

v1: 22 February 2023

## Research Article

# Inclusive Academic Advising for Students With Mental Health Issues: The Views and Experiences of Academic Advisers

Preprinted: 13 January 2023

Peer-reviewed: 22 February 2023

© The Author(s) 2023. This is an Open Access article under the CC BY 4.0 license.

Qeios, Vol. 5 (2023)  
ISSN: 2632-3834

Pras Ramluggun<sup>1</sup>, Sarah Mansbridge<sup>1</sup>, Rachel Barbaresi<sup>1</sup><sup>1</sup>. Oxford Brookes University, United Kingdom

The aim of this paper is to explore and improve understanding of Academic Advisers' (AAs) views and experiences in supporting students with mental health issues in providing inclusive academic advising. The study adopted an interpretive design for a qualitative survey to gain a deeper, insightful understanding of AAs' views and experiences. Fifty-five AAs across the four faculties of a university, which will be called the Study University (StU), responded to an anonymous online questionnaire that was thematically analysed. There was a difference of opinion among AAs across and within faculties regarding their views of their roles in supporting students with mental health issues. Overall, AAs felt unprepared for a pastoral role that is not clearly defined. Departmental engagement with AAs for students' mental health support was fragmented. The disparity in how AAs perceived their roles and fulfilled these responsibilities can lead to inconsistent and inequitable support for students. Those who are more amenable to providing such support to students may be overburdened by this supportive role.

Correspondence: [papers@team.qeios.com](mailto:papers@team.qeios.com) — Qeios will forward to the authors

## Introduction

The changes in the higher education landscape, with more inclusive learning environments, have meant greater participation from a more diverse student cohort with varied learning needs who previously may not have contemplated studying at higher education institutes<sup>[1]</sup>. This includes students who have specific learning differences such as dyslexia and dyscalculia<sup>[2]</sup> and mental health issues, requiring reasonable adjustments to their teaching and learning<sup>[3]</sup>. When applying to study at universities, students are expected to declare their specific learning differences and also any mental health issues in the disability/special needs section of their application forms, which may impact their learning. However, not all students view their mental health problems as a disability, and some may fail to disclose their mental health problems.

### Higher Education Students' Mental Health

Students' mental health in Higher Education Institutes (HEIs) is a significant public health challenge (<sup>[4]</sup>). The number of students with pre-existing mental health issues is almost equal to the number of those who developed symptoms of mental illness during their studies<sup>[5]</sup>. Their mental health issues include a range of mental health problems, from common mental health disorders (such as stress, anxiety, depression) to more severe mental disorders which cause significant distress and adversely impact academic effectiveness. Several surveys have highlighted the increasing rates of students with mental health issues in HE, with 43.2 percent from a survey of 21,000 students from 140 universities reporting to have sought professional help for mental health problems<sup>[6]</sup>. This seems to be escalating in the aftermath of COVID-19<sup>[7][8]</sup>, following a higher prevalence of mental health difficulties in the younger population during the pandemic<sup>[9]</sup>, adding further pressure on university support services which were already reporting an increasing demand for mental health support from students prior to the pandemic<sup>[10]</sup>.

### Academic Advising and Personal Tutoring

As the front line for student support, AAs are faced with an increasing number of students who need mental health support<sup>[11]</sup>. However, the roles and responsibilities of Academic Advisers/Personal Tutors (AAs/PTs) vary in different countries. The nature of these roles and responsibilities depends on the models of advising/tutoring adopted by the university. In the UK, the integrated academic curriculum model, where academics support students with their academic and personal development, is the most common model compared with the professional model where the pastoral role is undertaken by other

professionals<sup>[11]</sup>. At the StU, academics supporting students are called Academic Advisers, which may imply that the predominant focus of this role is on advising students on their academic progress rather than providing pastoral support. Yet, there is an expectation that AAds will be involved in the pastoral care of students when such advice is being sought, as indicated in their job description. It has also been reported that academics feel more comfortable providing academic advice and signposting rather than providing pastoral support<sup>[12]</sup>. The concept of pastoral care and support at university seems to be a nebulous concept that is not clearly defined in how AAds/PTs can support the emotional, psychological, and spiritual well-being of students. Hence, it has been reported that AAds/PTs approach this role with some reservations<sup>[13]</sup>, compounded by universities' idealistic expectations in the absence of adequate training and preparation for faculty staff<sup>[14]</sup>.

Numerous studies have reported that academic advising or personal tutoring is central to student success<sup>[15]</sup>. It is fundamental to the student relationship with the university and is considered one of the core human faces of the university<sup>[16]</sup> which connects the students with the university, develops their confidence as autonomous learners<sup>[17]</sup>, and enables them to feel part of university life<sup>[18]</sup>. However, a 2016 survey by UKAT in UK universities also revealed that despite most students being assigned an AAds/PT, some of them did not know who their AAds/PT was, and they were unclear about what help and support they could seek<sup>[19]</sup>.

Students can expect support for their mental health at universities as part of the universities' roles in supporting their wellbeing and mental health needs. The structure for supporting students' mental health needs varies across universities. At the StU, there is an extensive support network for students, which includes support for students' mental health, wellbeing, and disabilities. Students can access brief or short-term counselling and support from designated disability and mental health officers. There are some indications that these support services are useful in alleviating students' emotional distress<sup>[20]</sup>; however, not all students seek support or are able to access services as required. The unavailability of the appropriate individualised support system can be a barrier to using these services<sup>[1]</sup>. Some academics have reported high levels of distress when supporting students with mental health issues<sup>[21][14]</sup>.

### *The supporting role of Academic Advisers*

AAds/PTs are still considered the first contact of support for students' well-being by being more immediately accessible than the students' support services at the university<sup>[22]</sup>. They play a key role in their students' university experience and are well-placed to provide the initial and ongoing personal point of contact and to refer students to appropriate support in their academic advisor role<sup>[23]</sup>. The importance of AAds/PT for students' academic success has been underlined<sup>[24]</sup>. However, the ability to effectively advise students with diverse needs, especially those who are struggling with their mental health, while working closely with the university's support services remains a challenge<sup>[14]</sup>, and AAds/PTs generally do not feel supported in this role<sup>[13]</sup>. To provide a truly inclusive academic environment, it is imperative that AAds/PTs are able to adequately advise all students irrespective of their disabilities and that they feel supported in this role. This role is taking a toll on their mental well-being<sup>[14]</sup>, which may exacerbate the increasing number of work-related stress cases reported in a UK Teaching union survey<sup>[25]</sup>. The dearth of studies on the views of AAds identified challenges in undertaking this role, reported a lack of confidence and competence, and the need for appropriate training and support<sup>[26]</sup>.

Identifying, providing initial support, tracking, and referring students with mental health concerns in providing inclusive academic advising involves multiple steps and processes. A recent survey on how academics teaching health and social care programmes such as nursing respond to student mental health concerns found that they were unclear about their responsibilities and needed more clarity and support, compounded by a delineation of academic and university support services as distinct entities<sup>[14]</sup>. Therefore, it is important to explore AAds' experiences across all faculties of supporting students with mental health needs, including the impact of this role on their academic advising role.

### *Theoretical framework*

The study design is informed by the theoretical framework of inclusive pedagogy, which has been described as a student-centred approach that enhances the successes of students of all abilities by providing an equitable educational environment underpinned by a supportive academic advisor and student relationship<sup>[27]</sup>. It is buttressed by academic motivational theories and the concept of social justice. The overarching framework for theories of academic motivation focuses on students' perceptions and the social context of engagement. Through the socio-development lens in higher education, it considers the challenges of student engagement practices in fostering and maintaining the motivation of marginalised students for successful learning. It includes academics' intrinsic motivation to engage in

emotional work in their pastoral role during personal supportive encounters with students, which have been identified as important factors in establishing a trusting teacher-student relationship<sup>[28]</sup> to maximise students' learning experience when supporting their emotional needs. The concept of social justice is concerned with mechanisms that may create inequity in terms of student engagement, which may be influenced by students and institutional factors.

### Conceptual framework

The conceptual framework for designing the online anonymous questionnaire considered the key roles and responsibilities of AAdS, the theoretical framework of inclusive pedagogy, and the evidence from the literature on higher education students' mental health. The online questionnaire was adopted from a previous study on the topic with health and life sciences faculty staff<sup>[14]</sup> following a pilot study for face validity with a sample of AAdS across faculty. The analysis of the questionnaire was guided by an interpretive framework on how to collect and analyse the researchable issues on this sensitive topic. As an exploratory study, it seeks to understand AAdS' viewpoints, which are experientially based<sup>[29]</sup>.

### Ethical Considerations

The study was approved by the University's Research Ethics Committee (UREC Ref: 0.003). Participants' consent was sought and recorded on the questionnaire before accessing the full questionnaire. The participant information sheet detailed the purpose of the study, the need for consent, and the assurance of anonymity. Limited demographic information was collected to avoid the identification of participants attached to a small number of academic staff.

## Methods

### Study design

Qualitative surveys are useful, flexible qualitative research tools to 'harness rich potential qualitative data', but they are underutilised due to the predominance of interviews and the misperceptions that they do not garner in-depth data. Hence, a self-administered anonymous qualitative questionnaire was used to survey a purposeful sample of AAdS from all faculties at the StU on a sensitive topic.

The qualitative questionnaire consisted of seven open-ended questions aimed at exploring AAdS' views, experiences, and narratives on how they respond to and support students with mental health issues across the StU's different faculties. The undertakings of the study followed Kelley *et al.*,<sup>[30]</sup> guided principles for conducting and reporting survey research.

### Data collection

The online questionnaire used was a Google Form, as this format was familiar and easily accessible to all staff and enabled full anonymisation of participants. The questionnaire consists of an introduction, a consent form, and two major sections. The first part required participants to provide demographic data on how long they have been an AA and their faculty. The second part consisted of seven open-ended questions on their views on supporting students and any impact of providing such support. Participants were members of staff across all four faculties of the university with AA responsibilities (see Table 1). Data were collected between September and December 2021. Invitation emails were disseminated by the heads of departments to staff from each faculty on the research opt-in list about the research project.

Faculty	Number of Participants (%)
Humanities and Social Science	29 (52.7%)
Health and Life Sciences	11 (20%)
Technology, Design and Environment	10 (18.2%)
Business School	5 (9.1%)

**Table 1.** Participants across the four faculties

## Data analysis

Data were analysed using qualitative conventional content analysis<sup>[31]</sup> to explore participants' perceptions of their role and experiences of supporting students with mental health needs. This method of data analysis is recommended when little is known about the topic<sup>[31]</sup>. It involves "subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns," allowing for "gaining direct information from study participants without imposing preconceived categories or theoretical perspective"<sup>[31]</sup>. The initial data analysis started with each research team member analysing the data independently. This included reading all data repeatedly to obtain a sense of the whole; data were then read word by word to derive codes, with codes remaining close to terms used by participants. The research team members met to discuss the codes, which were then sorted based on how they were linked and related – this collaborative process resulted in developing meaningful clusters (themes) (see Appendix).

### Thematic Analysis of the qualitative data

The thematic analysis revealed 3 main themes: AAs' attitudes towards the role of academic advising, implications for AAs in supporting students with mental health issues, and AAs' perceptions of their training needs. In summary, the analysis revealed that most participants were willing to support students' mental health needs, although they felt inadequately equipped to do so. However, a few participants felt strongly that their role should be to advise on academic matters only. In contrast, a small proportion of the participants were found to take a more proactive approach to support students with mental health issues (e.g., actively seeking out information on various mental health issues). Furthermore, they found it difficult to simply refer students to the services supporting students at the university.

#### AAs' attitudes towards the role of academic advising

Stark differences were revealed in staff's attitudes towards the AAs' role, with some AAs reporting they are not comfortable with the pastoral responsibility of this role. They emphasised that they are not trained or equipped to support students' mental health concerns.

*Supporting students' mental health needs should not fall on me*

*I don't think we can expect academic staff to be providing mental health support – this requires specialised training.*

*We are not trained as counsellors in any respect, and the onus should not fall on us to deal with.*

Instead, they strongly believe that their role should be to provide advice on academic progress, as reflected by the change from personal tutoring to academic advising:

*Some years ago, we changed terminology from personal tutor to academic advisor to indicate more clearly that academic staff can give academic advice, but not sustained personal support. Staff are neither trained nor (in some cases) suited to providing mental health support.*

Most AAs were willing to support students' mental health needs. However, they felt unprepared to do so. Consequently, they felt the support they could offer students was of limited use (e.g., listening to students and signposting them to appropriate support services):

*I am not trained in mental health [...] so there is very little I can really do. I can listen sympathetically, identify someone who might be better positioned to support [...] and reach out to them. I wish I could do more, but I don't have the skills.*

*Due to the fact that I lack any formal training in supporting students with mental health problems, the only support I can comfortably give is to listen and refer students on to more appropriate sources of support.*

This left some AAs feeling inadequate as they did not feel the support they provided was enough:

*I can use my personal experience of supporting a son with severe anxiety and talk to the student but can do little more than advise them to seek help from their family, doctor, and/or well-being. Often, this feels inadequate.*

*[...] I often feel inadequate. Telling someone who is struggling they need to seek advice and support from someone else doesn't feel enough.*

AAs, mostly those on nursing and allied healthcare programmes, were proactive in supporting students' mental health needs. For example, arranging regular 'check-in' meetings:

*I have been an academic advisor to a student who had mental health needs after experiencing very serious trauma, and I felt I needed to be better equipped, so I attended extra training, read about*

*supporting students with trauma, developed some different approaches, and liaised a lot with different Brookes services.*

Some AAdS felt it was incumbent upon them to provide initial support to students instead of signposting them to university support services, including having an active role in the pathway supporting students:

*I realise that getting too close is not part of the AA remit, but it's really hard to refer on when someone has come to you because they trust you.*

*[...] I think there should be a place to continue to support students from our perspective too. We shouldn't just be moving them along the system. I think there should be the opportunity to go with them to a support service if needed, for example.*

### **Implications for AAdS in supporting students with mental health issues**

Supporting students' mental health needs impacted AAdS in three main ways: workload impact, emotional impact, and system factors. These are discussed further below:

#### **Workload impact**

AAdS frequently cited that supporting students' mental health needs was time-consuming and necessitated them redirecting time away from other duties:

*It has impacted work, as it has meant I have had to redirect time and resources to support students.*

*It takes a lot of our time, which then gives even less time for our other duties such as preparing teaching sessions, marking, and doing research.*

They also reported that the number of tutees they were responsible for was too great to keep up with and meet regularly:

*I have 50+ advisees and a substantial workload, so this is a logistical challenge as I can't keep up with all of them or meet them regularly.*

*I have 40 AAdS. It's tricky to keep engaged with them all/check in.*

Several AAdS commented that some members of staff were more likely to be approached by students than others, resulting in them being particularly at risk of overload:

*As a female member of staff, I probably get approached more than male colleagues*

*Students turn to female advisers/tutors more often than our male counterparts.*

#### **Emotional impact**

AAdS reported managing students' mental health issues as emotionally challenging. They found the distressing information students have shared with them upsetting, difficult to cope with, and triggering on occasions.

*It is not easy getting an email from a student saying they want to end their life or indeed telling you they have been raped. Both of which have happened to me.*

*I have gone home and cried after talking to a student, and it can make it difficult to concentrate.*

*The information is extremely triggering to me at times. As a person who has lived experience of mental health, it can trigger my own mental health. Two examples: disclosure of suicidal thoughts; and being Zoomed into a psychiatric ward by a student.*

*I suffer myself, and taking on their emotional burden triggers my own situation*

AAdS also expressed feelings of anxiety over whether they had given the correct information and feared making the situation worse. They also stated that supporting students' mental health issues had adversely affected their own psychological well-being:

*I suffer anxiety regarding my own responses to students' mental health disclosures.*

*I've had students go into full-blown panic attacks in my office and felt terrified of doing the wrong thing and ending up harming them*

*Working as an academic advisor has caused significant damage to my own mental health.*

*It's incredibly stressful! My own mental health is shot to hell*

Conversely, when AAdS reached out for support in effectively managing the support they are providing to students, they found this support lacking at the university, leaving them with the perception that the university does not appreciate the impact of this responsibility on AAdS' mental well-being.

*Looked for avenues for support through the university but have found none.*  
*I was given zero support. There is no off-loading structure.*  
*I don't feel the University prioritizes staff mental health or wellbeing*  
*I don't think the university really cares about how it impacts us.*

### System Factors

AAds occasionally reported blurred boundaries around the level of support they should provide and at what point to refer the student to support services and want clear guidance from the university about their involvement :

*I struggle with the lack of clarity about boundaries: what is exactly expected of me, and when should I refer the student to MH?*  
*Clear advice on not getting involved beyond referring students on.*

### AAds' perceptions of their training needs

AAds unanimously agreed they had received no or limited mental health training from the university. They felt they would benefit from at least basic mental health training (e.g., awareness of different mental health conditions and available support services):

*None, and I've asked for it \*repeatedly\**  
*I have done no specific training for the Academic Advisor role*  
*We should, as a minimum, be given mental health first aid training.*  
*A form of basic training for all staff about supporting students.*

However, some of them, mostly from non-Healthcare professional programmes, did not feel that training was necessary, as they did not believe supporting students' mental health needs should be the responsibility of the AAds. They reported that the university should provide more adequate resourcing, including employing more appropriately trained AAds for this role.

*None - we are academic advisors; we advise on matters academic. [...] I don't want to support student mental health directly*  
*The best way to tackle mental health issues would likely be for the university to remove this duty and instead appoint professional student support staff.*  
*A significant increase in funding for student mental health services so that there are no delays in students receiving support. Each delay results in students falling back on academic advisors as sources of support.*

## Discussion

The results of this study compare the experiences of AAds across faculties and highlight AAds' plethora of challenges when supporting students with mental health difficulties. It underlines the variation in experience of AAds, especially for programmes such as preregistration nursing education and other allied healthcare educational pre-registration programmes where students need support for both their personal and professional development<sup>[14]</sup>. Consequently, AAds on these programmes tend to be more amenable to taking on a pastoral role in supporting students with mental health difficulties where it is perceived as essential support for students' academic progress compared to other programmes. Accordingly, the results indicate that the range of approaches to pastoral care adopted by AAds is bounded by personal inclinations and the permeability of mental health concepts aligned to their professional healthcare registrations, which was reported in a study about faculty staff on healthcare programmes' experiences<sup>[14]</sup>. However, this study was specifically designed for one faculty for health and social care programmes, where stark differences were observed in faculty staff attitudes to pastoral care in their numerous roles. This can lead to AAds in these faculties taking on a disproportionate burden of support, which is not reflected in their workload, impacting their work-life balance, which is already not easy to strike in a working culture that does not prioritise academics' wellbeing<sup>[32]</sup>. Therefore, it is important to ensure that support provision across the University is commensurate with students' needs and is reflected in AAds' workload.

Furthermore, the study reported that some AAds are supporting a significantly high number of advisees. For some AAds with 30 or 40 students, it is very challenging to build a rapport with all of them, as they do not have the capacity to meet with all of them as regularly as they would expect. This can present a dilemma in how much time AAds can offer to students who are in need of mental health support when managing conflicting demands of their roles and responsibilities. It is well recognised that academic workload is not a realistic appraisal of the actual work that they do<sup>[33]</sup>. This can add to the unreasonable

burden of responsibility and emotional labour for AAdS who report that supporting students' mental health is triggering and is impacting their own health and well-being. Academic staff well-being has been described as a tipping point<sup>[34]</sup>, with a significant number reporting high levels of stress<sup>[25]</sup>, with a pressing need to support staff well-being<sup>[35]</sup>.

Emotional labour is considered an essential requirement in caring for students' well-being but is not adequately valued<sup>[36]</sup>. The stressful experience resulting from the high levels of responsibility in supporting students with mental health difficulties is also supported by other studies<sup>[21]</sup>. Interestingly, the findings of this study indicated that a few female AAdS felt that they are more likely to be approached by students for mental health support, which may result in an inequity of responsibility to support students and a disproportionate emotional burden.

The above challenges faced by AAdS in supporting students with mental health concerns may result in inconsistent support for students. It could have implications for the StU's ethos of an inclusive environment to ensure students' well-being and the whole university approach advocated by the Step Change Framework in proactively supporting students<sup>[37]</sup>. Hence, the workload planning for academic advising across the university needs to be reconsidered. The lack of resourcing of services for student mental health support is an ongoing issue, with calls to redesign the structure and delivery of students' provision to meet the growing demands of students requiring mental health support. Universities are struggling to cope with the increasing number of students with complex mental health issues and are having to step in to fill the gap in NHS resources<sup>[38]</sup>. However, cuts in university mental health services have also been reported<sup>[39]</sup>.

The conundrum AAdS are facing in supporting students with mental health difficulties is further compounded by the lack of explicit institutional guidelines and unclear boundaries, similar to findings from other studies<sup>[40][14]</sup>. Although there has been a shift from personal tutoring to academic advising at the StU, there is still an expectation that AAdS will undertake a pastoral role, which remains unclear and needs to be clearly defined. As a result of recent consultations, changes have been made with updated information and guidance for AAdS and a new optional training course on academic advising, but this has not yet been rolled out across the StU. The guidelines shared on StU's website give a sense of what straightforward academic advising might look like, and they also clarify the role of referring; however, there is no guidance on managing the sensitive conversations and disclosures that frequently take place with AAdS or on how to approach referrals. The guidelines also assume that students will be self-aware and cooperative in the process of being referred, which is not always the case. The guidelines are described as a 'framework' with the recognition that application may differ across faculties; however, there is currently no structure in place to ensure that guidance is provided at the faculty level. They also do not reflect the nuance of varying needs and complexities in disciplines such as nursing, where coaching around difficult work-based experiences may be needed, or in creative subjects where students may work with personal subject matter.

Furthermore, the difficulties experienced by AAdS are compounded by a lack of mental literacy training relating to the recognition and initial emotional support for students at the StU. AAdS find themselves in a position of hearing disclosures of mental health needs but without preparedness for how to respond. The lack of adequate mental health training for academics has been widely reported<sup>[14][41]</sup>. Whilst in certain disciplines, such as mental health nursing, AAdS have professional experience in providing emotional support, the fundamentals of emotional awareness and support for students with mental health difficulties are lacking across the University, which can contribute to a sense of inadequacy among some AAdS. AAdS experienced in emotional work face a slightly different set of challenges, such as blurring of boundaries, and may face some uncertainties about when to refer students on to university support services. The University Mental Health Charter highlighted the importance of training staff in understanding how to support students' mental health and well-being<sup>[37]</sup>. The Study University has started to provide Mental Health First Aid training, which is geared toward helping students with mental health crises prior to receiving professional support<sup>[42]</sup>. Still, given the differing levels of students' mental health needs across faculties, bespoke training seems to be a better fit to prepare AAdS for this role. However, it is important to note that although the findings of this study are consistent with the findings of other studies on academic staff perception of their training needs<sup>[14][41]</sup>, some AAdS were also resistant to receiving such training as they did not feel that the pastoral role was their responsibility. So, simply providing training is not enough and requires the recognition that responding to students' mental health concerns is everyone's responsibility. A whole university approach to recognising both students' and staff's mental health and well-being, as stated in the Mental Health Charter<sup>[37]</sup>, needs to be ingrained into the university culture and ethos for a healthy university. The UKAT<sup>[17]</sup> Professional Framework Self-assessment Tool consists of a relational component that requires AAdS to assess their ability to be empathetic and compassionate in building advising and tutoring relationships. Incorporating this tool into AAdS' professional development plans could be helpful in preparing AAdS for their pastoral role.

Additionally, the findings indicate that at the time of the study, there was no system in place to support AAdS in managing the emotional impacts of difficult disclosures. The current updated website at the StU outlines the value of 'supervision'; however, it is not clear where this will be provided, with a link leading to a page that includes an 'Employee Assistance Programme' from an external provider, which offers 'compassionate guidance' by phone 24/7. The information suggests that this is aimed at supporting personal difficulties rather than offering supervision or guidance for an AAd's role with students. Therefore, there is a need for a framework for formal and informal reflection, including consultation and staff development for AAdS from within the university, with a primary contact AAdS can access for expert support and advice in each faculty<sup>[44]</sup>, which may be more beneficial. For example, a designated advocate or supervisor for AAdS in each faculty in effectively managing emotional work with students with mental health concerns.

Furthermore, following an AAd's referral of students to the StU's support services, there is no follow-up information on the students' progress to AAdS. This lack of communication opens up the potential for a student to be 'lost' in the system, where their AAdS may believe that they are receiving support, whereas in reality, this may not be the case. An integrated student support approach for successful coordination of support with StU's support services may provide AAdS with the reassurance that help is being provided or any further ongoing pastoral care the students require.

## Strengths and Limitations

This exploratory study reported the experiences of supporting students with mental health issues from the perspectives of academic advisors across the four faculties at one university. It provides fresh insights on a contemporary issue by enabling anonymous sharing of AAdS' experiences that could otherwise be withheld on a sensitive topic. As a qualitative study, the main purpose was to gain a deeper insight into a purposive sample of participants' views and experiences and how these are shaping their responses to supporting students with mental health concerns across faculties. The study has attempted to accurately represent the participants' voices, and most responses were descriptive and meaningful; however, some answers varied with shorter narratives. Nevertheless, it is one of the very few studies that compare AAdS' contemporary views on an important aspect of their role in supporting students with mental health difficulties across faculties. It provided important insight and understanding of AAdS' preparedness and willingness to engage in pastoral care and their bespoke needs. It underscored the need for the university sector to rethink its approaches to inclusive academic advising with regard to supporting staff needs in providing support to students. The findings are limited to one university and are not intended to be generalised, as this will require larger-scale quantitative studies across several universities. A larger-scale survey is suggested for more robust data on the support provided across faculties at universities. In-depth interviews with AAdS, including students' voices in participatory research, are also recommended to capture more nuanced views to address the barriers to receiving help for mental health issues across the StU.

## Conclusion

This study highlights a range of faculty-related issues experienced by Academic Advisors when supporting students with mental health difficulties from a salutogenic perspective. It identified hindering factors in supporting students, which were characterised by a lack of clarity on guidance policies, limited training, and interdisciplinarity and bridges across the university, resulting in fragmented students' mental health support.

It highlighted the heterogeneous views on AAdS' pastoral role and responsibilities for promoting and preserving students' mental health. Broadly, AAdS are unprepared, and some are unwilling to take on the pastoral role. It indicated the impact the pastoral role may have on AAdS' workloads. It highlighted the disproportionate burden of support when assisting students with mental health needs, with the reported apparent disparate workload.

It underlined the importance of adopting a faculty-wise approach to supporting AAdS, incorporating best practices in their roles, including feedback from staff with relevant expertise on how AAdS are supporting students. Bespoke support and mental health training to recognise and respond to student mental health concerns were identified as important sources of AAdS' support.



## Appendix

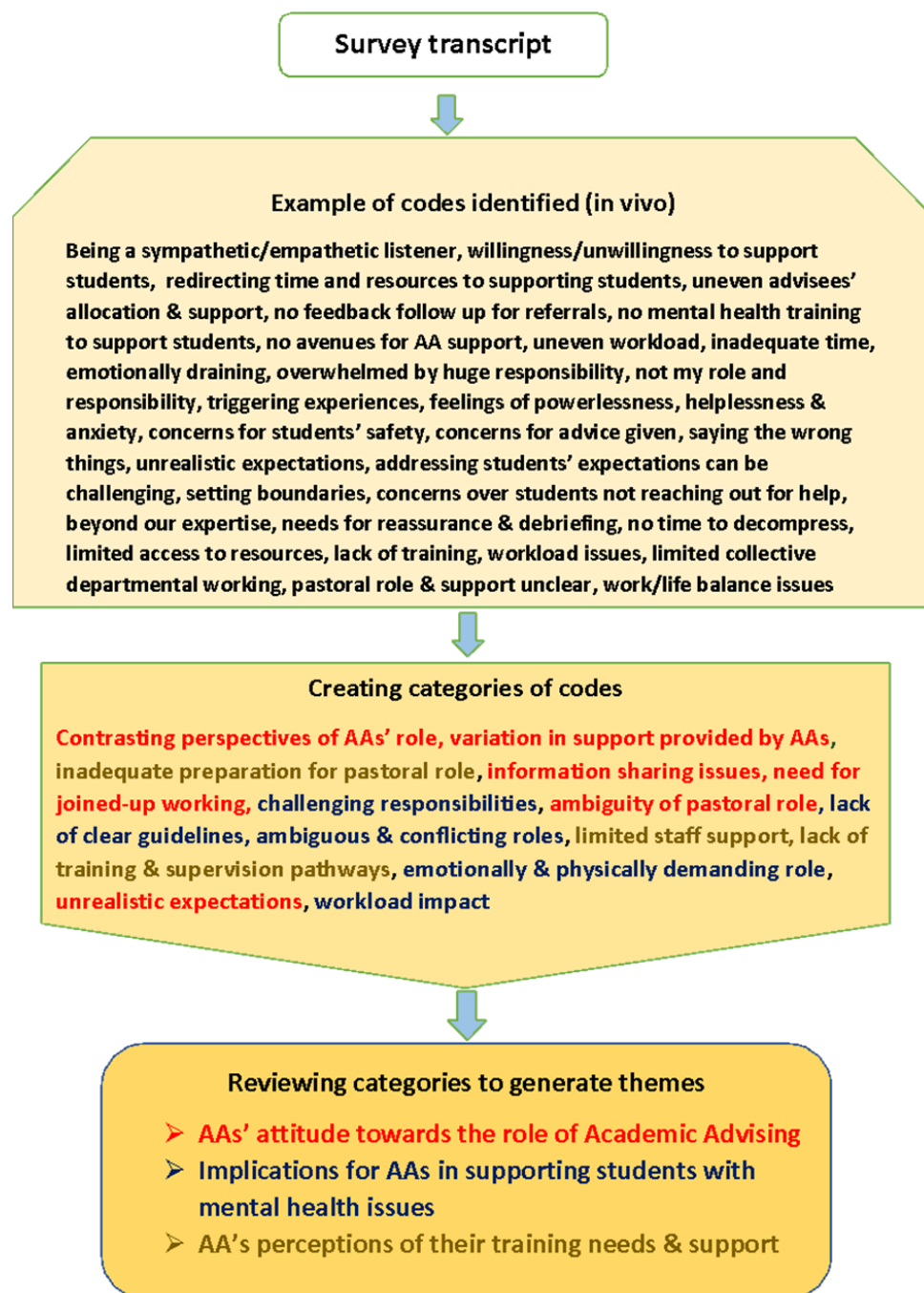


Figure 1 Steps of thematic analytical process

## Statements and Declarations

### *Data Availability*

The data that support the findings of this study are available from the corresponding author upon reasonable request. Due to the sensitive nature of the qualitative data and the assurance of anonymity provided to participants, raw data sharing may be restricted.

## Author Contributions

Conceptualization: PR; Methodology: PR, SM; Formal Analysis: PR, SM, RB; Investigation: PR, SM, RB; Writing – Original Draft: PR, SM, RB; Writing – Review & Editing: PR, SM, RB.

## References

1. <sup>a, b, c</sup>Ramluggun P, Jackson D, Usher K (2020). "Supporting students with disabilities in pre-registration nursing programmes." *International journal of mental health nursing*. Editorial.
2. <sup>Δ</sup>Higher Education Funding Council for England (2015). "Support for Higher Education Students with Specific Learning Difficulties Report to HEFCE by York Consulting and University of Leeds." Higher Education Funding Council for England. <https://dera.ioe.ac.uk/23654/1/HEFCE2015spld.pdf>.
3. <sup>Δ</sup>Rodger J, Wilson P, Roberts H, Roulstone A, Campbell T (2015). "Support for higher education students with specific learning difficulties." York Consulting and University of Leeds. <https://dera.ioe.ac.uk/23654/1/HEFCE2015spld.pdf>.
4. <sup>Δ</sup>Ohadomere O, Ogamba IK (2020). "Management-led interventions for workplace stress and mental health of academic staff in higher education: a systematic review." *Journal of Mental Health Training, Education and Practice*. **16**(1):67-82.
5. <sup>Δ</sup>Grotan K, Sund ER, Bjerkest O (2019). "Mental health, academic self-efficacy and progress among college students – the SHoT study, Norway." *Front. Psychol*. **10**(45):1-11.
6. <sup>Δ</sup>The Insight Network (2020). "University student mental health survey 2020." The Insight Network. <http://www.diginbox.com>.
7. <sup>Δ</sup>Arsandaux J, Montagni I, Macalli M, et al. (2021). "Mental health condition of college students compared to non-students during COVID-19 lockdown: the CONFINS study." *BMJ Open*. **11**:e053231. doi:[10.1136/bmjopen-2021-053231](https://doi.org/10.1136/bmjopen-2021-053231).
8. <sup>Δ</sup>Catling JC, Bayley A, Begum Z, Wardzinski C, Wood A (2022). "Effects of the COVID-19 lockdown on mental health in a UK student sample." *BMC Psychol*. **10**:118.
9. <sup>Δ</sup>NHS Digital (2020). "Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey." NHS Digital. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>.
10. <sup>Δ</sup>Broglia E, Millings A, Barkham M (2017). "Challenges to addressing student mental health in embedded counselling services: a survey of UK higher and further education institutions." *British Journal of Guidance and Counselling*. **6**(4):441-445. doi:[10.1080/03069885](https://doi.org/10.1080/03069885).
11. <sup>Δ</sup>Thomas L (2006). "Widening participation and the increased need for personal tutoring." In: Thomas L, Hixenbaugh P, editors. *Personal tutoring in higher education*. Stoke-on-Trent: Trentham Books; p. 21-31.
12. <sup>Δ</sup>Stephen DE, O'Connell P, Hall M (2008). "'Going the extra mile', 'firefighting' or laissez-faire? Re-evaluating personal tutoring relationships within mass higher education." *Teach. High Educ*. **13**(4):449-460.
13. <sup>a, b</sup>Laws TA, Fiedler BA (2012). "Universities' expectations of pastoral care: Trends, stressors, resource gaps and support needs for teaching staff." *Nurse Education Today*. **32**(7):796-802.
14. <sup>a, b, c, d, e, f, g, h, i, j, k</sup>Ramluggun P, Kozłowska O, Mansbridge S, Rioga M, Anjoyeb M (2022). "Mental Health in Higher Education; Faculty staff survey on supporting students with mental health needs." *Health Education Journal*. **122**(6):601-616. doi:[10.1108/HE-02-2022-0011](https://doi.org/10.1108/HE-02-2022-0011).
15. <sup>Δ</sup>McGill CM, Ali M, Barton D (2020). "Skills and Competencies for Effective Academic Advising and Personal Tutoring." *Frontiers in Education*. **5**:135.
16. <sup>Δ</sup>Wootton S (2006). "Changing Practice in Tutorial Provision Within Post-Compulsory Education." In: Thomas L, Hixenbaugh P, editors. *Personal Tutoring in Higher Education*. Stoke on Trent: Trentham Books; p. 115-125.
17. <sup>a, b</sup>UK Advising and Tutoring (UKAT) (2019). "The UKAT Professional framework for advising and tutoring." UK Advising and Tutoring (UKAT). <https://www.ukat.uk/professional-development/professional-framework-for-advising-and-tutoring/>.
18. <sup>Δ</sup>Wootton S (2007). "An Inductive Enquiry into Managing Tutorial Provision in Post Compulsory Education" [PhD thesis]. Sheffield: Sheffield Hallam University. <https://core.ac.uk/reader/154424660>.
19. <sup>Δ</sup>Gubby L, McNab N (2013). "Personal tutoring from the perspective of the tutor." *Capture*. **4**(1):7-18.
20. <sup>Δ</sup>Broglia E, Ryan G, Williams C, Fudge M, Knowles L, Turner A (2021). "Profiling student mental health and counselling effectiveness: Lessons from four UK services using complete data and different outcome measures." *British Journal of Guidance & Counselling*. **1**-19.
21. <sup>a, b</sup>Hughes G, Panjawni M, Tulcidas P, Byrom N (2018). *Student mental health: the role and experiences of academics*. Oxford: Student Minds.
22. <sup>Δ</sup>Pollard E, Vanderlayden J, Alexander K, Borkin H, O'Mahony J (2021). "Student mental health and wellbeing Insights from higher education providers and sector experts." Department for Education.

23. <sup>△</sup>Hughes G, Spanner L (2019). *The university mental health charter*. Leeds: Student Minds.
24. <sup>△</sup>Yale AT (2019). "The Personal Tutor-Student Relationship: Student Expectations and Experiences of Personal Tutoring in Higher Education." *Journal of Further and Higher Education*. 43(4):533-544.
25. <sup>△</sup><sup>△</sup>NASUWT (2022). "Teacher Wellbeing Survey – 2022: Your Mental Health Matters." NASUWT. <https://www.nasuwt.org.uk/news/campaigns/teacher-wellbeing-survey.html>.
26. <sup>△</sup>McFarlane KJ (2016). "Tutoring the Tutors: Supporting Effective Personal Tutoring." *Active Learning in Higher Education*. 17(1):77-88.
27. <sup>△</sup>Holland C, Westwood C, Hanif N (2020). "Underestimating the Relationship Between Academic Advising and Attainment: A Case Study in Practice." *Frontiers in Education*. 5.
28. <sup>△</sup>Huyton JL (2009). "Significant Personal Disclosure: exploring the support and development needs of HE tutors engaged in the emotional work associated with supporting students." *Journal of Learning Development in Higher Education*. 1.
29. <sup>△</sup>Creswell JW, Poth CN (2018). *Qualitative Inquiry and Research Design Choosing among Five Approaches*. 4th ed. Thousand Oaks: SAGE Publications, Inc.
30. <sup>△</sup>Kelley K, Clark B, Brown V, Sitzia J (2003). "Good practice in the conduct and reporting of survey research." *International Journal for Quality in Health Care*. 15(3):261-266.
31. <sup>△</sup><sup>△</sup><sup>△</sup>Hsieh HF, Shannon SE (2005). "Three Approaches to Qualitative Content Analysis." *Qualitative Health Research*. 15(9):1277-1288.
32. <sup>△</sup>Bartlett MJ, Arslan FN, Bankston A, Sarabipour S (2021). "Ten simple rules to improve academic work-life balance." *PLoS Comput Biol*. 17(7):e1009124.
33. <sup>△</sup>Kingman G (2014). "Doing More with Less? Work and Wellbeing in Academics." *Somatechnics*. 4:219-35.
34. <sup>△</sup>Jayman M, Glazzard J, Rose A (2022). "Tipping point: The staff wellbeing crisis in higher education." *Frontiers in Education*. 7.
35. <sup>△</sup>Wray S, Kinman G (2021). *Supporting Staff Wellbeing in Higher Education*. Education Support. <https://www.educationsupport.org.uk/media/x4jdvxpl/es-supporting-staff-wellbeing-in-he-report.pdf>.
36. <sup>△</sup>Rickett B, Morris A (2021). "'Mopping up tears in the academy' – working-class academics, belonging, and the necessity for emotional labour in UK academia." *Discourse: Studies in the Cultural Politics of Education*. 42(1):87-101.
37. <sup>△</sup><sup>△</sup><sup>△</sup>UUK [Universities UK] (2020). "Stepchange: Mentally Healthy Universities." Universities UK. <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2020/uuk-stepchange-mhu.pdf>.
38. <sup>△</sup>Taylor A (2020). "Overstretched NHS services are sending suicidal students back to universities for help." *BMJ*. 368:m814.
39. <sup>△</sup>Mussen M (2020). "Named and shamed: Eleven unis didn't appoint any new mental health staff this year." *The Tab*. <https://thetab.com/uk/2020/11/27/named-and-shamed-eleven-unis-didnt-appoint-any-new-mental-health-staff-this-year-184447>.
40. <sup>△</sup>DiPlacito-DeRango ML (2016). "Acknowledge the barriers to better the practices: support for students' mental health in higher education." *The Canadian Journal of the Scholarship of Teaching & Learning*. 7(2):1-12.
41. <sup>△</sup><sup>△</sup><sup>△</sup>Gulliver A, Farrer L, Bennett K, Ali K, Helling A, Katruss N, Griffiths KM (2018). "University staff experiences of students with mental health problems and their perceptions of staff training needs." *Journal of Mental Health*. 27(3):247-256.
42. <sup>△</sup>Kitchener BA, Jorm AF (2006). "Mental Health First aid Training: Review of Evaluation Studies." *Australian & New Zealand Journal of Psychiatry*. 40(1):6-8.

## Declarations

**Funding:** No specific funding was received for this work.

**Potential competing interests:** No potential competing interests to declare.