**Introduction**

Student mental health and wellbeing is increasingly discussed internationally using a language of crisis.(1,2) A systematic review and meta-analysis reported a pooled prevalence of 21% for depression and suicide-related outcomes in students.(3) Very high rates of depression and anxiety have been found in graduate students in particular.(4) There is growing consternation about the disparity between high levels of demand and available resources for student mental health, especially in austerity regimes installed after the 2007–8 financial crisis,(5) and data gathered during the pandemic have indicated further pressure on students’ mental health.(6,7) Several countries – including the UK, Ireland and Australia – have developed policies to address student mental health.(5,8–10) While discourse concerning poor student mental health is highly visible, there is no agreement over whether and by how much student mental health and wellbeing have declined, how best to conceptualize and measure each of these constructs,(11) whether poor mental health and wellbeing is more prevalent in students than in non-student cohorts of the same age, and what causes poor mental health and wellbeing in students.

However, growing attention has been given to features of university life that might undermine mental health and wellbeing. For example, a narrative synthesis within a systematic review of international students indicated that academic pressures, financial pressures, and sexual harassment may precipitate or worsen various mental health problems.(3) The UK’s research funding agency has funded the SMaRteN network, which aims to understand the institutional and social factors – including housing(12) – that contribute to poor student mental health and suggest interventions.(13)

We welcome the emphasis on wider institutional and social factors, and argue that we must also interrogate the infrastructures, frameworks and approaches being embedded to support student mental health and wellbeing.(14) In the UK, which we consider here as an exemplary site, these infrastructures rely extensively on digitalisation and the involvement of corporate actors, which bring multiple political and ethical implications. However, literature and data on student mental health and well-being rarely address the systems and infrastructures used in higher education (HE),(15) and the fragmentation of evidence used obscures potential causes of ill health.(16,17) Social theorists have addressed how the political-economic configurations of late capitalism have damaging psychosocial effects, at the same time as they magnify focus on producing and measuring subjects’ ‘wellbeing’.(18) Yet dominant UK approaches to student mental health – arguably because they are embedded in a sector that has itself been highly financialised over the last quarter-century, with many deleterious consequences (19) – has largely sidestepped consideration of either. This Short Communication therefore aims to advance analysis of the roles that infrastructures, digitalisation, and corporate actors play in current approaches to university mental health and wellbeing in the UK.

**Tracking UK approaches**

Concerns around student mental health extend in the UK at least back to the 1940s.(20) The changes in the HE sector under New Labour introduced new legally mandated responsibilities for universities in relation to student mental health, and helped embed individualized models that tied student mental health to employability.(21) The steady stream of policy documents and grey literature regarding student mental health across the twenty-first century(22,23) intensified from 2017 onwards – in part as a response to a series of student suicides.(24) In 2017, Universities UK (UUK), the representative body for UK universities, published a framework (‘step change’) for addressing the mental health and well-being of university students;(25) the Institute for Public Policy Research (IPPR), a think tank, published its report on improving student mental health(26), which was funded by UUK(27); and Student Minds, the UK’s student mental health charity, published a report on supporting mental health in university accommodation.(28) Data additionally indicated that ‘dropouts’ owing to mental ill health trebled between 2009-10 and 2013–14.(29) In 2019, the Office for Students (OfS), the new regulator for English universities, launched a competition on student mental health that explicitly encouraged digital approaches and partnerships with other kinds of organisation (including private companies).(30)

There is broad consensus in many recent policy documents on the importance of a whole system approach. UUK’s refreshed 2020 ‘Step change’ approach(10) pointed to the need to combine health promotion initiatives (e.g. around healthy sleep patterns) with the development of healthy cultures and environments. UUK noted that this demands working closely with accommodation providers and enabling co-production with students and staff. While many of these ‘whole system’ policy aspirations sit firmly within established public health approaches to community-centred health, they also entail significant rebalancing of university resources and investments. This involves implementating and intensifying use of infrastructures and data, as well as expanding new relationships between universities and other entities.

Recent years have witnessed a restructuring of mental health and counselling provision in universities, as well as the growing involvement of corporate actors.(31) We have tracked ongoing outsourcing of counselling provision to private providers, and a significant shift towards the procurement of digital tools (including mental health and well-being apps) and data analytics (Figure 1). Such approaches attempt to measure and reduce risk – not only clinical risks to students, but the risk to university ‘drop out’ rates from poor student mental health, and the risk to university reputations through instances of suicide. Digital tools are not only being used to deliver online counselling, cognitive behavioural therapy and self-administered therapeutic programmes, but are being rolled out across campuses to ‘nudge’ students towards healthy/productive behaviours.(32,33). Mental health MOOCs, delivered through private company platforms, are also in use.(34) Little is currently known about the impacts of such tools on student and staff mental health, or on the university as a whole.

**INSERT FIGURE 1 NEAR HERE**

The restructuring of mental health in UK universities bears similarities with recent transformations in NHS mental health provision.(35) In response to the call for budgetary control, the NHS Long Term Plan(36) proposed use of digital tools and external services. This proposal is referenced by UUK(10) and the OfS(37) to favour digitisation and data analytics for student mental health. In many universities, expanding student intakes, combined with the effect of large campaigns against stigma (e.g. ‘Time To Change’) entail higher levels of disclosure, as well as higher demand for counselling and mental health services. Many UK universities are responding by introducing digital services, while providing mental health self-care workshops to reduce demand. The effect of these approaches is a proportionately reduced access to counselling. While it has been argued that the digital environment may offer a viable alternative to traditional counselling/psychotherapy for the ‘digital native’ generation,(38) the development and implementation of digital mental health services outpace their evaluation. The selection of new therapeutic technologies tends to not be assessed by independent clinicians, but instead depends on the expertise offered by product developers.

The policy assemblage relating to mental health in UK HE is, concomitantly, significantly reliant on positive psychology and behavioural economics approaches,(39) and increasingly favours digital educational technologies and data analytics. These take the form of resilience training workshops and behaviour tracking and ‘nudging’ apps and platforms (typically procured from charities and private providers). Widely adopted examples are the ‘Mentally Healthy Universities’ programme delivered by charity Mind and funded by Goldman Sachs, the positive psychology and ‘mental fitness’ app Fika, and the health tracking app UniWellBeing. A project led by Northumbria University asks students to fill in the WHO Five Wellbeing Index (WHO-5), in order to build a predictive model to help identify students potentially at risk, with the aim of offering early intervention through email nudges identifying sources of service support.(40) The use of data analytics to process data from these apps for health tracking and to assess risk of student distress and suicides is heavily promoted by JISC, the non-profit organisation which operates digital infrastructure and services for UK HE and negotiates sector-wide deals with IT companies.(41) Automated risk assessments operate in a circular way, by linking mental distress to student performance, and vice versa. Positive psychology and an entrepreneurial model of ‘mental health’ – both of which have been aligned with intensified forms of performance management(42) – are increasingly positioned as an employability asset. Student retention and employability, the assumed correlates of mental health, come to stand in for the problem of student mental health itself. These approaches, do not only further embed the relationship between mental health in universities and economic productivity, but they could be exacerbating student anxieties about academic and economic achievement, to the detriment of their mental health.

**Assessing current approaches**

Greater collective deliberation over the implications of this restructuring is required, particularly as regards:

*1 Gaps in evidence and evaluation*

Initiatives to address student mental health in and beyond the UK frequently lack robust evidence.(43,44) A systematic review of digital mental health interventions in college students concluded that while such interventions ‘can be effective’, many studies, when assessed for quality, had a ‘moderate-to-severe risk of bias’.(45) Another systematic review on the efficacy of learning analytics interventions in HE concluded that there ‘there is very little on the effectiveness of [learning analytics] interventions’ in general; it included no published studies that documented improvements in student well-being.(46) Lack of high quality evidence for these approaches not only carries the risk of ineffectiveness, but also of unknown, potentially deleterious consequences.

*2 Student involvement*

While universities and HE sectoral organisations emphasise the need for consultation with students,(33) assessing co-production in the design and implementation of mental health and wellbeing initiatives is difficult. How systematically students and staff are being consulted about learning analytics and other data to measure and potentially intervene in relation to mental health remains unclear, as does the extent to which students with serious and ongoing mental health problems, whose lives are likely to be most affected by these technologies and infrastructures, are involved. In 2019, students at the University of Exeter complained about the app Enlitened (which tracks student wellbeing and was designed by The Student Room company) giving promotional talks during lectures and app surveys that bypassed the student union;(47) the university’s trade union branch also raised concerns that Enlitened data could be used to monitor staff performance, and voted a motion against it.(48)

1. *New markets and data*

New actors, such as private accommodation providers, are being drawn into the governance, surveillance, and, potentially, interpretation of data concerning student mental health and wellbeing. This raises many ethical and political questions about who will benefit, and how, from these new infrastructures and partnerships. Ongoing concern over the NHS’s data extraction ‘GP Data for Planning and Research’ programme shows how difficult it can be to maintain the trust of those whose data are being used (and potentially exploited) when processes of data-sharing are opaque and commercial interests are involved.(49)

Identifying students ‘at risk’ of mental distress and suicide through the use of algorithms is at an early stage, and there remain many methodological and ethical challenges.(14,50,51) As with other methods used to determine mental health risk, algorithmic approaches will continue to be inextricably linked to questions of social and political values as much as to statistical difficulties.(52) As is frequently the case with digital mental health technologies, policy recommendations and adoption appear to be preceding research and evaluation.(38) Much research on analytics in relation to student mental health is currently led by the same teams tasked with implementation.(53)

**Conclusion**

Student mental health and wellbeing internationally have become sites for therapeutic and other markets, as well as for the development of new technological and digital interventions. The building of new markets, the privatisation of hitherto public goods, and the concomitant intensification of competition (whether between universities, corporate actors, or students) might well exacerbate students’ and university workers’ psychosocial and mental distress.(54) Meanwhile, the significant emphasis on digital approaches in the UK, amongst a number of other countries, means that corporate entities are increasingly gaining access – or primed to gain access – to extract and valorise student data for the stated aim of mental health. Many current approaches to student mental health rely on and promulgate, in other words, the assumed benefits of digital capitalism; we also see this in discourses about mental health that extend beyond the university.(55)

It is not surprising that digital education tools, metrics, datafication and outsourcing are increasingly used in relation to mental health in UK HE, given their extensive take-up elsewhere in this sector(56) as well as across the NHS. That the specific implications of these approaches have not received substantial critical attention vis-à-vis universities is concerning. In addition to the lack of evidence regarding many of these approaches, the emphasis on ‘prevention’ is opening student mental health to multiple markets and actors. Of equal concern is what becomes obscured as particular mental health and wellbeing discourses in universities become solidified. Individualised self-monitoring via apps makes meaningful attention to broader socio-economic processes, including those of digitalisation and algorithmic analysis themselves, more difficult. Other core problems that tend to disappear from view in the UK include: reduced student access to counselling services, insufficient support of students with severe and ongoing mental health problems, levels of precarity amongst university staff and their potential impact on both staff and student mental health, and the mental health and wellbeing of university staff.(57,58) Additionally, many aspects of university life – such as the effects of sexual misconduct – remain inadequately researched for their potential contribution to mental ill health.(17) A rapid review investigating the relationship between financial stress and student mental health in the UK concluded that while financial stress might be associated with mental health outcomes, most studies were small in size and limited in design.(59) Investigations of the impact of students’ living arrangements remains at a nascent stage, and there is little evidence that such research has adequately grappled with how their potential to be salutogenic or undermining of mental health demands understanding living environments as simultaneously physical, social and symbolic spaces.(60)

We agree with those who call for more evidence to underpin university mental health initiatives,(44) and greater transparency in the implementation of digital approaches to mental health.(61) But we go further. We need sustained analysis across different countries of the potential side-effects and unintended consequences of current initiatives and infrastructures – of specific mental health interventions; of how student mental health and wellbeing are being conceptualized, measured and surveiled; of the effects of constituting a distinct category of student mental health and wellbeing that is carved out from other social relations; and of how and by whom student data are being used and interpreted in the service of mental health and wellbeing. Our analysis suggests that some of the most powerful levers for current directions of travel might well derive from profit-driven economic exigencies rather than public health or clinical best practice. Our UK case study indicates how these approaches are changing what is envisaged as student mental health and wellbeing, who has access to data about student mental health and wellbeing, and the learning and research environment of the university. These are not only medical matters but matters of ethics and social justice: they demand much greater examination.

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**References**

1. Bolton P, Hubble S. Support for students with mental health issues in higher education in England. 2021 Jun 8 [cited 2021 Jun 8]; Available from: https://commonslibrary.parliament.uk/research-briefings/cbp-8593/

2. Shackle S. ‘The way universities are run is making us ill’: inside the student mental health crisis. The Guardian [Internet]. 2019 Sep 27 [cited 2020 Dec 10]; Available from: https://www.theguardian.com/society/2019/sep/27/anxiety-mental-breakdowns-depression-uk-students

3. Sheldon E, Simmonds-Buckley M, Bone C, Mascarenhas T, Chan N, Wincott M, et al. Prevalence and risk factors for mental health problems in university undergraduate students: A systematic review with meta-analysis. Journal of Affective Disorders. 2021 May 15;287:282–92.

4. Evans TM, Bira L, Gastelum JB, Weiss LT, Vanderford NL. Evidence for a mental health crisis in graduate education. Nature Biotechnology. 2018 Mar;36(3):282–4.

5. Brown JSL. Student mental health: some answers and more questions. Journal of Mental Health. 2018 May 4;27(3):193–6.

6. National Academies of Sciences E. Mental Health, Substance Use, and Wellbeing in Higher Education: Supporting the Whole Student [Internet]. 2021 [cited 2021 Jul 28]. Available from: https://www.nap.edu/catalog/26015/mental-health-substance-use-and-wellbeing-in-higher-education-supporting

7. Office for National Statistics. Coronavirus and higher education students [Internet]. [cited 2021 Jun 11]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandhighereducationstudents/19februaryto1march2021

8. Hill M, Farrelly N, Clarke C, Cannon M. Student mental health and well-being: Overview and Future Directions. Irish Journal of Psychological Medicine. undefined/ed;1–8.

9. Orygen, ORYGEN Research Centre M. Under the radar: the mental health of Australian university students. Parkville: ORYGEN - The Centre of Excellence in Youth Mental Health.; 2017.

10. Universities UK. Stepchange: Mentally Healthy Universities [Internet]. London: Universities UK; 2020. Available from: https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2020/uuk-stepchange-mhu.pdf

11. Dodd AL, Priestley M, Tyrrell K, Cygan S, Newell C, Byrom NC. University student well-being in the United Kingdom: a scoping review of its conceptualisation and measurement. Journal of Mental Health. 2021 May 4;30(3):375–87.

12. Worsley JD, Harrison P, Corcoran R. The role of accommodation environments in student mental health and wellbeing. BMC Public Health. 2021 Mar 23;21(1):573.

13. SMaRteN. About SMaRteN [Internet]. SMARTEN. n.d. [cited 2021 Oct 13]. Available from: https://www.smarten.org.uk/about.html

14. Ahern SJ. Making a #Stepchange? Investigating the Alignment of Learning Analytics and Student Wellbeing in United Kingdom Higher Education Institutions. Front Educ [Internet]. 2020 [cited 2021 Jun 16];5. Available from: https://www.frontiersin.org/articles/10.3389/feduc.2020.531424/full

15. Kotouza D, Callard F, Garnett P, Rocha L. Mapping mental health and the UK university sector: Networks, markets, data. Critical Social Policy [Internet]. 2021 [cited 2021 Sep 28]; Available from: https://journals.sagepub.com/doi/full/10.1177/02610183211024820

16. Hernández-Torrano D, Ibrayeva L, Sparks J, Lim N, Clementi A, Almukhambetova A, et al. Mental Health and Well-Being of University Students: A Bibliometric Mapping of the Literature. Front Psychol. 2020 Jun 9;11:1226.

17. Oman S, Bull A. Joining up well-being and sexual misconduct data and policy in HE: ‘To stand in the gap’ as a feminist approach. The Sociological Review. 2021 Oct 4;00380261211049024.

18. Davies W. The Political Economy of Unhappiness. New Left Rev. 2011 Oct 1;(71):65–80.

19. McGettigan A. The Great University Gamble: Money, Markets and the Future of Higher Education. Pluto Press; 2015.

20. Crook S. Historicising the “Crisis” in Undergraduate Mental Health: British Universities and Student Mental Illness, 1944–1968. J Hist Med Allied Sci. 2020 Apr 1;75(2):193–220.

21. Baker S, Brown BJ, Fazey JA. Mental health and higher education: mapping field, consciousness and legitimation. Critical Social Policy. 2006 Feb 1;26(1):31–56.

22. Royal College of Psychiatrists. Mental health of students in higher education [Internet]. 2011 [cited 2020 Jul 2]. Available from: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr166.pdf?sfvrsn=d5fa2c24\_2

23. Mental Well-Being in Higher Education Group. Student mental wellbeing in higher education: good practice guide [Internet]. Universities UK; 2015 Feb [cited 2020 Jul 2]. Available from: https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2015/student-mental-wellbeing-in-he.pdf

24. BBC. Bristol university suicides spark mental health alerts. BBC News [Internet]. 2018 Sep 24 [cited 2020 Dec 17]; Available from: https://www.bbc.com/news/uk-england-bristol-45624695

25. Universities UK. #Stepchange: Framework. Universities UK [Internet]. 2017 Sep 4 [cited 2017 Sep 9]; Available from: https://web.archive.org/web/20170909175755/http://www.universitiesuk.ac.uk/policy-and-analysis/stepchange/Pages/framework.aspx

26. Thorley C. Not by Degrees: Improving Student Mental Health in the UK’s Universities [Internet]. London: Institute for Public Policy Research; 2017 p. 77. Available from: https://www.ippr.org/files/2017-09/1504645674\_not-by-degrees-170905.pdf

27. Universities UK. New programme to address mental health and wellbeing in universities [Internet]. Universities UK. 2016 [cited 2018 May 18]. Available from: https://web.archive.org/web/20161208161638/http://www.universitiesuk.ac.uk/news/Pages/New-programme-to-address-mental-health-and-wellbeing-in-universities.aspx

28. Student Minds. Student living: collaborating to support mental health in university accommodation [Internet]. UPP Foundation; 2017 [cited 2020 Dec 15]. Available from: http://www.studentminds.org.uk/uploads/3/7/8/4/3784584/student\_living\_collaborating\_\_to\_support\_mental\_health\_in\_\_university\_accommodation.pdf

29. Marsh S. Number of university dropouts due to mental health problems trebles. The Guardian [Internet]. 2017 May 23 [cited 2021 Jun 18]; Available from: https://www.theguardian.com/society/2017/may/23/number-university-dropouts-due-to-mental-health-problems-trebles

30. Office for Students. OfS Challenge Competition: Achieving a step change in mental health outcomes for all students [Internet]. Office for Students; 2019 [cited 2020 Dec 16]. Available from: https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/student-mental-health/improving-mental-health-outcomes/

31. Cone L, Brøgger K. Soft privatisation: mapping an emerging field of European education governance. Globalisation, Societies and Education. 2020 Aug 7;18(4):374–90.

32. The crisis in student wellbeing is about emotional fitness, not mental illness [Internet]. Wonkhe. [cited 2021 Oct 8]. Available from: https://wonkhe.com/blogs/the-crisis-in-student-wellbeing-is-about-emotional-fitness-not-mental-illness/

33. Pollard E, Vanderlayden J, Alexander K, Borkin H, O’Mahony J. Student mental health and wellbeing [Internet]. Department for Education; 2021 Jun [cited 2021 Oct 8]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/996478/Survey\_of\_HE\_Providers\_Student\_Mental\_Health.pdf

34. Mental health MOOCs launched at Reading and Monash [Internet]. University Business. 2017 [cited 2021 Oct 8]. Available from: https://universitybusiness.co.uk/news/mental-health-moocs-launched-at-reading-and-monash/

35. Mental Health Taskforce. The Five Year Forward View for Mental Health. NHS England; 2016 Feb.

36. NHS England. The NHS Long Term Plan [Internet]. 2019. Available from: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

37. Office for Students. Mental health funding competition [Internet]. Office for Students; 2020 [cited 2020 Dec 4]. Available from: https://www.officeforstudents.org.uk/advice-and-guidance/funding-for-providers/mental-health-funding-competition/

38. Bucci S, Schwannauer M, Berry N. The digital revolution and its impact on mental health care. Psychol Psychother Theory Res Pract. 2019 Jun;92(2):277–97.

39. Seldon A, Martin A. The Positive and Mindful University [Internet]. HEPI; 2017 Sep [cited 2020 Apr 7]. Report No.: 18. Available from: https://www.hepi.ac.uk/2017/09/21/positive-mindful-university/

40. Newham J, Francis P. Suicide prevention and data analytics - Office for Students [Internet]. Office for Students; 2021 [cited 2021 Oct 13]. Available from: https://www.officeforstudents.org.uk/advice-and-guidance/promoting-equal-opportunities/effective-practice/suicide-prevention-and-data-analytics/

41. JISC Horizons Group. Horizons report on emerging technologies and education [Internet]. JISC; 2019 Spring. Available from: https://www.jisc.ac.uk/reports/horizons-report-emerging-technologies-and-the-mental-health-challenge

42. Pykett J, Enright B. Geographies of brain culture: optimism and optimisation in workplace training programmes. cultural geographies. 2016 Jan 1;23(1):51–68.

43. Nunez-Mulder L. Researcher cautions against initiatives to reduce student suicide that lack evidence. BMJ. 2018 Sep 19;362:k3969.

44. Barkham M, Broglia E, Dufour G, Fudge M, Knowles L, Percy A, et al. Towards an evidence-base for student wellbeing and mental health: Definitions, developmental transitions and data sets. Counselling and Psychotherapy Research. 2019;19(4):351–7.

45. Lattie EG, Adkins EC, Winquist N, Stiles-Shields C, Wafford QE, Graham AK. Digital Mental Health Interventions for Depression, Anxiety, and Enhancement of Psychological Well-Being Among College Students: Systematic Review. Journal of Medical Internet Research. 2019 Jul 22;21(7):e12869.

46. Sønderlund AL, Hughes E, Smith J. The efficacy of learning analytics interventions in higher education: A systematic review. British Journal of Educational Technology. 2019;50(5):2594–618.

47. Church E. Wellbeing app pilot raises concerns. Exeposé. 2019 Feb 25;(696):1,5.

48. Exeter UCU. Branch Motion: Use of ‘Enlitened’ app at University of Exeter [Internet]. 2019. Available from: https://exeterucu.wordpress.com/2019/05/21/use-of-enlitened-app-at-university-of-exeter/

49. Macdonald H. Can the NHS successfully deliver its GP data extraction scheme? BMJ. 2021 Sep 3;374:n2170.

50. Birk RH, Samuel G. Can digital data diagnose mental health problems? A sociological exploration of ‘digital phenotyping’. Sociology of Health & Illness. 2020;42(8):1873–87.

51. Brown JEH, Halpern J. AI chatbots cannot replace human interactions in the pursuit of more inclusive mental healthcare. SSM - Mental Health. 2021 Dec 1;1:100017.

52. Szmukler G, Rose N. Risk Assessment in Mental Health Care: Values and Costs. Behavioral Sciences & the Law. 2013;31(1):125–40.

53. Foster E, Siddle R. The effectiveness of learning analytics for identifying at-risk students in higher education. Assessment & Evaluation in Higher Education. 2020 Aug 17;45(6):842–54.

54. Whittle R, Brewster L, Medd W, Simmons H, Young R, Graham E. The ‘present-tense’ experience of failure in the university: Reflections from an action research project. Emotion, Space and Society. 2020 Nov 1;37:100719.

55. Pickersgill M. Digitising psychiatry? Sociotechnical expectations, performative nominalism and biomedical virtue in (digital) psychiatric praxis. Sociology of Health & Illness. 2019;41(S1):16–30.

56. Williamson B. The hidden architecture of higher education: building a big data infrastructure for the ‘smarter university’. Int J Educ Technol High Educ. 2018 Mar 8;15(1):12.

57. Morrish L. Pressure Vessels: The epidemic of poor mental health among higher education staff [Internet]. HEPI; 2019 May [cited 2020 Apr 7]. Report No.: 20. Available from: https://www.hepi.ac.uk/2019/05/23/pressure-vessels-the-epidemic-of-poor-mental-health-among-higher-education-staff/

58. Erickson M, Hanna P, Walker C. The UK higher education senior management survey: a statactivist response to managerialist governance. Studies in Higher Education. 2020 Jan 14;0(0):1–18.

59. McCloud T, Bann D. Financial stress and mental health among higher education students in the UK up to 2018: rapid review of evidence. J Epidemiol Community Health. 2019 Oct 1;73(10):977–84.

60. Papoulias C, Csipke E, Rose D, McKellar S, Wykes T. The psychiatric ward as a therapeutic space: systematic review. Br J Psychiatry. 2014 Sep;205(3):171–6.

61. Bhugra D, Tasman A, Pathare S, Priebe S, Smith S, Torous J, et al. The WPA-Lancet Psychiatry Commission on the Future of Psychiatry. The Lancet Psychiatry. 2017 Oct 1;4(10):775–818.