What stops universities supporting PGR mental health and wellbeing effectively? A workshop to help overcome barriers

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HE organisations support PGR mental health and wellbeing in many ways. These include directly working with people affected or potentially affected, and also reducing the incidence of problems by addressing possible causes. But all these initiatives sometimes experience barriers in their implementation. This is due in part to the current processes, arrangements and priorities that shape how organisations and individuals carry out their work which bound and shape how new initiatives play out in practice. Having 'sufficient understanding' of wellbeing problems, or examples of 'best practice' from elsewhere, does not necessarily mean that this knowledge will be used to successfully inform decision making...

This workshop asks participants to tell honest stories and offer opinions: in their experience how are different initiatives working, what does not work, why, and what might be done about it. It should be a facilitated discussion, and can include appropriate representatives of PGRs, academics, professional services, students' union and senior leaders as desired.

Preparation

During the workshop we ask participants to discuss in small groups the material below, inviting them to think about this individually beforehand.

1) Choose a particular initiative that they know about, either theirs or others' responsibility, or their own experience of it – for example supervisor training, buddy schemes, shared work space, social media community platforms, yoga, mindfulness, PGR careers advisers....

2) What are their experiences of how it is working?
   - o Tell honest stories
   - o What made them feel the way they did about that activity?
   - o What, if any, barriers appeared, either in the activity or to actually attending? They might consider barriers at different 'levels':
   - *individual:* individuals involved in decision-making, and the individuals with needs - their behaviour and their resource constraints
   - *organisational:* organisational procedures and management structures, systems of knowledge transfer, norms and incentive structures

This framework was developed by John Turnpenny (University of East Anglia) from research carried out by him and Duncan Russel (University of Exeter) under the UK National Ecosystem Assessment Follow-On (2014).

- *system:* wider social and political context - broader societal and political values, norms and goals; relations between HE and other organisations

See Appendix 1 below for an expansion of some of these.

3) What potential 'enablers' and practical actions might be taken, and by whom, to surmount the barriers? They might like to consider again the three levels: individual, organisational, system.

Test run

The workshop format was tested with around 15 staff and 20 PGRs from UEA and other universities at the Courage Festival on 11 September 2019. The framework was found useful in helping situate issues within their context and show who might be most appropriate for addressing them. It can thus help reduce feelings of inadequacy and overloading of responsibility onto individuals. The importance of context (discipline, demographics, history of interventions) was also revealed, emphasising the importance of selecting appropriate participants for the workshop. The workshop form could also be used in the *planning* of a particular intervention/s with identification and consideration of barriers to determine actions. But addressing barriers effectively is likely to require continued consultation and adaptation rather than being a one-off.

The lead of this case study is available to run this workshop in different HE institutions as required.

APPENDIX 1: Examples of potential barriers

Individual level
This includes the behaviour of individuals involved in decision-making and intervention design and implementation, and also the individuals with mental health/wellbeing needs - and the resource and other constraints upon them. Barriers here might include:
- Limited awareness - particularly if an issue has not directly affected an individual, or arisen in a particular work context
- Difficulty in understanding the interventions or why they're in place - people may be aware of an issue or intervention, but it is not perceived as relevant. Lack of good information or consultation may lead to this.
- Scepticism, including weak credibility of wellbeing agenda or of particular interventions among some individuals, and/or lack of clarity on how interventions add to or complement existing practices and ideas
- Inadequate resources
- Time, money and workload
- Availability of data on problems and impacts of interventions

- Skills, training and guidance e.g. in facilitating stakeholder input or partnership working

Organisational level

This includes organisational procedures and management structures, how knowledge and ideas are transferred, norms and incentive structures, barriers may include:

- Fragmented working across different university functions and decision-making levels
- Different requirements across different university functions and decision-making levels which may clash (e.g. students first or institutional reputation?)
- Inappropriate funding cycles and budget lines
- Differing ideas about the type of intervention to be deployed - and whose ideas are most influential
- Lack of fit of new (types of) knowledge or intervention with existing daily work practices or mental models
- Narrow focus on a specific (element of an) intervention rather than its wider purposes
- Weak leadership

Social and political context

This includes broader societal and political values, norms and goals and relations between HE and other organisations. Barriers at this level can manifest in different ways, such as:

- Competing underlying societal values, business and political priorities about what is important, and differing demands emerging from them – which may not be aligned with or may take priority over PGR wellbeing. Values, such as, maximising student numbers, minimising resource use, world class research, financial survival, may be explicitly expressed or implicitly assumed
- Different conceptions of wellbeing and associated causes of poor mental health. For example, some may believe problems are mainly caused by individual lack of resilience, while others may look to a social conception of wellbeing.
- Different conceptions about why addressing wellbeing is a priority. The most obvious is helping to improve peoples' health, but there may be many others such as boosting the influence of a particular organisation, sending a political signal, encouraging more joined-up thinking, enabling communication and learning, bringing in those with differing views, and increasing budget or resources.
- Pre-existing interests shape the landscape, such as through control of budgets and framing of problems
- Mismatch in priorities between HE and related organisations (e.g. universities, government, OfS, Research England....) and stakeholders (employers, students, parents, funders...) and wider organisations (National Health Service, Schools) and strategies (e.g. Industrial strategy)