Inclusive Academic Advising for students with mental health issues. The views and experiences of Academic Advisers

Pras Ramluggun[1], Sarah Mansbridge[1], Rachel Barbaresi[1]

1 Oxford Brookes University

Abstract

The aim of this paper is to explore and improve understanding of Academic Advisers (AAds) views and experiences on supporting students with mental health issues in providing inclusive academic advising. The study adopted an interpretive design for a qualitative survey to gain a deeper insightful understanding of AAds' views and experiences. Fifty-five AAds' across the four faculties of a university which will be called the Study University (StU) responded to an anonymous online questionnaire which was thematically analysed. There was a difference of opinions among AAds across and within faculty on their views of their roles in supporting students with mental health issues. Overall, AAds felt unprepared for a pastoral role which is not clearly defined. Departmental engagement with AAds for students' mental health support was fragmented. The disparity in how AAds perceived their roles and fulfilled these responsibilities can lead to inconsistent and inequitable support of students. Those who are more amenable to providing such support to students may be overburdened by this supportive role.

Keywords: Higher education students, mental health, Academic advisors/personal tutors, pastoral support, university support of students, university students support services.

Introduction

The changes in the higher education landscape with more inclusive learning environments have meant greater participation from a more diverse student cohort with varied learning needs who previously may not have contemplated studying at higher education institutes (Ramluggun et al 2020). This includes students who have specific learning differences such as dyslexia and dyscalculia (Higher Education Funding Council for England 2015) and mental health issues, requiring reasonable adjustments to their teaching and learning (Rodger et al., 2015). When applying to study at universities, students are expected to declare their specific learning differences and also any mental health issues in the disability/special needs section of their application forms, which may impact their learning. However, not all students view their mental health problems as a disability, and some may fail to disclose their mental health problems (National Institute

for Health and Care Excellence 2020).

Students' mental health in Higher Education Institutes (HEIs) is a significant public health challenge ((Ohadomere and Ogamba, 2020). The number of students with pre-existing mental health issues is almost equal to the number of those who developed symptoms of mental illness during their studies (Grøtan et al., 2019). Their mental health issues include a range of mental health problems, from common mental health disorders (such as stress, anxiety, depression) to more severe mental disorders which cause significant distress and adversely impact academic effectiveness. Several surveys have highlighted the increasing rates of students with mental health issues in HE with 43.2 percent from a survey of 21000 students from 140 universities reporting to have sought professional help for mental health problems (The insight Network 2020). This seems to be escalating in the aftermath of COVID-19 (Arsandaux et al 2021, Catling et al 2022) following a higher prevalence of mental health difficulties in the younger population during the pandemic (NHS Digital75 2020) adding further pressure on university support services which was already reporting an increasing demand for mental health support from students prior to the pandemic (Broglia et al 2017).

As the front line for student support, AAds are faced with an increasing number of students who need mental health support (Ramluggun et al 2020). However, the roles and responsibilities of Academic Advisers/Personal Tutors (AAds/PTS) vary in different countries. The nature of these roles and responsibilities depends on the models of advising/tutoring adopted by the university. In the UK the integrated academic curriculum model where academics support students with their academic and personal development is the most common model compared with the professional model where the pastoral role is undertaken by other professionals (Thomas 2006). At the StU, academics supporting students are called Academic Advisers which may imply that the predominant focus of this role is on advising students on their academic progress rather than providing pastoral support. Yet, there is an expectation that AAds will be involved in the pastoral care of students when such advice is being sought as indicated in their job description. It has also been reported that academics feel more comfortable providing academic advice and signposting rather than providing pastoral support (Stephen et al 2008). The concept of pastoral care and support at university seems to be a nebulous concept which is not clearly defined in how AAds/PTs can support the emotional, psychological and spiritual well-being of students. Hence, it has been reported that AAds/PTs approach this role with some reservations (Laws and Fielder 2012) compounded by universities' idealistic expectations in the absence of inadequate training and preparation for faculty staff (Ramluggun et al 2022).

Numerous studies have reported that academic advising or personal tutoring is central to student success (McGill et al 2020). It is fundamental to the student relationship with the university and considered one of the core human faces of the university (Wooton 2006) which connects the students with the university, develops their confidence as autonomous learners (UKAT 2019) and enables them to feel part of university life (Wooton 2007). However, a survey by UKAT (2016) in UK universities also revealed that despite most students being assigned an AAds/PT some of them did not know who their AAds/PT was and they were unclear about what help and support they could seek (Gubby and McNab 2013).

Students can expect support for their mental health at universities as part of the universities' roles in supporting their wellbeing and mental health needs. The structure for supporting students' mental health needs varies across universities.

At the StU there is an extensive support network for students which includes support for students' mental health and wellbeing and disabilities. Students can access brief or short-term counselling and support from designated disability and mental health officers. There are some indications that these support services are useful in alleviating students' emotional distress (Broglia et al., 2021) however, not all students seek support or are able to access services as required. The unavailability of the appropriate individualised support system can be a barrier to using these services (Ramluggun et al 2020). Some academics have reported high levels of distress when supporting students with mental health issues (Hughes et al 2018; Ramluggun et al., 2022).

AAds/PTs are still considered the first contact of support for students' well-being by being more immediately accessible than the students' support services at university (Pollard et al 2021). They play a key role in their students' university experience and are well-placed to provide the initial and ongoing personal point of contact and refer students to appropriate support in their academic advisor role (Hughes and Spanner 2019). The importance of AAds/PT for students' academic success has been underlined (Yale 2019). However, the ability to effectively advise students with diverse needs, especially those who are struggling with their mental health working closely with the university's support services remains a challenge (Ramluggun et al 2022) and AADs/PTs generally do not feel supported in this role (Laws and Field 2012). To provide a truly inclusive academic environment it is imperative that AAds/PTs are able to adequately advise all students irrespective of their disabilities and the need for them to feel supported in this role. This role is taking a toll on their mental well-being (Ramluggun 2022) which may exacerbate the increasing number of work-related stress reported in a UK's Teaching union survey (NASUWT 2022). The dearth of studies on the views of AAds identified challenges in undertaking this role reported a lack of confidence and competence and the need for appropriate training and support (McFarlane, 2016).

Identifying, providing initial support, tracking and referring students with mental health concerns in providing inclusive academic advising involves multiple steps and processes. A recent survey on how academics teaching health and social care programmes such as nursing respond to student mental health concerns found that they were unclear about their responsibilities and need more clarity and support compounded by a delineation of academic and university support services as distinct entities (Ramluggun et al 2022). Therefore, it is important to explore AAds' experiences across all faculties of supporting students with mental health needs including the impact of this role on their academic advising role.

Theoretical framework

The study design is informed by the theoretical framework of inclusive pedagogy which has been described as a student-centred approach which enhances the successes of students of all abilities by providing an equitable educational environment underpinned by a supportive academic advisor and student relationship (Holland et al 2020). It is buttressed by academic motivational theories and the concept of social justice. The overarching framework for theories of academic motivation focuses on students' perceptions and the social context of engagement (Nolen 2020). Through the socio-development lens in higher education, it considered the challenges of student engagement practices in fostering and maintaining the motivation of marginalised students for successful learning. It includes academics' intrinsic motivation to engage in emotional work in their pastoral role during personal supportive encounters with students, which have been

identified as important factors in establishing a trusting teacher-student relationship (Huyton 2009) to maximise students' learning experience when supporting their emotional needs (Seary and Willans 2020). The concept of social justice is concerned with mechanisms which may create inequity in terms of student engagement which may be influenced by students and institutional factors (Kahu and Nelson 2018).

Conceptual framework

The conceptual framework for designing the online anonymous questionnaire considered the key roles and responsibilities of AAds, the theoretical framework of inclusive pedagogy and the evidence from the literature on higher education students' mental health. The online questionnaire was adopted from a previous study on the topic with health and life sciences faculty staff (Ramluggun et al 2022) following a pilot study for face validity with a sample of AAds across faculty. The analysis of the questionnaire was guided by an interpretive framework on how to collect and analyse the researchable issues on this sensitive topic. As an exploratory study, It seeks to understand AA's viewpoints which are experientially based (Cresswell and Poth 2018).

Ethical Considerations

The study was approved by the University's Research Ethics Committee (UREC Ref: O.003). Participants' consent was sought and recorded on the questionnaire before accessing the full questionnaire. The participant information sheet detailed the purpose of the study, the need for consent, and the assurance of anonymity. Limited demographic information was collected to avoid the identification of participants attached to a small number of academic staff.

Methods

Study design

Qualitative surveys are useful flexible qualitative research tools to 'harness rich potential qualitative data', but are underutilised due to the predominance of interviews and the misperceptions that they do not garner in-depth data (Braun et al 2020). Hence, a self-administered anonymous qualitative questionnaire was used to survey a purposeful sample of AAds from all faculties at the Stu on a sensitive topic.

The qualitative questionnaire consisted of seven open-ended questions aimed at exploring AAds' views, experiences and narratives on how they respond to and support students with mental health issues across the StU's different faculties. The undertakings of the study followed Kelley et al. (2003) guided principles for conducting and reporting survey research.

Data collection

The online questionnaire used was a Google Form as this format was familiar and easily accessible to all staff and

enabled full anonymisation of participants. The questionnaire consists of an introduction, a consent form, and two major sections. The first part required participants to provide demographic data on how long they have been an AA and their faculty. The second part consisted of seven open-ended questions on their views on supporting students and any impact of providing such support. Participants were members of staff across all four faculties of the university with AA responsibilities (see Table 1). Data was collected between September and December 2021. Invitation emails were disseminated by the heads of departments to staff from each faculty on the research opt-in list about the research project.

Table 1. Participants across the four faculties

Faculty	Number of Participants (%)
Humanities and Social Science	29 (52.7%)
Health and Life Sciences	11 (20%)
Technology, Design and Environment	10 (18.2%)
Business School	5 (9.1%)

Data analysis

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

Thematic Analysis of the qualitative data

The thematic analysis revealed 3 main themes: AA's attitudes towards the role of academic advising, implications for AAds in supporting students with mental health issues and AAds' perceptions of their training needs. In summary, the analysis revealed that most participants were willing to support students' mental health needs, although they felt inadequately equipped to do so. However, a few participants felt strongly that their role should be to advise on academic matters only. In contrast, a small proportion of the participants were found to take a more proactive approach to support students with mental health issues (e.g., actively seeking out information on various mental health issues. Furthermore, they found it difficult to simply refer students to the services supporting students at the university.

AAds' attitudes towards the role of academic Advising

Stark differences were revealed in staffs' attitudes towards the AAds' role with some AAds reporting they are not comfortable with the pastoral responsibility of this role. They emphasised that they are not trained or equipped to support students' mental health concerns.

> *Supporting students' mental health needs should not fall on me*
>
> *I don't think we can expect academic staff to be providing mental health support - this requires specialised training.*
>
> *We are not trained as counsellors in any respect and the onus should not fall on us to deal with.*

Instead, they strongly believe that their role should be to provide advice on academic progress as reflected by the change from personal tutoring to academic advising:

> *Some years ago we changed terminology from personal tutor to academic advisor, to indicate more clearly that academic staff can give academic advice, but not sustained personal support. Staff are neither trained, nor (in some cases) suited to providing mental health support.*

Most AAds were willing to support students' mental health needs. However, they felt unprepared to do so. Consequently, they felt the support they could offer students was of limited use (e.g., listening to students and signposting them to appropriate support services):

> *I am not trained in mental health [...] so there is very little I can really do. I can listen sympathetically, identify someone who might be better positioned to support [...] and reach out to them. I wish I could do more, but I don't have the skills.*
>
> *Due to the fact that I lack any formal training in supporting students with mental health problems, the only support I can comfortably give is to listen and refer students on to more appropriate sources of support.*

This left some AAds feeling inadequate as they did not feel the support they provided was enough:

> *I can use my personal experience of supporting a son with severe anxiety and talk to the student but can do little more than advise them to seek help from their family, doctor and/or well-being. Often this feels inadequate.*
>
> *[...] I often feel inadequate. Telling someone that is struggling they need to seek advice and support from someone else doesn't feel enough.*

AAds mostly those on nursing and allied healthcare programmes were proactive in supporting students' mental health

needs. For example, arranging regular 'check-in' meetings:

> *I have been an academic advisor to a student who had mental health needs after experiencing very serious trauma, and I felt I needed to be better equipped so I attended extra training, read about supporting students with trauma, developed some different approaches, and liaised a lot with different Brookes services.*

Some AAds felt it was incumbent upon them to provide initial support to students instead of signposting them to university support services including having an active role in the pathway supporting students:

> *I realise that getting too close is not part of the AA remit but it's really hard to refer on when someone has come to you because they trust you.*
>
> *[...] I think there should be a place to continue to support students from our perspective too. We shouldn't just be moving them along the system. I think there should be the opportunity to go with them to a support service if needed, for example.*

Implications for AAds in supporting students with mental health issues

Supporting students' mental health needs impacted AAds in three main ways: workload impact, emotional impact and system factors. These are discussed further below:

Workload impact

AAds frequently cited that supporting students' mental health needs was time-consuming, and necessitated them redirecting time away from other duties:

> *It has impacted work, as it has meant I have had to redirect time and resources to support students.*
>
> *It takes a lot of our time which then gives even less time for our other duties such as preparing teaching sessions, marking, and doing research.*

They also reported that the number of tutees they were responsible for was too great to keep up with and meet regularly:

> *I have 50+ advisees and a substantial workload, so this is a logistical challenge as I can't keep up with all of them or meet them regularly.*
>
> *I have 40 AAds. It's tricky to keep engaged with them all/check in.*

Several AAds commented that some members of staff were more likely to be approached by students than others,

resulting in them being particularly at risk from overload:

> As a female member of staff, I probably get approached more than male colleagues
>
> Students turn to female advisers/tutors more often than our male counterparts.

Emotional impact

AAds reported managing students' mental health issues as emotionally challenging. They found the distressing information students have shared with them upsetting and difficult to cope with and triggering on occasions.

> It is not easy getting an email from a student saying they want to end their life or indeed telling you they have been raped. Both of which have happened to me.
>
> I have gone home and cried after talking to a student and it can make it difficult to concentrate.
>
> The information is extremely triggering to me at times. As a person who has lived experience of mental health it can trigger my own mental health. Two examples: disclosure of suicidal thoughts; and being Zoomed into a psychiatric ward by a student.
>
> I suffer myself, and taking on their emotional burden triggers my own situation

AAds also expressed feelings of anxiety over whether they had given the correct information, and feared making the situation worse: They also stated that supporting students' mental health issues had adversely affected their own psychological well-being:

> I suffer anxiety regarding my own responses to students' mental health disclosures.
>
> I've had students go into full-blown panic attacks in my office, and felt terrified of doing the wrong thing and ending up harming them
>
> Working as an academic advisor has caused significant damage to my own mental health.
>
> It's incredibly stressful! My own mental health is shot to hell

Conversely, when AAds reached out for support in effectively managing the support they are providing to students they found this support lacking at the university, leaving them the perception that the university does not appreciate the impact of this responsibility on AAds' mental well-being.

> Looked for avenues for support through the university but have found none.

> *I was given zero support. There is no off-loading structure.*
>
> *I don't feel the University priorities staff mental health or wellbeing*
>
> *I don't think the university really cares about how it impacts us.*

System Factors

AAds occasionally reported blurred boundaries around the level of support they should provide and at what point to refer the student to support services and want clear guidance from the university about their involvement :

> *I struggle with the lack of clarity about boundaries: what is exactly expected of me, and when should I refer the student to MH?*
>
> *Clear advice on not getting involved beyond referring students on.*

AAds' perceptions of their training needs

AAds unanimously agreed they had received no or limited mental health training from the university. They felt they would benefit from at least basic mental health training (e.g., awareness of different mental health conditions and available support services):

> *None, and I've asked for it *repeatedly**
>
> *I have done no specific training for the Academic Advisor role*
>
> *We should, as a minimum, be given mental health first aid training.*
>
> *A form of basic training for all staff about supporting students.*

However, some of them, mostly from non- Healthcare professional programmes, did not feel that training was necessary, as they did not believe supporting students' mental health needs should be the responsibility of the AAds. They reported that the university should provide more adequate resourcing including employing more appropriately trained AAds for this role.

> *None - we are academic advisors we advise on matters academic. […] I don't want to support student mental health directly*
>
> *The best way to tackle mental health issues would likely be for the university to remove this duty and instead appoint professional student support staff.*

A significant increase in funding for student mental health services so that there are no delays in students receiving support. Each delay results in students falling back on academic advisors as sources of support.

Discussion

The results of this study compare the experience of AAds across faculty and highlight AAds' plethora of challenges when supporting students with mental health difficulties. It underlines the variation of experience of AAds, especially for programmes such as preregistration nursing education and other allied healthcare educational pre-registration programmes where students need support for both their personal and professional development (Ramluggun et al 2022). Consequently, AAds on these programmes tend to be more amenable to taking on a pastoral role in supporting students with mental health difficulties compared to other programmes where it is perceived as essential support of students for academic progress. Accordingly, the results indicate that the range of approaches to pastoral care adopted by AAds is bounded by personal inclinations and permeability of mental health concepts aligned to their professional healthcare registrations which was reported in a study about faculty staff on healthcare programmes experiences (Ramluggun et al. 2022). However, this study was specifically designed for one faculty for health and social care programmes where stark differences were also faculty staff attitudes to pastoral care in their numerous roles. This can lead to AAds taking on a disproportionate burden of support which is not reflected in their workload which impacts their work-life balance which is already not easy to strike in a working culture that does not prioritise academics' wellbeing (Bartlett et al 2021). Additionally, it can result in inconsistent provision across the University with students experiencing varying levels of support and involvement with AAds. Some students may not feel able to make disclosures to their advisors, limiting their opportunity to be referred to counselling services, whereas others may access additional time and support from their AAds as well as advice on other support within the University (Ramluggun 2018).

Furthermore, the study reported that some AAds are supporting a significantly high number of advisees. For some AAds with 30 or 40 students, it is very challenging to build a rapport with all of them as they do not have the capacity to meet with all of them as regularly as they would expect. This can present a dilemma in how much time AAds can offer to students who are in need of mental health support when managing conflicting demands of their roles and responsibilities. It is well recognised that academic workload is not a realistic appraisal of the actual work that they do (Kingman 2014). This can add to the unreasonable burden of responsibility and emotional labour for AAds who report that supporting students' mental health is triggering and is impacting their own health and well-being. Academic staff well-being has been described as a tipping point (Jayman et al 2022) with a significant number reporting high levels of stress (NASUWT 2022) with a pressing need to support staff well-being (Wray and Kingman 2021).

Emotional labour is considered an essential requirement in caring for students' well-being but is not adequately valued (Rickett and Morris 2021). The stressful experience resulting from the high levels of responsibility in supporting students with mental health difficulties is also supported by other studies (Hughes et al 2018). Interestingly, the findings of this study indicated that a few female AAds felt that they are more likely to be approached by students for mental health

support which may result in an inequity of responsibility to support students and a disproportionate emotional burden.

The above challenges faced by AAds in supporting students with mental health concerns may result in inconsistent support of students. It could have implications for the StU's ethos for an inclusive environment to ensure students' well-being (Minds 2019) and the whole university approach advocated by the Step Change Framework in proactively supporting students (University UK 2020). Hence, the workload planning for academic advising across the university needs to be reconsidered. The lack of resourcing of services for student mental health support is an ongoing issue with calls to redesign the structure and delivery of students' provision to meet the growing demands of students requiring mental health support (Priestley et al 2021). Universities are struggling to cope with the increasing number of students with complex mental health issues and are having to step in to fill in the gap in NHS resources (Taylor 2020). However, cuts in university mental health services have also been reported (Mussen 2020).

The conundrum AAds are facing in supporting students with mental health difficulties is further compounded by the lack of explicit institutional guidelines, and unclear boundaries similar to findings from other studies (DiPlacito-Derango, 2016; Ramluggun et al 2022). Although there has been a shift from personal tutoring to academic advising and the Stu, there is still an expectation that AAds will undertake a pastoral role which remains unclear and needs to be clearly defined (Laws and Field 2012). As a result of recent consultations, changes have been made with updated information and guidance for AAds and a new optional training course on academic advising, but this has not yet been rolled out across the Stu. The guidelines shared on Stu's website give a sense of what straightforward academic advising might look like and they also clarify the role of referring, however there is no guidance on managing the sensitive conversations and disclosures that frequently take place with AAds or how to approach referrals. The guidelines also assume that students will be self-aware and cooperative in the process of being referred, which is not always the case. The guidelines are described as a 'framework' with the recognition that application may differ across faculties, however there is currently no structure in place to ensure that guidance is provided at the faculty level. They also do not reflect the nuance of varying needs and complexities in disciplines such as nursing where coaching around difficult work-based experiences may be needed or in creative subjects where students may work with personal subject matter.

Furthermore, the difficulties experienced by AAds are compounded by a lack of mental literacy training relating to the recognition and initial emotional support for students at the StU. AAds find themselves in a position of hearing disclosures of mental health needs but without preparedness for how to respond. The lack of adequate mental health training for academics has been widely reported (Ramluggun et al 2022, Gulliver et al 2018) Whilst in certain disciplines such as mental health nursing AAds have professional experience in providing emotional support, the fundamentals of emotional awareness and support for students with mental health difficulties is lacking across the University which can contribute to a sense of inadequacy among some AAds. AAds experienced in emotional work face a slightly different set of challenges such as blurring of boundaries and may face some uncertainties about when to refer students on to university support services. The University Mental Health Charter highlighted the importance of training staff in understanding how to support students' mental health and well-being (University UK 2020). The Study University has started to provide Mental health First Aid training which is geared toward helping students with mental health crises prior to receiving professional support (Kitchener and Jorm 2006). Still, from the differing levels of students' mental health needs across faculties'

bespoke training seems to be a better fit to prepare AAds for this role. However, it is important to note that although the findings of this study are consistent with the findings of other studies on academic staff perception of their training needs (Ramluggun et al 2022, Gulliver et al 2018) some AAds were also resistant to receiving such training as they did not feel that the pastoral role was their responsibility. So, simply providing training is not enough and requires the recognition that responding to students' mental health concerns is everyone's responsibility. A whole university approach to recognising both students' and staff's mental health and well-being as stated in the Mental Health Charter (University UK 2020) needs to be ingrained into the university culture and ethos for a healthy university. The UKAT (2019) Professional Framework Self-assessment Tool consists of a relational component which requires AAds to assess their ability to be empathetic and compassionate in building advising and tutoring relationships. Incorporating this tool in AAds' professional development plan could be helpful to prepare AAds for their pastoral role.

Additionally, the findings indicate that at the time of the study there was no system in place to support AAds in managing the emotional impacts of difficult disclosures. The current updated website at the Stu outlines the value of 'supervision' however it is not clear where this will be provided with a link leading to a page which includes an 'Employee Assistance Programme' from an external provider which offers 'compassionate guidance' by phone 24/7. The information suggests that this is aimed at supporting with personal difficulties rather than offering supervision or guidance for an AAd's role with students. Therefore there is a need for a framework for formal and informal reflection including consultation and staff development for AAds from within the university with a primary contact AAds can access for expert support and advice in each faculty (Ramluggun 2022) may be more beneficial. For example, a designated advocate or supervisor for AAds in each faculty in effectively managing emotional work with students with mental health concerns.

Furthermore, following AAd's referral of students to the StU's support services there is no follow-up information on the students' progress to AAds. This lack of communication opens up the potential for a student to be 'lost' in the system where their AAds may believe that they are receiving support whereas in reality this may not be the case. An integrated student support approach for successful coordination of support with StU's support services may provide AAds with the reassurance that help is being provided or any further ongoing pastoral care the students require.

Strengths and Limitations

This exploratory study reported the experiences of supporting students with mental health issues from the perspectives of academic advisors across the four faculties at one university. It provides fresh insights on a contemporary issue by enabling anonymous sharing of AAds' experiences that could otherwise be withheld on a sensitive topic. As a qualitative study, the main purpose was to gain a deeper insight into a purposive sample of participants' views and experiences and how these are shaping their responses to responding and supporting students with mental health concerns across faculties. The study has attempted to accurately represent the participants' voices and most responses were descriptive and meaningful however, some answers varied with shorter narratives. Nevertheless, it is one of the very few studies that compare AAds' contemporary views on an important aspect of their role in supporting students with mental health difficulties across faculties. It provided an important insight and understanding of AAds' preparedness and willingness to

engage in pastoral care and their bespoke needs. It underscored the need for the university sector to rethink its approaches to inclusive academic advising with regard to supporting staff needs in providing support to students. The findings are limited to one university and are not intended to be generalised as this will require larger-scale quantitative studies across several universities. A larger scale survey is suggested for more robust data for the support provided across faculties at universities. In-depth interviews with AAds including students' voices in participatory research are also recommended to capture more nuanced views to address the barriers to receiving help for mental health issues across the StU.

Conclusion

This study highlights a range of faculty-related issues experienced by Academic Advisors when supporting students with mental health difficulties from a salutogenic perspective. It identified hindering factors in supporting students, which were characterised by a lack of clarity on guidance policies, limited training and interdisciplinarity and bridges across the university resulting in fragmented students' mental health support.

It highlighted the heterogeneous views on AAds' pastoral role and responsibilities for promoting and preserving students' mental health. Broadly AAds are unprepared, and some are unwilling to take on the pastoral role. It indicated the impact of pastoral role may have on AA's workloads. It highlighted the disproportionate burden of support when assisting students with mental health needs with the reported apparent disparate workload.

It underlined the importance of adopting a faculty-wise approach to supporting AAds incorporating best practices in their roles including feedback from staff with relevant expertise on how AAds are supporting students. Bespoke support and mental health training to recognise and respond to student mental health concerns were identified as important sources of AAds' support.

Appendix 1
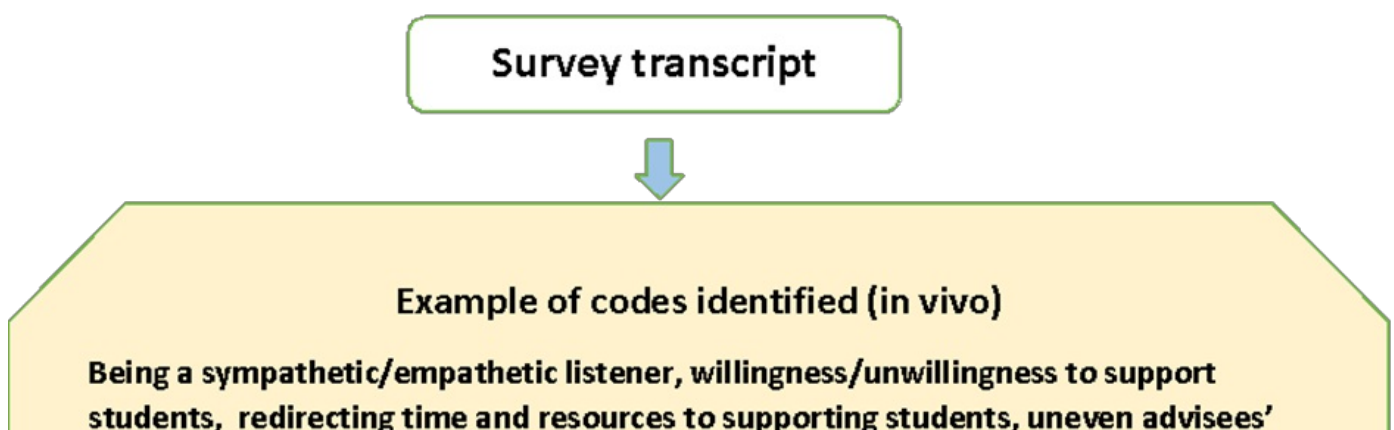
allocation & support, no feedback follow up for referrals, no mental health training to support students, no avenues for AA support, uneven workload, inadequate time, emotionally draining, overwhelmed by huge responsibility, not my role and responsibility, triggering experiences, feelings of powerlessness, helplessness & anxiety, concerns for students' safety, concerns for advice given, saying the wrong things, unrealistic expectations, addressing students' expectations can be challenging, setting boundaries, concerns over students not reaching out for help, beyond our expertise, needs for reassurance & debriefing, no time to decompress, limited access to resources, lack of training, workload issues, limited collective departmental working, pastoral role & support unclear, work/life balance issues

Creating categories of codes

Contrasting perspectives of AAs' role, variation in support provided by AAs, inadequate preparation for pastoral role, information sharing issues, need for joined-up working, challenging responsibilities, ambiguity of pastoral role, lack of clear guidelines, ambiguous & conflicting roles, limited staff support, lack of training & supervision pathways, emotionally & physically demanding role, unrealistic expectations, workload impact

Reviewing categories to generate themes

➢ AAs' attitude towards the role of Academic Advising
➢ Implications for AAs in supporting students with mental health issues
➢ AA's perceptions of their training needs & support

Figure 1 Steps of thematic analytical process

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