Taking a 'whole university' approach to student mental health: the contribution of academic libraries

Abstract

As concerns about student mental health have increased, policy aims have moved towards a 'whole university' approach. The 2017 Universities UK *#Stepchange* framework made this principle a formal part of policy initiatives, and legitimises it via its calls for action. The policy distributes responsibility for mental health support across the whole institution, highlighting four key reasons for intervention: *risk, regulation, success* and *policy*, However, little is known about how this policy has been translated into practice and how activities for mental health have been adopted into the everyday work of higher education (HE) institutions.

This paper explores how one service common across all HE institutions, the academic library, has interpreted this call to contribute student mental health. Using data from a national UK survey alongside policy analysis, this paper investigates the strategic rationale and the practicalities of engaging with a whole university approach. Findings show that local concerns often drove activity, which could be mapped to some aspects of a whole university approach, but that the boundaries of professional expertise and resources were key considerations in accepting distributed responsibility. More broadly, mental health support was recontextualised to include wellbeing; this made it easier to adopt some aspects of a whole university approach, but focused on prevention rather than *risk* and *regulation*. As a result activities being conducted in practice did not align directly with the whole university approach.

Keywords: student mental health, whole university approach, academic libraries

Introduction

University student mental health is a major concern in the UK, as elsewhere (Storrie et al, 2010). Since 2017, attempts to address this challenge have been a formal part of Universities UK (UUK) strategy and policy, known as *#Stepchange* (UUK, 2017). UUK, the umbrella organisation representing the executive leadership of UK universities, directs HE strategy. Their focus on mental health is in response to several interwoven concerns:

- an increase in the number of disclosures by students of mental health problems to universities;

- increased demand for university support services like counselling, leading to complaints by student unions about lengthening waiting times;

- in several universities, a number of students dying by suicide in a short space of time, again leading to concerns about support available;

- an increase in numbers of students leaving university without completing qualifications (dropout rate; seen as a 'hard' indicator of student difficulties).

Not by degrees: Improving student mental health in the UK's universities, a UUK-commissioned report (Thornley, 2017), recommended a sector-wide response, which led to the *#Stepchange* strategic framework (UUK, 2017). From *#Stepchange* grew a rhetoric around a 'whole university approach' to mental health, focusing on how mental health is affected by the interplay between where students live, their learning, access to support and sense of community.

The whole university approach outlines how mental health support should not just be a stand-alone service provided by a specialist team. Instead, it should be integrated into all aspects of university life - from design of curricula and assessments to the built environment. This potentially represents a fundamental redefinition of the

function of departments and services in the university, and asks all aspects of a HE institution to respond to student mental health concerns. This paper aims to understand how this policy aim has been interpreted in practice. It uses the academic library as an exemplar for exploring the implementation of a whole university approach to mental health.

Why libraries?

The academic library might not be the most obvious focus for a study of student mental health, but in the context of a whole university approach, it represents an interesting case study. For students the library remains central to the university campus as a place to study and socialise. Library building use, often with 24/7 access, has increased despite the availability of content digitally. By reducing physical book stock, libraries have reinvented themselves as study spaces, though they still offer traditional core services including a print collection, electronic resources and training in information literacy. Students spend time in the library, especially at critical and stressful times such as exam periods.

The academic library is open to all students regardless of disciplinary background. It is a central (rather than departmental) service that was not typically previously seen as having a role in student mental health. The library is in some ways unique: while there are other cross-campus services (accommodation, sports facilities, catering outlets), students can choose their preferred service provider. There is only one library service. The library can position itself as having no stake in student outcomes (such as degree classifications), so it is seen as an inclusive and impartial space.

Previous research refers to the library as the 'heart of the university,' but others debate whether this is still accurate e.g. Murray and Ireland (2018). In particular, Cox (2018) argues that the library should be seeking new directions as previous perceptions

of its central role wane, to ensure it is not overlooked when allocating resource and status within the institution. For the library, therefore, the need to align to wider institutional priories may be a driver for taking on a role in the whole university approach.

Studies have previously explored the role of academic staff in working with students with mental health problems (e.g. Spear et al 2020), but there has been little focus on the role of other professional groups within HE. The context of the whole university policy approach creates a need to do so. Academic libraries have long had a supportive role providing study skills assistance, which in some ways overlaps with support offered by counselling and well-being services (e.g. managing time, planning revision and coping with exam stress). Coupled with the accessibility of the library space, this has led to some librarians suggesting that the library is an ideal location to implement interventions that support student mental health. Example activities to reduce stress during exam periods that have been advocated include providing games and offering refreshments, and campaigns to promote good mental health (Brewerton and Woolley, 2016; Bladek, 2021). Previous analysis suggested that academic libraries do not always have a clear understanding of the nature of issues around student mental health, or well-conceived ways of measuring the impact of interventions (REDACTED).

Nevertheless, there has been little systematic study of how the whole university approach has impacted library work (or, indeed, work across all aspects of university life). This paper first presents an in-depth analysis of *#Stepchange* as a legitimising discourse, to interrogate policy goals created in this discourse. It then uses empirical data collected in a national online survey of academic libraries, to compare policy with activities in practice, showing the translation between aims and activities and

highlighting the gap between the two . By examining the rationale that librarians report for including mental health support in library work, and mapping it to the whole university approach framework, this paper offers an analysis of the translation between high-level strategy and in-practice activity.

Policy analysis: #Stepchange as a high-level strategy

Building on critical discourse analyses (e.g. Van Dijk, 1993, Fairclough, 2009), and policy-as-discourse perspectives (e.g. Shaw, 2010), policy is framed here as a genre which aims to influence activity in the service of certain interests . The concept of legitimising discourses problematises the linguistic strategies used to normalise particular ideas in the interests of particular social groups . Key questions for this approach include: why this priority or problem? why now? why is this the proposed solution? Policy is thus analysed as 'ways of organising meaning-making practices' (Lewis and Simon in Gale, 1999). In reflecting critically on the representation, narrative structure and texturing work (highlighting what is valued) in policy documents, such analyses explore the relationship between the rationale or motivation for activity and the implementation of this activity (practice). Applied to UUK policy, it can help to understand how the rationale for a whole university approach is constructed.

#Stepchange was 'refreshed' in May 2020, at the same time as our survey data were being collected. The broad focus remained the same, but the refreshed strategy reflected an important linguistic shift that is relevant here: the inclusion of wellbeing alongside mental health. The 2015 *UUK and Mental Wellbeing in Higher Education Working Group good practice guide* focuses almost exclusively on making recommendations about student mental health despite its titular reference to 'mental wellbeing' (UUK, 2015). The 2017 *#Stepchange* document concentrates on mental health, stating that "mental health matters. It affects our relationships and our

wellbeing" (UUK, 2017); by the 2020 iteration, "our shared vision is for UK universities to be places that promote mental health and wellbeing" (UUK, 2020). This alteration of language demonstrates how the placement of concerns around student mental health have broadened beyond diagnosed conditions and can be seen as a further instance of the medicalisation of normal human emotions and responses to difficulties (Horwitz and Wakefield, 2007). With this in mind, this analysis draws mainly on the 2017 *#Stepchange* as the strategic steer underpinning activity undertaken and reported on by participants, but also considers the changing context of discourses around wellbeing.

For *#Stepchange,* motivation for action is justified in terms of risk, legal responsibility and student achievement, emphasising the importance and implications of the problem. *#Stepchange*, as a framework, seeks to present a clear rationale for a focus on student mental health. It calls for partnerships and joint responsibilities with parents, schools, employers and the National Health Service (NHS), therefore shifting the burden of activity away from solely being located in the university. By considering mental health as a 'shared' priority, rather than belonging to one agency or group, it configures universities as 'health settings' (UUK, 2017, p.9). This representation is key; by recontextualising student mental health as a shared responsibility, it becomes what Fairclough (2009) would describe as a 'social problem.' Responsibility for solving the issue is thus distributed rather than being solely an issue that has to be solved by UUK.

#Stepchange highlighted four reasons for intervention: *risk, regulation, success* and *policy* (UUK, 2017). The first, *risk*, speaks to concerns about increases in disclosure of mental health problems, suicide and demand for support. As a legitimising discourse, this is arguably the most powerful. Young adults undergoing the transition to independence are seen as vulnerable to distress. Widely-quoted figures highlight an

increased prevalence of mental health problems in the student population (Thornley, 2017). Studies have shown that psychological wellbeing declines while at university (Bewick et al, 2010). The incidence of suicide also increased within the university student population between 2000/01 and 2016/17 (Gunnell et al, 2019), though the incidence was lower than the rate in non-students of the same age. Reviewing the mental health of university students in Australia in comparison with age-matched non-students showed that students' mental health was generally better (in part due to relative wealth compared to non-students) (Cvetkovski et al 2019). This raises the question of whether *student* mental health should be a particular area for intervention, suggesting that more resource should be allocated to young adults who do not attend university. Rather than university life increasing risk of mental health problems, it may decrease risk, undermining the rationale for intervention presented.

However, as Wessley (2019 in Barden and Caleb) highlights, even if prevalence of mental health diagnoses is lower in students than the general population, increased participation in HE does still mean that there are more students who need support. This places greater demand on existing services, leading to longer waiting times for intervention and potentially more adverse outcomes. Risk of harm can be seen as an ethical duty for intervention, but it also speaks to a fear of liability.

The second reason for intervention; *regulation*, focuses on the legal duties that universities have around safeguarding and under equalities legislation. The Equality Act (2010), which includes disability as a protected characteristic, outlines the legal duty to make reasonable adjustments for people with disabilities including mental health problems. Access to supportive services that enable students to continue with their studies is therefore a legal requirement. As student numbers increase, pressure on access to these specific services for mental health support increase; potential costs for

university infrastructures rise and long waiting times affect student satisfaction and attainment.

The third justification for a whole university approach, *success* addresses concerns around student achievement, retention and satisfaction rates. Distress and poor student outcomes have financial implications for universities; there is an economic imperative to ensure that students respond positively to the university experience. Within the market logic of HE, the proliferation of the representation of the 'student experience' reinforces the recent positioning of success as more than academic achievement (Potschulat et al 2020). Universities compete against each other to recruit and retain students and their associated tuition and accommodation fees, and so sell student status as an 'aspirational category' (Potschulat et al, 2020). Discussion of poor mental health affects the desirability of student status, leading in part to the UUK intervention via *#Stepchange*. Here, the concern is less around negative effects on students themselves, but instead *success* emphasises the potential risk of not delivering on promised outcomes.

Finally within *#Stepchange*, *policy* states that mental health is increasingly seen as a cross-party governmental priority. This suggests a general direction of travel towards considering the importance of mental health across all settings. By identifying relevant national and international policy, mainly from the NHS and World Health Organisation, an intertextuality is created which further legitimises mental health as a priority for the HE sector.

Through these four themes, a narrative structure is created that positions individual universities and UUK as a strategic body as caring organisations, responsible for student mental health. By formulating an argument in which student mental health is a social problem that requires action, *#Stepchange* seeks to create a rationale for

changes to services and structures. However, by distributing responsibility across the institution via the whole university approach, it also evades leadership obligations. Responsibility for student mental health becomes a nebulous aim, positioned as part of the everyday work of teaching and learning and the responsibility of everyone. This integration into expected activity also seemingly justifies the lack of resources given over to the problem.

While a whole university approach is constructed, it is difficult to see how different parts of the university community can contribute to realising this priority. No specific examples are given within *#Stepchange* as to how departments or services might address issues of *risk, regulation, success* or *policy*. One case study, which outlines a cross-university 'task force' focuses on how resource (£500,000) was required to better integrate university and NHS services following several student suicides. The brief details given imply that university mental health services led and completed this work, rather than it being a distributed responsibility that constitutes a whole university approach.

Alongside this broad rationale, *#Stepchange* outlines four specific areas for intervention. Framed as *learning, living, community* and *support*, these areas highlight where a whole university approach could be put into practice, though again little detail is provided about how this may or should be done. While this lack of detail could be seen positively, in that it allows for flexibility and local relevance, there is no sense of the potential difficulties that may be encountered when trying to intervene in students learning and lives, or acknowledgement that some aspects themselves may contribute to poor mental health. For example, *learning* can be difficult and frustrating as well as positive and developmental. Students may fail assignments, and feel pressured to succeed in a grade-based system. They may not see grades as a reflection of their

efforts, and may worry about the impact of poor grades on their future employment prospects. Completing assignments that are seen as unfair, arbitrarily marked and/or not representative of content learned can have a negative impact on mental health (Jones et al, 2020).

  #Stepchange then provides a set of broad principles (table 1) accompanied by two checklists, one on strategy and one on implementation. It suggests that 'every institution will want to adapt it to context, building on strong engagement with students and staff and a robust evaluation of need' (UUK, 2017). In this way, *#Stepchange* aims to establish local relevance.

Table 1. #*Stepchange* framework areas of activity as outlined in the original document (UUK, 2017)

Framework Category	Detailed examples provided
Leadership	Make mental health a priority; Galvanise support among staff and students; Lead a whole institution approach to mental health; Allocate resource
Data	Measure baseline: need and current practice; Deploy evidenced interventions and adopt successful practice; Conduct robust and transparent audit of progress; Align learning analytics to student wellbeing
Staff	Provide training in mental health literacy and health promotion; Allocate time and resource to staff support for student mental health; Align student and staff mental health; Build mental health – and health – into staff performance
Prevention	Audit and enhance learning, social, physical and digital environments to promote mental health; Promote healthy behaviours especially regarding drugs and alcohol, sleep and nutrition; Promote diverse, inclusive and compassionate culture; Provide learning and tools for self-care and positive mental health
Early intervention	Run campaigns against stigma; Provide mental health literacy training to staff and students; Encourage disclosure via champions and open discussion; Create inclusive communities of learning and peer support*
Support	Configure range of effective services and evidenced interventions; Audit need and service provision on a regular basis; Ensure effective signposting of support; Ensure that academic policies – adjustments – align with support
Transitions	Foreground mental health in discussions with parents, schools and colleges; Enhance inclusive support for students during transition periods*; Focus on susceptible or vulnerable groups during transitions; Discuss mental health with employers
Partnership	Develop regular high level links with NHS commissioners and services, local authorities and third sector; Develop local strategies and action plans on student mental health, student suicide; Encourage integrated approach of university support services with local primary care and mental health services; Ensure signposting

* The original document refers to 'intrusive communities' and 'intrusive support' but the authors have taken the liberty to correct these assumed typos.

While #*Stepchange* establishes mental health as a problem, it is less clear about why a whole university approach is a solution. Of its more detailed framework categories (table 1), some seem more suited to translation into in-practice activities,

while others (e.g. *leadership - make mental health a priority*) remain at the strategic and abstract level. While the framework emphasises how responsibility for students' mental health should be distributed, it obscures who is (or should be) accountable. A whole university approach constructs the university as health setting, but diffuses responsibility.

It can be argued that some services will be better positioned to take on aspects of work than others. For academic libraries, for example, it is unclear how this policy might be turned into practice. One of the four justifications for a whole university approach, *success,* could be a priority area for the library, with the provision of resources and study skills support already part of the library's everyday work. However, it is unclear how this supports good mental health outside of the library's broader raison d'être to support student learning.

Considering the library's role in the provision of information and delivery of data management services, activities around *prevention*, *early intervention* and *data* might be initially identified as appropriate. The repeated references in *#Stepchange* to signposting (information provision) and creating inclusive communities might also be seen as relevant to the library. Despite *#Stepchange*'s calls to action, little is known about how this strategy has been interpreted by universities or implemented in practice, leading to the present study.

Empirical data: collection and analysis

Having seen how *#Stepchange* seeks to construct the whole university approach, the paper now turns to empirical data to seek to understand how the policy materialises as practice in one setting, the library. To understand how policy was influencing practice, we mapped the activities being conducted in libraries connected to mental health and wellbeing and investigated the rationale for introducing these activities. A national

survey was selected as most appropriate data collection method to supplement the

policy analysis. Data were collected via an online questionnaire. As no validated

questionnaire addressing the research questions was available, a new questionnaire was

designed by the research team (Boynton and Greenhalgh, 2004). It was piloted with

library staff from three UK universities before being distributed nationally via

established professional networks across the UK, including mailing lists and social

media. The survey was open for two weeks in May 2020. This means that the data were

collected in the context of the Covid-19 pandemic, while the UK was under its first

'lockdown' and university campuses were closed. One research question for the broader

study was to understand the academic library response to supporting well-being during

the pandemic; these data are shared elsewhere (REDACTED).

Ethical approval was granted by the [REDACTED] Research Ethics Committee.

Written information about the study was provided to all potential participants and

completion of the questionnaire was taken as consent, as explained in accompanying

information. Personal data (name of university/employment role) were collected to

enable cross-referencing, but analyses were performed on de-identified data.

Questionnaire data was amalgamated to ensure participant anonymity. Questions

focused current activities that aimed to improve mental health. The questionnaire was

split into two sections, one focused on pre-pandemic activity, and one on changes

during campus closures; as stated, this paper uses the former dataset. Most questions

were closed, but two open questions allowed participants to give further detail, and

additional questions were sent to consenting participants via email, allowing for longer

elaboration of responses. Most questions allowed respondents to choose multiple

options (e.g. to describe all activities) but some (e.g. the main reason for prioritising

mental health) required one response from a selection.

Overall, we received 59 valid responses from 50 different HE institutions; de-duplication left 53 responses from 50 different institutions (separate responses from Cambridge colleges were retained). Thirteen responses were from Russell Group institutions; most responses came from England, and one response from the Republic of Ireland was retained. There are around 160 HE institutes in the UK, with UUK representing 137 universities. Given this, our response rate is 31% (49/160), which is comparable with other nationally-distributed online surveys. However, there is a likelihood of non-response bias, with universities not conducting activity in this area less likely to respond. Due to the timing of data collection, this is difficult to confirm. The response rate may have also been affected by staff being on furlough[1] and therefore unable to respond to email. Conclusions, particularly descriptive statistical analyses, should still be regarded as tentative. However, they provide insights into activities conducted that can be usefully related to policy analyses.

Quantitative data were analysed using descriptive statistics, counting common activities conducted (Fielding and Gilbert, 2006). Open text comments were analysed thematically, exploring why the activities were conducted and perspectives on the library's remit. The activities conducted and rationale were then analysed in relation to *#Stepchange* (table 1), using conceptual mapping of the representation, narrative structure and texturing work to consider the interpretation of policy.

In-practice activity: the library contribution to mental health

In considering library activity in relation to *#Stepchange*, we were able to see how one university service interpreted their work in the context of a whole university approach.

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[1] The UK government's Coronavirus Job Retention scheme (furlough) enabled employers to allocate temporary paid leave to employees during the pandemic.

Overall, responses about activities conducted reflected diverse perspectives: some participants saw supporting mental health and wellbeing as a core activity, while others confined their role to signposting to other services. Most activities related directly to key library services, such as providing a specific collection of resources. Responses suggested that the main approaches were based on the print collection, either via self-help books (79%) or through leisure reading (72%). Encouraging good study practices, such as taking regular breaks, via promotional campaigns (60%) were quite common. The creation of dedicated spaces or spatial redesign were seen also as potential areas for intervention. Such activities can be said to be rooted in common understandings and capabilities of a library, e.g. as a collection and a space. In some institutions a wide range of activities (e.g. houseplant give-aways, inspirational quotes, imposter syndrome workshops) to were given as examples. Considering why these mental health activities were being conducted indicated that the library's focus often reflected university priorities, but not in a passive way. The library was actively seeking to engage with the agenda. Respondents were aware of the inclusion of mental health within university policy and were influenced by the prevailing discourse around mental health. Although not directly addressed in the survey, there was no mention of additional budget or resource in free-text responses (instead references were made to budget constraints); further informal discussion confirmed that library services were allocating existing resource into student mental health.

Open text responses highlighted areas of focus, which emphasised student issues that they could respond to.

We have a good health guide recommending effective ways to take a
break from study, improve sleep patterns, promote mindfulness etc.
(survey, open text)

Activity was sometimes offered in partnership, with the library providing some aspects

of the service (e.g. hosting a book collection) and other expertise informing others (e.g.

selecting texts for the collection).

*Maintaining a collection of self-help literature and course guides
provided by the University Wellbeing service and the local NHS
"Talking Change" psychological services. (survey, open text)*

*We also feel strongly that a collaborative approach across the
University is most effective and we are pleased to be part of the
mental health strategy group for the University. Our Shelf Help
collection has been built collaboratively with colleagues in Student
Services. (survey, open text)*

Other activity demonstrated evidence of a whole university approach, with library staff

making a contribution to service review across the institution or working with student

services to signpost, publicise or host activities.

*Involvement in a review of Student Mental Health Support across the
University - University Librarian part of review panel and interview
panel for a lead professional appointment. (survey, open text)*

*Working cross institutionally with student and staff wellbeing services
to cross-refer/market and to allow them to offer drop-in type activities
in the Library building. (survey, open text)*

Mapping this activity to *#Stepchange* (table 1) demonstrates how libraries have made a

targeted interpretation of the policy (table 2).

Table 2. Reported academic library activities mapped to the *#Stepchange* framework suggested areas of activity (UUK, 2017)

Framework Category	Example activities	Interpretation in library activity
Leadership	Mental health campaigns Resourcing appropriate book collections	Responses did not evidence aspirations to lead a whole institution approach to mental health, despite the library's central role/openness to all. There is some evidence that libraries make mental health a priority, but mainly via promotional campaigns; these campaigns do galvanise support among staff and students. By purchasing appropriate book collections, there is evidence that they allocate (financial) resource appropriate to the context.
Data	None, though a role could be played in measuring engagement via book usage. However, surveillance via data is often seen as in conflict with professional values.	No role in measurement, audit or analytics around mental health, although librarians possess relevant skills in data management and analytics. Little evidence that interventions are evidence-based (see REDACTED). Little evidence of formal evaluation/ measurement of impact of conducted activities.
Staff	Mental health training Mental health champions	Many library staff had accessed training for mental health promotion. Some evidence of focus on allocating time and resource to staff support for student mental health but little discussion of aligning student and staff mental health or building mental health into staff performance.
Prevention	Providing self-help books Recommending leisure reading Promotional materials around taking a break	Academic libraries activities coalesced around the idea of prevention, particularly promoting healthy behaviours and a diverse, inclusive and compassionate culture. In the book collections discussed, they provided learning and tools for self-care and positive mental health.
Early intervention	Mental health champions Mental health campaigns	Again academic libraries focused on early intervention, particularly creating inclusive communities of learning. There was less evidence of other aspects e.g. the library does not provide training or encourage disclosure.
Support	Provision of information about other university services	Little evidence of engagement with support apart effective signposting of support.
Transitions	None	No mention of transition-specific support or engagement with external stakeholders (parents, schools and colleges/ employers).
Partnership	Visible in recommendations for book collections and library as a location for external events.	Occasional mention of links with external stakeholders (NHS commissioners and services, local authorities and third sector) or signposting to external partners.

Connecting policy and activity: outlining the rationale

Often, the connection to the #*Stepchange* principles was implied rather than explicit. Wider institutional policies were cited as a rationale for involvement in student mental health support. The relationship between the institution's goals and those of the library was ad hoc rather than a co-ordinated endeavour that could be described as a whole university approach. This demonstrates difficulties in intervening, but a commitment driven by awareness of student mental health as a problem.

For many respondents (46%), motivation for activity around mental health was rationalised as taking the initiative to align with university strategy, with 20% responding to demand and 11% formally co-ordinating. Some saw the potential for the library to be at the centre of driving change.

> *As a third space, Library should take the opportunity to get involved mental health initiatives and help drive the agenda. (survey, open text)*

For other respondents, rather than the library leading change, the library's role was more responsive.

> *As previously mentioned we are mainly a referral route for student mental health and wellbeing our focus is more on teaching and learning support plus signposting. (survey, open text)*

There was evidence that some did not see the library as having a contribution to make; respondents expressed frustration about this, but had been able to overcome concerns.

> *We found that the University was doing a lot in separate departments, often united but excluding the Library which was frustrating. So we reached out to other leads in those departments and we now have a more united approach. (survey, open text)*

Taking a 'joined up' approach was a big concern; there were repeated comments that libraries should not try to 'replicate' what other services offer.

The university goal is to create a space where wellbeing is forefront and an environment where mental health can be discussed more openly and without stigma. The library has a responsibility to contribute to the creation of this environment. We aim to achieve this by communicating effectively with other departments across the university to ensure that our efforts compliment their work rather than duplicating it. (survey follow-up response)

This directly speaks to the rhetoric of *#Stepchange*, outlining the responsibility to address mental health stigma. Further comments highlighted that the line between supporting study and supporting mental health, especially around early intervention, was sometimes blurred.

It is difficult to draw the line between supporting wellbeing and simply highlighting services that were already on offer but that students may not have been aware of e.g. certain e-resources. (survey, open text)

These quotes identify challenges around taking on responsibility – and therefore accountability – for mental health support. They also surface conceptualisations of student success; one particular focus within the responses was on addressing concerns around study. Building community, addressing general anxieties and providing information were also seen as important. The response below suggests quite a complex conceptualization of mental health and wellbeing, but at the heart is a recognition that studying itself is stressful.

[We are] creating a collaborative and supportive environment through mapping user experience and understanding their needs. Small details, such as supportive messages on our white boards and random acts of kindness (tea bags and notes hidden in book shelves) go a long way with our students and we receive many comments of thanks. (survey, open text)

The language used – kindness and collaboration – contrasts strongly with that of

risk, regulation, success and *policy* as a motivation for intervention.

Discussion

By focusing on the activities conducted by UK academic libraries, and the stated motivations for these activities, it is possible to examine how the strategic focus on student mental health and the implementation of a whole university approach have been realised in everyday activities. These activities often aligned to broader university goals, catalysed by *#Stepchange* but were the product of localised concerns rather than being explicitly driven by a whole university approach.

Examining suggested examples (table 1) in relation to real-world activity shows some connection between policy aims and practice (table 2). For example, recommending self-help books and signposting taking a break could be seen as *promoting healthy behaviours* and/or *providing learning and tools for self-care and positive mental health* (*prevention*). Example activities in free text comments also suggest that libraries were working to *promote diverse, inclusive and compassionate culture* (*prevention*) and *creat[e] inclusive communities of learning and peer support* (*early intervention*). There was clear recognition of the importance of partnership working. In these ways, the academic library was conducting activity that could clearly be mapped to a whole university approach.

However, there were also some potential activities that could be seen to be within the library's remit which were not mentioned by respondents. This could be because they were not considered to be relevant examples by those completing the survey, or because they were not being conducted in libraries. Academic libraries did not engage with potential activities around data or information about students via

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learner analytics. The focus was on the promotion of positive aspects of mental health (or wellbeing) rather than symptoms or working to prevent student suicide.

Broader policy goals from *#Stepchange* influenced practice but were interpreted in light of professional expertise and priorities. This both reflects and contributes to the shifting discourses around mental health, including the broadening to include wellbeing, and has two main consequences in this context. First, it can be argued that including wellbeing in practice is a direct response to a recognition of the boundaries of expertise by those being given responsibility for mental health such as librarians. As noted above, activity did not focus on *risk* and *regulation* – areas more traditionally associated with trained mental health specialists – but instead was positioned as preventative. While a whole university approach may make all accountable for student mental health, this indicates some push back against being given this accountability. The activities reported on here were often very broad, and driven from the ground up, suggesting that non-specialists were unwilling to claim expertise in mental health or to take on activities outside their area of expertise. The more nebulous language around wellbeing enabled greater ownership of involvement and demonstrated how activities could be constructed as beneficial to mental health without directly addressing symptoms of mental health issues.

Second, the linguistic shift to include wellbeing expanded the scope of relevant activities conducted under the banner of mental health support. These two shifts have particular relevance in the academic library, where students spend a lot of time, at increased anxiety like examination time. Focusing on the 'and wellbeing' element recognised that sometimes students were presenting with mental health issues when different support was required. As Streatfield (2020) commented: if a student is anxious about examinations, they benefit more from study skills sessions on examination

techniques than counselling for their anxiety. This also expands the focus from treating the symptoms of poor mental health to addressing its causes. Library staff were more able to contribute to providing such non-medicalised support, which aligned better with their professional expertise.

By constructing student mental health as a social problem, *#Stepchange* promotes a need for activity with responsibility distributed throughout the university. The cascade or translation of policy into tangible activities shows that responsibility for mental health was distributed, but there was little evidence of a similar distribution of power or resource. Libraries are doing more but without more resource.

However, in reframing the social problem (evidenced in the in-practice activity conducted), the library started to take steps to acknowledge the causes of poor mental health rather than merely treating the symptoms. Library activities start to acknowledge how some of these stressors may be products of the university environment itself, particularly around examinations and employability. Understanding what *success* is to students led to legitimisation of activities; the mismatch between expectations and experiences leads to disappointment, as well as feelings of failure and isolation (Whittle et al, 2020). Potschulat et al's (2020) interrogation of student-experience-as-concept outlines how the positioning of universities within a market logic leads the student experience to become something to be 'safeguarded' as well as constructed by the university and then reinforced by student expectations.

Conclusion

#Stepchange presents an example of a policy which aims to affect the strategy of universities, but one that has been interpreted in different ways in practice. Promoting good student mental health is positioned as a priority which contributes to wider goals (avoiding adverse outcomes like high dropout rates). Although *#Stepchange* aimed to

distribute responsibility across the institution as a whole, academic libraries have intervened only in areas in which they consider themselves to have relevant expertise. While the market logic of university sector may drive policy, libraries' attention on student development shapes the outcomes. *#Stepchange* did not provide resources, instead relying on individual institutions to construct meaningful activity at a local level. This led to some resistance to taking on this responsibility.

This paper contributes to discussions around HE discourse by examining how policy aims on student mental health materialise in practice. By interrogating top-down intentions and contrasting them with in-practice activity, the paper shows how these intentions can be diverted and shifted, but in some ways become more relevant to students. The translation between high-level strategy and in-practice activity is not always straightforward. Although *#Stepchange* includes *community* and *support* as areas for intervention, its overarching focus on *risk, regulation, success* and *policy* does not align directly with the activities being conducted in practice.

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