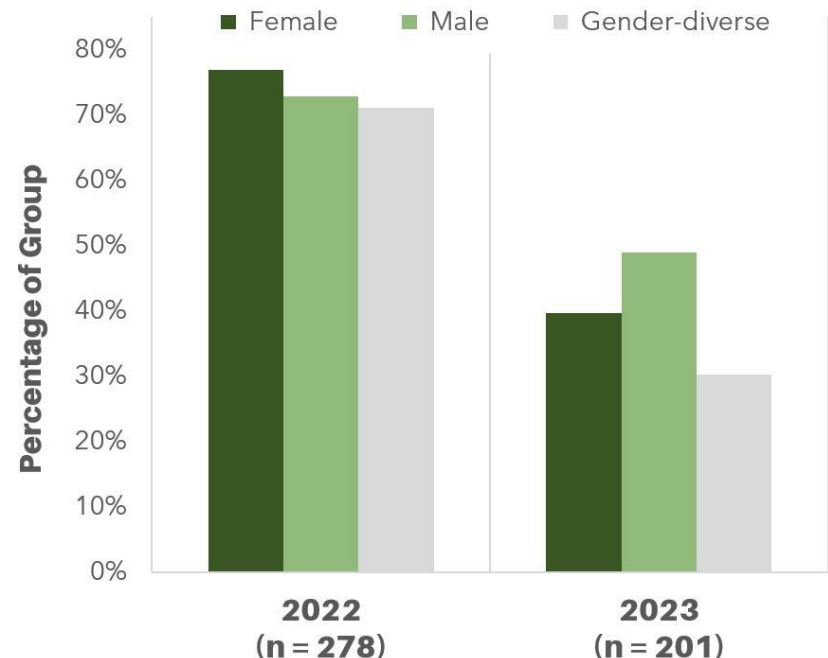
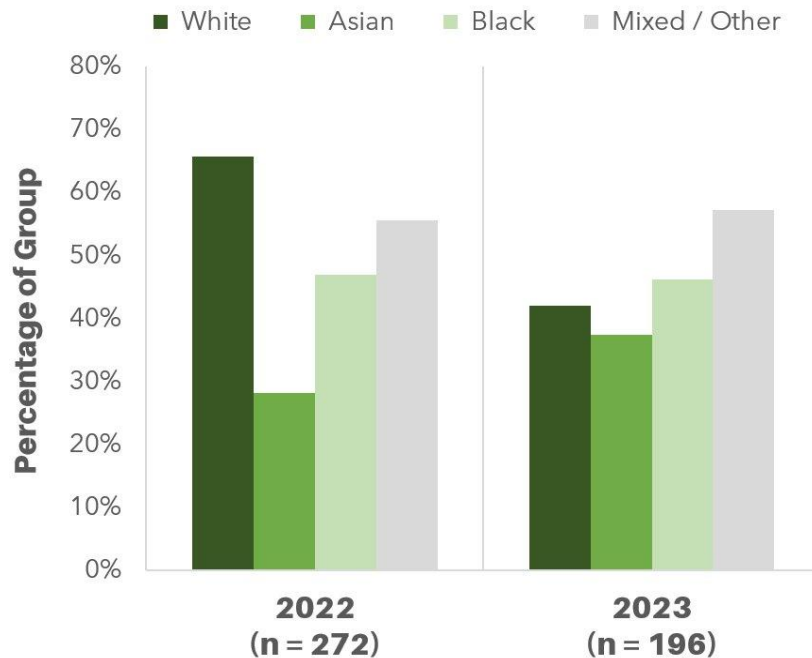
What might drive changes in anxiety?

Anxiety and feelings of connectedness to university (*follow-up only*)



Demographics and trends in connectedness to university

Percentage of students surpassing cutoff for high anxiety (GAD-7)



What trends emerge from a descriptive analysis?

Observations for demographics:

Risk of anxiety worsening after 1st year was highest in black and mixed/other ethnicity students

Women and gender-diverse persons were more likely to report high levels of anxiety

Observations for connectedness:

Those who feel connected to their university are less likely to have high levels of anxiety

White and non-male students had largest drop in connectedness from 2022 to 2023



**Can we identify relative risk and protective factors
associated with mental health difficulties?**

**How does prevalence for mental health problems vary
between students?**



How effective and accessible are university mental health services for a diverse student population?



UK Student Service Use

- 20% accessed MH services in 21/22 Higher Education Statistics Agency (HESA)
- In 2021 *Office for National Statistics* (ONS) 25%

Common are counselling sessions, online resources, and peer support networks. *Frontiers in Psychology*, "Mental Health Support Seeking Behaviour in University Students" (2020)

- 60% of students felt mental health services were inadequate in terms of accessibility *National Student Survey* (2021)
- 40% of students are dissatisfied with the support they receive *University Mental Health Charter*



Digital Tool



Extensive student co-design; student-controlled electronic personal well-being record/passport with self-monitoring & well-being plans; 2 rounds of use, feedback & further improvement

Aims:

- Track student to understand the student journey
- Signpost students to support; Help to navigate resources
- Empower students & improve continuity of care



Digital Tool



Welcome to the Nurture-U Wellbeing Toolkit

powered by iSpero®



Digital Tool



The screenshot shows the i-spero Nuture-U web application. The header includes the logo, navigation links (Notifications, Share, Settings, Sign out), and a system time display. The main content area greets the user 'Rachel' and features a sidebar with options: 'Your questionnaires' (with an 'Action required!' alert to complete a 'Weekly Sleep Rating questionnaire'), 'Wellbeing Plans', 'Wellbeing Goals', and 'Wellbeing Tracking'. The 'Wellbeing Tracking' section is active, showing a line graph titled 'Overall Wellbeing total score' with data points for 17/09/2024, 17/09/2024, 01/10/2024, and 15/10/2024. The score starts at a low level (indicated by a sad face icon) and rises to a high level (indicated by a happy face icon) by the final date.

Date	Score Level	Icon
17/09/2024	Low	Sad face
17/09/2024	Low	Sad face
01/10/2024	Medium	Neutral
15/10/2024	High	Happy face



Digital Tool



Hello Rachel 🖐️

🚩 Your questionnaires

You currently have no questionnaires

📋 Wellbeing Plans [View](#)

📋 Wellbeing Goals [View](#)

📊 Wellbeing Tracking [View](#)

📅 Upcoming

📈 Results

🔄 History

📅 Calendar

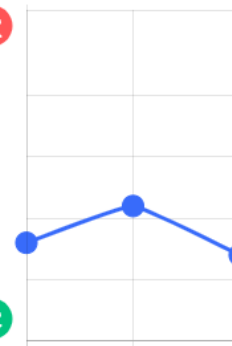
Wellbeing Tracking

Please select a wellbeing questionnaire from the drop-down to track your progress over time.

Depression



Depression total score




17/10/2024 24/10/2024 31/10/2024





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Digital Tool




 Upcoming

 Results


 History

 Calendar


Upcoming activities

Filter by 


19/10/2024


 Managing your stress and anxiety - Physical activity (classes, visiting the gym, exploring nature) - Run 5K action: Saturday morning run - 19/10/2024 - 08:00


21/10/2024


 Managing your stress and anxiety - Physical activity (classes, visiting the gym, exploring nature) - Run 5K action: Join running club - 21/10/2024

07/11/2024


 Weekly Research Assessments


 Exercise questionnaire

 Weekly Sleep Rating questionnaire

 Healthy Eating questionnaire

14/11/2024

 Well Being Plan Feedback for Managing your stress and anxiety Physical activity (classes, visiting the gym, exploring nature) Wellbeing plan

 Well Being Plan Feedback for Improving your sleep Sleep plan Wellbeing plan



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Digital Tool

The screenshot displays the 'My Wellbeing Plan(s)' interface. At the top left is a 'My Wellbeing Plan(s)' header with a plus icon, and at the top right is a 'Back to dashboard' link. The main content area is divided into several sections:

- Left Sidebar (Green background):** A vertical list of wellbeing topics, each with a corresponding icon:
 - Managing your stress and anxiety (heart with pulse)
 - Boosting your mood (sun)
 - Improving your sleep (bed)
 - Feeling connected (two people)
 - Striking a healthy balance (scales)
 - Relieving academic stress (book)
 - Help for practical problems (wrench)
 - Support from harassment, bullying or abuse (hand holding heart)
 - Managing your mental health (head with brain)
 - Medication Tracking (pill)
- Top Middle Card:** Titled 'Video guide' with a play icon. It asks 'How do wellbeing plans work?' and provides a video guide. A 'Play video guide' button is present.
- Top Right Card:** Titled 'Managing your stress and anxiety' with a 3% progress indicator. It includes a goal 'Physical activity (classes, visiting the gym, exploring nature)' and a table:

Goal and target:	Run 5K
Reminders:	On
Date added:	17/10/2024
- Bottom Left Card:** Titled 'Improving your sleep' with a 0% progress indicator. It includes a goal 'Sleep plan' and a table:

Goal and target:	Create sleep routine
Reminders:	On
Date added:	17/10/2024
- Bottom Right Card:** Titled 'Striking a healthy balance' with a 50% progress indicator. It includes a goal 'Healthy Eating plans' and a table:

Goal and target:	Cook more healthy meals
Reminders:	On
Date added:	17/10/2024

How effective and accessible are university mental health services for a diverse student population?



What's going to help students to be better equipped?

How can student's resilience and coping be increased so that they are best equipped to deal with higher education study?

What steps can students take to minimize their risk of adverse mental health issues?

What role does mental health literacy play?



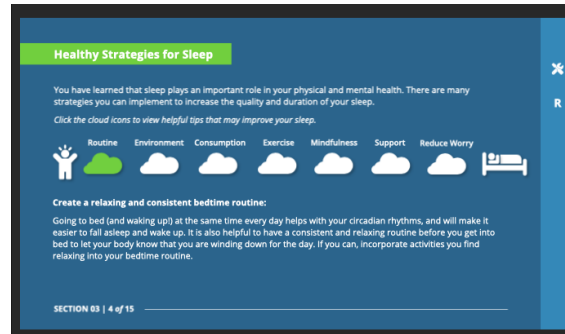
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Mental Health & Well-being Literacy

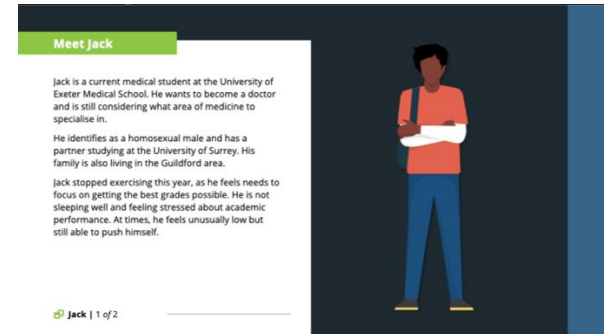
Universal approach; way to improve access; student co-design, online, loads into common learning management systems



Information on stress



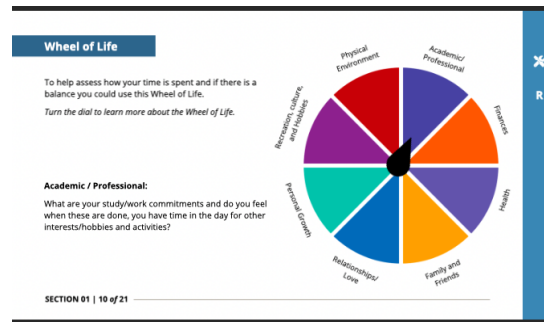
Sleep



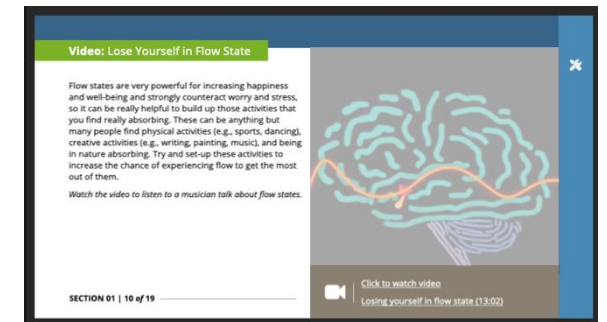
Student vignettes



Coping strategies



Interactive elements

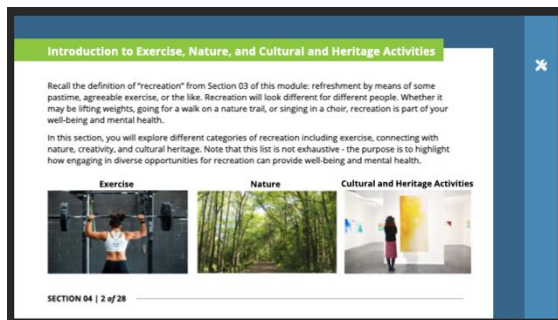


Videos



WP3: Mental Health & Well-being Literacy

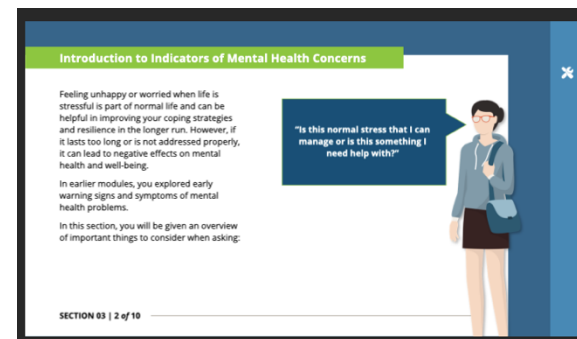
Tested at Universities of Exeter and Newcastle, building on U-Flourish work by Prof Ann Duffy, Queen's University, Canada.



Study-life balance



Spotting mental health problems & seeking help



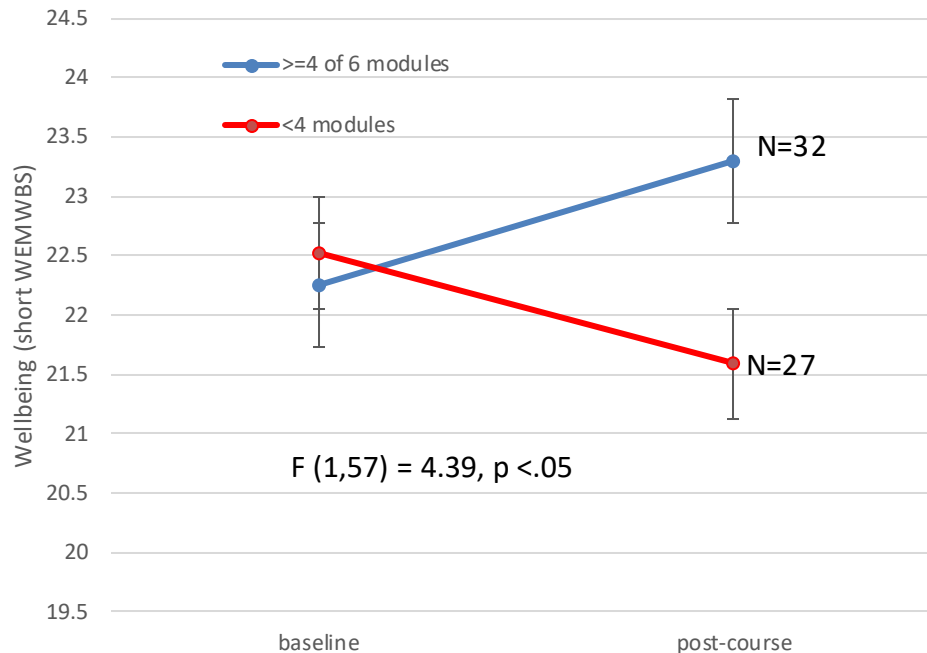
Practical quizzes



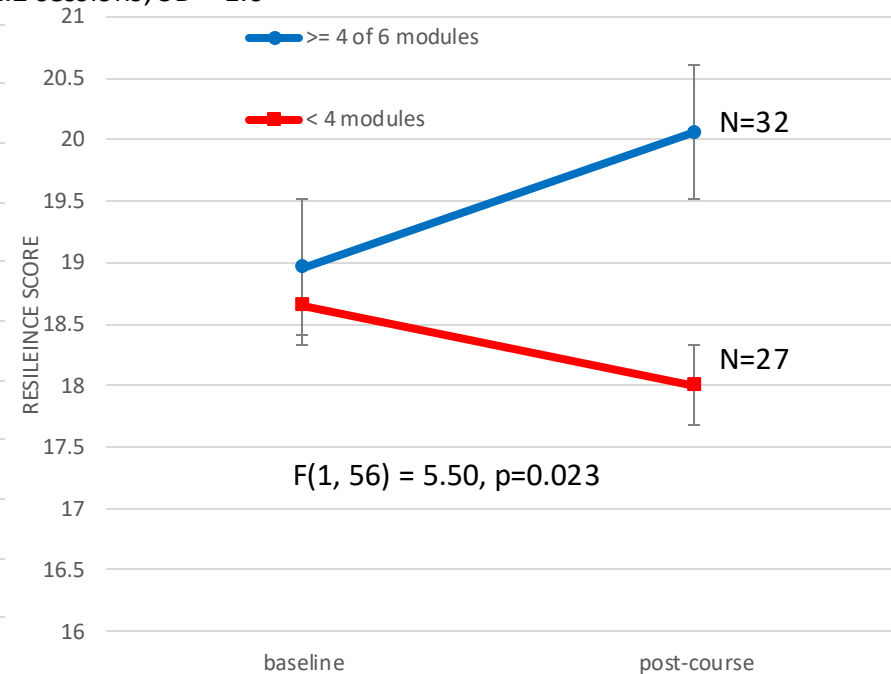
Mental Health Literacy

Change in Wellbeing relative to completion of MHL course

≥ 4 M=5.8 sessions, SD = .52; < 4 , M = 1.2 sessions, SD = 1.0



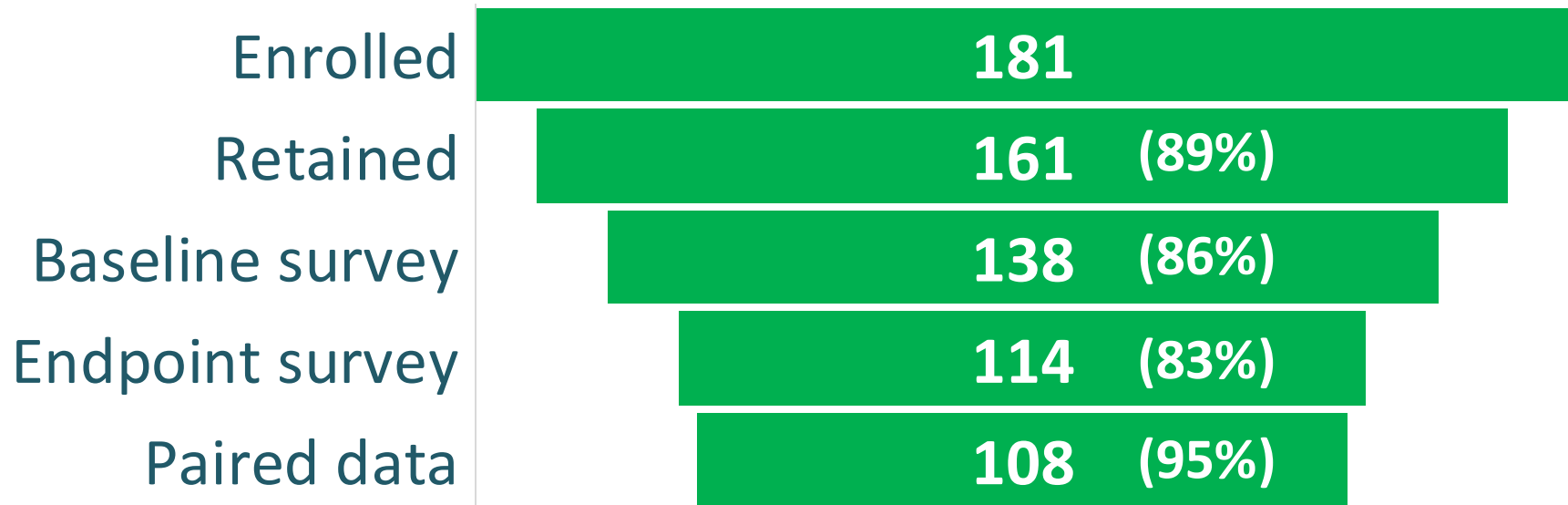
Change in resilience relative to completion of MHL course



**Positive qualitative feedback; moving to experimental study;
expansion in Newcastle; explore for staff in Oxford**



Enrollments and Survey Data: Newcastle University



Pre-post change

Significant improvements in: ^a



Mental Health
Literacy



Knowing where &
how to seek help



Selfcare & self-
compassion



Functional coping

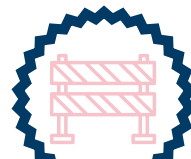
Significant reductions in: ^a



Loneliness



Stigma



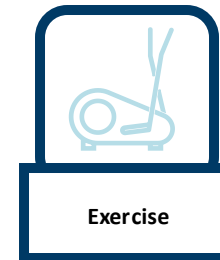
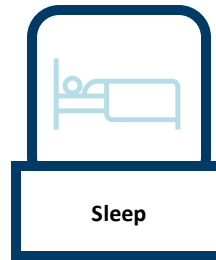
Selfcare



Social Resources

Pre-post change

No significant changes in: ^a



Comparison with survey-takers

- Promising signals that the course protects students against:
 - Reduction in wellbeing
 - Flattening of selfcare
 - Increase in rumination



Testing strengths-based self-help (Paul Farrand)

- Strengths-based self-help CBT workbooks specifically designed for students by student-led focus groups; supported by psychological wellbeing practitioner (in-person; phone; email)
- Hypothesizes that identification of personal strengths & learning to apply these to overcome difficulties will promote wellbeing
- Feasibility and acceptability pilot

PERSONAL MODEL OF RESILIENCE WORKSHEET

Strengths

List the strengths you identified in your successful regular activity

General Strategies

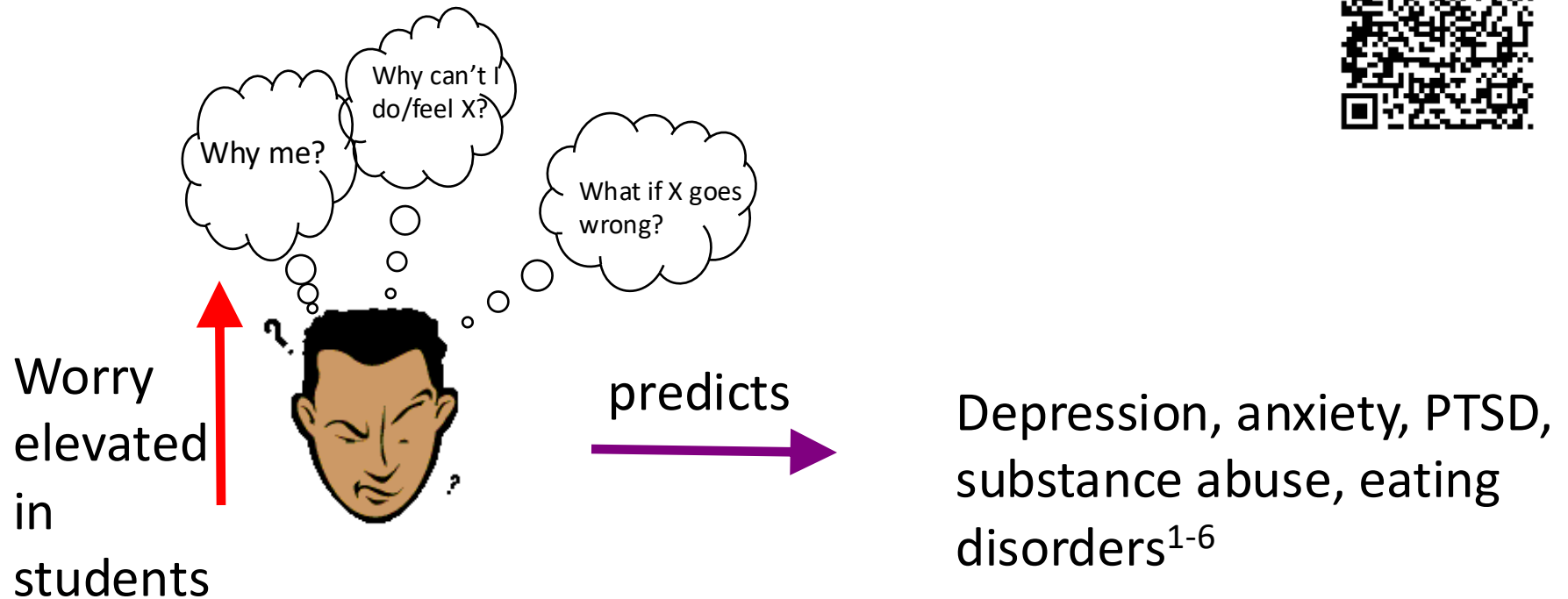
Write down strategies you applied that helped you complete your successful regular activity

Taylor's Story

I'm a second-year English Literature student at the University of Exeter. Last term, I received a mark for an assignment and it had failed with marks on my other assignments also worse than expected. The Lecturer's feedback was very critical, including reference to a "Lack of understanding" and "Poor writing and expression". Although there were suggestions to help improve the work, I was disappointed because I need to get a good a degree. I have clear career goals in mind and want to make my family happy, not to mention manage the growing debt!



Prevention: self-guided app for worry & overthinking



¹Spasojevic & Alloy 2001 Emotion; ²Kinderman et al., 2013 PloS one; ³Ehring & Watkins 2008 IJCT; ⁴Watkins 2008 Psych Bull; ⁵Nolen-Hoeksema et al 2007 J Ab Psych; ⁶Watkins & Roberts, 2020, BRAT;



Prevention: self-guided app for worry & overthinking

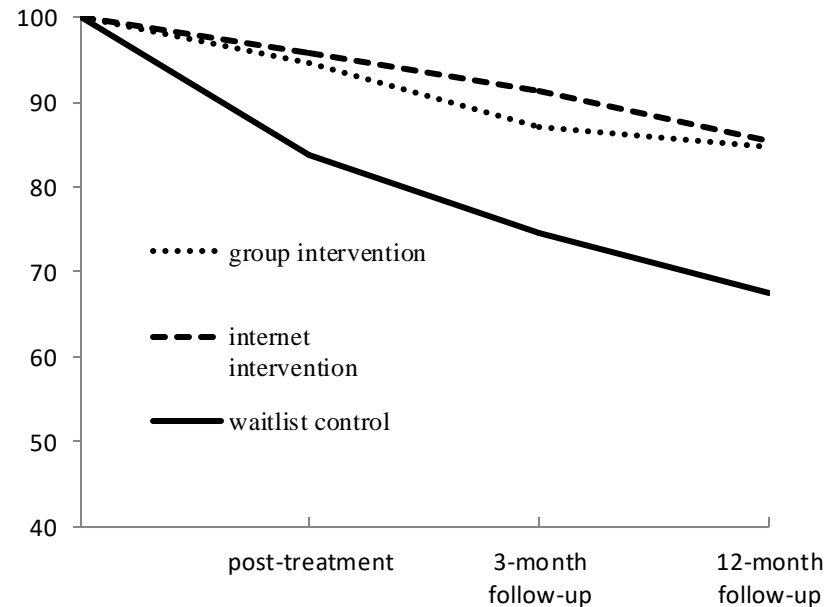


Effective face-to-face & online interventions for overthinking¹⁻⁴



Self-guided app designed with & for students

% Participants remaining without a diagnosis of depression



Cumulative proportion of participants remaining without a self-reported diagnosis of depression (PHQ-9).

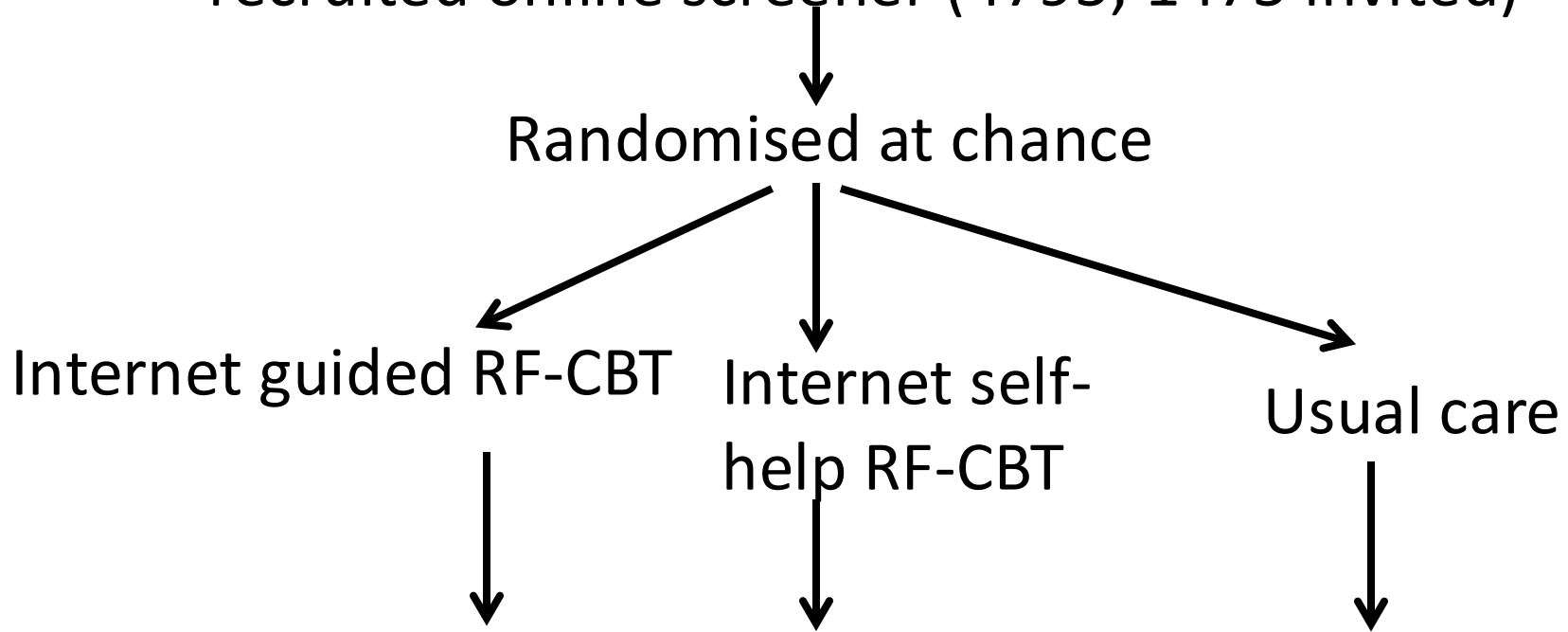


¹Watkins et al., 2011, Br. J. Psych; ²Hvengaard et al., 2019, Psych Med; ³Topper et al., 2017, BRAT; ⁴Cook et al., 2019, JMIR



Cook & Watkins (2016) Trials; Cook, Mostazir & Watkins (2019) JMIR

235 UK undergraduates olds with elevated worry/rumination, not currently depressed on interview, recruited online screener (4795, 1475 invited)



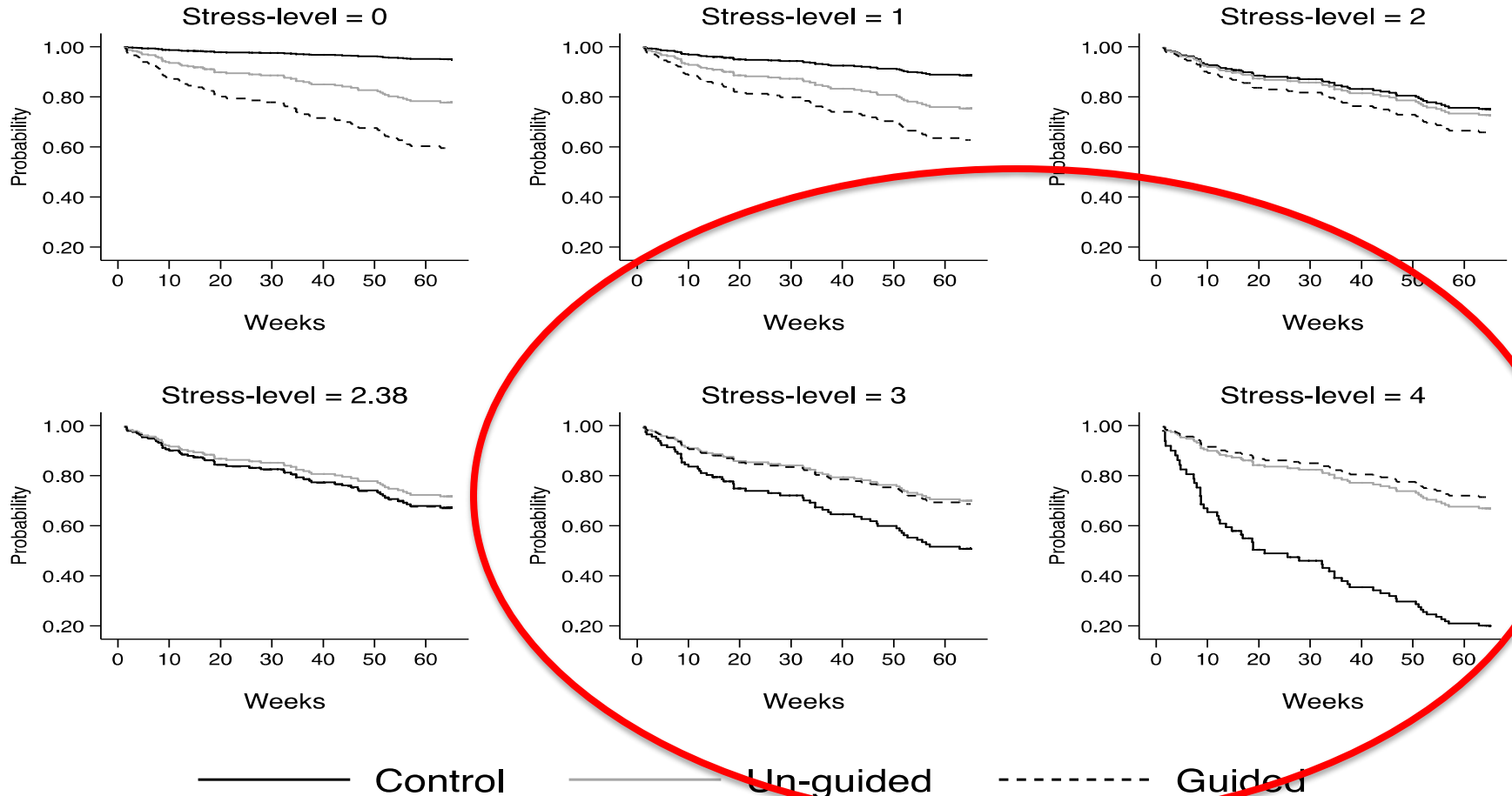
3 mth (78% retention), 6 mth, 15 month follow-up (69% retention)



University
of Exeter

nurture-u

Survival curve for the randomised groups



Controlling for baseline stress, hazard ratio for Guided vs control = 0.73 (95% CI: 0.38 to 1.39), $P < .05$ **online RFCBT reduces onset of depression in stressed, ruminating u/gs**



Target: university students elevated worry & rumination

[current n=400]



Randomised at chance

Self-help digital
CBT app for worry
& rumination

Usual practice



3-month follow-up

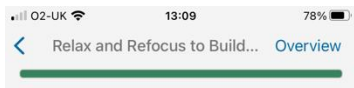


12-month follow-up: primary outcome incidence of major depression



¹assume MCID = absolute risk reduction
10%; incidence MDE 25% in control group³⁹,
20%; follow-up attrition, n=324 per arm.





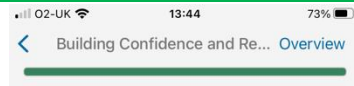
Practice Relaxation

Below you can find all three relaxation audio files so you can practice the different techniques whenever you want. You can come back to these exercises as much as you like by clicking favourite to add this page to your Profile.

Listen to:



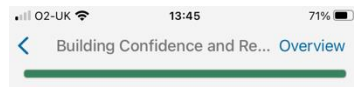
Take A Breath Audio



Alex (they/them)



Alex is a first year English Literature student. Alex is the first person in their family to go to university and their parents were proud of them for getting accepted. Due to the COVID-19 pandemic, Alex did not do any A-Level exams and therefore believes getting accepted into Uni was a fluke. Alex worries



Imposter Syndrome

Imposter Syndrome is when you compare yourself to other people and think you aren't good enough or don't belong. It is common for students to think that others are doing better than you or finding things easier than you – often because you can't tell if others are finding things difficult or not.



Track your progress



Halfway there

Kind & Unkind Self-Talk: Video

Watch the video below to learn more about Kind and Unkind Self-Talk.

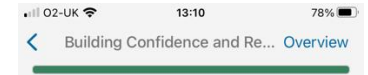


Video

Do you want to read the transcript?

- ☐ Yes
- ☒ No

favorite start conversation



1. Set A Consistent Sleep Schedule

This means going to bed and waking up at the same time every day, give or take 20 minutes, including weekends. Creating a sleep framework sets the body's internal clock to expect rest at a certain time each day.



<https://www.nurtureuniversity.co.uk/research-trials>

Improve your wellbeing



Would you like to feel more confident and manage stress?

Nurture-U can help.

We have designed a **free, innovative app to help with confidence** specifically for students.

We also have the opportunity for students to test different types of **online therapy**.

Scan the QR code for more information.



nurture-u



Funded by
MRC, ESRC
and AHRC



Recruiting now across the UK
Contact: Teamnurture-U@exeter.ac.uk

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UKRI Adolescence, Mental Health and Developing Mind funded project (MR/W002442/1): Developing and Evaluating a Stepped Change Whole-University approach for Student Wellbeing and Mental Health

What's going to help students to be better equipped?

How can student's resilience and coping be increased so that they are best equipped to deal with higher education study?

What steps can students take to minimize their risk of adverse mental health issues?

What role does mental health literacy play?



**How can students be supported to feel more at home
and comfortable in their universities (feel valued,
included, appreciated, sense of belonging, less lonely)?**

How are students from minority groups affected?



What is a Compassionate Campus?



Compassionate Campus

Compassion = ‘the noticing of distress and/or disadvantage to self or others, and a commitment to take action to reduce it’

Theo Gilbert, ‘Assess Compassion in Higher Education? Why and How Would We Do That?’ *Link* 2/1 (2016)

Team: Professor Louise Lawrence (Exeter), Dr Nicola Byrom (Kings College London), Professor Felicity Thomas (Exeter), Dr Polly Card (Exeter), Dr Jemima Dooley (Exeter) and Dr Neil Armstrong (KCL).



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Our Approach

Collecting in-depth student stories across two institutions

- Focus groups
- Video ethnography and interviews



Developing practical recommendations

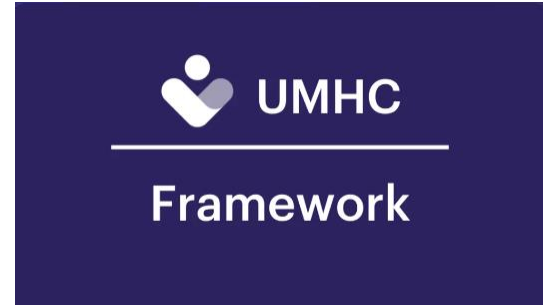
Planning to integrate our findings into guidance for universities to increase compassion on campus.

Linked with University Mental Health Charter.



MHC framework

- Learn
- Support
- (Work)
- Live
- Enabling themes:
 - Leadership, strategy, and policy; Student voice and participation; Cohesiveness of support; Inclusivity and intersectional mental health; Research, innovation and dissemination.



<https://hub.studentminds.org.uk/resources/charter-framework/>



Whole systems approach

- Systemic - aimed at national HE policy makers
- Organisational - aimed at HE institutions and support service managers
- Professional - aimed at institutions overseeing HE practice, education, accreditation and professional development
- Individual
 - Mental health and wellbeing support staff
 - Student-facing university/academic staff



Example format: 'Support'

Systemic:

- Does the HE system have an embedded commitment to support student mental health and increase compassion within HE with high-level and visible backing from senior policy-makers and management?

Organisational:

- Are your student mental health and wellbeing support services appropriately and consistently well resourced? How is this reflected in their governance, safety, waiting list times and service user feedback?



Example format: 'Support'

Professional:

- Are there structures in place to provide accreditation and professional recognition for staff working to improve compassion within HE?

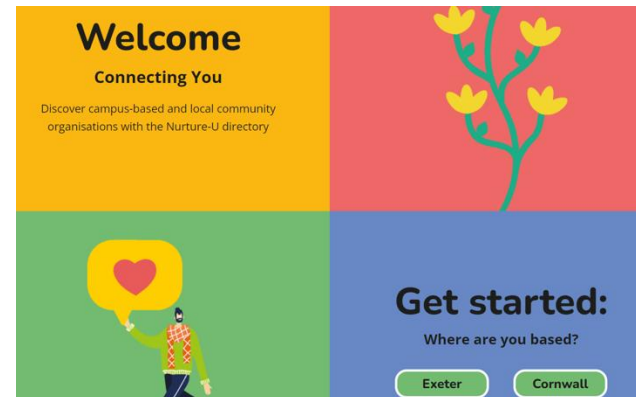
Individual:

- Do you feel you understand and are able to action the steps needed to ensure the quality, safety and effectiveness of the support service you work for? What is needed to better enable this?



Concrete examples

- Social Directory



- Compassionate Communications



Questions for the room

- Does it make sense to map our work to the UMHC?
- Does it make sense to adopt a whole systems approach to set out the reflective questions?
- Do you have examples of compassionate practices that we can include?
- How can we best disseminate this work?
- How can we best evaluate this work?



What is a reasonable and appropriate level of services for mental health and well-being to be provided in a university setting?



Cognitive-behavioural therapy anxiety & depression

Online CBT for anxiety & depression works in students (Harrer et al., 2019; Conley et al., 2015, 2016, 2017)

Commonly offered on campuses, supported or self-guided formats

Service planning: what proportion of students benefit from either / need more intensive treatment?

Treatment matching: which students benefit more from one versus the other or for whom unguided as good as guided CBT?



university students elevated depression (PHQ9)/anxiety (GAD7)

[current n=425]

Detailed baseline assessment of predictors & moderators

Randomised at chance

Internet guided CBT

Internet unguided self-help CBT

3-month follow-up PHQ9, GAD7

Develop Individualised Treatment Rules using machine learning: to tailor self-help, plan the care pathway, & improve outcomes



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What is a reasonable and appropriate level of services for mental health and well-being to be provided in a university setting?



Looking to deliver:

Blueprint

Policy recommendations and good practice (e.g., Student Mental Health Charter; HEMHIT)

Digitally-forward

Enhanced digital support tools

Adaptable

Versatile, customizable, scalable

Legacy Resources

Tools and assets to benefit all



Knowledge & Insight

Mechanisms and barriers

Reliable & Effective

Large-scale representative data

Student tailored

For students, by students

