**The relationship between well-being, mental health and pedagogy**

**Summary of workshop for the SMaRteN project**

**10th July 2019, BUSH HOUSE, KING’S COLLEGE, LONDON**

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**INTRODUCTION**

Universities are responding in diverse and *ad hoc* ways to profound concern about rapidly rising rates of university students presenting with diverse types and degrees of mental health difficulty. There has been a big expansion of institutional well-being and mental health and learning support services, together with attempts in some universities to create better links with NHS and other mental health services. Following developments in schools over the past 15 years, there has also been a rapid growth in universal interventions presented as ways to enhance well-being. These include: resilience training; mindfulness; therapy dogs; stress and anxiety management; mental health first aid training for lecturers; transition management programmes; peer mentoring schemes and accredited modules in well-being or in positive mental health.

In parallel, the Office for Students (OfS) has recently (July 2019) commissioned projects to explore institutional and pedagogic responses to a perceived crisis of mental health. Projects of particular relevance to pedagogy and the curriculum include: improving experiences of transition from school to university, during university and into the workplace; developing a national online toolkit to create curriculum, pedagogy and assessments that facilitate better student MH and improve educational outcomes and designing a national module for the PGCertHE, aligned with Advance HE’s fellowship accreditation and using ‘evidence-based’ interventions for areas such as ‘emotional regulation’ for undergraduate and post-graduate students (Please see Appendix 1 for a list of OfS projects and also <https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/improving-mental-health-outcomes/>.)

An important recent shift in this intervention landscape is interest in a more holistic understanding of, and approaches to, mental health support as part of a broader understanding of well-being. Here there is an emphasis on ‘developing positive mental health’ rather than merely responding to presentation of problems and difficulties, and involving students closely in the development of institutional responses.

It goes without saying that relationships between mental health, well-being and the curriculum are contested and complicated, as well as fluid and constantly changing. Historically, there has been little agreement about key purposes of the university curriculum and meanings of ‘mental health’ and ‘well-being.’ Over decades, it has also been difficult to isolate what counts as good pedagogic practice *per se* and good practice in relation to the development or enhancement of well-being.

These challenges remain today. They raise sensitive and contested questions about the best way for institutions, academics, students and support services to respond. For example, students might criticise content as ‘irrelevant’ because it does not appear in assessments and is therefore unduly stressful, or they might regard certain subject content and assessment methods as unacceptably distressing or pressurising. Demands to adjust the curriculum or teaching and assessment on such grounds create disagreements. These might include: the role of students and support service professionals in educational decisions; what counts acceptable/necessary and unacceptable levels of stress and pressure; and whether or not adjustments should be framed by, or badged as responses to concerns about mental health and well-being. The links between students’ mental health, the curriculum, teaching and assessment, and the extent to which these areas should be informed by concerns about mental health and well-being, are therefore sensitive and complex.

Against this background, SMaRteN is a £1m 4 year research and development network led by King’s College, London. Working with key stakeholders including Universities UK and Student Minds, the network is exploring what is distinctive about student experiences of mental health, influencing factors and the role of universal, non-clinical approaches, researching and piloting better measures of student mental health (a MH ‘measurement toolkit’) and exploring the idea of a ‘mental health friendly curriculum’.

This report summarises the perspectives of a small sample of academics and practitioners from professional support services and academic development units who attended a workshop as part of SMaRteN, designed around the following questions:

* What is the purpose of the university curriculum and how far should it seek explicitly to promote well-being.
* What are the benefits and risks of adapting teaching practices, assessments, curriculum design and content as responses to concerns about well-being?
* To what extent should student service practitioners influence the curriculum?
* To what extent should universities view the curriculum, pedagogy and assessment as routes to address mental health and well-being?

We aimed to bring together as representative and purposive a sample of stakeholders as possible, including:

* academics from different subject areas
* student services units and academic development units which have collaborated or seek to collaborate on curriculum design and content
* external organisations which are collaborating with universities to introduce mental health and well-being content into curriculum (e.g. Charlie Waller Memorial Trust, Action for Happiness, Student Minds, The Flourishing Student).
* academics or student services practitioners whose projects, although not designed under a specific mental health agenda, have resulted in high well-being outcomes e.g. Queen Mary University Social Capital curriculum
* academics with experience / opinions around the subject of decolonizing the curriculum and creating culturally responsive curricula

Please see Appendix 2 for list of invitees and participants.

**WORKSHOP ACTIVITIES AND QUESTIONS**

In a world-café format, participants chose which theme to discuss in small groups, based on their own interests and expertise, and framed by the following questions:

**Theme 1**

* How are concerns about student mental health and well-being influencing different aspects of curriculum content, pedagogy and assessment?
* What examples are there of curricular strategies that may or may not enhance mental health?
* What are the pros and cons of changing pedagogy, curriculum and assessment in response to concerns about mental health?

**Theme 2**

* To what extent should curricular strategies be explicitly framed by or ‘badged’ as enhancing mental health?
* To what extent do movements for ‘inclusive pedagogy’ and ‘culturally-responsive pedagogies’ relate to movements to make student mental health a key concern in curricular strategies?

**Theme 3**

* What is the relationship between institutional units to address mental health, such as well-being teams, student services and academic development teams and the curriculum?
* In your experience, where do these work well together?
* How do they contribute to a cohesive curricular strategy?

The afternoon plenary session focused on two broad areas distilled from the group discussions:

* practical advice for institutions to consider
* suggestions for a research agenda and methods for gathering evidence

**THIS REPORT**

The following summary draws on notes from three groups organised around key themes in the morning and a plenary discussion organised around specific concerns emerging from the groups. This section summarises areas of agreement and disagreement and some conclusions/summary points. Unsurprisingly, questions as part of specific group themes crossed over into others and some did not feature in discussion.

There was some general agreement within and between groups on some points, while others are presented here as questions or contested areas. It is important to note that the ideas and viewpoints below are not based on research (although there is some research from the school sector to support certain observations and a small number of references are provided). Rather, the text aims to reflect authentically and accurately participants’ own experience and standpoint.

The final part of the report suggests some practical advice to institutions and stakeholders working in the area of student mental health, and identifies key areas where research and further work are needed.

**PERSPECTIVES AND RESPONSES**

**THEME 1**

* *How are concerns about student mental health and well-being influencing different aspects of curriculum content, pedagogy and assessment?*
* *What examples are there of curricular strategies that may or may not enhance mental health?*
* *What are the pros and cons of changing pedagogy, curriculum and assessment in response to concerns about mental health?*

The group offered numerous examples of where students had asked for or, in some cases, demanded, changes to teaching and assessment. These included: removing presentations as both a teaching and assessment method because students found them too stressful or anxiety-inducing; being given the option of meeting learning outcomes in less daunting ways; removing exams; asking lecturers to stop asking students to reply to questions in lectures or seminars. Demands and requests were sometimes presented explicitly on the grounds of mental health or, more commonly, indirectly in terms such as ‘meeting my needs’ or avoiding ‘unreasonable stress’.

There was some agreement that pressure to minimise stress and to promote enjoyment could lead to a drift towards surface learning and grade chasing rather than deep learning and genuine education. There was general agreement that the language of well-being was too often equated merely with ‘enjoyment’ and ‘lack of stress’, and in turn, with ‘satisfaction’.

Some participants saw a danger that, for some students, mental health was becoming just a bargaining chip to gain advantage in a consumerist culture, a culture exacerbated in some universities by institutional managers who did not want to increase student dissatisfaction (see, for example, Bartram 2015, 2018).

In some cases, there were few or no opportunities to discuss the validity or desirability of making changes with colleagues. In some cases, there was strong pressure from senior managers to adapt curriculum content, course design, teaching and assessment in order to increase student satisfaction. All participants agreed that acquiescence with a ‘consumer’ ethos, uncertainty about using the wrong language around mental health and fear of contributing to potential and actual problems, combined in highly problematic ways.

In contrast, a couple of participants experienced a strong collective, subject-based ethos where a teaching/departmental team commitment promoted deep learning. This sometimes entailed a push-back against students’ demands to change teaching, content and assessment on two grounds a) removing stress or pressure will not help students develop resilience in the workplace b) this is part of what it means to become a chemist/doctor etc.

In general, participants agreed that individual academics should not respond in a knee-jerk or passive way to demands, whether from managers or students. Instead, a collective response is necessary, informed by discussion about what was good and right educationally, and by an understanding that well-being is broader than just mental health. It is important to note that, reflecting wider debates, participants used terms such as ‘mental health’ and ‘well-being’ interchangeably and generally.

Participants were uneasy about what they saw as harmful social and cultural narratives that exacerbate students’ feelings of anxiety beyond responses that were once seen as a normal part of higher education. Dominant narratives include ‘if you don’t go to university or get a 2:1 you’re finished’. There was a sense that too many students do not really know why they are at university and yet do not see the labour market or vocational apprenticeships as viable options. Grade inflation and fear of a precarious labour market were therefore powerful pressures on students.

**THEME 2**

* *To what extent should curricular strategies be explicitly framed by or ‘badged’ as enhancing mental health?*
* *To what extent do movements for ‘inclusive pedagogy’ and ‘culturally-responsive pedagogies’ relate to movements to make student mental health a key concern in curricular strategies?*

As with group 1, discussion here reflected deep tensions in the use of language around mental health and well-being. There was some agreement that the curriculum should address well-being but not mental health, and agreement that ‘badging’ various aspects of teaching, curriculum content and assessment as ‘mental health friendly’ had certain dangers. These include reinforcing over-preoccupation with the state of one’s well-being and/or mental health; suggesting to students that any stress, difficulty and pressure is detrimental to well-being and mental health; and eliding well-being and mental health to such an extent that both notions came to mean ‘everything and nothing’.

In relation to use of language, participants acknowledged the prevalence of this elision, including in their own vocabularies, but thought that a) we should avoid using well-being vaguely and expansively and b) that well-being is not the same as mental health. Participants agreed that a holistic approach to well-being should include physical, social, psychological and spiritual dimensions of student life and experience (see, for example, Cigman, 2012; Clack, 2012). Here there was agreement that it is essential to have a clear, thought-out and agreed theoretical framework that considers what well-being is and what measures could/should be used. At the University of Derby, for example, institutional managers support a collective approach to designing a theoretical framework to well-being and its evaluation as a way of avoiding knee-jerk, ad hoc and individual responses such as those mentioned under Theme 1. In one institution, the ‘what works’ question involves testing ideas out on a cohort of 100 students who participate in how services are planned.

There was a general view that attempts to teach well-being and ‘resilience’ as a set of behaviours and ‘mindsets’ are not effective. This is borne out by some evaluation studies of interventions in schools (e.g. Challen et al, 2011; Lendrum et al, 2009; Wigglesworth et al 2012, 2016). Rather, participants thought there should be ‘meaningful conversations’ with students about well-being. This requires a clear distinction between teaching well-being as a set of skills and mindsets, and teaching or other activities that might *enhance* well-being but which do not need to be advertised explicitly as being *about* well-being. Examples here included: non-curricular activities such as a business studies lecturer who organises a weekly walk for colleagues and students, notices around buildings advising staff and students that ‘having a cup of tea together as time out from a stressful day enhances well-being’, and websites that offer daily advice about well-being across all areas of students’ everyday lives. Discussion highlighted concerns and different views about whether badging such activities as ‘mental health friendly’ or as ‘enhancing well-being’ might people over-preoccupied with their emotional and mental states.

Participants agreed that although universities do have a responsibility for well-being, academics should not be tasked with teaching it; instead, there needs to be a clearer demarcation in what academics are and are not responsible for (see, for example Coleman, 2009). Participants disagreed whether mental health training for staff was effective or desirable. There was some concern, that making space for addressing well-being in an already crowded curriculum led to loss of content and time and, in turn, to short-term changes to the curriculum based on what students ‘like’ or shaped randomly around certain trends and concerns.

There was agreement about factors that undermine well-being. These include students being isolated in halls of residence, where they do not really have to leave their rooms, on-line courses that reinforce isolation and what could be an unhealthy focus on an individual’s own needs and how they are or are not progressing. Participants agreed that universities should pay more attention to developing peer/social networks to combat loneliness.

On the other side of the academic/student relationship, pressures created by casualization, fragmentation of academic contracts and modularisation undermine the type of subject-based interests and conversations that can be a springboard for personal and academic development.

In general, participants thought there should be more discussion with students about the purposes of learning and teaching and about the broader purposes of higher education; here for example, lecturers might explain and justify educationally why they do or don’t give trigger warnings on particular content or why they give feedback in a particular way. This raises contested questions about the extent to which academics should have control over the curriculum and their expertise and authority in determining this.

In relation to specific areas of learning and teaching, such as assessment feedback, there was a view that students should take responsibility for managing their emotions rather than placing all the burden on academics. Similarly, students need help in going beyond instrumental reflection to consider normal emotional reactions to assessment. In some universities, such as Derby, academic development units work with academics to support a scaffolded, skills-based approach to studying and responding to, and engaging with assessment feedback, that is subject-specific and embedded in individual courses/modules.

There was concern about measures of well-being: for example, having too many, using them too often and not being clear what is being measured. Here participants raised related dangers of reinforcing a consumerist culture and over-preoccupation with individuals’ mental and emotional states if individual well-being becomes a learning outcome, either at institutional or course/programme level.

There was no discussion about the second question in this theme, namely the role of inclusive and culturally responsive pedagogies.

**THEME 3**

* *What is the relationship between institutional units to address mental health, such as well-being teams, student services and academic development teams and the curriculum?*
* *In your experience, where do these work well together?*
* *How do they contribute to a cohesive curricular strategy?*

Institutions vary hugely in the formal role that counselling services, learning and teaching units, academic development teams, learning support and well-being units have in working with, and shaping, academic practices and course content. Some participants thought that such services should use academics to inform service practices, rather than assuming that academics were not listening or responding enough to the concerns of professional services. For example, in relation to the contentious topic of ‘trigger warnings’, some learning and teaching teams are accepting demands from student representatives without question and requiring academics to implement them. Here some participants from support services were concerned that professional services should be providing expert psychological evidence that trigger warnings are unhelpful and possibly harmful.

There was general concern in this group that professional services drifted too often into doing what students wanted rather than exercising expert judgement about what they needed in terms of their mental health. Some participants believed that it is becoming increasingly difficult for academics and professional services to promote a culture that acknowledges that problems and challenges are normal and part of university life, and that most difficulties do not need special support. There is a related danger that the lens of ‘mental health problems’ becomes the only way that students can raise difficulties. There was a view amongst some participants in this group that GPs too often reinforce this lens by suggesting sick leave or the idea that interventions are needed, or by giving an automatic referral to support services.

Participants acknowledged the tensions and sensitivities these perspectives present, and located them in broader difficulties in communication between different groups with different expertise within institutions and across the higher education sector more widely. There is therefore a need to discuss broader social and political causes of problems, as well as about deeper existential dimensions to students’ experiences and their responses to them.

In relation to mental health awareness and de-stigmatising campaigns, some participants thought that most students with mental health problems are already aware. Such campaigns risk normalising everyday difficulties, problematic feelings and responses and, in turn, create circular demand for more and more support. Here there is a danger that those with a real need for specialist services compete for limited resources.

**PRACTICAL ADVICE AND RESEARCH AGENDAS**

Ideas about what institutions and stakeholder groups should do in response to questions raised by the workshop are, of course, limited by a small sample of perspectives and standpoints. Nevertheless, the advice below and areas for research warrant further discussion with students and other stakeholders, as well as with a wider sample of practitioners represented in the workshop.

Participants’ responses showed that there are critical questions and disagreements that need to be taken seriously and not dismissed as unhelpful, uncaring or out of date. These areas include: the extent to which curriculum, pedagogy and assessment should or should not be shaped by what students like/want/ask for; how far activities should be badged explicitly as or framed by concerns about mental health; and how academics and professional services can promote a culture which acknowledges constructively and sympathetically that problems and challenges are normal and part of university life, and that most difficulties do not need special support.

* **Institutions should have a thought-out strategy with a clear theoretical rationale before putting interventions in place**, based on collaboration and discussion with academic development units, academic departments, course teams and support services. A strategic approach would help avoid knee-jerk responses and undue pressure on individual academics to respond to demand for changes.
* **Academics should not be tasked with ‘teaching well-being’** but should consider the development of an inclusive, socially cohesive curriculum that develops skills through scaffolding (rather than spoon-feeding) and which is rooted in the particular subject disciplines and cultures of individual programmes.
* **Academics should be able to justify and explain their approaches** to practices such as feedback and trigger warnings, the inclusion and exclusion of particular content, teaching and assessment techniques. Academic teams, in collaboration with professional services, need to consider these questions and related questions about academic control and expertise, rather than leaving them to individuals to resolve.
* **There is a need to be more precise about the vague and slippery language** of ‘well-being’, ‘mental health’, ‘problems’ and ‘difficulties’. There is a need to consider more widely what is ‘normal’ stress and anxiety in young adulthood and to avoid pathologising normal emotions.
* **There is a need to provide clear evidence for what works**, in conjunction with students, and for institutions to rationalise and justify surveys and measures under the banner of well-being.
* **Institutions and the higher education sector as a whole need to exercise caution in making well-being an individual and/or institutional learning outcome**.
* **There is a poor evidence evidence base for many interventions currently being promoted.** Research into well-being interventions in schools has identified drawbacks such as short-term evaluations where the novelty of an intervention and a type of ‘Hawthorne effect’ generate positive responses, and a tendency for ‘confirmation bias’ to emerge from the positive views of implementers or supporters of an intervention (e.g. Wigglesworth et al, 2016). This is a huge area of evaluation that warrants more institutional and sector-wide attention, including curriculum design measures such as progression rates, self-reported impact by academics and students and cyclical evaluation.
* **There is a need to review what measures of well-being universities need, and how they are currently being used and by whom**. For example, only 49% of universities are using CORE measures, for example, and there is a general lack of consistency in measures used, purposes and effects/impact.
* **Little (nothing?) is known about the relationship between responses to mental health in schools** over the past 15 years, and the rising rates of presentation of problems in universities.
* ‘**Well-being’ needs to be problematized** as a discourse. For example, there needs to be institution-wide discussion about is good and right educationally and about how to understand well-being as something broader than just mental health. Here the explicit teaching of well-being as an effective response is highly contested.
* **It is not clear how teaching and other institutional activities and initiatives should be badged explicitly as being about well-being**. There are related questions about whether presenting everyday activities as enhancing well-being inadvertently reinforces over-preoccupation with emotional and mental states.
* **There is a need to differentiate more clearly between activities for mental health and general well-being** and activities for those with serious problems which need specialist support. This is, of course, contentious and goes against a drive for an inclusive, non-stigmatising approach.
* **There is not enough focus on students who do not experience mental health problems** and their perspectives on the role that learning and educational knowledge play in their well-being and how they think well-being should and should not be addressed. There is a danger of placing too much emphasis on the views and experience of students who present with problems or self-identify as living with problems.
* **Is there a relationship between students presenting with mental health problems and their motivation** for, and commitment to, being at university? What is the impact of institutional marketing on their expectations?

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**APPENDIX 1**

**OFFICE FOR STUDENTS FUNDED PROJECTS IN PEDAGOGY-RELATED AREAS**

* **Birmingham: *Enhancing student mental health through innovation and partnership*‘.** Creating a hub’ of qualified therapists and volunteers with MH experience; brief therapeutic interventions in safe-spaces without appointments or waiting lists.
* **Derby; *Education for MH: enhancing student MH through curriculum and pedagogy.*** Creating a national online toolkit of evidence-informed guidance for curriculum, pedagogy and assessments that facilitate better student MH and improve educational outcomes; national module for the PGCertHE, aligned with Advance HE’s fellowship accreditation
* **Keele; *start to success – a whole community approach to supporting student transitions into, through and beyond university.*** Designing an integrated ‘whole community’ approach to MH and WB for students studying in further and higher education
* **Lincoln; *Transitioning students effectively: a student-led approach to MH support.*** Creating a peer-to-peer approach to support MH and WB in transition from school to university.
* **Sussex; SITUATE: *Students In Transition at University: Aiming To Enhance mental and social health and wellbeing*.** Producing a sustainable, best practice model to promote positive MH and WB at transitions from pre-university to university, between years at university. Prevention and early intervention through a MH peer education training programme delivered by older students to younger students at stages of transition.
* **UWE; *Student MH partnerships*.** Improving care for students in need of MH support through local partnerships between universities, the NHS and student unions connected through a National Learning Collaborative.
* **Liverpool; *Working in partnership to improve student mental health*.** Creating a sustainable clinical intervention and clear referral pathways and interventions across a range of presenting issues.
* **Newcastle; *BRinging Innovation to Graduate Mental Health TogethER (BRIGHTER)*.** Providing evidence-based psychological therapy in ‘in house’ clinic; early intervention through curriculum-based ‘mind management’ skills training (UGs and PGs); evidence-based approaches for emotion regulation and managing anxiety, stress, social isolation, managing expectations, imposter syndrome).
* **Northumbria; *MH and analytics: a continuum approach to understanding and improving student MH*.** Matching students in need to appropriate support, and reduce student suicide, through innovative integration of technology, advanced educational data analytics, student relationship management, and effective models of support.
* ***Nottingham; International student MH – good practice guidance and intervention case studies.*** Discovering what works in improving international students’ MH; engage and co-produce approaches with international students and establish more culturally competent services.

**Invitees**

* Sarah Amsler, University of Nottingham, Associate Professor in Education
* Brendan Bartram, University of Wolverhampton, Reader in Education
* Kelly Coate, University of Sussex, Professor of Higher Education, Pro-Vice Chancellor for Education and Students
* Daniel Cornwell, Royal Society of Chemistry, Teaching Fellow at KCL
* Philip Cuncliffe, University of Kent, Senior Lecturer in International Conflict
* Deborah Custance, Goldsmiths, Senior Lecturer in Psychology
* Hannah Dickson, KCL, Lecturer
* Juliet Foster, KCL, Social Psychology Researcher
* Wilna Gracias, KCL, Academic Support Manager
* Debora Green, Sussex, Head of Wellbeing and Deputy Director of Student Experience
* Beth Guilding, Goldsmiths, Employability and Skills Coordinator
* Cheryl Hudson, University of Liverpool, Lecturer in U.S. Political History
* Gareth Hughes, University of Derby, Research Lead in Student Wellbeing
* Louise Knowles, University of Sheffield, Head of Counselling and Psychological Wellbeing
* Tom Lowe, RAISE and University of Winchester, RAISE Secretary, Director of the Centre for Student Engagement
* Ken McLaughlin, Manchester Metropolitan University, Senior Lecturer in Mental Health
* Luke Millard, Birmingham City University, Director of Education Development Service
* Linda Murdoch, University of Glasgow, Director of the Careers Service
* Abby Shovlin, University of Edinburgh, Academic Developer (Student Transitions)
* John Tomsett, Huntington School, Headteacher
* Harry Torrance, Manchester Metropolitan University, Professor
* Fabienne Vailes, University of Bristol, Language Director
* Michael Young, UCL, Professor of Education
* Patricia Zunszain, KCL, IoPPN Faculty Senior Tutor (Student experience), Postgraduate Skills Coordinator, and NIHR Maudsley BRC PGR Education & Skills Lead
* Swaran Singh, University of Warwick, Professor of Social and Community Psychiatry
* Peter Ayton, City University, Professor of Psychology
* Toby Litt, Birkbeck University, Reader in Creative Writing
* Kate Lister, Open University, manager for accessibility and inclusive practice
* Nahid Saiyed, University of Birmingham, Assistant Director of Student Services
* Helen Galbraith, University of Keele, Academic Registrar and Director of Student and Academic Services
* Jacqueline Mayer, University of Lincoln, Head of Student Services and Deputy Director of Student Affairs
* Julia Purvis, University of Liverpool, Head of Student Services
* Lucy Robinson, University of Newcastle upon Tyne, Lecturer in Clinical Psychology
* Peter Francis, Northumbria University, Deputy Vice-Chancellor
* Andrew Winter, University of Nottingham, Campus Life Director
* Jeremy Niven, University of Sussex, Senior Lecturer in Zoology (Evolution, Behaviour and Environment), Research Fellow (Centre for Computational Neuroscience and Robotics)
* Suzanne Carrie, University of the West of England, Head of Student Inclusivity
* Vanessa Todman, What Works Wellbeing, Senior Behavioural Insights Advisor
* Rosie Tressler, CEO Student Minds
* Rachel Piper, Policy Manager, Student Minds

**Workshop participants**

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* Beth Guilding, Goldsmiths, Lecturer in English/Employability and Skills Coordinator
* Gareth Hughes, University of Derby, Research Lead in Student Wellbeing
* Linda Murdoch, University of Glasgow, Director of the Careers Service
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* Vanessa Todman, KCL, What Works Wellbeing, Senior Behavioural Insights Advisor
* Simon Wessley, KCL, Professor of Epidemiological and Liason Psychiatry