



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

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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 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) 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 of student mental health problems (Thornley, 2017);
- increased demand for university support services, leading to complaints by student unions about lengthening waiting times (Office for Students, 2019);
- in several universities, a number of students dying by suicide in a short space of time, again leading to concerns about support available (Gunnell et al, 2019);
- an increase in numbers of students leaving university without completing qualifications (dropout rate; seen as a ‘hard’ indicator of student difficulties) (Hillman, 2021).

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

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2
3 function of departments and services in the university, and asks all aspects of a HE
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5 institution to respond to student mental health concerns. This paper aims to understand
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7 how this policy aim has been interpreted in practice. It uses the academic library as an
8
9 exemplar for exploring the implementation of a whole-university approach to mental
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11 health.
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16 **Why libraries?**

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18 The academic library might not be the most obvious focus for a study of student
19
20 mental health, but in the context of a whole-university approach, it represents an
21
22 interesting case study. For students the library remains central to the university campus
23
24 as a place to study and socialise. Library building use, often with 24/7 access, has
25
26 increased despite the availability of content digitally. By reducing physical book stock,
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28 libraries have reinvented themselves as study spaces, though they still offer traditional
29
30 core services including a print collection, electronic resources and training in
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32 information literacy (see Dempsey and Malpas, 2018 and Lewis, 2016 on these
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34 changes). Students spend time in the library, especially at critical and stressful times
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37 such as exam periods.
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41 The academic library is open to all students regardless of disciplinary
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43 background. It is a central (rather than departmental) service that was not typically
44
45 previously seen as having a role in student mental health. The library is in some ways
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47 unique: while there are other cross-campus services (accommodation, sports facilities,
48
49 catering outlets), students can choose their preferred service provider. There is only one
50
51 library service. The library can position itself as having no stake in student outcomes
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53 (such as degree classifications), so it is seen as an inclusive and impartial space.
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57 Previous research refers to the library as the 'heart of the university,' but others
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59 debate whether this is still accurate e.g. Murray and Ireland (2018). In particular, Cox
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3 (2018) argues that the library should be seeking new directions as previous perceptions
4 of its central role wane, to ensure it is not overlooked when allocating resource and
5 status within the institution. For the library, therefore, the need to align to wider
6 institutional priorities may be a driver for taking on a role in the whole-university
7 approach.
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15 Studies have previously explored the role of academic staff in working with
16 students with mental health problems (e.g. Spear et al, 2020), but there has been little
17 focus on other professional groups. The context of the whole-university policy approach
18 creates a need to do so. Academic libraries have long had a supportive role providing
19 study skills assistance, which partly overlaps with support offered by welfare services
20 (e.g. managing time, planning revision, coping with exam stress). Coupled with the
21 accessibility of the library space, this has led to some librarians suggesting that the
22 library is an ideal location to implement interventions that support student mental
23 health. Example activities to reduce stress during exam periods that have been
24 advocated include providing games and offering refreshments, and campaigns to
25 promote good mental health (Brewerton and Woolley, 2016; Bladek, 2021). Previous
26 analysis suggested that academic libraries do not always have a clear understanding of
27 the nature of student mental health issues , or well-conceived ways of measuring the
28 impact of interventions (REDACTED).
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47 Nevertheless, there has been little systematic study of how the whole-university
48 approach has impacted library work (or, indeed, work across all aspects of university
49 life). This paper first presents an in-depth analysis of *#Stepchange* as a legitimising
50 discourse, interrogating policy goals. It then uses empirical data collected in a national
51 online survey of academic libraries, to compare policy with activities in practice,
52 highlighting the gap between the two. By examining the rationale that librarians report
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3 for including mental health support in library work, and mapping it to the whole-
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5 university approach framework, this paper offers an analysis of the translation between
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7 high-level strategy and in-practice activity.
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10 11 **Policy analysis: #Stepchange as a high-level strategy**

12 Building on critical discourse analyses (e.g. Van Dijk, 1993, Fairclough, 2009), and
13
14 policy-as-discourse perspectives (e.g. Shaw, 2010), policy is framed here as a genre
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16 which aims to influence activity in the service of certain interests. The concept of
17
18 legitimising discourses problematises the linguistic strategies used to normalise ideas in
19
20 the interests of social groups. Key questions include: *why this priority or problem? why*
21
22 *now? why is this the proposed solution?* Policy is thus analysed as ‘ways of organising
23
24 meaning-making practices’ (Lewis and Simon, 1999). In reflecting critically on the
25
26 representation, narrative structure and texturing work (highlighting what is valued) in
27
28 policy documents, such analyses explore the relationship between the motivation for
29
30 activity and the implementation of this activity (practice). Applied to UUK policy, it can
31
32 help to understand how the rationale for a whole-university approach is constructed.
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39 *#Stepchange* was ‘refreshed’ in May 2020, at the same time as our survey data
40
41 were being collected. The broad focus remained the same, but the refreshed strategy
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43 reflected an important linguistic shift that is relevant here: the inclusion of wellbeing
44
45 alongside mental health. The 2015 *UUK and Mental Wellbeing in Higher Education*
46
47 *Working Group good practice guide* focuses almost exclusively on making
48
49 recommendations about student mental health despite its titular reference to ‘mental
50
51 wellbeing’ (UUK, 2015). The 2017 *#Stepchange* document concentrates on mental
52
53 health, stating that “mental health matters. It affects our relationships and our
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55 wellbeing” (UUK, 2017); by the 2020 iteration, “our shared vision is for UK
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57 universities to be places that promote mental health and wellbeing” (UUK, 2020). This
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3 alteration of language demonstrates how the placement of concerns around student
4 mental health have broadened beyond diagnosed conditions and can be seen as a further
5 instance of the medicalisation of normal human emotions (Horwitz and Wakefield,
6 2007). With this in mind, this analysis draws mainly on the 2017 #Stepchange as the
7 strategic steer underpinning activity undertaken and reported on by participants, but also
8 considers the changing context of discourses around wellbeing.
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11
12 For #Stepchange, motivation for action is justified in terms of risk, legal
13 responsibility and student achievement, emphasising the importance and implications of
14 the problem. #Stepchange, as a framework, seeks to present a clear rationale for a focus
15 on student mental health. It calls for partnerships and joint responsibilities with parents,
16 schools, employers and the National Health Service (NHS), therefore shifting the
17 burden of activity away from solely being located in the university. By considering
18 mental health as a 'shared' priority, rather than belonging to one agency or group, it
19 configures universities as 'health settings' (UUK, 2017, p.9). This representation is key;
20 by recontextualising mental health as a shared responsibility, it becomes what
21 Fairclough (2009) describes as a 'social problem.' Responsibility for solving the issue is
22 thus distributed rather than being solely an issue that has to be solved by UUK.
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26 #Stepchange highlighted four reasons for intervention: *risk, regulation, success*
27 and *policy* (UUK, 2017). The first, *risk*, speaks to concerns about increases in disclosure
28 of mental health problems, suicide and demand for support. As a legitimising discourse,
29 this is arguably the most powerful. Young adults undergoing the transition to
30 independence are seen as vulnerable to distress. Widely-quoted figures highlight an
31 increased prevalence of mental health problems in the student population (Thornley,
32 2017). Studies have shown that psychological wellbeing declines while at university
33 (Bewick et al, 2010). The incidence of suicide also increased within the university
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3 student population between 2000/01 and 2016/17 (Gunnell et al, 2019), though the
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5 incidence was lower than the rate in non-students of the same age. Reviewing the
6
7 mental health of university students in Australia in comparison with age-matched non-
8
9 students showed that students' mental health was generally better (in part due to relative
10
11 wealth compared to non-students) (Cvetkovski et al, 2019). This raises the question of
12
13 whether *student* mental health should be a particular area for intervention, suggesting
14
15 that more resource should be allocated to young adults who do not attend university.
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17 Rather than university life increasing risk of mental health problems, it may decrease
18
19 risk, undermining the rationale for intervention presented.
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24 However, as Wessley (2019) highlights, even if prevalence of mental health
25
26 diagnoses is lower in students than the general population, increased participation in HE
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28 does still mean that there are more students who need support. This places greater
29
30 demand on existing services, leading to longer waiting times and potentially more
31
32 adverse outcomes. Risk of harm can be seen as an ethical duty for intervention, but it
33
34 also speaks to a fear of liability.
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38 The second reason for intervention; *regulation*, focuses on the legal duties that
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40 universities have around safeguarding, and under equalities legislation. The Equality
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42 Act (2010), which includes disability as a protected characteristic, outlines the legal
43
44 duty to make reasonable adjustments for people with disabilities including mental health
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46 problems. Access to supportive services that enable students to continue with their
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48 studies is therefore a legal requirement. As student numbers increase, pressure on access
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50 to these specific services for mental health support increase, potential costs for
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52 universities rise and long waiting times affect student satisfaction and attainment.
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56 The third justification for a whole-university approach, *success* addresses
57
58 concerns around student achievement, retention and satisfaction rates. Distress and poor
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3 student outcomes have financial implications for universities; there is an economic
4
5 imperative to ensure that students respond positively to the university experience.
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7 Within the market logic of HE, the proliferation of the representation of the ‘student
8
9 experience’ reinforces the recent positioning of success as more than academic
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11 achievement (Potschulat et al, 2020). Universities compete against each other to recruit
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13 students and their associated tuition fees, and so sell student status as an ‘aspirational
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15 category’ (Potschulat et al, 2020). Discussion of poor mental health affects the
16
17 desirability of student status, leading in part to the UUK intervention via *#Stepchange*.
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19 Here, the concern is less around negative effects on students themselves, but instead
20
21 *success* emphasises the potential risk of not delivering on promised outcomes.
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26 Finally within *#Stepchange*, *policy* states that mental health is increasingly seen
27
28 as a cross-party governmental priority. This suggests a general direction of travel
29
30 towards considering the importance of mental health across all settings. By identifying
31
32 relevant national and international policy, mainly from the NHS and World Health
33
34 Organisation, an intertextuality is created which further legitimises mental health as a
35
36 sector-wide priority.
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40 Through these four themes, a narrative is created that positions individual
41
42 universities, and UUK as a strategic body, as caring organisations with responsibility
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44 for student mental health. By formulating an argument in which student mental health is
45
46 a social problem that requires action, *#Stepchange* seeks to create a rationale for
47
48 changes to services and structures. However, by distributing responsibility across the
49
50 institution via the whole-university approach, it also evades leadership obligations.
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52 Responsibility for student mental health becomes a nebulous aim, positioned as part of
53
54 the everyday work of teaching and learning and everyone’s responsibility. This
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3 integration into expected activity also seemingly justifies the lack of resources allocated
4
5 to the problem.
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8 While a whole-university approach is constructed, it is difficult to see how
9
10 different parts of the university community can contribute to realising this priority. No
11
12 specific examples are given within #Stepchange as to how departments or services
13
14 might address issues of *risk*, *regulation*, *success* or *policy*. One case study, which
15
16 outlines a cross-university ‘task force’ focuses on how resource (£500,000) was
17
18 required to better integrate university and NHS services following several student
19
20 suicides. The brief details given imply that university mental health services led and
21
22 completed this work, rather than it being a distributed responsibility that constitutes a
23
24 whole-university approach.
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28
29 Alongside this broad rationale, #Stepchange outlines four specific areas for
30
31 intervention. Framed as *learning*, *living*, *community* and *support*, these areas highlight
32
33 where a whole-university approach could be put into practice, though again little detail
34
35 is provided about how this may be done. While this lack of detail could be seen
36
37 positively, in that it allows for flexibility and local relevance, there is no sense of the
38
39 potential difficulties that may be encountered when trying to intervene in students’
40
41 learning and lives, or acknowledgement that some areas themselves may contribute to
42
43 poor mental health. For example, *learning* can be difficult and frustrating as well as
44
45 positive and developmental. Students may fail assignments, and feel pressured to
46
47 succeed in a grade-based system. They may not see grades as a reflection of their
48
49 efforts, and may worry about the impact of poor grades on their future employment
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51 prospects. Completing assignments that are seen as unfair, arbitrarily marked and/or not
52
53 representative of content learned can have a negative impact on mental health (Jones et
54
55 al, 2020).
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3 #*Stepchange* then provides some broad principles (table 1) accompanied by two
4
5 checklists, focused on strategy and implementation. It suggests that ‘every institution
6
7 will want to adapt it to context, building on strong engagement with students and staff
8
9 and a robust evaluation of need’ (UUK, 2017). In this way, #*Stepchange* aims to
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11 establish local relevance.
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For Peer Review Only

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

Framework Category	Detailed examples provided
<i>Leadership</i>	Make mental health a priority; Galvanise support among staff and students; Lead a whole-institution approach to mental health; Allocate resource
<i>Data</i>	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
<i>Staff</i>	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
<i>Prevention</i>	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
<i>Early intervention</i>	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*
<i>Support</i>	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
<i>Transitions</i>	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
<i>Partnership</i>	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 framework categories (table 1), some seem more suited to translation into in-practice activities, while others (e.g.

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2
3 *leadership - make mental health a priority*) remain at the strategic and abstract level.

4
5 While the framework emphasises how responsibility for students' mental health should
6
7 be distributed, it obscures who is (or should be) accountable. A whole-university
8
9 approach constructs the university as health setting, but diffuses responsibility.
10

11
12 It can be argued that some services will be better positioned to take on aspects of
13
14 work than others. For academic libraries, for example, it is unclear how this policy
15
16 might be turned into practice. One of the four justifications for a whole-university
17
18 approach, *success*, could be a priority area for the library, with the provision of
19
20 resources and study skills support already part of the library's everyday work. However,
21
22 it is unclear how this supports good mental health outside of the library's broader raison
23
24 d'être to support student learning.
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28 Considering the library's role in the provision of information and delivery of
29
30 data management services, activities around *prevention*, *early intervention* and *data*
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32 might be initially identified as appropriate. The repeated references in *#Stepchange* to
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34 signposting (information provision) and creating inclusive communities might also be
35
36 seen as relevant to the library. Despite *#Stepchange*'s calls to action, little is known
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38 about how this strategy has been interpreted by universities or implemented in practice,
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40 leading to the present study.
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46 **Empirical data: collection and analysis**

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48 Having seen how *#Stepchange* seeks to construct the whole-university approach, the
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50 paper now turns to empirical data to seek to understand how the policy materialises as
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52 practice in one setting, the library. To understand how policy was influencing practice,
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54 we mapped the activities being conducted in libraries connected to mental health and
55
56 wellbeing and investigated the rationale for introducing these activities. A national
57
58 survey was selected as most appropriate data collection method to supplement the
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3 policy analysis. Data were collected via an online questionnaire. As no validated
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5 questionnaire addressing the research questions was available, a new questionnaire was
6
7 designed by the research team (Boynton and Greenhalgh, 2004). It was piloted with
8
9 library staff from three universities before being distributed nationally via established
10
11 professional network mailing lists and social media. The survey was open for two
12
13 weeks in May 2020. This means that data were collected in the context of the Covid-19
14
15 pandemic, while the UK was under its first ‘lockdown’ and university campuses were
16
17 closed. One research question for the broader study was to understand the academic
18
19 library response to supporting well-being during the pandemic; these data are shared
20
21 elsewhere (REDACTED).
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26 Ethical approval was granted by the Lancaster University Faculty of Health and
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28 Medicine Research Ethics Committee. Written information about the study was
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30 provided to all potential participants and completion of the questionnaire was taken as
31
32 consent, as explained in accompanying information. Personal data (name of
33
34 university/employment role) were collected to enable cross-referencing, but analyses
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36 were performed on de-identified data.
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40 Questionnaire data was amalgamated to ensure participant anonymity. Questions
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42 were focused current activities that aimed to improve mental health. The questionnaire
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44 was split into two sections, one focused on pre-pandemic activity, and one on changes
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46 during campus closures; as stated, this paper uses the former dataset. Most questions
47
48 were closed, but two open questions allowed participants to give further details, and
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50 additional questions were emailed to consenting participants, allowing for longer
51
52 elaboration of responses. Most questions allowed respondents to choose multiple
53
54 options (e.g. to describe all activities) but some (e.g. the main reason for prioritising
55
56 mental health) required one selected response.
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3 Overall, we received 59 valid responses from 50 different HE institutions; de-
4 duplication left 53 responses from 50 different institutions (separate responses from
5 Cambridge colleges were retained). Thirteen responses were from Russell Group
6 institutions; most responses came from England, and one response from the Republic of
7 Ireland was retained. There are around 160 UK HE institutions, with UUK representing
8 137 universities. Given this, our response rate is 31% (49/160), which is comparable
9 with other nationally-distributed online surveys. However, there is a likelihood of non-
10 response bias, with universities not conducting activity in this area less likely to
11 respond. Due to the timing of data collection, this is difficult to confirm. The response
12 rate may have also been affected by staff being on furlough¹ and unable to respond to
13 email. Conclusions, particularly descriptive statistical analyses, should still be regarded
14 as tentative. However, they provide insights into activities conducted that can be
15 usefully related to policy analyses.

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

40 41 42 43 44 45 46 47 48 49 **In-practice activity: the library contribution to mental health**

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

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

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

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49 Open text responses² highlighted student issues that libraries felt they could
50 respond to.
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59 ² All indented quotes are free-text survey responses
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3 *We have a good health guide recommending effective ways to take a*
4 *break from study, improve sleep patterns, promote mindfulness etc.*
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6 Activity was sometimes offered in partnership, with the library providing some aspects
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8 of the service (e.g. hosting a book collection) and other expertise informing others (e.g.
9
10 selecting texts for the collection).
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14 *Maintaining a collection of self-help literature and course guides*
15 *provided by the University Wellbeing service and the local NHS*
16 *psychological services.*
17

18
19 *We also feel strongly that a collaborative approach across the*
20 *University is most effective and we are pleased to be part of the*
21 *mental health strategy group for the University. Our Shelf Help*
22 *collection has been built collaboratively with colleagues in Student*
23 *Services.*
24

25 Other activity demonstrated evidence of a whole-university approach, with library staff
26
27 making a contribution to service review across the institution or working with student
28
29 services to signpost, publicise or host activities.
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33 *Involvement in a review of Student Mental Health Support across the*
34 *University - University Librarian part of review panel and interview*
35 *panel for a lead professional appointment.*
36

37
38 *Working cross institutionally with student and staff wellbeing services*
39 *to cross-refer/market and to allow them to offer drop-in type activities*
40 *in the Library building.*
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42 Mapping this activity to #Stepchange (table 1) demonstrates how libraries have made a
43
44 targeted interpretation of the policy (table 2).
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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.
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 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 to support.
Transitions	None	No mention of transition-specific support or engagement with external stakeholders (parents/schools/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/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.

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.

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.

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

1
2
3 *openly and without stigma. The library has a responsibility to*
4 *contribute to the creation of this environment. We aim to achieve this*
5 *by communicating effectively with other departments across the*
6 *university to ensure that our efforts compliment their work rather*
7 *than duplicating it.*
8
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10 This directly speaks to the rhetoric of #Stepchange, outlining the responsibility to
11 address mental health stigma. Further comments highlighted that the line between
12 supporting study and supporting mental health, especially around early intervention,
13 was sometimes blurred.
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20 *It is difficult to draw the line between supporting wellbeing and*
21 *simply highlighting services that were already on offer but that*
22 *students may not have been aware of e.g. certain e-resources.*
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26 These quotes identify challenges around taking on responsibility – and therefore
27 accountability – for mental health support. They also surface conceptualisations of
28 student success; one particular focus within the responses was on addressing concerns
29 around study. Building community, addressing general anxieties and providing
30 information were seen as important. The response below suggests a complex
31 conceptualization of mental health and wellbeing, but at the heart is a recognition that
32 studying itself is stressful.
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43 *[We are] creating a collaborative and supportive environment*
44 *through mapping user experience and understanding their needs.*
45 *Small details, such as supportive messages on our white boards and*
46 *random acts of kindness (tea-bags and notes hidden in book shelves)*
47 *go a long way with our students and we receive many comments of*
48 *thanks.*
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54 The language used – kindness and collaboration – contrasts strongly with that of
55 *risk, regulation, success* and *policy* as a motivation for intervention.
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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 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.

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3 Broader policy goals from #Stepchange influenced practice but were interpreted
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5 in light of professional expertise. This both reflects and contributes to the shifting
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7 discourses around mental health, including the broadening to include wellbeing, and has
8
9 two main consequences in this context. First, it can be argued that including wellbeing
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11 in practice is a direct response to a recognition of the boundaries of expertise by those
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13 being given responsibility for mental health such as librarians. As noted above, activity
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15 did not focus on *risk* and *regulation* – areas more traditionally associated with trained
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17 mental health specialists – but instead was positioned as preventative. While a whole-
18
19 university approach may make all accountable for student mental health, this indicates
20
21 some push back against being given this accountability. The activities reported on here
22
23 were often very broad, and driven from the ground up, suggesting that non-specialists
24
25 were unwilling to claim mental health expertise or to take on activities outside their
26
27 scope. The more nebulous language around wellbeing enabled greater ownership of
28
29 involvement and demonstrated how activities could be constructed as beneficial to
30
31 mental health without directly addressing symptoms of mental health issues.
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38 Second, the linguistic shift to include wellbeing expanded the scope of relevant
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40 activities conducted under the banner of mental health support. These two shifts have
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42 particular relevance in the academic library, where students spend a lot of time, at times
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44 of increased anxiety like examination season. Focusing on the ‘and wellbeing’ element
45
46 recognised that sometimes students were presenting with mental health issues when
47
48 different support was required. As mental health professional Streatfield (2020)
49
50 comments: if a student is anxious about examinations, they benefit more from study
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52 skills sessions on examination techniques than counselling for their anxiety. This also
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54 expands the focus from treating the symptoms of poor mental health to addressing its
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3 causes. Library staff were more able to contribute to providing such non-medicalised
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5 support, which aligned better with their professional expertise.
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8 By constructing student mental health as a social problem, *#Stepchange*
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10 promotes a need for activity with responsibility distributed throughout the university.
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12 The cascade or translation of policy into tangible activities shows that responsibility for
13
14 mental health was distributed, but there was little evidence of a similar distribution of
15
16 power or resource. Libraries are doing more but without more resource.
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19 However, in reframing the social problem (evidenced in the in-practice activity
20
21 conducted), the library started to take steps to acknowledge the causes of poor mental
22
23 health rather than merely treating the symptoms. Library activities start to acknowledge
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25 how some of these stressors may be products of the university environment itself,
26
27 particularly around examinations and employability. Understanding what *success* is to
28
29 students led to legitimisation of activities; the mismatch between expectations and
30
31 experiences leads to disappointment, as well as feelings of failure and isolation (Whittle
32
33 et al, 2020). Potschulat et al's (2020) interrogation of student-experience-as-concept
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35 outlines how the positioning of universities within a market logic leads the student
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37 experience to become something to be 'safeguarded' as well as constructed by the
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39 university and then reinforced by student expectations.
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46 ***Limitations and future research***

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48 As noted, the survey response rate may have been affected by staff availability, and responses
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50 may represent libraries with interests in mental health rather than being widely representative.
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52 However, the rationale for undertaking these activities show how broader policy influenced
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54 practice but was interpreted in light of professional priorities. Further research could create
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56 institutional case studies, interrogating national strategy in relation to local policy. A more
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58 qualitative exploration would also supplement data collected here. Further research could draw
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3 together different professional groups (beyond the library) to explore how the whole-university
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5 approach may be understood and operationalised.
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8 9 **Conclusion**

10 #Stepchange presents an example of a policy which aims to affect universities' strategy
11 , but one that has been interpreted in different ways in practice. Promoting good student
12
13 mental health is positioned as a priority which contributes to wider goals (avoiding
14
15 adverse outcomes like high dropout rates). Although #Stepchange aimed to distribute
16
17 responsibility across the institution as a whole, academic libraries have intervened only
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19 in areas in which they consider themselves to have relevant expertise. While the market
20
21 logic of university sector may drive policy, libraries' attention on student development
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23 shapes the outcomes. #Stepchange did not provide resources, instead relying on
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25 individual institutions to construct meaningful activity at a local level. This led to some
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27 resistance to taking on this responsibility.
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34 This paper contributes to discussions around HE discourse by examining how
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36 policy aims materialise in practice. By interrogating top-down intentions and
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38 contrasting them with in-practice activity, the paper shows how these intentions can be
39
40 diverted and shifted, but may become more relevant to students. The translation
41
42 between high-level strategy and in-practice activity is not always straightforward.
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44 Although #Stepchange includes *community* and *support* as areas for intervention, its
45
46 overarching focus on *risk*, *regulation*, *success* and *policy* does not align directly with the
47
48 activities being conducted in practice.
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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
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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 Cox and Brewster, 2019). 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 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 to support.
Transitions	None	No mention of transition-specific support or engagement with external stakeholders (parents/schools/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/services, local authorities and third sector) or signposting to external partners.

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

Framework Category	Detailed examples provided
<i>Leadership</i>	Make mental health a priority; Galvanise support among staff and students; Lead a whole institution approach to mental health; Allocate resource
<i>Data</i>	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
<i>Staff</i>	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
<i>Prevention</i>	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
<i>Early intervention</i>	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*
<i>Support</i>	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
<i>Transitions</i>	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
<i>Partnership</i>	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.

Reviewer: 1 Comments to Author:	
<p>A very interesting paper, timely topic. I like the fact that the authors have chosen to do a thorough investigation of one precise domain in relation to Stepchange, rather than try an overly ambitious attempt to capture everything. It is interesting to note this paper's bottom line is that large national programs end up fading into the background as the 'foot soldiers' who have to interpret and carry out such programs begin the relatively tedious and contextually-constrained work 'doing the details'... I think the overall policy analysis of Stepchange is good. IT points out, perhaps not as explicitly as it could, how Stepchange in fact relies on other policies and procedures to move from mere aspiration and discourse to action (e.g. the Equality Act). I found it interesting that the authors identified a sense (within libraries) that they did not want to replicate other university services' response to the challenge... One can imagine if the study had taken that ambitious all-service approach, that all services would have tended towards this kind of bystander apathy—someone else will take care of it. Universities are unfortunately not designed for 'whole-of-university responses' but are broken into loosely connected, and often competing, divisions.</p>	<p>Thank you for this comment, and we agree regarding the paper's conclusions.</p>
<p>I also note that on page 1, lines 19 to 36, the authors list a range of 'interwoven concerns'...what is the source for these. Individually, each of the bullet points is a concentration point of research, and it would have been a natural (and valuable) place to point readers to some of the key research papers in each of these bullet pointed fields—e.g. suicide, dropout rates...(I note that these references are in some cases later, on page 7 for example).</p>	<p>A reference giving an overview (with further links for the interested reader to follow up on the statistics) has now been given for each point.</p>
<p>It is fair to say that the degree to which the authors choose to link their work to scholarly literature is less than I would think optimal. The first paragraph of the 'why libraries' section, for example, makes a number of useful points, but I would have thought it would be a great place, once again, to pin key research into the narrative.</p>	<p>The first paragraph of the 'why libraries' section is more designed to orientate the reader to some of the main functions of the academic library in the twenty-first century, rather than being a literature review.</p> <p>Some key references have been added to support these points.</p>
<p>Perhaps one of the stronger critiques that could be levelled at this analysis is the fact that while the authors conducted what was a good quality, large scale quantitative study, the quantitative analysis is brief, and largely just descriptive. Yes, a base of 59 valid responses does not allow one to build great</p>	<p>Identifying data was only collected for the purposes of checking for duplication, and analyses were performed on anonymised data. While this could be re-linked and further analyses could be performed, we do not think it would give significant</p>

1 2 3 4 5 6 7 8 9 10 11 12 13 14	analytic complexity, but it seems little attempt was made to have a look at distinctions between the responses at large, small, regional, London, single campus, multi-campus ...universities. I'm sure something interesting could have been said, or were questions not included that would enable one to make judgements about the kind of universities that were answering. (I'm assuming that identifying material WAS present in the original data as I note the reference to Cambridge for example).	additional insights for the purposes of this paper. It would also, potentially, reduce the anonymity of the participants' comments, which we would like to preserve if possible.
15 16 17 18 19 20 21 22	I'd suggest that the authors include some comment about the limitations of the study method. Yes, it's a little 'tick box' to include limitations but by spelling them out it helps both the authors and the audience to think about 'what next', or even engage more fully with the data that has been analysed in the paper just presented.	A previous iteration of the paper had a limitations and future research section; this has been resurrected following the discussion.
23 24 25 26 27 28	A few minor points. I found myself a little distract by the varied use of compound adjectives here—I would have thought the whole-of-university or whole-university adjective rather than "whole university" was appropriate.	While the documentation as published does use 'whole university approach' we are in agreement with the reviewer that 'whole-university approach' makes it easier to read and understand, and so have adopted this suggestion.
29 30 31 32	The use of Wessley (2019, in Barden and Caleb) is unorthodox—I'd check and reference Wessley directly.	Wessley wrote the foreword to this edited collection; it is this that is being cited here. This has been clarified.
33 34	Line 42, page 14, "Questions were focused on current activities" (some words seem missing.	This has been corrected.
35 36 37 38 39 40 41 42 43	The textual data is all presented as being sourced from "survey, open text", when in fact it would be more useful identifying some characteristic of the source that the authors, in their analysis, found salient...large universities, regional universites...? If all universities' data was analysed/lumped together, then perhaps having the source of these quotes listed repetitively is unnecessary.	As noted above, we have not added in identifying data, but as suggested have removed this repetition and added a single footnote to clarify the source of data.
44	Reviewer: 2 Comments to Author:	
45 46 47 48 49	Manuscript is well written and an interesting piece of study for readers. This paper has touched a very important topic and will be a great addition in existing literature.	Thank you for this comment, we are pleased you enjoyed the paper.
50	Associate Editor Comments to the Author:	
51 52 53 54 55 56 57 58 59 60	Thank you for submitting your paper. It has been well-received by the reviewers. Please undertake as essential the minor reviews detailed by the reviewer. Consideration should also be given to the other reviews and these undertaken as possible.	Thank you for the opportunity to revise this paper; we have responded to the reviewers points as outlined. The revision guidelines suggested that we should highlight sentence-length revisions only; these revisions were mainly to add in a limitations section as requested, with further references provided at various

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	points. These have been highlighted. Other revisions were made to wording to correct typos and remove extraneous words to meet the word limit as specified.
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For Peer Review Only