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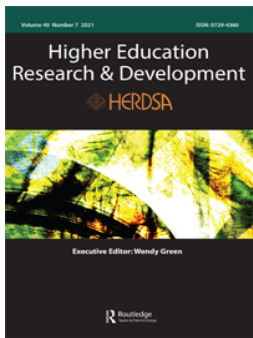
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Taking a ‘whole-university’ approach to student mental health: the contribution of academic libraries

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ABSTRACT

As concerns about student mental health have increased, policy aims have moved towards a ‘whole-university’ approach. The 2017 Universities UK #*Stepchange* framework made this principle a formal part of policy initiatives and legitimises it via its calls for action. The policy distributes responsibility for mental health support across the institution, highlighting four key reasons for intervention: *risk*, *regulation*, *success* and *policy*. However, little is known about how this policy has been translated into practice and how activities for mental health have been adopted into the everyday work of higher education (HE) institutions. This article explores how one service common across all HE institutions, the academic library, has interpreted this call to contribute to student mental health. Using data from a national UK survey alongside policy analysis, this article investigates the strategic rationale and the practicalities of engaging with a whole-university approach. Findings show that local concerns often drove activity, which could be mapped to some aspects of a whole-university approach, but that the boundaries of professional expertise and resources were key considerations in accepting distributed responsibility. More broadly, mental health support was recontextualised to include wellbeing; this made it easier to adopt some aspects of a whole-university approach but focused on prevention rather than *risk* and *regulation*. As a result, activities being conducted in practice did not align directly with the whole-university approach.

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Introduction

University student mental health is a major concern in the UK, as elsewhere (Storrie et al., 2010). Since 2017, attempts to address this challenge have been a formal part of Universities UK (UUK) policy, known as #*Stepchange* (UUK, 2017). UUK, the umbrella organisation representing the executive leadership of UK universities, directs HE strategy. Their focus on mental health is in response to several interwoven concerns:

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- an increase in the number of disclosures of student mental health problems (Thorley, 2017);
- increased demand for university support services, leading to complaints by student unions about lengthening waiting times (Office for Students, 2019);
- in several universities, a number of students dying by suicide in a short space of time, again leading to concerns about the support available (Gunnell et al., 2019);
- an increase in numbers of students leaving university without completing qualifications (dropout rate; seen as a 'hard' indicator of student difficulties) (Hillman, 2021).

Not by degrees: Improving student mental health in the UK's universities, a UUK-commissioned report (Thorley, 2017), recommended a sector-wide response, which led to the #Stepchange strategic framework (UUK, 2017). From #Stepchange grew a rhetoric around a 'whole-university approach' to mental health, focusing on how mental health is affected by the interplay between where students live, their learning, access to support and sense of community.

The whole-university approach outlines how mental health support should not just be a stand-alone service provided by a specialist team. Instead, it should be integrated into all aspects of university life – from design of curricula and assessments to the built environment. This potentially represents a fundamental redefinition of the function of departments and services in the university and asks all aspects of a HE institution to respond to student mental health concerns. This article aims to understand how this policy aim has been interpreted in practice. It uses the academic library as an exemplar for exploring the implementation of a whole-university approach to mental health.

Why libraries?

The academic library might not be the most obvious focus for a study of student mental health, but in the context of a whole-university approach, it represents an interesting case study. For students the library remains central to the university campus as a place to study and socialise. Library building use, often with 24/7 access, has increased despite the availability of content digitally. By reducing physical book stock, libraries have reinvented themselves as study spaces, though they still offer traditional core services including a print collection, electronic resources and training in information literacy (see Dempsey & Malpas, 2018 and Lewis, 2016 on these changes). Students spend time in the library, especially at critical and stressful times such as exam periods.

The academic library is open to all students regardless of disciplinary background. It is a central (rather than departmental) service that was not typically previously seen as having a role in student mental health. The library is in some ways unique: while there are other cross-campus services (accommodation, sports facilities, catering outlets), students can choose their preferred service provider. There is only one library service. The library can position itself as having no stake in student outcomes (such as degree classifications), so it is seen as an inclusive and impartial space.

Previous research refers to the library as the 'heart of the university,' but others debate whether this is still accurate, e.g., Murray and Ireland (2018). In particular, Cox (2018) argues that the library should be seeking new directions as previous perceptions of its central role wane, to ensure it is not overlooked when allocating resources and status

within the institution. For the library, therefore, the need to align to wider institutional priorities may be a driver for taking on a role in the whole-university approach.

Studies have previously explored the role of academic staff in working with students with mental health problems (e.g., Spear et al., 2020), but there has been little focus on other professional groups. The context of the whole-university policy approach creates a need to do so. Academic libraries have long had a supportive role in providing study skills assistance, which partly overlaps with support offered by welfare services (e.g., managing time, planning revision, coping with exam stress). Coupled with the accessibility of the library space, this has led to some librarians suggesting that the library is an ideal location to implement interventions that support student mental health. Example activities to reduce stress during exam periods that have been advocated include providing games and offering refreshments, and campaigns to promote good mental health (Bladek, 2021; Brewerton & Woolley, 2016). Previous analysis suggested that academic libraries do not always have a clear understanding of the nature of student mental health issues, or well-conceived ways of measuring the impact of interventions (Cox & Brewster, 2020).

Nevertheless, there has been a little systematic study of how the whole-university approach has impacted library work (or, indeed, work across all aspects of university life). This article first presents an in-depth analysis of *#Stepchange* as a legitimising discourse, interrogating policy goals. It then uses empirical data collected in a national online survey of academic libraries to compare the policy with activities in practice, highlighting the gap between the two. By examining the rationale that librarians report for including mental health support in library work, and mapping it to the whole-university approach framework, this article offers an analysis of the translation between high-level strategy and in-practice activity.

Policy analysis: *#Stepchange* as a high-level strategy

Building on critical discourse analyses (e.g., Fairclough, 2009; van Dijk, 1993), and policy-as-discourse perspectives (e.g., Shaw, 2010), a policy is framed here as a genre that aims to influence activity in the service of certain interests. The concept of legitimising discourses problematises the linguistic strategies used to normalise ideas in the interests of social groups. Key questions include: *why this priority or problem? why now? why is this the proposed solution?* Policy is thus analysed as ‘ways of organising meaning-making practices’ (Lewis & Simon, 1986). In reflecting critically on the representation, narrative structure and texturing work (highlighting what is valued) in policy documents, such analyses explore the relationship between the motivation for activity and the implementation of this activity (practice). Applied to UUK policy, it can help to understand how the rationale for a whole-university approach is constructed.

#Stepchange was ‘refreshed’ in May 2020, at the same time as our survey data were being collected. The broad focus remained the same, but the refreshed strategy reflected an important linguistic shift that is relevant here: the inclusion of wellbeing alongside mental health. The 2015 *UUK and Mental Wellbeing in Higher Education Working Group good practice guide* focuses almost exclusively on making recommendations about student mental health despite its titular reference to ‘mental wellbeing’ (UUK, 2015). The 2017 *#Stepchange* document concentrates on mental health, stating

that ‘mental health matters. It affects our relationships and our wellbeing’ (UUK, 2017); by the 2020 iteration, ‘our shared vision is for UK universities to be places that promote mental health and wellbeing’ (UUK, 2020). This alteration of language demonstrates how the placement of concerns around student mental health has broadened beyond diagnosed conditions and can be seen as a further instance of the medicalisation of normal human emotions (Horwitz & Wakefield, 2007). With this in mind, this analysis draws mainly on the 2017 *#Stepchange* as the strategic steer underpinning activity undertaken and reported on by participants but also considers the changing context of discourses around wellbeing.

For *#Stepchange*, motivation for action is justified in terms of risk, legal responsibility and student achievement, emphasising the importance and implications of the problem. *#Stepchange*, as a framework, seeks to present a clear rationale for a focus on student mental health. It calls for partnerships and joint responsibilities with parents, schools, employers and the National Health Service (NHS), therefore shifting the burden of activity away from solely being located in the university. By considering mental health as a ‘shared’ priority, rather than belonging to one agency or group, it configures universities as ‘health settings’ (UUK, 2017, p. 9). This representation is key; by recontextualising mental health as a shared responsibility, it becomes what Fairclough (2009) describes as a ‘social problem’. Responsibility for solving the issue is thus distributed rather than being solely an issue that has to be solved by UUK.

#Stepchange highlighted four reasons for intervention: *risk*, *regulation*, *success* and *policy* (UUK, 2017). The first, *risk*, speaks to concerns about increases in disclosure of mental health problems, suicide and demand for support. As a legitimising discourse, this is arguably the most powerful. Young adults undergoing the transition to independence are seen as vulnerable to distress. Widely quoted figures highlight an increased prevalence of mental health problems in the student population (Thorley, 2017). Studies have shown that psychological wellbeing declines while at university (Bewick et al., 2010). The incidence of suicide also increased within the university student population between 2000/2001 and 2016/2017 (Gunnell et al., 2019), though the incidence was lower than the rate in non-students of the same age. Reviewing the mental health of university students in Australia in comparison with age-matched non-students showed that students’ mental health was generally better (in part due to relative wealth compared to non-students) (Cvetkovski et al., 2019). This raises the question of whether *student* mental health should be a particular area for intervention, suggesting that more resources should be allocated to young adults who do not attend university. Rather than university life increasing risk of mental health problems, it may decrease risk, undermining the rationale for intervention presented.

However, as Wessley (2019) highlights, even if the prevalence of mental health diagnoses is lower in students than in the general population, increased participation in HE does still mean that there are more students who need support. This places greater demand on existing services, leading to longer waiting times and potentially more adverse outcomes. Risk of harm can be seen as an ethical duty for intervention, but it also speaks to a fear of liability.

The second reason for intervention, *regulation*, focuses on the legal duties that universities have around safeguarding, and under equalities legislation. The Equality Act (HM Government, 2010), which includes disability as a protected characteristic, outlines the

legal duty to make reasonable adjustments for people with disabilities including mental health problems. Access to supportive services that enable students to continue with their studies is therefore a legal requirement. As student numbers increase, pressure on access to these specific services for mental health support increases, potential costs for universities rise and long waiting times affect student satisfaction and attainment.

The third justification for a whole-university approach, *success*, addresses concerns around student achievement, retention and satisfaction rates. Distress and poor student outcomes have financial implications for universities; there is an economic imperative to ensure that students respond positively to the university experience. Within the market logic of HE, the proliferation of the representation of the 'student experience' reinforces the recent positioning of success as more than academic achievement (Pötschulat et al., 2021). Universities compete against each other to recruit students and their associated tuition fees, and so sell student status as an 'aspirational category' (Pötschulat et al., 2021). Discussion of poor mental health affects the desirability of student status, leading in part to the UUK intervention via *#Stepchange*. Here, the concern is less around negative effects on students themselves, but instead *success* emphasises the potential risk of not delivering on promised outcomes.

Finally within *#Stepchange*, *policy* states that mental health is increasingly seen as a cross-party governmental priority. This suggests a general direction of travel towards considering the importance of mental health across all settings. By identifying relevant national and international policy, mainly from the NHS and World Health Organisation, an intertextuality is created which further legitimises mental health as a sector-wide priority.

Through these four themes, a narrative is created that positions individual universities, and UUK as a strategic body, as caring organisations with responsibility for student mental health. By formulating an argument in which student mental health is a social problem that requires action, *#Stepchange* seeks to create a rationale for changes to services and structures. However, by distributing responsibility across the institution via the whole-university approach, it also evades leadership obligations. Responsibility for student mental health becomes a nebulous aim, positioned as part of the everyday work of teaching and learning and everyone's responsibility. This integration into expected activity also seemingly justifies the lack of resources allocated to the problem.

While a whole-university approach is constructed, it is difficult to see how different parts of the university community can contribute to realising this priority. No specific examples are given within *#Stepchange* as to how departments or services might address issues of *risk*, *regulation*, *success* or *policy*. One case study, which outlines a cross-university 'task force' focuses on how resources (£500,000) were required to better integrate university and NHS services following several student suicides. The brief details given imply that university mental health services led and completed this work, rather than it being a distributed responsibility that constitutes a whole-university approach.

Alongside this broad rationale, *#Stepchange* outlines four specific areas for intervention. Framed as *learning*, *living*, *community* and *support*, these areas highlight where a whole-university approach could be put into practice, though again little detail is provided about how this may be done. While this lack of detail could be seen positively,

in that it allows for flexibility and local relevance, there is no sense of the potential difficulties that may be encountered when trying to intervene in students' learning and lives, or acknowledgement that some areas themselves may contribute to poor mental health. For example, *learning* can be difficult and frustrating as well as positive and developmental. Students may fail assignments, and feel pressured to succeed in a grade-based system. They may not see grades as a reflection of their efforts and may worry about the impact of poor grades on their future employment prospects. Completing assignments that are seen as unfair, arbitrarily marked and/or not representative of content learned can have a negative impact on mental health (Jones et al., 2020).

#*Stepchange* then provides some broad principles (Table 1) accompanied by two checklists, focused on strategy and implementation. It suggests that 'every institution will want to adapt it to context, building on strong engagement with students and staff and a robust evaluation of need' (UUK, 2017). In this way, #*Stepchange* aims to establish local relevance.

While #*Stepchange* establishes mental health as a problem, it is less clear about why a whole-university approach is a solution. Of its framework categories (Table 1), some seem more suited to translation into in-practice activities, while others (e.g., *leadership* – *make mental health a priority*) remain at the strategic and abstract level. While the framework emphasises how responsibility for students' mental health should be distributed, it obscures who is (or should be) accountable. A whole-university approach constructs the university as health setting but diffuses responsibility.

Table 1. #*Stepchange* framework areas of activity as outlined in the original document (UUK, 2017).

Framework category	Detailed examples provided
Leadership	Make mental health a priority; Galvanise support among staff and students; Lead a whole-institution approach to mental health; Allocate resource
Data	Measure baseline: need and current practice; Deploy evidenced interventions and adopt successful practice; Conduct robust and transparent audit of progress; Align learning analytics to student wellbeing
Staff	Provide training in mental health literacy and health promotion; Allocate time and resource to staff support for student mental health; Align student and staff mental health; Build mental health – and health – into staff performance
Prevention	Audit and enhance learning, social, physical and digital environments to promote mental health; Promote healthy behaviours especially regarding drugs and alcohol, sleep and nutrition; Promote diverse, inclusive and compassionate culture; Provide learning and tools for self-care and positive mental health
Early intervention	Run campaigns against stigma; Provide mental health literacy training to staff and students; Encourage disclosure via champions and open discussion; Create inclusive communities of learning and peer support ^a
Support	Configure range of effective services and evidenced interventions; Audit need and service provision on a regular basis; Ensure effective signposting of support; Ensure that academic policies – adjustments – align with support
Transitions	Foreground mental health in discussions with parents, schools and colleges; Enhance inclusive support for students during transition periods ^a ; Focus on susceptible or vulnerable groups during transitions; Discuss mental health with employers
Partnership	Develop regular high level links with NHS commissioners and services, local authorities and third sector; Develop local strategies and action plans on student mental health, student suicide; Encourage integrated approach of university support services with local primary care and mental health services; Ensure signposting

^aThe original document refers to 'intrusive communities' and 'intrusive support' but the authors have taken the liberty to correct these assumed typos.

It can be argued that some services will be better positioned to take on aspects of work than others. For academic libraries, for example, it is unclear how this policy might be turned into practice. One of the four justifications for a whole-university approach, *success*, could be a priority area for the library, with the provision of resources and study skills support already part of the library's everyday work. However, it is unclear how this supports good mental health outside of the library's broader *raison d'être* to support student learning.

Considering the library's role in the provision of information and delivery of data management services, activities around *prevention*, *early intervention* and *data* might be initially identified as appropriate. The repeated references in *#Stepchange* to signposting (information provision) and creating inclusive communities might also be seen as relevant to the library. Despite *#Stepchange*'s calls to action, little is known about how this strategy has been interpreted by universities or implemented in practice, leading to the present study.

Empirical data: collection and analysis

Having seen how *#Stepchange* seeks to construct the whole-university approach, the article now turns to empirical data to seek to understand how the policy materialises as practice in one setting, the library. To understand how policy was influencing practice, we mapped the activities being conducted in libraries connected to mental health and wellbeing and investigated the rationale for introducing these activities. A national survey was selected as the most appropriate data collection method to supplement the policy analysis. Data were collected via an online questionnaire. As no validated questionnaire addressing the research questions was available, a new questionnaire was designed by the research team (Boynton & Greenhalgh, 2004). It was piloted with library staff from three universities before being distributed nationally via established professional network mailing lists and social media. The survey was open for two weeks in May 2020. This means that data were collected in the context of the Covid-19 pandemic, while the UK was under its first 'lockdown' and university campuses were closed. One research question for the broader study was to understand the academic library response to supporting well-being during the pandemic; these data are shared elsewhere (Cox & Brewster, 2020).

Ethical approval was granted by the Lancaster University Faculty of Health and Medicine Research Ethics Committee. Written information about the study was provided to all potential participants and completion of the questionnaire was taken as consent, as explained in accompanying information. Personal data (name of university/employment role) were collected to enable cross-referencing, but analyses were performed on de-identified data.

Questionnaire data was amalgamated to ensure participant anonymity. Questions were focused on current activities that aimed to improve mental health. The questionnaire was split into two sections, one focused on pre-pandemic activity, and one on changes during campus closures; as stated, this article uses the former dataset. Most questions were closed, but two open questions allowed participants to give further details, and additional questions were emailed to consenting participants, allowing for longer elaboration of responses. Most questions allowed respondents to choose multiple options (e.g.,

to describe all activities) but some (e.g., the main reason for prioritising mental health) required one selected response.

Overall, we received 59 valid responses from 50 different HE institutions; de-duplication left 53 responses from 50 different institutions (separate responses from Cambridge colleges were retained). Thirteen responses were from Russell Group institutions; most responses came from England, and one response from the Republic of Ireland was retained. There are around 160 UK HE institutions, with UUK representing 137 universities. Given this, our response rate is 31% (49/160), which is comparable with other nationally distributed online surveys. However, there is a likelihood of non-response bias, with universities not conducting activity in this area less likely to respond. Due to the timing of data collection, this is difficult to confirm. The response rate may have also been affected by staff being on furlough¹ and unable to respond to email. Conclusions, particularly descriptive statistical analyses, should still be regarded as tentative. However, they provide insights into activities conducted that can be usefully related to policy analyses.

Quantitative data were analysed using descriptive statistics, counting common activities conducted (Fielding & Gilbert, 2006). Open text comments were analysed thematically, exploring why the activities were conducted and perspectives on the library's remit. The activities conducted and rationale were then analysed in relation to *#Stepchange* (Table 1), using conceptual mapping of the representation, narrative structure and texturing work to consider the interpretation of policy.

In-practice activity: the library contribution to mental health

In considering library activity in relation to *#Stepchange*, we were able to see how one university service interpreted their work in the context of a whole-university approach. Overall, responses about activities conducted reflected diverse perspectives: some participants saw supporting mental health and wellbeing as a core activity, while others confined their role to signposting to other services. Most activities related directly to key library services, such as providing a specific resource collection. Responses suggested that the main approaches were based on the print collection, either via self-help books (79%) or through leisure reading (72%). Encouraging good study practices such as taking regular breaks, using promotional campaigns (60%) was quite common. The creation of dedicated spaces or spatial redesign were seen as potential areas for intervention. Such activities can be said to be rooted in common understandings and capabilities of a library, e.g., as a collection and a space. In some institutions a wide range of activities (e.g., houseplant give-aways, inspirational quotes, imposter syndrome workshops) were given as examples. Considering why these mental health activities were being conducted indicated that the library's focus often reflected university priorities, but not in a passive way. The library was actively seeking to engage with the agenda. Respondents were aware of the inclusion of mental health within university policy and were influenced by the prevailing discourse around mental health. Although not directly addressed in the survey, there was no mention of additional budget in free-text responses (instead references were made to budget constraints); further informal discussion confirmed that library services were allocating existing resources into student mental health.

Open text responses² highlighted student issues that libraries felt they could respond to.

We have a good health guide recommending effective ways to take a break from study, improve sleep patterns, promote mindfulness etc.

Activity was sometimes offered in partnership, with the library providing some aspects of the service (e.g., hosting a book collection) and other expertise informing others (e.g., selecting texts for the collection).

Maintaining a collection of self-help literature and course guides provided by the University Wellbeing service and the local NHS psychological services.

We also feel strongly that a collaborative approach across the University is most effective and we are pleased to be part of the mental health strategy group for the University. Our Shelf Help collection has been built collaboratively with colleagues in Student Services.

Other activity demonstrated evidence of a whole-university approach, with library staff making a contribution to service review across the institution or working with student services to signpost, publicise or host activities.

Involvement in a review of Student Mental Health Support across the University - University Librarian part of review panel and interview panel for a lead professional appointment.

Working cross institutionally with student and staff wellbeing services to cross-refer/market and to allow them to offer drop-in type activities in the Library building.

Mapping this activity to *#Stepchange* (Table 1) demonstrates how libraries have made a targeted interpretation of the policy (Table 2).

Connecting policy and activity: outlining the rationale

Often, the connection to the *#Stepchange* principles was implied rather than explicit. Wider institutional policies were cited as a rationale for involvement in student mental health support. The relationship between the institution's goals and those of the library was ad hoc rather than a co-ordinated endeavour that could be described as a whole-university approach. This demonstrates difficulties in intervening, but a commitment driven by awareness of student mental health as a problem.

For many respondents (46%), motivation for activity around mental health was rationalised as taking the initiative to align with university strategy, with 20% responding to demand and 11% formally co-ordinating. Some saw the potential for the library to be at the centre of driving change.

As a third space, Library should take the opportunity to get involved mental health initiatives and help drive the agenda.

For other respondents, rather than the library leading change, the library's role was more responsive.

As previously mentioned we are mainly a referral route for student mental health and wellbeing our focus is more on teaching and learning support plus signposting.

There was evidence that some did not see the library as having a contribution to make; respondents expressed frustration about this, but had been able to overcome concerns.

Table 2. Reported academic library activities mapped to the #Stepchange framework suggested areas of activity (UUK, 2017).

Framework category	Example activities	Interpretation in library activity
Leadership	Mental health campaigns Resourcing appropriate book collections	Responses did not evidence aspirations to lead a whole institution approach to mental health, despite the library's central role/openness to all. There is some evidence that libraries make mental health a priority, but mainly via promotional campaigns; these campaigns do galvanise support among staff and students. By purchasing appropriate book collections, there is evidence that they allocate (financial) resource
Data	None, though a role could be played in measuring engagement via book usage. However, surveillance via data is often seen as in conflict with professional values	No role in measurement, audit or analytics around mental health, although librarians possess relevant skills in data management and analytics. Little evidence that interventions are evidence-based (see Cox & Brewster, 2020). Little evidence of formal evaluation/ measurement of impact of conducted activities
Staff	Mental health training Mental health champions	Many library staff had accessed training for mental health promotion. Some evidence of allocating time and resource to staff support for student mental health but little discussion of aligning student and staff mental health or building mental health into staff performance
Prevention	Providing self-help books Recommending leisure reading Promotional materials around taking a break	Academic libraries activities coalesced around the idea of prevention, particularly promoting healthy behaviours and a diverse, inclusive and compassionate culture. In the book collections discussed, they provided learning and tools for self-care and positive mental health
Early intervention	Mental health champions Mental health campaigns	Again academic libraries focused on early intervention, particularly creating inclusive communities of learning. There was less evidence of other aspects e.g., the library does not provide training or encourage disclosure
Support	Provision of information about other university services	Little evidence of engagement with support apart effective signposting to support
Transitions	None	No mention of transition-specific support or engagement with external stakeholders (parents/schools/colleges/employers)
Partnership	Visible in recommendations for book collections and library as a location for external events	Occasional mention of links with external stakeholders (NHS commissioners/services, local authorities and third sector) or signposting to external partners

We found that the University was doing a lot in separate departments, often united but excluding the Library which was frustrating. So we reached out to other leads in those departments and we now have a more united approach.

Taking a 'joined up' approach was a big concern; there were repeated comments that libraries should not try to 'replicate' what other services offer.

The university goal is to create a space where wellbeing is forefront and an environment where mental health can be discussed more openly and without stigma. The library has a responsibility to contribute to the creation of this environment. We aim to achieve this by communicating effectively with other departments across the university to ensure that our efforts compliment their work rather than duplicating it.

This directly speaks to the rhetoric of *#Stepchange*, outlining the responsibility to address mental health stigma. Further comments highlighted that the line between supporting study and supporting mental health, especially around early intervention, was sometimes blurred.

It is difficult to draw the line between supporting wellbeing and simply highlighting services that were already on offer but that students may not have been aware of e.g., certain e-resources.

These quotes identify challenges around taking on responsibility – and therefore accountability – for mental health support. They also surface conceptualisations of student success; one particular focus within the responses was on addressing concerns around study. Building community, addressing general anxieties and providing information were seen as important. The response below suggests a complex conceptualisation of mental health and wellbeing, but at the heart is a recognition that studying itself is stressful.

[We are] creating a collaborative and supportive environment through mapping user experience and understanding their needs. Small details, such as supportive messages on our white boards and random acts of kindness (tea-bags and notes hidden in book shelves) go a long way with our students and we receive many comments of thanks.

The language used – kindness and collaboration – contrasts strongly with that of *risk, regulation, success* and *policy* as a motivation for intervention.

Discussion

By focusing on the activities conducted by UK academic libraries, and the stated motivations for these activities, it is possible to examine how the strategic focus on student mental health and the implementation of a whole-university approach have been realised in everyday activities. These activities often aligned to broader university goals, catalysed by *#Stepchange* but were the product of localised concerns rather than being explicitly driven by a whole-university approach.

Examining suggested examples (Table 1) in relation to real-world activity shows some connection between policy aims and practice (Table 2). For example, recommending self-help books and signposting taking a break could be seen as *promoting healthy behaviours* and/or *providing learning and tools for self-care and positive mental health (prevention)*. Example activities in free text comments also suggest that libraries were working to *promote diverse, inclusive and compassionate culture (prevention)* and *creat[e] inclusive communities of learning and peer support (early intervention)*. There was clear recognition of the importance of partnership working. In these ways, the academic library was conducting activity that could clearly be mapped to a whole-university approach.

However, there were also some potential activities that could be seen to be within the library's remit which were not mentioned by respondents. This could be because they were not considered to be relevant examples by those completing the survey, or because they were not being conducted in libraries. Academic libraries did not engage with potential activities around data or information about students via learner analytics. The focus was on the promotion of positive aspects of mental health (or wellbeing) rather than symptoms or working to prevent student suicide.

Broader policy goals from *#Stepchange* influenced practice but were interpreted in light of professional expertise. This both reflects and contributes to the shifting discourses around mental health, including the broadening to include wellbeing, and has two main consequences in this context. First, it can be argued that including wellbeing in practice is a direct response to a recognition of the boundaries of expertise by those being given responsibility for mental health such as librarians. As noted above, activity did not focus on *risk* and *regulation* – areas more traditionally associated with trained mental health specialists – but instead was positioned as preventative. While a whole-university approach may make all accountable for student mental health, this indicates some push back against being given this accountability. The activities reported on here were often very broad, and driven from the ground up, suggesting that non-specialists were unwilling to claim mental health expertise or to take on activities outside their scope. The more nebulous language around wellbeing enabled greater ownership of involvement and demonstrated how activities could be constructed as beneficial to mental health without directly addressing symptoms of mental health issues.

Second, the linguistic shift to include wellbeing expanded the scope of relevant activities conducted under the banner of mental health support. These two shifts have particular relevance in the academic library, where students spend a lot of time, at times of increased anxiety like examination season. Focusing on the ‘and wellbeing’ element recognised that sometimes students were presenting with mental health issues when different support was required. As mental health professional Streatfield (2019) comments: if a student is anxious about examinations, they benefit more from study skills sessions on examination techniques than counselling for their anxiety. This also expands the focus from treating the symptoms of poor mental health to addressing its causes. Library staff were more able to contribute to providing such non-medicalised support, which aligned better with their professional expertise.

By constructing student mental health as a social problem, *#Stepchange* promotes a need for activity with responsibility distributed throughout the university. The cascade or translation of policy into tangible activities shows that responsibility for mental health was distributed, but there was little evidence of a similar distribution of power or resources. Libraries are doing more but without more resources.

However, in reframing the social problem (evidenced in the in-practice activity conducted), the library started to take steps to acknowledge the causes of poor mental health rather than merely treating the symptoms. Library activities start to acknowledge how some of these stressors may be products of the university environment itself, particularly around examinations and employability. Understanding what *success* is to students led to legitimisation of activities; the mismatch between expectations and experiences leads to disappointment, as well as feelings of failure and isolation (Whittle et al., 2020). Pötschulat et al.’s (2021) interrogation of student-experience-as-concept outlines how the positioning of universities within a market logic leads the student experience to become something to be ‘safe-guarded’ as well as constructed by the university and then reinforced by student expectations.

Limitations and future research

As noted, the survey response rate may have been affected by staff availability, and responses may represent libraries with interests in mental health rather than being

widely representative. However, the rationale for undertaking these activities shows how broader policy influenced practice but was interpreted in light of professional priorities. Further research could create institutional case studies, interrogating national strategy in relation to local policy. A more qualitative exploration would also supplement data collected here. Further research could draw together different professional groups (beyond the library) to explore how the whole-university approach may be understood and operationalised.

Conclusion

#Stepchange presents an example of a policy which aims to affect universities' strategy, but one that has been interpreted in different ways in practice. Promoting good student mental health is positioned as a priority which contributes to wider goals (avoiding adverse outcomes like high dropout rates). Although *#Stepchange* aimed to distribute responsibility across the institution as a whole, academic libraries have intervened only in areas in which they consider themselves to have relevant expertise. While the market logic of university sector may drive policy, libraries' attention on student development shapes the outcomes. *#Stepchange* did not provide resources, instead relying on individual institutions to construct meaningful activity at a local level. This led to some resistance to taking on this responsibility.

This article contributes to discussions around HE discourse by examining how policy aims materialise in practice. By interrogating top-down intentions and contrasting them with in-practice activity, the article shows how these intentions can be diverted and shifted but may become more relevant to students. The translation between high-level strategy and in-practice activity is not always straightforward. Although *#Stepchange* includes *community* and *support* as areas for intervention, its overarching focus on *risk*, *regulation*, *success* and *policy* does not align directly with the activities being conducted in practice.

Notes

1. The UK government's Coronavirus Job Retention scheme (furlough) enabled employers to allocate temporary paid leave to employees during the pandemic.
2. All indented quotes are free-text survey responses.

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