

Researching mental health in Geography Departments

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Introduction

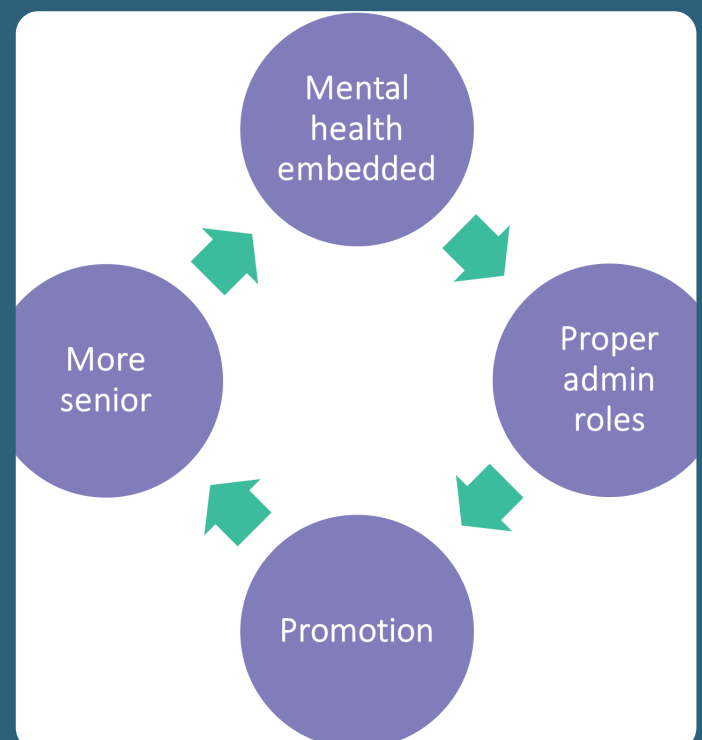
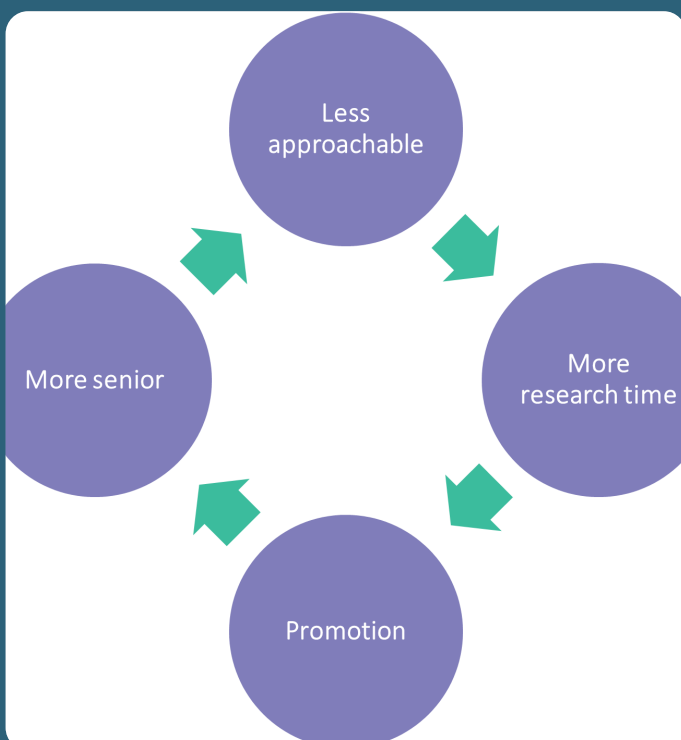
Led by Dr Nick Clare and Dr Stephanie Coen from the School of Geography University of Nottingham, in conjunction with two students Mathilde Siou (Geography) and Saaliha Lone (Sociology and Social Policy), this research looks into staff and student mental health in UK Geography Departments. Supported by Ray Y Gildea Jr. award from the Royal Geographical Society, this research draws on 35 semi-structured interviews with geography students and staff across a range of institutions. These data have also been triangulated with further interviews (n=9) and an online survey (n=35) with University of Nottingham students from other Social Science subjects in order to isolate any subject-specific issues.

The overarching theme that emerged from the research is the importance of a sense of 'community', the presence of which helped support mental health, while its absence was cited as a major driver of poor mental health, especially among minoritised groups. Since Covid relationships between staff and students have also become strained, and research showed these were significantly improved by open, mutually-respectful conversations between staff and students about their own lived experiences with poor mental health. There is, however, an awareness that not everyone is comfortable doing this, especially those on fixed term contracts or/and from minoritised groups.

We also found that younger, early career, precarious, and minoritised staff tended to spend more time on peer- and student-support, despite it often coming at the expense of their own academic work and thus careers. Without proper policies, procedures, and cultures in place a negative spiral of mental health support can exist, where those who neglect it, often through strategic incompetence, benefit from this, as illustrated in Figure 1, above. With appropriate work and effort, however, this can be shifted to a virtuous cycle (Figure 2, below) that properly recognises and supports staff who do such valuable work and thus increase support for both staff and students.

This document presents core, practicality-focused suggestions from the research, five focused on staff and five on students, backed up with quotes from the interviews themselves. All interviews have been totally anonymised for ethical reasons.

Figure 1 and Figure 2: The vicious cycle of mental health support and culture (left), and the virtuous cycle of mental health support and culture (right).



Staff-focused points

1. Personal tutor training

Student facing staff should receive (at a minimum) basic mental health first aid training. Key staff should receive more detailed levels of training, but all personal tutors should do at least a basic two-hour course which has some department level specificity. Current training levels are often gendered and racialised, and non-male tutors and tutors of colour typically shoulder a much bigger burden.

*Students work with their tutor...around mental health and have conversations. **The problem is that they're not done consistently**....there are lots of people...who are very good, but [some] don't see [it] as part of their job: "I don't do pastoral care. I'm here to [do research] and teach"....[Personal tutors] are quite inconsistent...that's part of the problem. **Everyone has it on their workload, but not everybody does [it]***

*I think **standardising things between all members of staff** so that we all have the same understanding and the confidence because...that comes up again and again...**staff don't feel like they have the confidence to speak to students about these issues**. And we know that...some...naturally do feel confident... And so that creates that imbalance and...inequality of experience for students...**it becomes a bit of a lottery**.*

2. Role clarity

There should be a dedicated admin role for academic staff that focuses on mental health support. This can reduce workload from other key admin roles – e.g. Extenuating Circumstances (ECs), senior tutor, EDI lead, Disability Liaison Officer (DLO) – and ensure there is role clarity. Ideally these would be at a departmental level and make up a broader faculty/university network which works closely with support and wellbeing staff, rather than just academic staff.

*There have been meetings where I've sat and I **don't know where I [the DLO] fit within it**. But also **everybody seems to be sort of doing the same thing**. Like for example with the EC's meeting we had...the ECs officer with the sheet with all the*

*information. Then the senior tutor...was then saying well, but what about this? And then the exams officer, so **it is a bit confusing**.*

***I don't think all of this is particularly well defined** and...I don't think you need an academic member of staff to be doing half of it, to be completely honest.*

3. Link with career development (Teaching & Learning contracts in particular)

Linked to the above, where possible these roles should ideally be given to people on teaching focused contracts. This aids their career development (something repeatedly cited as an issue) as it gives them a meaningful admin role in which they can innovate, and accordingly means the role is more likely to be taken seriously.

*So people who are teaching focused lecturers. I'm working in our department and the first two of them have now just got promotion to senior lecturer on that pathway and it does seem like for those who want to be on that pathway...**I think that there may be possibilities opening up around some of them taking a lead on some of these aspects and that then materially counting in their promotion cases** in a way that it seems to be hard for it to [happen without roles like this].*

4. Faculty backing, department ownership

Proper managerial buy-in is needed if a culture and community of care is desired, and so this means that we need faculty support – in terms of workload allocation/role profiles, but also potentially some finances. However, actions and activities need to be developed by and for departments/schools, as top-down efforts tend to be met with suspicion. Faculty mental health networks and communities of practice can be especially helpful here.

She's actually about to become head of department, which is great for this stuff because I know she's going to like take on mental health so seriously and like enforce it from above which is amazing. And when I hear her talking about how she speaks to students...you can just tell from the way she speaks about her students that she's really focused on helping them with their mental health issues.

5. Embed within curriculum and link to subject benchmarks

Embedding mental health support within wider teaching can again help with broader cultural shifts. This will be departmentally specific, but can be tied to research skills modules, research methods, careers, and other forms of personal tutoring. QAA subject-specific benchmarks can be useful for guidance here and a way to ensure institutional buy in.

We've created this bigger network. We've met with wellbeing and welfare and kind of see what they're already doing and they really want to help us. We're thinking of embedding within our study skills course and wider curriculum, using the benchmarks to design this and provide structure and get buy-in. [And also] a session when they come in and run big, big workshops to all the students so that we can help them to speak to each other...Because you know for a lot of people that is really, really difficult. And so, giving them the kind of confidence.



Student-focused points

1. Personal tutor training

Allocate students with declared mental health concerns to appropriate tutors...

If students have declared mental health issues on before they join University it is important, where possible, they are a) placed with a sufficiently trained personal trainer and that b) that personal tutor is made aware of the specifics. This is appropriate for students who have already declared a mental health issue and can ensure that students get the best possible support and that specific support plans are more likely to be implemented – students who declared issues prior to arrival assumed this was happening and that it was the entire point of pre-submission.

Cater the kind of tutors more to the students, like in terms of their requirements as well from like what they said [before they applied]...rather than just assigning some random guy and then just be like yeah here you go.

2. ...but emphasise non-tutor support as well, in particular wellbeing officers

Universities are often quick to promote personal tutor support, and while this can be appropriate it isn't always. Even if tutors are trained and tutee-tutor relationships are good (sadly this is frequently not the case), students often want the extra distance between them and the academic side of the institution as worried there could be an impact on grades. Students valued multiple points of contact (e.g. dissertation supervisors) but awareness of departmental/faculty level support from non-academic staff is typically low, despite its importance and rate of success. Student peer-support is also valued.

*So if I were to be in that situation, I think just because **I would be worried about my professor's perception of me in their class, I would probably prefer going to a specific wellbeing team**, so perhaps increasing representation there.*

There were different weeks for different things like one of those weeks was the wellbeing week that

was about mental health support available in the university.

I feel like my lack of knowledge about this could be because of that as well because I didn't attend those events.

*There's like some help where you can like get told, **there's not much help about your well-being really...** So I don't know if there's much about disability...I think with Uni, **I don't think it's very publicized like where you would go.***

3. Make the most of student societies at a subject level...

As with the previous point, staff-student communication, while important, has limited impact. It is therefore crucial to maximise student-student communication. One efficient way of doing this is by making the most of student subject societies – e.g. GeogSoc, PolSoc, MedSoc, etc. These societies often have a welfare secretary (if they don't, then they should) and so academics in mental health roles (see Staff point 2) should work closely with these to advertise support.

*So I guess just kind of knowing who was at the top level of that society, if I needed to reach out for them, even if I just wanted to ask someone like ohh what textbook should I buy in first year? I would think ohh I can go to GeogSoc because they know. **Just knowing that there was like a community of people there in itself was nice.***

4. ...but be aware of limitations especially around alcohol use and non-popular societies

However, some subjects do not have especially active societies or/and the activities of societies can exclude certain students – especially those societies that revolve heavily around activities including alcohol. It is therefore also important to engage with cross-cutting societies including those that are faith-based and those with cultural and national specificity. Failing to do this

can further exclude students who may already be marginalised in what is an overwhelmingly white space.

It was...a shock when I walked into my first lecture and it was me and five other black people...it was literally shocking. I knew it would be bad, but I don't know that bad...I'd been to all these Afro Caribbean Society events and seen people from my background and then I just didn't see them represented in my course. So I was like well, if I can't get it from my course, I might as well like get some community from ACS and that definitely helped with my mental health and in terms of feeling comfortable...and settling in.

I don't think a single [society] held an event in a non-alcohol serving place...you're doing it at some club or a house party that always involves alcohol and then they play these games where like if you don't answer this question you have to drink and 'ohh you're a non-drinker, we put some water for you. It's just you genuinely always feel alienated out of it.

5. **Use non-email communication to advertise and limit information overload**

Students are often overwhelmed by the volume of emails and are selective in what they read. Reducing the number of emails as well as the volume of information within them is important as less is very much more. More streamlined communication (e.g. newsletters) is needed as well as clarity on where to find online resources if appropriate, and more emphasis should be placed on appropriate social media.

I definitely got a lot of emails about them. I think I didn't read them too much. But there were definitely emails floating around in my inbox about events you could come to or extra support, whether it's love you would study skills or whatever. So there were a lot of emails about support.

But I guess they probably have some like support sessions like other I guess I got e-mails about them but I kind of always ignored them and I'm more of like mental health support in our Uni in general.



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