

Integrative Systems Approach

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THE higher education sector has traditionally invested in counseling services to provide timely mental health support to the students at risk (LaFollette, 2009). To meet the growing student diversity and needs, we now see a wider breadth of student support services, including university mental health advisory, student disability, and case management services, complemented by other support services that may impact student mental health indirectly, such as student finance services, accommodation services, and academic supervisory services.

In 2015, the Okanagan Charter (University of Toronto, 2015) was created in Canada to provide a framework that calls for higher education institutions to embed health into all aspects of campus culture and to promote well-being in priority areas such as mental health and resilience, learning and working environments, built and natural environments, food and nutrition, social inclusion, and physical activity and recreation.

Universities U.K., a charity representing the executive leadership of U.K. universities, introduced the policy #Stepchange in 2017, which called for a “whole of university” (WOU) approach toward mental health support that goes beyond provision of specialized care and is integrated into all aspects of university life, from design of curricula and assessments to the built environment. Hughes and Spanner (2019) went on to draft the University Mental Health Charter just before the COVID-19 pandemic in 2020.

Both the Okanagan Charter and the University Mental Health Charter formally acknowledge the need to consider staff well-being, an often-overlooked population in the higher education sector. This is understandable given the business nature of higher education institutions in providing quality education to youths and young adults. Of note is that participants (staff and students) in the development of the University Mental Health Charter indicated an inextricable relationship between staff and student well-being, whereby the well-being of one group can affect another. As such, one should consider staff and student well-being as intertwined and supportive of each other.

In Asia, the ASEAN University Network Health Promotion Network (AUN-HPN) drafted the AUN Healthy University Framework (Mahidol University, 2023) to guide the universities in integrating health promotional activities as part of academic and administrative work among students and staff populations.

Whereas the charters provided conceptual guidance, this chapter is drafted with practitioners in mind. It aims to rapidly undertake gap analyses and tangibly demonstrate how we can address well-being through a whole-of-university approach.

Scoping the Challenges

In understanding the well-being landscape within universities, it is essential to begin by outlining the ground challenges in the existing system of care through a systematic review of the mental health support system by a task force.

Often, this systematic review spans 15 months or more as it involves extensive qualitative and quantitative insights from different representation groups, from undergraduate and postgraduate student bodies to executive, academic, and research staff segments in the university.

The themes outlined in task force reports typically include timely access to mental health care, the need to address stigma in the university, establishing a dedicated university unit to coordinate and drive mental health initiatives via a whole-university approach, and increasing the visibility of mental health priority at the leadership level (e.g., recognizing mental well-being within university risk register). Naturally, these findings will help shape the strategic direction of the university's mental health and well-being strategy.

With the goal of addressing well-being through a WOU approach, adopting an operational framework or tool can help translate thematic concepts (e.g., improving access to psychological support) into operational programs and initiatives (e.g., peer support network, counseling services).

The King's model (King's College London, 2018) is a highly intuitive pyramidal model that guides resource allocation into five levels of support:

- **Level 1:** Self-knowledge, self-care, and self-regulatory skills (e.g., self-management, access to self-help resources).
- **Level 2:** Informal and student-led support (e.g., peer student support network, events run by student societies).
- **Level 3:** Pastoral support structures (e.g., full-time student advisors, residential advisors, personal tutors).
- **Level 4:** University specialist support services (e.g., university counseling services, case management, in-house psychiatric access).
- **Level 5:** External specialist support services (e.g., hospital services, external social services).

The foundation of the King's model is the supportive and inclusive pedagogy and assessment framework that permeates student experiences in academic support, course induction, group work and group discussion, feedback, teaching, and assessment methods.

The King's model is heavily focused on setting up a comprehensive mental health support system. Hence, it is limited in illustrating other well-being constructs and predictors in academic domains, such as positive advisor-advisee relationships, and life domains, such as relationships, finances, and health (L. Tay, 2021).

Nonetheless, the intuitiveness of the King's model allows for relatively rapid deployment of student mental health support services. It helps with strategic conversation about resource allocation at the senior management level, especially in addressing the thematic gap of "timely access to mental health care" that is frequently identified in a task force report.

National University of Singapore's WellNUS Framework

The WellNUS Framework (National University of Singapore, 2021b) is a highly operational framework developed by the National University of Singapore (NUS) that systematically maps out the relevant ground initiatives against an individual's well-being journey. Depending on the severity of the mental health needs and the intensity of support needed, the

respective initiatives are organized accordingly to better meet the needs of the individuals at four tiers:

- **Maintain.** Focuses on initiatives supporting the physiological reserves among individuals coping well.
- **Manage.** Consists of individuals at risk of burnout or exhibiting mild mental health challenges. These individuals are still relatively productive in their work. The initiatives aim to prevent the escalation of symptoms.
- **Intervene.** Calls on initiatives and services of moderate (e.g., psychotherapy, short-term disability claims, medical leave) to high intensity (e.g., inpatient-psychiatric access, longer-term disability claims) to help support individuals with high mental health needs.
- **Recover.** Looks at the support services and organizational initiatives aimed at facilitating the individual's recovery journey in a graduated manner, often requiring case management support and workload adjustment.

Figure 26.1 provides a simplified version of the WellNUS Framework, illustrating how some of the commonly implemented services are mapped against the individual's physiological capacity and identify the respective system owners. This framework allows for an intuitive appreciation of how the different services come together to support well-being from a WOU approach with the accompanying suggested impact measures.

The WellNUS Framework is limited in the portrayal of the theoretical concepts that underpin the university's well-being strategy (e.g., the six interrelated dimensions of wellness in the Resilience Framework; Singapore Management University, n.d.), as it is an operational tool, designed to translate conceptual frameworks into tangible operations that are implementable by well-being practitioners.

Organizing for Success

The WellNUS Framework illustrates how diverse the solutions are in providing comprehensive support to student well-being. Over time, new programs and services are likely to be developed and layered onto the existing ones, bringing new stakeholders and system owners into the picture. This necessitates the need for systematic coordination and skillful stakeholder management by a dedicated unit to ensure that the institution's mission is met and that resources are efficiently deployed.

Where in the university hierarchy would such a unit be housed to be effective in meeting the institutional goal? There is no silver bullet; nonetheless, Kuk and Banning (2009) revealed a variety of reporting structures of student affairs units (97.4% of them having counseling centers under their charge), ranging from direct reporting to the institutional president or chancellor (65.5%) and provost to senior vice president or other vice presidents or deans within their institutions.

In Singapore, distinct well-being offices have been set up at the country's flagship university, National University of Singapore (2021b), and at the Nanyang Technological University (n.d.), directly reporting to the university president or the provost. These central well-being offices were set up to visibly demonstrate the universities' mental health efforts and help facilitate integrated and coordinated efforts in driving university health and well-being strategies to support both staff and students.

Stakeholders	Maintain	Manage	Intervene	Recover	Impact Assessment
Senior Management	University committee to oversee mental health strategy and allocate resources Setting well-being goals as part of performance conversation				• Risk assessment & management
Faculty and Supervisors	Supervisor training (early identification, supervisee management) Resource orientation; buddy system Expectations and goals setting Career guidance and workplace transition		Leave of absence Special considerations	Workload management	• Student dropouts • Service utilization frequency • Training attendance
Student Affairs	Residential advisors and masters training Student support managers to provide case management Peer support system International student coordination efforts University-wide orientation Respondent care management				• Student life survey
Health and Well-Being Unit	Mental health and Well-being campaign Strategic oversight on whole-of-U initiatives and drive implementations Mental health training programs Life coaching for students Self-help resources and apps				• Campaign surveys • Social media engagement
University Medical & Counselling Services	Student outreach & engagement Health education Self-help wellness center	Counseling sessions Psychotherapy Psychiatric access Student insurance programs Short-term disability leaves Case management Fitness assessment			• Waiting time • Satisfaction level • Feedback informed therapy • Clinical load index
University Campus Infrastructure Unit	Wayfinding and advertisements Gymnasium; nap pods Student wellness pits tops Green landscaping Residences Outdoor facilities				• Satisfaction survey • Feedback
Sexual Violence Liaison Unit	Outreach & engagement Education (healthy relationships)	Complainant care management			• Periodic climate survey • Case frequency

FIGURE 26.1 Simplified Illustration of the WellNUS Framework

Similar dedicated well-being offices are also found at the University of British Columbia, where the UBC Office of Wellbeing Strategy (UBC, n.d. a) drives the implementations of the university strategic framework implementations (UBC, n.d. b).

Elsewhere, a Harvard University task force on managing student mental health (Harvard University, 2020) recommended setting up a dedicated and diverse team under the provost's office to coordinate health and well-being efforts.

Whether the coordinating unit sits within student affairs, is part of the human resources department, or is an independent well-being unit, the common issues that impact student and staff well-being touch on multiple aspects of student life and staff career journey, requiring coordination with units across the university. Without a dedicated coordination unit, the risk of siloed practices among different units remains, and success remains elusive.

Staff Well-Being: A Crucial Ingredient in Higher Education

Universities play a pivotal role not only in nurturing the academic growth of students but also in fostering an environment conducive to the holistic well-being of their staff. The tendency for staff well-being to take a back seat compared with the robust support system for students is inevitable given that there is a complex customer-seller relationship (Potts, 2005) shaping the efforts in addressing customers' goals. Additionally, increasing work complexities brought about by higher education marketization, additional responsibilities of caring for students' mental health, and technologization have been associated with an increased risk of work-related stress, burnout, and mental health difficulties (Brewster et al., 2021).

While there are similarities in approach between staff and student well-being (e.g., counseling access, university wellness offerings), there are critical differences in these two population groups that require expertise that is frequently found only in dedicated professional units, namely student affairs for the student population and human resource (HR) for staff.

As an illustration, the World Health Organization (WHO) recognizes that the constructs of "staff career advancement opportunities" and "fair remunerations" have direct impact on staff mental health and well-being (WHO, n.d. b). These constructs would naturally require the employment of HR professionals to establish a compensation philosophy and promotion criteria that align with regulatory requirements and are fair to the staff. On top of that, corporate insurance needs to be established to provide affordable medical access to staff and their dependents. These job tasks are less familiar to student affairs professionals and may be more appropriate for HR colleagues to undertake.

Staff well-being may be conveniently seen to be spearheaded by colleagues at the compensation and benefits unit in the HR department, given their responsibilities in designing employee rewards strategy, which typically includes fair remuneration, medical insurance, time-away eligibility, fair compensation, and access to mental health care. The prevailing market practices in the respective countries will subsequently shape the eventual employee benefits experience.

While employee assistance programs, limited counseling services, and medical plans are typically available in most universities, they still do not adequately address other aspects of work that directly impact employee well-being, such as unsustainable workload, workplace culture, stigma, job skills mismatch, and relationships. Looking at these constructs, it is intuitive to acknowledge that, beyond HR colleagues, university leaders, staff managers, peers, leaders, and self-efficacy play an equally important role in protecting well-being. A comprehensive approach to staff well-being is thus greatly desired.

Systematic Approach to Staff Well-Being

The ISO 45003:2021 "Guidelines for Managing Psychosocial Risks" is an international standard that provides a convenient reference for practitioners to systematically approach staff well-being as part of the overall company's occupational health and safety management system (International Standards Organization, 2021). It follows the process of risk (or hazard) identification and management process, including outcome evaluation, as part of the overall risk management system.

One of the most practical aspects of the standard is the use of a tabulated list of psychosocial risk factors to tangibly identify areas that the respective company units (e.g., HR,

managers, supervisors, peers, facilities management, and leaders) can work on. Three broad categories of psychosocial risks were suggested by the standard:

1. **Aspects of how work is organized** (e.g., roles and expectations, job control or autonomy, job demands, organizational change management, remote work considerations, workload and pace, working hours, and job security).
2. **Social factors at work** (e.g., interpersonal relationships, leadership, organizational culture, recognition and reward, career development, support, supervision, civility and respect, work/life balance, violence at work, harassment, and bullying and victimization).
3. **Work environment, equipment, and hazardous tasks** (e.g., poor workplace conditions such as lack of space, poor lighting, or excessive noise).

Riding on these constructs, one can then propose and map the relevant ground initiatives accordingly, as shown in Table 26.1.

Mapping Initiatives Against the Mental Health Continuum

The ISO guidelines provide a good starting point for practitioners to have a baseline understanding of the situation. They are, however, limited in illustrating the type of mental health care access that is required to help individuals with varying levels of mental health challenges.

Mental health exists on a complex continuum, which is experienced differently by individuals with varying degrees of difficulty and distress. A report from Deloitte Insights (Chapman et al., 2019) investigating the return on investment on mental health programs indicated that companies that achieved greater returns invested in activities that supported employees along the entire mental health continuum.

The WellNUS Framework can be called on to organize the ground initiatives identified in Table 26.1 against a similar mental health continuum in the framework as illustrated in Figure 26.1. The stakeholders for staff are “people managers” and “human resources” in staff well-being as compared with “student affairs” and “supervisor” in student well-being, as shown in Figure 26.2. In general, it is good practice to approach well-being as a WOU effort, given how certain initiatives by the same stakeholders can deliver impact to both populations.

Measuring Success

Evaluation is integral to resource planning and development. Evaluation helps to find gaps in the support system so that improvements can be made to enhance student and staff well-being. The key issue that many practitioners struggle with is whether there is a short, validated questionnaire that can be used to assess constructs that matter.

The literature is filled with validated mental-health-related questionnaires that are short, such as the Patient Health Questionnaire-2 (PHQ-2) (see Kroenke et al., 2003), the Generalized Anxiety Disorder-2 (GAD-2) (see Plummer et al., 2016), and the Perceived Stress Scale-4 (PSS-4) (see Lee, 2012). These questionnaires reduce the onerous aspect of the survey experience and are useful to guide the allocation of resources into mental health services such as counseling capacity. They can also provide background surveillance on the prevalence of persons with mental health conditions. However, they are

TABLE 26.1 Mapping Constructs to Tangible Ground Initiatives (a Sample)

Category	Constructs	Initiatives	Stakeholders
Aspects of how work is organized	Roles and expectations	Manager training—goal setting, appraisal, and handling conversations	People manager, HR
	Job demands	Job descriptions, roles and responsibilities	People manager
Social factors at work	Recognition and reward	Fair compensation philosophy and career advancement guide	HR
		Recognition of staff work and impact	People manager
	Civility and respect	Staff conduct handbook	HR
		Calling out bad behaviour, role modelling	Leaders, people manager, peers
	Work/life considerations	Flexible work policies	HR
		Fair implementation while considering operational needs and staff morale	People manager
Work environment, equipment, and hazardous tasks	Workplace conditions	Space sufficiency and maintenance	Facilities team
		Space design	Leaders, people managers, facilities team

limited in identifying institutional factors (e.g., counseling wait time, job demands, engagement) and social factors (e.g., stigma, psychological safety) that influence student and staff well-being, since these are screening tools against mental health conditions and stress perceptions.

Higher education institutions typically hold annual student life surveys and employee engagement surveys that assess the institutional climate at any given time. Depending on the areas that an institution is prioritizing, Table 26.2 describes some of the assessment tools that practitioners can consider adding to the existing periodic surveys.

A combination of instruments should be used to assess the impact of tangible ground initiatives against certain constructs. For example, one can test the hypothesis of whether faculties or departments that promote mental health resources (measured by Workplace Mental Health Support, WMHS) are more likely to have a community with a higher score on PERMA (positive emotions, engagement, relationships, meaning, and accomplishments, a predictor for flourishing community) than those that do not promote mental health resources.

At NUS, the health and well-being unit utilized the Personal Stigma Scale (see J. L. Tay, 2022) and the Social Distancing Score to assess the impact of the #AreuOK destigmatization campaign in 2021 and found that students and staff who consumed the contents of the campaign were more likely to cite lower stigma and were more likely to collaborate with persons with depression compared with those who did not consume the contents of the destigmatization campaign (NUS, 2021a).

Stakeholders	Maintain	Manage	Intervene	Recover	Impact Assessment
Senior Management	University committee to oversee mental health strategy and allocate resources Setting well-being goals as part of performance conversation				● Risk assessment & management
Human Resource	Manager training programs (goal setting, appraisal, conversation) Employee assistance programme, coaching Resource orientation; buddy system Staff conduct handbook	Absence and time-away policies Medical insurance policies Respondent care management Flexible work arrangement policies			● Staff engagement survey ● Training records
People Manager	Role-modeling Expectations and goals setting Job orientation and buddy system Calling out bad behaviours Flexible work arrangement implementations	Workload management			● Manager engagement survey
Health and Well-Being Unit	Mental health and Well-being campaign Strategic oversight on whole-of-U initiatives and drive implementations Mental health training programs Peer support system Self-help resources and apps				● Campaign surveys
University Medical & Counselling Services	Counseling sessions Outreach & engagement Health education Self-help wellness centre	Psychotherapy Psychiatric access Short-term disability leaves Case management Fitness assessment			● Waiting time ● Satisfaction level ● Feedback informed therapy ● Clinical load
University Campus Infrastructure Unit	Wayfinding and advertisements Gymnasium; nap pods Green landscaping Office space planning Outdoor facilities				● Satisfaction survey ● Feedback
Sexual Violence Liaison Unit	Outreach & engagement Education (healthy relationships)	Complainant care management			● Periodic climate survey ● Case frequency

FIGURE 26.2 Sample Illustration of the WellNUS Framework to Map Initiatives

Well-Being: Whole-of-Organization Effort

Elevating student and staff well-being in higher education requires a concerted effort to address systemic challenges and implement proactive measures. Practitioners can consider implementing the following:

1. Scope the challenges by appointing an independent task force to undertake systematic gap analyses on student and staff well-being.
2. Strategically organize the well-being responsibilities through a central coordinating body, committee, or unit.
3. Adopt a framework to systematically map out the well-being initiatives and assign responsibilities to the relevant stakeholders (e.g., WellNUS Framework, King's model).
4. Invest in staff's well-being.
5. Assess the impact of the programs.

By prioritizing well-being through comprehensive policies, frameworks, and accountability mechanisms, universities can create a supportive and thriving work environment conducive to overall well-being.

TABLE 26.2 Survey Instruments and Uses

Instrument	Description	General Intent	Usefulness
Patient Health Questionnaire (PHQ) (Kroenke et al., 2003)	Screening for persons at risk of depression	Assess the prevalence of persons at risk of mood and anxiety disorders and pathological stress experience	Assesses baseline prevalence of persons at risk of mental health challenges Helps in resource allocation and planning (e.g., counselors, psychiatrists, EAP)
General Anxiety Disorder (GAD) (Plummer et al., 2016)	Screening for persons at risk of anxiety disorders		
Perceived Stress Scale (PSS) (Lee, 2012)	Assessing the degree to which individuals appraise situations in their lives as stressful (Cohen et al., 1983)		
Depression Anxiety Stress Scales (DASS) (Oei et al., 2013)	Assessing the key symptoms of depression, anxiety, and stress (Ng et al., 2007)		
PERMA	Assessing the degree of positive emotions, engagement, relationships, meaning, and accomplishments (PERMA) experienced (Donaldson & Donaldson, 2021)	Growing empirical evidence to suggest that PERMA may be a robust framework for the measurement, management, and development of well-being	Provides a glimpse of the social factors affecting a person's well-being
Workplace Mental Health Support (WMHS)	Perceived department support and knowledge of mental health resources in an institution as follows: 1. I find it easy to seek mental health help at my workplace. (yes, no, or unsure) 2. I feel comfortable talking about mental health at my workplace. (yes, no, or unsure) 3. My department promotes mental health resources available to support me. (yes, no, or unsure) 4. My department implements activities related to my mental health and well-being. (yes, no, or unsure) 5. I am aware of the mental health and well-being resources available at my workplace. (yes, no, or unsure)		Assesses institutional and faculty mental health promotional efforts and health-seeking behavior of the community

TABLE 26.2 Continued

Instrument	Description	General Intent	Usefulness
Experienced Compassion	Assessing the degree of compassion experienced by an individual in a way that will either ease the person's condition or make it more bearable (Lilius et al. 2008, p. 4)	Research findings have recognized compassion to be an essential aspect of a productive work environment (Dutton et al., 2014)	Provides a glimpse of the culture of compassion in the community
Brief Resilience Scale (BRS)	Assessing resilience as the ability to bounce back or recover from stress (Smith et al., 2008)	Resilience is positively related to personal characteristics, social relations, coping, and health and is negatively related to anxiety, depression, negative affect, and physical symptoms	Assesses the community resilience against mood disorders
Personal Stigma Scale (J. L. Tay, 2022)	Assessing the degree of stigma against persons with mental health conditions	Assess the community's perception and willingness to collaborate with persons with mental health challenges	Pre- and post-surveys can be done to assess the impact of a destigmatization campaign in an institution
Social Distancing Score (SDS) and Stigma	Asking how willing one is in associating with a person with mental health conditions in various social settings		
Psychological Safety	Assess the perception that one would not be punished or humiliated for speaking up with ideas, concerns, questions, or mistakes. (Yang et al., 2019)		Helps predict successful teams and thriving and helps understand other causes of important metrics such as retention

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