



Aligned but not integrated: UK academic library support to mental health and well-being during COVID-19

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Abstract

Purpose

To discover how UK academic libraries sought to support student mental health and well-being during the COVID-19 pandemic

Design/methodology/approach

The data was from a 24-question survey of UK universities [distributed in May 2021](#) which received 56 responses from 47 different Higher Education Institution libraries. [Descriptive statistics are combined with thematic analysis of open text comments.](#)

Findings

Libraries were undertaking a wide range of activities, targeted chiefly at students and broadcast via Twitter, other social media, and library web sites. The problem being addressed was the stresses of studying in the context of the pivot online and isolation caused by social distancing. Digital well-being seemed [also to be](#) an increased concern. COVID-19 had proved the value of digital support, but created a number of challenges such as loss of physical space, communication barriers and lack of extra resource. The role had a somewhat informal place in the organisation. Overall library activities were aligned but not strongly integrated into institutional efforts.

Originality

The paper is one of the first papers to gather sector wide data and move beyond case studies of [what](#) individual libraries [do to](#) support to mental health and well-being. It also offers a case study of the impacts of COVID-19 [on management pointing to its catalyzing the digital shift, creating constraints on resources and communication, and prompting the emergence of staff well-being as a consideration in management decision making.](#)

Research limitations/implications

This was a study in one specific national context with a relatively limited number of total responses. There could be a non-response bias where respondents were doing more than was typical in the sector.

Introduction

As well as a crisis of physical health, the COVID-19 pandemic was a mental health crisis for many reasons (Mind, 2021). ~~There~~ One factor was the direct anxiety about oneself or one's loved ones being ill, ~~S~~social distancing created social isolation and loneliness, ~~T~~there were more obstacles to taking physical exercise which in turn impacted mental health, ~~While, and~~ stretched health services had reduced capacity to offer support (Mind, 2021). This crisis impacted the whole population but may have been differentially felt among some social groups. ~~Those with pre-existing mental health worries were hit worst (Mind, 2021).~~

One group that were certainly affected in particular ways were university students. In a 2021 survey of UK university students 74% said their mental health was worse than before the pandemic (Frampton and Smithies, 2021). ~~Particular~~ Specific causes of mental health concerns for students were (NUS, 2020):

- Difficulties of studying in the new environment
- Challenges of managing boundaries when living at home and studying
- Less integration into institutions so less easy access to support services
- Indirectly, financial concerns and long-term career worries

These impacts were felt unequally with disabled and LGBTQ+ students more affected (NUS, 2020).

The mental health dimension of the pandemic ~~should~~has to be seen in the context of growing concerns about mental health and well-being of students prior to the pandemic which had led to universities beginning to make it~~add this as~~ a strategic priority. Reflecting this priority, libraries were already taking on roles to support mental health and well-being pre COVID-19 (Bladek, 2021).

In this context the aim of the study was to discover how UK academic libraries were supporting mental health and well-being during the COVID-19 pandemic. The research, based on data from a 24-question national survey of librarians distributed in May 2021, sought to address a number of specific research questions:

1. What activities ~~awere~~ libraries undertaking, aimed at which groups, to address what problem?
2. How did services evolve during COVID-19 and what challenges were faced?
3. Where did management of the activities sit within the organisation?
4. How has library staff mental health and well-being been impacted by this work?

In seeking to answer these questions, the study contributes to the wider ~~debate~~discussion about the role of academic libraries in supporting mental health and well-being. The research also offers a case study of the ~~evolution of~~impact on the management of library services ~~of~~in the pandemic, that can be read alongside other studies investigating specific issues (e.g. Martzoukou, 2021).

Literature review

Traditionally institutional agendas have focused on mental illness, emphasizing medicalized mental health conditions such as depression and their treatment through health centres and counselling

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3 services. Terms in increasing use such as well-being and wellness, however, recognize that people need
4 more than to avoid mental ill-health. Well-being is the positive state of feeling good and functioning
5 well, leading to flourishing. It is multi-dimensional, encompassing mental, physical, social, even spiritual
6 aspects (Bladek, 2020). Digital well-being is a more specific concept concerned with achieving a balance
7 between the benefits and drawbacks of being online (Vanden Abeele, 2021). Good digital well-being is
8 under threat when the individual loses control over their connectivity. As the agenda has broadened to
9 encompass mental health and well-being so its institutional relevance broadens beyond health services,
10 and it is in this context that mental health and well-being has entered library agendas.

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13 As a result, Tthere was growing evidence before the pandemic that academic libraries were offering a
14 widening range of activities to support student mental health and well-being. In a recent literature
15 review, Bladek (2021) classified such activities under the headings of partnerships, collections, services,
16 and space. Given the lack of extra funding for this work, partnership in campus wide initiatives is central,
17 she suggests. Libraries have a role in helping users identify the information they need to support well-
18 being and collections can be expanded with wellness and general leisure material to do so. Special
19 services and programming with destressing activities like games are another common activity.
20 Particularly distinctive activities ~~notable~~ are animal petting sessions that use the calming influence of
21 contact with animals to help reduce stress. The creation of well-being spaces or improvement of the
22 quality of study space can also be linked to well-being. Bladek's (2021) summary gives a good overview
23 of the diverse ways libraries were supporting student mental-health and well-being prior to the
24 pandemic.

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29 Further insights are to be gained from Rourke (2020) whose ~~in a~~ study of web sites of North American
30 (mostly Canadian) libraries identified the following categories of action: activities to help students cope
31 with stress; space redesign; lending of materials such as bikes or pedometers; events; wellness
32 information provision; collaborations. She found wellness was rarely directly mentioned in library
33 strategies and reflected more on their social media than library web sites, suggesting an informal,
34 unofficial quality. Interestingly, she notes lack of links to institutional wellness departments, suggesting
35 a lack of integration into wider initiatives.

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38 A further overview of library support to mental health and well-being is the holistic model of library
39 support to student mental health and well-being based on survey data from the UK developed by Cox
40 and Brewster (2020). It suggests that library activities can ~~ould~~ be conceptualised under the following
41 dimensions:

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- 43 • Library services impact – the effect of traditional library services on mental health and well-
- 44 being
- 45 • Well-being as a library service – new services specifically focussed on well-being such as
- 46 dedicated well-being collections or the provision of new types of spaces
- 47 • Detection – identifying people with a mental health issue and referring them to health services
- 48 • Hosting – being a place where well-being related events are held, albeit they are not library
- 49 specific
- 50 • Signposting – pointing to other services available to support students
- 51 • Inherent library value – the link between the whole notion of a library and well-being
- 52 • Library as a good partner – the role of libraries as collaborators
- 53 • Library staff well-being
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3 The growth in mental health and well-being services in libraries [summarised in these overviews](#) can be
4 linked to a number of factors. There had been evidence of a growth in mental health issues among
5 university students from the 2010s onwards, signalled by increasing demand for relevant health
6 services. It is true that this could [partly](#) reflect a reduced stigma being attached to [acknowledging](#)
7 mental health issues, as much as to a growth in the underlying problem. And it is certainly paralleled by
8 a growing problem in the population as a whole, so it is not just student mental health that seems to
9 have been deteriorating. But there does seem to be reason to think there is a rising problem for
10 students, especially among women (Education Policy Institute, 2018). The Education Policy Institute
11 (2018) attributes this to:

- 12 • The challenges of transition to university for the growing number of students from non-traditional
13 backgrounds
- 14 • Greater financial worries, e.g. because of tuition fees
- 15 • Exam and study stress
- 16 • Growing career uncertainty and competition

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21 Recognition of a growing problem of student mental health had come in policy terms at a national level
22 in the UK. A report commissioned by Universities UK, the umbrella organisation for UK universities,
23 suggested that concerns around student mental health were so important that a sector-wide effort was
24 needed (Thornley, 2017). In response, UUK published the *Stepchange* strategic framework (UUK, 2017).
25 This established the idea of a 'whole university approach' to mental health which recognised the need to
26 consider all aspects of where students live, their learning, access to support and sense of community as
27 playing a part in mental health and well-being. *Stepchange* was refreshed in May 2020 with increased
28 emphasis on co-production of support services with students (UUK, 2020). In addition, the University
29 Mental Health Charter (Student Minds, 2019) was launched as a way of institutions measuring the
30 quality of their support. A whole university approach implies a role for the library. As John Cox (2017)
31 argues, in a rapidly changing world, libraries' positioning and alignment to host institutions becomes
32 key. As institutions have adopted a strategic concern with mental health, some of this has filtered into
33 library practice.

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38 As established in the introduction to this paper, COVID-19 further intensified an apparent need to
39 address student mental health and well-being, justifying the need for the current research. We could
40 also consider this topic as a case study of the impact of COVID-19 on library management. Early work
41 has seen COVID-19 as a catalyst of change accelerating pre-existing trends (Breeding, 2020; Greenhall
42 2020). In particular, social distancing rules were likely to point to a "persistent, accelerated transition to
43 digital services" (Breeding, 2020: 10). Greenhall (2020) suggests a number of dimensions to such a digital
44 transformation or digital shift: in 1) collections 2) operations 3) connections 4) audience. Collections
45 become more digital; operations are delivered or enabled more often digitally; the library is more
46 connected; audiences broaden. Of course, quite apart from being a human tragedy in its toll of suffering
47 and death, COVID-19 has had major unanticipated and disruptive effects (O'Connor, 2020). It is likely to
48 have a major long term financial impact on universities and academic libraries (Breeding, 2020; Cox,
49 2020).

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Methodology

Given that the aim of the study was to examine the national response to COVID-19, a web-based survey was among the most suitable research methods to use. A first survey had been distributed in May 2020 a few months into the COVID-19 crisis (Cox and Brewster, 2020). The survey described in this paper was distributed in May 2021, a year later. The COVID-19 context in the UK is summarized in Frampton and Smithies (2021). A major peak in infections, hospitalisations and deaths in the winter 2020/2021 was at this time being followed by a gradual improvement, driven by a strong vaccination campaign, starting with the most vulnerable. Face to face university teaching had been suspended for much of the winter, except for a few subjects where it was deemed essential. The government announced that universities should fully reopen in June, although this was close to the end of the academic year anyway. Thus, the survey could be seen as being distributed in the middle of the crisis. At the time of writing it remains unclear how far teaching will have returned to pre-pandemic 'normal' in the academic year 2021-22 and beyond.

The 2021 survey consisted of 24 questions about four main topics, mirroring the research questions ([see appendix](#)). Firstly, a section on activities, channels of communication and their audiences, evaluation methods (largely repeated from the previous survey). Secondly questions about how this function is managed organizationally (again largely asking the same questions as the 2020 survey). New sections were added, thirdly, on changes during the pandemic and, fourthly, library staff well-being. [Questions were developed from the authors' joint understanding of the issues and piloted with two practitioners, but not based on constructs used in previous surveys. Two of the questions were open-ended with the remainder offering a choice of options, including "other" that the respondent could specify.](#) The new survey protocol was approved by the [\[ANON\]](#) ethics procedures as managed locally by the [\[ANON\]](#). [An information sheet explaining the purpose of the study, what the respondent was being asked to do, and how data and confidentiality would be managed appeared before the questionnaire enabling informed consent to be gained from participants.](#)

The questionnaire was distributed by direct email invitation to [all UK](#) library directors and also distributed through twitter and online forums and discussion lists. There were 56 responses from 47 different institutions (39 from English; 3 Scottish; 2 Welsh; 2 Irish; 1 unknown). There are approximately 160 higher education institutions in the UK, [so the institutional response rate was around 30%](#). 48 respondents completed every question.

18 respondents stated they were the library director. Six said they were a member of staff with some responsibility for mental health and well-being. The majority (32), however, were from other members of staff. So there are quite a lot of responses from someone not directly responsible for the function. This may have been because most libraries have quite an informal response to supporting mental health and well-being. Descriptive statistics were generated from the data as the main form of analysis, [with thematic analysis applied to discover themes in the open-ended questions. Unfortunately, the numbers of responses made it impossible to differentiate responses on the basis of institution type or size.](#)

Findings

Activities and drivers

Table 1 reports the activities being undertaken during COVID-19 to support mental health and well-being (with the third column reporting the comparable results from the 2020 survey).

Table 1 “What kinds of activities are being specifically offered by the library to support mental health and well-being during the CV-19 pandemic?”

| | 2021 <u>(N=56)</u> | 2020 <u>(N=40)</u> |
|--|--------------------|--------------------|
| Suspension of fines | 81% | 85% |
| Giving students access to additional learning materials online | 73% | 90% |
| Posting reassuring messages via social media | 73% | 88% |
| Linking to home university well-being related services | 73% | 75% |
| Reorganising the website to emphasise digital support options | 68% | 85% |
| Offering webinars on other topics students are concerned about e.g. accessing resources remotely | 59% | 45% |
| Listing remotely-available well-being related books | 59% | 60% |
| Recommending leisure reading and content streaming sources | 54% | 65% |
| Highlighting lighthearted and/or distracting content via social media | 54% | 55% |
| Additional FAQ related to well-being | 23% | 20% |
| Offering webinars on well-being related topics | 20% | 15% |

In addition to those activities listed as options in the questionnaire ([listed in Table 1](#)), others identified by respondents in the open text included:

- Changes to borrowing rules
- Delivery services
- A guide to reading online
- Buying books recommended by the university well-being service
- Maintaining physical collections of well-being books for loan for those students able to access the Library
- Online wellness zone
- Libguide on fake news
- Online scavenger hunts to build community
- Peer buddying
- Care packages for isolated students
- A contribution to a wider professional services induction for students

The sheer range of activities being undertaken is striking, reflecting the enthusiasm and enterprise of library staff, but also a lack of standardization in an emerging area of practice. Many activities did relate directly to library services, such as supplying resources and guidance on how to use them, reflecting the need to reduce student anxiety in these areas. Others could be classified as well-being services, e.g. maintaining a well-being collection or a virtual well-being zone.

[Table 2 reports the communication channels being used for communications about mental health and well-being.](#)

Table 2 “What communication channels and/or formats is the library using to communicate mental health and well-being related content?” (N=56)

| | |
|---|-----|
| Twitter | 82% |
| Library web site | 71% |
| Instagram | 57% |
| Facebook | 50% |
| Email | 45% |
| Online video calling software (e.g. skype, teams etc) | 38% |
| Tik tok | 2% |
| WhatsApp | 0% |
| Wechat | 0% |
| Weibo | 0% |

~~Table 2 reports the communication channels being used.~~ As in the earlier survey, Twitter and the library web site were the main channels being used to communicate messages, plus some other social media, such as Instagram and Facebook. Other tools used mentioned in the open text were: livechat and libguides. However, some of the newer channels such as Tik Tok and those popular with international students were not being used. There was some use emerging of videoconferencing. It might be fair to characterize the channels as primarily broadcast rather than targeted suggesting an important characteristic of the library approach.

Table 3 asked respondents to identify the target populations for their activities.

Table 3 “Which populations is the library aiming to support with mental health and well-being activities?” (N=56)

| | Target audience | Actively engaging |
|-------------------------------|-----------------|-------------------|
| Undergraduates | 88% | 34% |
| Postgraduate (taught) | 89% | 30% |
| PhD students | 80% | 20% |
| Contract researchers | 29% | 4% |
| Academic staff | 43% | 5% |
| Professional and allied staff | 43% | 7% |
| Unknown | | 57% |

The target groups (Table 3) identified were students with, interestingly, a very slight emphasis on masters over UGs (even though as more mature might be deemed more able to cope and UGs seemed to be responding slightly more). The earlier survey had a greater emphasis on academic staff, so the audience seems to have narrowed. Libraries had evidence of these target groups engaging, but more than 50% of respondents expressed uncertainty about who was engaging. This links to the difficulties of evaluating activities since they are more like broadcasts (e.g. via Twitter) than targeted activities.

Table 4 reports on how respondents were evaluating their mental health and well-being initiatives.

Table 4 “How is the success of these activities being evaluated?”

| | 2021 (N=56) | 2020 (N=40) |
|--|----------------|-------------|
| Number of people accessing recommended resources | 45% | 48% |

| | | |
|---|-----|----------------------|
| Number of people attending webinars | 39% | 30% |
| Thank you messages received from students/staff | 34% | 48% |
| Retweets/ favourites of content | 29% | 43% |
| Stories of positive experiences with our activities | 25% | (option not offered) |
| Number of messages distributed/ broadcast | 21% | 30% |
| We do not evaluate our well-being activities | 34% | 28% |

It seemed that most of the means of evaluating impact were logs of use, e.g. people accessing what has been recommended or event attendance (Table 4). A third of respondents acknowledged not evaluating the activities at all. This perhaps suggests ~~how difficult it is~~ difficulties of defining how to measure impact of interventions on something as diffuse as mental health and well-being reinforced when the approach is broadcast via social media or the library website, rather than targeted. But it may pose a problem from a management perspective for demonstrating impact.

Table 5 summarises how respondents defined the problem that their activities were intended to address.

Table 5 “How would you define the problem that the library is trying to address?”

| | 2021 (N=54) | 2020 (N=40) |
|--|--------------------|--------------------------|
| Student concerns about study/ access to resources | 85% | 95% |
| Exam stress | 65% | Not offered as an option |
| Building sense of university community | 61% | 68% |
| Digital well-being as an aspect of digital skills | 59% | 40% |
| Loneliness during self isolation / social distancing | 57% | 60% |
| General anxiety and depression | 48% | 48% |
| Stress of living at home while studying | 39% | n/a |
| Stigma around mental health | 24% | 20% |
| Anger and frustration with lack of face to face teaching | 22% | n/a |
| Worries about coming out of lockdown | 22% | 18% |
| Boredom | 20% | 28% |
| Stress of living with other students in halls of residence | 20% | n/a |
| Health concerns about the virus | 17% | 13% |
| Misinformation about the virus/fake news | 17% | 23% |
| Financial worries | 13% | n/a |
| Challenges of managing long-term medical conditions | 13% | n/a |
| Prejudice towards some groups of students, e.g. Chinese students | 6% | 8% |

~~Table 5 summarises how respondents defined the problem that their activities were intended to address.~~

The commonest acknowledged concerns were study related, such as exam stress, and, not surprisingly given it was the library view, access to online learning resources. Isolation due to social distancing remained important. There was also a positive desire to create community. We had expanded the range of options, and this helps reveal the complexity of the issue. The main difference since the previous survey, however, was the increasing emphasis on digital well-being. Presumably this acknowledges a growing concern about people spending more and more time online.

We had also added a question about whether respondents saw the mental health and well-being related activities as part of a wider drive to make the library a more inclusive and diverse service. Two thirds of

respondents saw a strong link; most other respondents saw some connection. Though it could be seen as a leading question it does suggest recognition of the link between mental health and well-being and EDI.

We also asked participants to give the main reason the library was prioritizing mental health and well-being (Table 6).

Table 6 “What was the main reason that the library decided to prioritise mental health and well-being related activities at this time?”

| | 2021 (N=48) | 2020 (N=39) |
|--|--------------------|--------------------|
| We are formally coordinating with university strategy | 10% | 23% |
| We have seen other libraries undertaking similar activity | 10% | 3% |
| We have taken the initiative to align with university strategy | 42% | 33% |
| We are responding to student demand/ concerns | 19% | 21% |
| Other | 19% | 18% |

The response to a question about the motives to prioritise mental health and well-being implies alignment to an institutional agenda but in a proactive sense (Table 6). The impression is even stronger than in the earlier survey, where there was more emphasis on formal coordination. The results still do not give the impression of primarily driven by direct perception of need. Quotes in the open text emphasized continuity with prior to pandemic, sometimes with slight shifts of focus.

“This has been core on our agenda for several years now, but as a mood boosting strategy rather than named mental health”

“We were already prioritising wellbeing as a big issue for students and staff prior to the lockdown. There has been a greater focus on staff since the start of the lockdown”

“I don't think we have prioritised mental health and well-being related activities, but it is part of our approach to service provision to always consider the mental health impact of our decisions”

Changes during the pandemic

The second (new) part of the survey focused on changes during the pandemic period. The first question asked them directly to report the kinds of ways their approach had evolved (Table 7).

Table 7 “How has the library approach to supporting mental health and well-being support evolved during the pandemic?” (N=50)

| | |
|---|-----|
| Our approach has broadened to address a wider range of student and staff groups | 38% |
| More staff have become involved | 38% |
| We have invested in better apps and technologies | 22% |
| Our approach has not evolved | 22% |
| We have reduced activity | 10% |

A question about how the approach to mental health and well-being had evolved gave evidence of a broadening range of activities during pandemic, with more staff becoming involved (Table 7). Few had reduced activity.

The next question was about barriers to supporting mental health and well-being (Table 8).

Table 8 “What have been the barriers to supporting mental health and well-being of users during the pandemic?” (N=50)

| | |
|--|-----|
| Physical space is a key aspect that the library offers and now there is much more limited availability | 80% |
| Lack of ebook versions of key well-being texts | 48% |
| It's yet another call on staff time | 34% |
| Lack of training on the underlying issues | 16% |
| The anonymity of being online | 14% |

~~Table 8 reports answers about barriers to supporting mental health and well-being.~~ From the options offered, the most important seemed to be that much of pre-COVID-19 activity had centred on the physical library. A respondent commented in the open text:

“It is sometimes difficult to translate wellbeing activities that we would have done in the physical environment into a meaningful online version that we think students will engage with.”

Respondents added various other barriers that they had encountered in the open text. Several of these revolved around communication:

“Communication channels already overloaded”

Obstacles to collaborating with other services, such as difficulty contacting them.

“Unavailability of other departments via phone or face to face.”

Also, the need to deliver core service as priority recognizing the budget impact of COVID-19 was an issue:

“Budgetary restraints caused by the financial ramifications of the Covid-19 pandemic”

In a separate question 70% said that they had not received extra funding for mental health and well-being related activities.

Library staff’s own mental health and well-being was also a concern:

“Staff struggling with their own wellbeing are struggling to support others with wellbeing issues. The loss of the sense of community and regular engagement with students.”

“Staff themselves are suffering from mental health issues and asking them to support others can be an intense burden which is not appropriate

Nevertheless, there was strong evidence that there had been positive learning from the COVID-19 period. 70% respondents said that there were new practices from the pandemic period they would wish to continue. Only one respondent actually clicked no; though others skipped the question.

Online resources and online contacts were the main choice of services to be continued: suggesting evidence of the digital transformation.

“Although we had included electronic resources in our wellbeing collection from the start, the restrictions of the pandemic have definitely encouraged us to include more ebooks in our wellbeing collection and to look more at free online resources which can support wellbeing that we can incorporate into our wellbeing collection.”

“Online 1:1 support and teaching has engaged more students - some who were less confident about attending or asking a question in person have been more likely to engage, perhaps because of the anonymity.”

Interestingly, one response suggested that the pandemic had led the library to take a more strategic approach:

“We have decided not to just focus on certain wellbeing days such as WMHD (World Mental Health Day), but make sure wellbeing is threaded through our marketing strategy and linked to five ways of wellbeing, so that all our campaigns can be linked to wellbeing in some way as well.”

Organisation

A third area of questions were about how support to mental health and well-being fitted into the library as an organisation. This seemed to be rather informal. Half of respondents said that the team responsible for supporting student mental health was led informally by staff with an interest. A quarter said it was based on a working group drawn from all teams. The sense of informality was apparent also in the relatively limited amount of evaluation reported in table 4. Training for the role appears to have been relatively limited, in responses confirming the pattern from the previous survey (Table 9).

Table 9 “What training do library staff team(s) with responsibility for supporting mental health and well-being have?” (N=48)

| | |
|--|-----|
| Short courses on mental health and well-being run by your university | 71% |
| Formally accredited training on mental health | 27% |
| Customer service training | 44% |
| Marketing training | 4% |
| No specific training | 29% |

This informality could be seen negatively, but also created opportunities, as one respondent commented:

There is keen interest amongst staff so this is a great opportunity for leadership from the middle.

We also wanted to see in a new question if any of the activities had been co-created with students, given that this is now a policy emphasis (UUK, 2020). Only 6 (13%) had done so, but 17 more (36%) were planning it in the future. A few were working closely through semi-official channels. Some comments pointed to difficulty of engaging students.

Some open text comments from later on in the survey offer some deeper insights into the organizational challenges. One comment emphasized the emotional demands and lack of training:

“As a University library that has stayed open throughout the pandemic, for many we have been the only social contact they have. It's been very intense to try and deal with that without any training. Especially with social distancing in play. I think as front line staff we have a huge role to play in helping with mental health and well-being. For many of our users we are seen as a safe space and our staff are seen as safe, friendly sources of support. This should be better recognised and more training given.”

Lack of appropriate training appeared in other comments. A lack of recognition and so resource and integration was apparent in two other comments:

“It feels as though many services do not realise what benefits can be offered by the library to support mental health and well-being which consequently means we are not given a budget or staffing to support it appropriately.”

“I think library support of mental health and wellbeing needs to be fully embedded in the wider work a University does. It needs to sit strategically alongside wellbeing services and be partners with them. I think often wellbeing falls into the remit of the library as no-one else is there to 'pick it up' institutionally and this can be frustrating on many levels and often leads to events which aren't very well attended or take up is poor.”

A somewhat alternative view was evident in this comment where mental health and well-being is placed core to the library's traditional role:

“Understanding issues relating to student mental health and wellbeing is key to our ability to deliver services and environments that are user focused, and that support the development of a thriving learning community”

Reflecting on the library's role as a whole we asked respondents to confirm the model referred to in the literature review, producing table 10 [\(Cox and Brewster, 2020\)](#).

Table 10 “In what ways do libraries contribute to mental health and well-being?” (N=50)

| | |
|---|-----|
| Inherently through supporting learning and personal growth | 96% |
| By being good partners for other institutional actors concerned with mental health and well-being | 94% |
| By signposting to mental health and well-being related services in the institution | 94% |
| Through hosting events related to well-being | 56% |
| Through detecting individuals who may be experiencing an issue | 60% |

| | |
|--|-----|
| Through library services designed specifically to promote mental health and well-being, such as special collections or relaxing spaces | 84% |
| Through offering efficient, stress free library services, such as offering space and resources to study, managing printer queues etc | 94% |
| Through addressing library staff well-being | 86% |

There did seem to be quite strong agreement, except in relation to two points: detecting individuals with a problem and hosting events. Even these had 50% support but much less than other items.

Staff well-being

We had also added a section specifically on library staff mental health and well-being. The responses suggest how staff mental health and well-being has emerged as a management concern. [The first question was about the measures being taken to address library staff well-being \(Table 11\). We also asked specifically about how staff mental health and well-being had been impacted by working around well-being \(Table 12\).](#)

Table 11 “What measures are being taken to address library staff well-being?” (N=48)

| | |
|---|-----|
| Flexible working | 85% |
| Opportunities to meet informally while working remotely | 75% |
| Well-being related courses | 73% |
| Shorter meetings | 31% |
| None | 6% |

Table 12 “How has library staff well-being been affected by taking on responsibility for mental health and well-being?” (N=48)

| | |
|---|-----|
| It has been improved by taking on new responsibilities and learning new skills | 25% |
| It has been negatively affected by taking on new responsibilities and associated increased workload | 21% |
| It has not been affected by taking on new responsibilities | 42% |
| Library staff have not taken on these responsibilities. | 19% |

~~We also asked specifically about how staff mental health and well-being had been impacted by working around well-being (Table 12).~~ Many respondents did not see any effect [of supporting user well-being on staff well-being](#): but there was some evidence of both positive and negative effects. Quotes from the open text add some detail to these experiences.

“I think that staff who have volunteered to take on responsibility for our wellbeing collection have had different experiences - some have found it improved their wellbeing by taking on new responsibilities and learning new skills while others found the increased workload hard to manage which had a negative effect on their own wellbeing.”

Discussion

Academic libraries in the UK during the COVID-19 pandemic were involved in a wide range of activities to support mental health and well-being [\(Table 1\)](#). [Indeed, the data seemed to confirm the holistic](#)

1
2
3 [model of library support to student mental health and well-being proposed by Cox and Brewster \(2020\)](#)
4 [\(Table 10\)](#). The target audience was mainly students, especially taught students [\(Table 3\)](#). The previous
5 study suggested a wider audience, including staff, had been common at the beginning of the pandemic
6 [\(Cox and Brewster, 2020\)](#). Based on the communication channels used the approach could be
7 characterized as broadcast [\(Table 2\)](#). It was not strongly targeted, such as to groups known to have
8 particular types of vulnerability. The problems that the library sees itself as addressing are complex, but
9 the emphasis was on worries related to studying, social isolation and community building [\(Table 5\)](#).
10 Digital well-being seemed [also to be](#) an increasing concern.

11
12
13 The organizational location [for well-being services](#) was often informal, with the initiative being led by
14 staff who were keen rather than senior colleagues; activities were not being evaluated formally [\(Table 4\)](#)
15 [\(Cox and Brewster, 2019\)](#). Staff did not have in-depth training [\(Table 9\)](#). Although aligned to institutional
16 initiatives the libraries' activities did not seem to have very formalized connections to institution wide
17 initiatives [\(Table 6\)](#). There has been a repositioning reflecting John Cox's analysis [of the need to align](#). No
18 extra funding had been received for these activities in most cases, confirming Bladdek's (2021)
19 observation that [limited resources](#) ~~this~~ is a major factor shaping initiatives. The slow adoption of co-
20 production with students may also reflect something of a disconnect from wider policy which has
21 emphasized this aspect of governance. In summary, "aligned but not integrated" might be a way to
22 characterize library involvement in mental health and well-being. This seems consistent with the picture
23 painted by Bladdek (2021) and Rourke (2020) – although our data suggests that library web sites as well
24 as social media are now being used. As we argue elsewhere the whole university approach to mental
25 health and well-being distributes responsibility to all parts of the institution without necessarily offering
26 the resource to make it effective [\[ANON\]](#). Repositioning the library has occurred across many fronts, but
27 this has not always been recognized by other stakeholders (Cox, 2017). A perennial issue (at least in the
28 eyes' of librarians) is lack of recognition of the role of the library in the institution. Yet the evidence is
29 that while libraries are unlikely to lead on this particular area, they can make a distinctive contribution.
30 The current activity around the Mental Health Charter may be an important opportunity in this context
31 because it invites institutions to document what they do. Libraries may be able to make their work more
32 visible during [a](#) chartership processes. This formalization may also be reflected in more systematic
33 evaluation of activities by libraries and in where support sits organizationally, with a growing
34 formalization of the responsibility. [On the other hand, the diversity of the library sector may lead to](#)
35 [continuing differences](#).

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38 This study can also be seen as a case study of the management opportunities and challenges posed by
39 COVID-19. There was a strong sense that the focus on mental health and well-being continued an
40 emphasis begun before the pandemic. Yet most libraries hoped to continue digital services begun during
41 COVID-19, confirming the way the pandemic has catalysed a digital shift. Services around mental health
42 and well-being are increasingly digital: well-being collections are more digital [and](#) the faith in offering
43 support digitally seems stronger. If digital solutions seem more attractive, so equally the problem is seen
44 as more about the digital itself, if our evidence for increasing concern around digital well-being is a
45 guide. Digital well-being is [perhaps](#) one dimension of the renewed mission to support digital literacies
46 [prompted by COVID,](#) ~~perhaps~~ (Martzoukou, 2020). It might be one dimension of mental health and well-
47 being where the library would indeed have a lead role. In Greenhall's (2020) terms the collections and
48 operations [related to mental health and well-being have become](#) ~~are~~ more digital. There seemed less
49 clear- ~~cut~~ evidence of [the](#) stronger connections or more diverse audiences, [as Greenhall \(2020\) predicts](#).
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In their responses summarized in Table 7 libraries said the audience was broadening, but Table 3 suggested that it had narrowed since the earlier survey. On the contrary, the evidence for audience seemed to suggest it was narrowing.

Responses to the survey about barriers encountered identify some dimensions of the general management issues of the crisis situation (Table 8):

1. The challenge of translating previous activities to a different context, particularly given the previous importance of the physical space of the library
2. Some technical issues, such as the availability of digital versions of certain types of content
3. Challenges of communication
 - a. Ordinary forms of communication and community building are not available
 - b. Communication overload in a crisis situation
 - c. Difficulties of contacting other organisational units reducing collaboration
4. Resource challenges
 - a. Direct budget cuts
 - b. N/no additional funding for well-being/t
 - a-c. The need to concentrate more resources to deliver core services
5. An extra burden when staff mental health and well-being is itself under pressure

Comments emphasized continuity in the priority given to mental health and well-being from prior to the COVID-19 pandemic. The library role in mental health and well-being is still an emerging one: and there is a lack of standard approach. There is every reason to think, because of the apparent need and the whole university approach being adopted across the university sector that this emphasis will be maintained mental health and well-being will remain important agenda, but perhaps with growing standardization around good practice. The Mental Health Charter is likely to accelerate this process. But institutional differences of emphasis may be sustained. To some extent it might be seen as additional to what libraries have always done. For others it is inherent to user focus and creating learning communities.

Library staff mental health and well-being has itself also emerged as a management issue for academic libraries (Table 11 and 12). Managers will draw on this discourse increasingly when discussing what is possible, e.g., in not committing to initiatives that put undue stress on staff. The new role in supporting users' mental health and well-being has an impact on this. While attracting considerable enthusiasm, there was also a sense of an emotional burden arising from this work. This dimension of the mental health and well-being agenda will be increasingly important, we suggest.

Conclusion

In this context of the mental health crisis created by COVID-19, the aim of the study was to discover how UK academic libraries sought to support mental health and well-being during the pandemic. As such the paper contributes to the debate about the nature of academic libraries' role in mental health and well-being by identifying the types of activities undertaken, and how support is organised. It seems that COVID-19 has reinforced the long-term pattern of libraries taking on mental health and well-being as a strategic objective. Being based on data from across the sector in one country, it should give us a clearer picture of the wider pattern compared to existing literature which tends to be based primarily on case

1
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3 studies of individual institutions. The paper also contributes a case study of how library services are
4 impacted by the pandemic and the management issues generated. It confirms a digital shift but in a
5 context of constrained resources.
6

7 A number of limitations to the current study should be acknowledged as a prompt for further research.
8 It is an investigation of the UK only. UK experiences of COVID-19 were quite particular in terms of
9 severity and timing (for a chronology see Frampton and Smithies, 2021), so further research is needed
10 into how the crisis played out in other national contexts. Furthermore, only about a third of UK HEIs
11 gave a response. There could well be a non-response bias: those who responded cannot be taken to
12 represent the whole population. Institutions who saw well-being as a priority were more likely to
13 respond; those doing less, were less likely to participate. So, the study may give the impression of more
14 activity than is actually happening. As initiatives seem to be quite informal it may be hard to get at the
15 full answer for any institution. So further research is needed. It is also hard to reconstruct the
16 institutional context. There is a need for studies of whole institutions and see where library activities sit
17 within this. It would be particularly interesting to examine the impact of superconvergence between
18 libraries and other student facing services. There was simply not enough data in our study to do this. We
19 began to explore the link between well-being and EDI. We know from the literature that mental health
20 issues relate to other sorts of inequality. The logic is that well-being is not simply an individual problem:
21 it's a societal one, shaped by social structures such as gender, class and ethnicity. When asked directly
22 libraries recognised the connection to EDI, but it would be interesting to investigate how well-being
23 services are actually designed to acknowledge this imbalance, e.g. whether there is thought about
24 designing and targeting the most vulnerable groups based on their social background.
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Library Management

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3 The role of the university library in mental health and well-being
4

5 There are 24 questions in this survey.
6

7 1 What is the name of your university? *
8

9 Please write your answer here:
10

11 2 What is your role? * [Please choose only one of the following:]
12

- 13 • Library director
- 14 • Member of staff with special responsibility for well-being
- 15 • Other member of staff
16

17 3 What kinds of activities are being specifically offered by the library to support mental health and well-
18 being during the CV-19 pandemic? [Please choose all that apply:]
19

- 20 • Reorganising the website to emphasise digital support options
- 21 • Offering webinars on well-being related topics
- 22 • Offering webinars on other topics students are concerned about e.g. accessing resources
23 remotely
- 24 • Listing remotely-available well-being related books
- 25 • Recommending leisure reading and content streaming sources
- 26 • Additional FAQ related to well-being
- 27 • Giving students access to additional learning materials online
- 28 • Suspension of fines
- 29 • Posting reassuring messages via social media
- 30 • Highlighting lighthearted and/or distracting content via social media
- 31 • Linking to home university well-being related services
- 32 • Other:
33
34
35
36

37 4 Have any of these activities been co-created with students? [Please choose only one of the following:]
38

- 39 • Yes
- 40 • No, but this is planned for the future
- 41 • No, and its not currently planned
42
43

44 Make a comment on your choice here:
45

46 5 What communication channels and/or formats is the library using to communicate mental health and
47 well-being related content? [Please choose all that apply:]
48

- 49 • Email
- 50 • Twitter
- 51 • Facebook
- 52 • Instagram
- 53 • Tik tok
- 54 • WhatsApp
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- 1
- 2
- 3 • Wechat
- 4 • Weibo
- 5 • Library web site
- 6 • Online video calling software (e.g. skype, teams etc)
- 7 • Other:
- 8
- 9

10 6 Which populations is the library aiming to support with mental health and well-being activities?
11 [Please choose all that apply:]
12

- 13 • Undergraduates
- 14 • Postgraduate (taught)
- 15 • PhD students
- 16 • Contract researchers
- 17 • Academic staff
- 18 • Professional and allied staff
- 19
- 20

21 7 Which populations are engaging with the library's mental health and well-being activities? [Please
22 choose all that apply:]
23

- 24 • Undergraduates
- 25 • Postgraduates (taught)
- 26 • PhD students
- 27 • Contract researchers
- 28 • Academic staff
- 29 • Professional and allied staff
- 30 • Cannot specify particular groups but evidence of engagement
- 31 • No evidence of engagement
- 32
- 33
- 34

35 8 How is the success of these activities being evaluated? [Please choose all that apply:]
36

- 37 • Number of messages distributed/ broadcast
- 38 • Thank you messages received from students/staff
- 39 • Number of people attending webinars
- 40 • Number of people accessing recommended resources
- 41 • Retweets/ favourites of content
- 42 • Stories of positive experiences with our activities
- 43 • We do not evaluate our well-being activities
- 44 • Other:
- 45
- 46
- 47

48 9 Have you seen any changes in the number/ focus of helpdesk queries? [Please choose only one of the
49 following:]
50

- 51 • Decreased frequency/ same focus
- 52 • Decreased frequency/ different focus
- 53 • Same as normal in frequency/ focus
- 54 • Increased frequency/ same focus
- 55 • Increased frequency/different focus
- 56
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3 Make a comment on your choice here:
4

5 If different focus, please explain what questions are being asked/ and/or what students are concerned
6 about
7

8 10 How would you define the problem that the library is trying to address? [Please choose all that
9 apply:]
10

- 11 • Loneliness during self isolation / social distancing
- 12 • Health concerns about the virus
- 13 • Misinformation about the virus/fake news
- 14 • Student concerns about study/ access to resources
- 15 • Anger and frustration with lack of face to face teaching
- 16 • Digital well-being as an aspect of digital skills
- 17 • General anxiety and depression
- 18 • Boredom
- 19 • Building sense of university community
- 20 • Stigma around mental health
- 21 • Prejudice towards some groups of students, e.g. Chinese students
- 22 • Worries about coming out of lockdown
- 23 • Financial worries
- 24 • Exam stress
- 25 • Stress of living at home while studying
- 26 • Stress of living with other students in halls of residence
- 27 • Challenges of managing long-term medical conditions
- 28 • Other:

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34 11 What was the main reason that the library decided to prioritise mental health and well-being related
35 activities at this time? [Please choose only one of the following:]
36

- 37 • We are formally coordinating with university strategy
- 38 • We have seen other libraries undertaking similar activity
- 39 • We have taken the initiative to align with university strategy
- 40 • We are responding to student demand/ concerns
- 41 • Other

42
43
44 12 How has the library approach to supporting mental health and well-being support evolved during the
45 pandemic? [Please choose all that apply:]
46

- 47 • Our approach has broadened to address a wider range of student and staff groups
- 48 • We have invested in better apps and technologies
- 49 • More staff have become involved
- 50 • We have reduced activity
- 51 • Our approach has not evolved

52
53
54 13 What have been the barriers to supporting mental health and well-being of users during the
55 pandemic? [Please choose all that apply:]
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- Physical space is a key aspect that the library offers and now there is much more limited availability
- Lack of ebook versions of key well-being texts
- The anonymity of being online
- Lack of training on the underlying issues
- It's yet another call on staff time
- Other:

14 Has additional funding been received by the library to support such activities? [Please choose only one of the following:]

- Yes
- No
- I do not know

Make a comment on your choice here:

15 Are there new practices related to well-being from the pandemic period would you wish to continue after the pandemic? [Please choose only one of the following:]

- Yes
- No

Make a comment on your choice here:

16 Do you see well-being related activities as part of a wider drive to make the library a more inclusive and diverse service? [Please choose only one of the following:]

- We consider well-being and mental health as strongly linked to our EDI work
- We consider well-being and mental health as somewhat linked to our EDI work
- We consider well-being and mental health as largely separate from our EDI work

17 In what ways do libraries contribute to mental health and well-being? [Please choose the appropriate response for each item:]

Strongly agree Agree Neutral Disagree Strongly disagree

- Inherently through supporting learning and personal growth
- By being good partners for other institutional actors concerned with mental health and well-being
- By signposting to mental health and well-being related services in the institution
- Through hosting events related to well-being
- Through detecting individuals who may be experiencing an issue
- Through library services designed specifically to promote mental health and well-being, such as special collections or relaxing spaces
- Through offering efficient, stress free library services, such as offering space and resources to study, managing printer queues etc
- Through addressing library staff well-being

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2
3 18 Do you have any other comments about library support to mental health and well-being?
4

5 Please write your answer here:
6

7 19 Which library staff team(s) are responsible for work supporting student mental health and well-
8 being? [Please choose only one of the following:]
9

- 10 • It is led informally by staff with an interest
- 11 • It is led by a working group drawing on all teams
- 12 • It is led by the front of house team
- 13

14 Make a comment on your choice here:
15

16 20 What training do library staff team(s) with responsibility for supporting mental health and well-being
17 have? [Please choose all that apply:]
18

- 19 • Short courses on mental health and well-being run by your university
- 20 • Formally accredited training on mental health
- 21 • Customer service training
- 22 • Marketing training
- 23 • No specific training
- 24 • Other:
25

26
27
28 21 What measures are being taken to address library staff well-being? [Please choose all that apply:]
29

- 30 • Shorter meetings
- 31 • Flexible working
- 32 • Well-being related courses
- 33 • Opportunities to meet informally while working remotely
- 34 • None
- 35 • Other:
36

37
38 22 How has library staff well-being been affected by taking on responsibility for mental health and well-
39 being? [Please choose all that apply:]
40

- 41 • It has been improved by taking on new responsibilities and learning new skills
- 42 • It has been negatively affected by taking on new responsibilities and associated increased
43 workload
- 44 • It has not been affected by taking on new responsibilities
- 45 • Library staff have not taken on these responsibilities.
46

47
48 23 Do you have any other comments about library staff involvement in mental health and well-being?
49

50 Please write your answer here:
51

52 24 If you are prepared to be contacted about future research on the topic of mental health and well-
53 being and academic library activity, please leave your email address. This will be held separately from
54 the questionnaire answers.
55

56 Please write your answer here:
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