Facilitating a supportive learning experience: The lecturer's role in addressing mental health issues of university students during COVID-19

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Abstract

During Covid-19, rates of mental health issues, particularly anxiety, rose significantly in university students. In the scramble to adapt to online learning, university professors were overwhelmed with material aimed at facilitating a supportive learning experience and preserving student academic performance in online contexts yet were ill-equipped to cope with the increased volume of mental health issues encountered. Many studies attest to the association between poor mental health and academic performance. It has been shown that students often report their mental health issues to university professors who are called upon to cope with these issues as best they can. This paper outlines strategies undertaken, in the context of a novel undergraduate mental health program, to address emergent mental health issues during Covid-19 student isolation. These practical, cost effective interventions can be used to successfully give voice to ongoing student mental health issues in a post-Covid world and to help professors feel equipped and empowered enough to contribute to stemming the tide of rising rates of mental illness meaningfully, appropriately and professionally.

Practitioner Notes

1. In delivery of an undergraduate mental health program, the lecturer's expertise, familiarity with students and familiarity with the student's academic and learning environment, needs to be coupled with the expertise of a mental health professional.
2. It is recommended that the undergraduate mental health program includes some of the following: the giving of talks, question and answer sessions, one-on-one informal reviews with the mental health professional, anonymous invitations to share concerns through Padlets, post-it note surveys, anonymous questionnaires, the creation of podcasts or videos, information sheets, online Blackboard posts, panel discussions or more.
3. Padlet walls, post-it note surveys and questionnaires are ideal vehicles for anonymous and voluntarily self-reporting to alleviate shame and stigma issues.
4. Current Mental Health training for lecturers in universities predominantly do not reflect the realities of the classroom and are often ineffective.Integrating key learnings into lectures from the topics discussed by a mental health expert in the mental health program is a strategic way to not only re-inforce the messages but establish a caring and trusting student-teacher relationship

Keywords

Introduction

What is a university lecturer's role in dealing with student mental health issues? This important question, especially during times of upheaval or crisis, causes much concern. Both current authors have been on staff in university departments coping with the aftermath of student suicide and with the unprecedented rates of major depression and anxiety in student populations. The Covid-19 pandemic added another spike to student mental health issues.

With the migration to online learning during the Covid-19 crisis in universities worldwide, rates of mental health issues rose significantly in students. A study of 1000 Greek students during the lockdown period revealed a "'horizontal' increase in scores: 42.5% for anxiety, 74.3% for depression, and 63% increase in total suicidal thoughts" (Kaparounaki et al., 2020). A study of 212 Swiss students revealed significantly higher rates of depression than one year ago (Elmer et al., 2020). 24.9% Chinese medical students experienced "Covid-related anxiety issues" (Cao et al., 2020), and 40.7% of 334 Israeli students felt "more depressed" because of Covid (Zolotov et al., 2020). With the aim of preserving a supportive learning environment, university lecturers were overworked employing training sessions and materials to assist them in acclimatising to online learning (George, 2020; Leigh et al., 2020; Watermeyer, 2020). The vast majority of lecturers were not, and have not in the past, however, been given any training or material to manage student mental health issues (Gulliver et al., 2000). While managing mental health issues is not in the job description of a university lecturer per se, teaching and pastoral care are interrelated (Gulliver et al., 2018). Lecturers need to know how to handle newly disclosed mental health issues as, in an acute situation, proper action is potentially life-saving (Sheehan et al., 2019) and timely mental health treatment aids student integration into the learning environment (Kranke, 2013).

During crises, the interrelationship between mental health and academic performance becomes a more visible and more crucial aspect of teaching and learning (Watermeyer, 2020). As detailed below, many studies associate poor mental health with poor academic performance and attrition. After contextualising these associations, this paper outlines the strategies undertaken during a novel undergraduate mental health program at Queensland University of Technology to help lecturers appropriately address emergent mental health issues during Covid-19 student isolation. It will be seen that these practical, cost-effective invitations to disclose mental health issues gave much needed anonymous voice to emergent student mental health issues. Appropriate action is then discussed, as is employing these invitations on an ongoing basis in a post-Covid world.

Student mental health, academic performance and attrition

It is well documented that the peak time of onset of mental health disorders coincides with young adults' university years and that, of all age groups, young adults experience the highest rates of mental disorders (Whiteford et al., 2013; Kessler et al., 2007; Birrell & Edwards, 2007; Reavley & Jorm, 2010). Numerous studies, including World Health Organisation reports, document the high and rising rates of mental health issues in university students over the last decade (Auerbach et al., 2016). For instance, university students are five times more likely to be diagnosed with a mental health issue than in the general population (Stallman, 2010); almost 90% of first year university students in the UK reported anxiety when adapting to university life (Mey & Yin, 2015), this was five times higher than a decade ago (Bewick & Stallman, 2018; Kotera, 2020b); a 2016 survey in Australia found that 65% of tertiary students reported high to very high psychological distress (Headspace, 2016) and nearly half the students in a US national survey met criteria for a psychiatric disorder (Blanco et al., 2008).

Academic performance is significantly hindered by mental illness itself and ongoing treatment needs: the crises of onset, subsequent episodes, treatment, ongoing residual symptoms and adjustment to what is often a lifetime diagnosis. Continuing stigma and sense-of-self issues complicate the picture and these also contribute to a fall in academic performance. As examples, several studies report the significant association between major depressive disorder and lowered grade-point averages (Lipson & Eisenberg, 2018). In one study in Ireland, more than 50% of students indicated that mental health problems "negatively impacted their academic performance" (Kerrigan, 2018). An Australian survey found that mental health issues contributed significantly to students' lowered achievement and their negative learning experiences (Australian Institute of Health and Welfare, 2012). This study also noted the influence of mental illness on attrition rates and enrolment cancellations. Mental health issues impact attrition rates through various mechanisms including assessment incompletions, exam failure and consequent student drop out (Jevons & Lindsay, 2018; Tinklin et al., 2005).

Concerningly, a World Health Organisation survey found that "only a small minority of college students receive even minimally adequate treatment for their mental disorders" (Auerbach et al., 2016). While there has been a rise in mental health interventions offered at universities (Regehr et al., 2013; Henning & Dryer, 2018), relatively few students make use of interventions offered, be they professional psychiatric services or free counselling services (Sanagavarapu et al., 2019; D'Amico et al., 2016; Eisenberg et al., 2007b). If students reach out at all, it

is mostly to people in their immediate circles: family, friends or, not uncommonly, university lecturers. These people are likely to be ill equipped to deal with a situation best handled by professional service providers trained to deal with mental health disorders.

Stigma issues, both internal (self-stigma) and external (from others), grossly impede students' use of offered mental health services, as they do in the general population (Byrne, 2001). There are, however, many more reasons that students in particular fail to present to psychiatric or counselling services. These include a fear of a loss of time (Czyz et al., 2013); socio-demographic factors such as being male (Smith, 2006) and financial constraints (Hunt & Eisenberg, 2010); trust-related factors such as privacy concerns (Chew-Graham et al., 2003), a fear of loss of autonomy (Wilson et al., 2002), a fear of loss of control (De las Cuevas et al., 2014), a perception that treatment is not needed (Czyz et al., 2013); and illness-related factors such as negative beliefs about help-seeking (Rickwood et al., 2005), a sense of hopelessness (Deane et al., 2001) and the help negation associated particularly with suicide ideation (Yakunina et al., 2010). Some students may feel the need to "sustain a 'mentally ill' identity in order to obtain a sense of inclusion on a college campus that demonizes the 'advantaged'" (Stanek, 2018). To keep this student reluctance to help-seeking in perspective, however, failure to seek timely help is, unfortunately, the norm for the general population in mental illness. Studies indicate that it takes 6-8 years from symptom onset through presentation to definitive diagnosis for depression and mood disorders, and 9-23 years for anxiety disorders (Wang et al., 2005).

Young adulthood is a time of developing autonomy and searching for a way to find a place in greater society. The numerous barriers to help-seeking cited above need to be understood in this context. In an attempt to circumvent distrust while maintaining autonomy, rather than seeking out professional services, many students disclose to close people around them, including lecturers.

Students' help-seeking of university lecturers

Many mental health problems are reported by students to university lecturers. One study suggests there is an expectation by students that lecturers will facilitate referral to appropriate services (Peterson, 2017) yet lecturers are by and largely poorly equipped to cope with the issues involved (Wade, 2002). In a study of 224 university teaching staff at the Australian National University, two thirds of the lecturers had previously taught students with mental health conditions and 20% had spoken to a student about mental health issues in the past month. Over two thirds had provided emotional support for students with a mental health condition and 27.3% of lecturers became directly involved with the care of students who had suicidal ideation (Gulliver, 2018). Training in this area is mostly inadequate or non-existent and staff who undertook university-offered training in mental health matters reported its inadequacy: "I have generally found such sessions unhelpful. The advice offered tends to be trite and/or bureaucratic. Presenters seldom have knowledge of the reality of the classroom" (cited in Gulliver, 2018). It is suggested that mental health training for university staff needs to be provided by instructors cognisant of the "reality of the classroom" that is "specifically tailored for this setting" (Gulliver, 2018). Specifically tailored training in mental health issues is less than a reality on campus.

In an attempt to address the significant rise in mental health issues in university students, various interventions have been undertaken at universities: mindfulness programs, CBT programs, Progressive Muscle Relaxation, EMDR, Stress Inoculation Training (SIT), Multi-model Stress Management, Acceptance and Commitment Therapy, yoga and meditation sessions, religious and spiritual care, sport therapies, recreational music making, group-empowered drumming and poetry therapy (Regehr et al., 2013; Henning & Dryer, 2018). The majority of these have been introduced as a form of prevention and are predominantly administered by a healthcare professional such as a psychologist. They have had varying degrees of meaningful impact on an ongoing situation. When the Covid-19 crisis occurred, however, students isolated and moved to online learning, rates of mental health issues escalated and pathways to interventions were lacking, yet needed. Given this situation, what kind of action could lecturers consider?

These needs and considerations address issues of pastoral care in university settings; in particular, the ill-defined role of lecturers supporting students' mental health needs and the melding of corporate and personal ethical values (Laws & Fiedler, 2012). This notwithstanding, the following mental health program, designed by a university lecturer in conjunction with a psychiatrist is one example to apprise mental health training and intervention, and provide insight into the reality of the real or virtual classroom or lecture-theatre.

Undergraduate mental health program at Queensland University of Technology

In early 2019, an informal mental health program was commenced in the Creative Industries Faculty (CIF) of Queensland University of Technology (QUT). The program was created by the first author, a university senior

lecturer and Study Area Coordinator (SAC), and designed in consultation with the second author, a clinical psychiatrist and former university lecturer. It is important to note that demographic factors including culture, gender orientation, age and socio-economic background affect mental health issues significantly. The exploration of these issues is, however, beyond the scope of this paper. Readers are advised to be cognisant of this and to tailor suggestions or findings to their student population.

Rationale

The program was created in response to a number of factors, particularly high attrition rates. The Drama department of the CIF recorded 26.1% attrition of first year students in 2018, consistent with rates across all disciplines in the CIF. "Personal issues" was the major reason cited for student withdrawal, here read as a euphemism for mental health issues. The second factor was a significant increase of mental health-related extension requests and disability plans, predominantly for first year students experiencing anxiety. The third factor was that the first author, in her position as SAC, noted the unprecedented rise in mental health issues, suggesting the need for a higher level of pastoral care for the students. Some of the pastoral care duties of SAC include talking to students who are struggling academically or emotionally, contacting students that have not been attending classes, and dealing with students who have mental health episodes during workshops or lectures. This mental health program fell under the umbrella of pastoral care duties of the SAC.

The Program

The program included three main interventions: mental health talks given by the psychiatrist, wellbeing-informed teaching given by the senior lecturer, and mental health videos with both. It was envisaged that one mental health talk be given yearly which would be of relevance to a given cohort of students. Student post-it note survey questions and a comments wall would inform the talk. The program was to provide a forum within which students could ask questions without ramifications or consequence to their academic progress. The aim of the program was to contribute to a supportive learning environment to enable students to thrive academically. The Covid crisis prompted intensification of the program, including increased data collection through the post-it note survey, Padlet self-reporting walls, a questionnaire and video responses to the questions. The program is discussed in terms of two cycles (2019 and 2020) and three phases of emergent mental health issues during Covid-19 isolation.

Cycle One, 2019

In response to growing student mental health concerns, particularly surrounding anxiety, the first author as SAC and senior lecturer approached the second-author psychiatrist to present a talk to first year students of the CIF. In preparation, first year Drama students were invited to share their mental health concerns through anonymous post-it notes stuck to a door as students exited a lecture hall. 83 student mental health questions were collected and collated. Further information was gleaned from an online CIF "fear wall," where students were invited to voice their fears, anxiety and concerns about student life. An analysis of these concerns revealed two persistent issues that fuelled anxiety: a fear of being judged and a fear of failing. A Drama-hosted live talk, entitled "How to BEAT anxiety," specifically addressed these concerns. A subsequent question and answer session answered student questions arising from the talk. The talk was recorded to provide a further future resource for the students (Heim, 2019).

Throughout the year, the SAC continued baseline pastoral care which was a part of the SAC duties: an open office door, scheduled drop-in-for-a-chat times, following up with at-risk students and referring students to free student counselling services at QUT. An additional "check-in" session with first years, where all Drama lecturers were assigned a group of students, was conducted at the beginning of semester two.

Cycle Two, 2020

Cycle Two of the mental health program was to commence in February 2020 aiming to follow the general format of Cycle One, 2019: another collection of student questions and comments with a psychiatrist talk and question-and-answer session based on data gleaned to address specific questions. This was now supported and hosted by the QUT Drama department with some input from other academics. Catastrophic national and international events beginning at the end of 2019, however, changed and extended the program. These events heightened the importance of the program in responding to an urgent need in the mental health and pastoral care of the students.

From September 2019 - March 2020 bushfires ravaged Australia, killing a billion animals (University of Sydney, 2020), burning out over 8 million hectares of living forest, destroying more than 3000 homes and claiming 33 lives (Davey & Sarre, 2020). These devastating "Black Summer" bushfires brought to media prominence debate regarding the close relationship between global warming across decades and acute crises: evacuations, economic hardship, loss of property in unprecedented firestorms, heroic struggle and loss of life. This in turn triggered much eco-anxiety among the student population. Some students were directly affected by the bushfires through loss of

property. Some drove to university through hectares of blackened forests which were very green only days earlier. All were confronted with a new precarious world and an uncertain future.

During preparation surveys for the 2020 talk entitled "Moving Forward into an Uncertain Future," (Heim, 2020a) Covid-19 was already spreading its debilitating toxin. The 106 post-it notes and comments on the fear wall were increasingly centred around uncertainty and fear. The "Uncertainty" talk, broadened to include anxiety regarding the consequences of Covid, was delivered live twice just before students moved to isolation and online teaching. The talk was voluntary and students were required to socially distance; half of the entire Drama student cohort attended. An anonymous questionnaire revealed that 90% of the 60 students found the talk useful or extremely useful, with 88% saying they were likely or very likely to implement take-home recommendations.

During isolation, university lecturers, bombarded with overwhelming workloads and new online-teaching training and adaptions, had little time to consider pastoral care. Yet many were acutely aware of the emotional withdrawal and physical absence of many students from their synchronous lectures or workshops. Online Padlet self-reporting was introduced to invite students to anonymously express their mental health concerns and to ask questions: "Your Mental Health Questions during Covid-19" walls were created for students' core subjects. This proffered an opportunity for students to express their mental health needs over the four-month period of online learning. Questions from the Padlet walls and post-it notes were addressed jointly by the lecturer and psychiatrist in short videos which were posted online specifically for the students. These predominantly took the general form of "Online Learning and anxiety/depression/addictions/meaninglessness: Psychiatrist and Lecturer Q&A" (see for example Heim, 2020b) or a specific student question if the material required specialist knowledge from the psychiatrist such as suicide (see Heim, 2020c). Each of the 18 videos answered up to four questions at a time. One podcast was developed. Furthermore, during the online lectures while students were isolating, the first author commenced each lecture with a short mindfulness exercise drawn from one of the videos and conducted weekly consultations in which students could air their concerns one-on-one.

Covid-19 student mental health issues: three phases

Based on the questions asked in the Padlets and post-it note survey, three phases of mental health issues experienced by the students were discernible. Each phase was clearly characterized by a predominant mental health issue: firstly anxiety, then depression, then addiction issues, as exemplified below.

PHASE ONE, March 2020, revealed questions and Padlet posts (20 in total) concerned primarily with anxiety and uncertainty. This led to the generation of videos directly reading out and answering student questions. Videos included: "Using mindfulness to overcome anxiety," "How to get over your anxiety to ask for help," and "Rhythm and routine to keep yourself together."

PHASE TWO, April 2020, was characterized by questions (15 in total) revealing students' sense of hopelessness, depressed mood and apathy. This led to the generation of videos such as "How can I prevent depression during isolation?", "Online learning, work and the lazy brain," and "Why are male suicide rates higher?"

PHASE THREE, May and June 2020, was a time that many students voiced their concerns (17 in total) about emergent or re-emergent addictions. This led to videos entitled "Online learning and addictions," "Self-isolation: how can I be sure I'm being my true self?" and a podcast entitled "Addictions, relationships and motivation."

The videos of 8 to 12 minutes' duration combined the expertise of the two authors: a university senior lecturer and a clinical psychiatrist. Psychiatric expertise was employed to help put together cohesive, evidence-based information, and the senior lecturer's expertise was employed to keep the information directly relevant to the students' learning environment and context. Her familiarity with the students was used to engage them and to engender trust. Learning is optimized with good engagement and university lecturers facilitate a supportive learning environment by engaging students in interactive, challenging and "value-enriching" experiences (Umbach & Wawrzynski, 2005).

Cycle Two of the mental health program effectively ended when it was announced by the university that face-to-face teaching was to recommence, albeit with social distancing and mask-wearing as required by state law and university protocols. The program can be reactivated if and when needed, otherwise it will return to essentially being a yearly mental health talk with an invitation to proffer questions and invitations to take up pathways to wellness.

Discussion

Safety issues

This informal mental health program was constructed by personnel cognisant of state law requirements and university policies regarding mental health and emergency procedures in mental health. Whenever appropriate,

students were urged to seek professional help when needed. Emergency contact details were shared. No attempt was made to solve individual student's problems online. In line with best psychiatric practice, responsibility for safety at all times remained with the individual student with invitations at every opportunity to voice concerns through emails or university counsellors (Gulliver et al., 2018; Eisenberg et al., 2007a). At one point a student became very tearful and distressed but gave all reasonable reassurances of their safety. It was suggested that the student seek help, but they politely declined. At another point a student requested a referral to see a mental health professional and pathways to obtaining the particular help they required were shared. If an emergency situation had arisen – acts of self-harm, threats of harm to self or others, psychosis, intoxication or being under the influence of a substance, or the voicing of suicide ideation – appropriate steps would have been taken to ensure the safety of the student involved. At no point was the senior lecturer asked to work beyond her area of expertise and at no point did the psychiatrist become personally responsible for a student.

The program

Ease of implementation of the program is a result of the partnership between a senior lecturer and a mental health professional and the willingness to implement the program. It was fortuitous that an informal mental health program was already in place and could be expanded to meet the demands imposed by the Covid-19 crisis.

Cycle One, 2019

The significant finding, through the post-it note survey and Padlet "fear wall" was the fear of being judged. This was consistent with the finding of a recent study of Irish students. The study concluded that shame, more than stigma, activates self-criticism in students and their fear of being judged. Shame and self-criticism are the primary reasons that university students with mental health issues do not seek help (Kotera, 2020a). It becomes a vicious cycle: shame leading to self-criticism leading to anxiety, leading to shame (Chew-Graham et al., 2003). The study recommended self-compassion training for students to address self-criticism. As an alternative, the QUT mental health program proffered a relational approach.

Cycle Two: Covid-19 and three phases

Times of crisis often call for unprecedented or novel responses; basics need are identified – shelter, food, protection – and services and interventions are supplied. University students, too, must have their basic needs met to continue and succeed academically (Pretty, 2014). Their major need is belonging and alleviation of mental health issues, hence the need for increased pastoral care and contact through this mental health program. As argued by Allen et al., student belonging needs declined significantly with the outset of Covid-19 and online learning (2021). The mental health program undertaken in the CIF at QUT discussed above is a novel approach to novel times. That student concerns followed the three phases of anxiety to depression to addiction concerns is a post-intervention ad-hoc observation but one which has face validity when considering a person's evolving response to stress during prolonged social isolation. That students even shared so many of their concerns was evidence that trust had been built and belonging needs were being fulfilled. The strength of this was due to anonymity and invitation.

Anonymity and invitation

Anonymity and invitation, through mechanisms such as anonymous post-it notes and Padlet posts, we believe, are crucial to mental health programs. Studies show how stigma and shame are major factors impeding help-seeking for mental health issues; virtual, anonymous responses increase disclosure (Lucas et al., 2017). Padlet walls, post-it note surveys and questionnaires were ideal vehicles for anonymous and voluntarily self-reporting. Padlets also offered the opportunity for online peer-to-peer support, posited to be a useful adjunct to help student mental health (Ali et al., 2015). Students regularly commented on other student posts with supportive, helpful "me too" comments. All of the above relies on one important starting supposition: the invitation. If an invitation is not proffered, students are less likely to disclose. Climate setting is also relevant here: anonymous and inviting but also caring and psychologically safe to facilitate students' risking to share personal mental health issues (Heim, 2011).

Results of the program

It is difficult to measure the program's success or shortcomings. The major limitation of this paper is a lack of objective outcome measures as too many variables exist and conclusions are difficult to draw. Two factors, however, are noteworthy.

Firstly, student responses to the program were significant: responses to post-it note and Padlet invitations, high positivity seen in the talk questionnaire, many students accessing the videos and students posting questions on Padlets speedily, less than an hour after the wall had been created. Nascent conclusions in relation to this is that anonymity, safety and the invitation – rather than policy-driven or mandatory measures –were of paramount

importance in creating the right climate. Furthermore, we received numerous unsolicited emails of thanks, including the following as an example:

Starting Uni this year I was extremely anxious … and when we then shifted to online learning these anxieties were heightened. Throughout this time you have kept me feeling well-informed and supported from the very first lecture. I have talked to some of my friends who felt similarly and we all agree that it was so helpful to have a clear understanding of what was happening in this course and with each assessment as well as receiving the support we did. (First-year student 04.06.20)

Secondly, the program arguably helped decrease attrition. As Jevons and Lindsay suggest, the association between mental health issues and attrition are often under-examined (2018). Again, stigma issues affect the reporting of the correlation between mental health issues and attrition. From 2018 and 2019, the first cycle of the program, attrition rates in Drama decreased by 15% (Business Objects, QUT). In the second cycle of the program and the Covid-19 online learning period, there was no attrition in Drama first year students between the two months from census date to final assessment. This may or may not have been due to the mental health program, but the time relationship suggests an association.

Post-program application

To help address the anxieties of failing and judgment found in the first cycle, material and exercises presented in the psychiatrist's anxiety talk were referred to in lectures. Aphorisms such as "you fail if you don't try, you succeed if you try" and "you're a human being not a human doing" and "you're judged for what you do but not for who you are" were added to the end of lecture slide presentations as reminders to students to apply the information given. Student comments in teaching evaluations included "I've gained so much from this course [including] how to be more confident and to not be afraid to be yourself" (2018) and "A very unique unit that helps people to gain confidence in failing and breaking out of their shell" (2019).

Implications for university teaching and student mental health

These interventions, based on engendering trust through anonymity and invitation, can be included in programs and facilitated by university lecturers to help promote a supportive learning environment for student mental health and can "play an important part in their well-being and ability to cope" (Chew-Graham et al., 2013). Our recommendation is that lecturers' expertise, familiarity with students and familiarity with the student's academic and learning environment, needs to be coupled with the expertise of a mental health professional. The health professional may be a psychologist, psychiatrist, mental health nursing practitioner, general practitioner or other, depending on availability, funding, and chance meetings of interested and willing people. Drawing from the experience of the QUT mental health program, some preliminary suggestions to cultivate healthy learning environments for higher education students, are given.

Some universities, including QUT, offer mental health training programs for lecturers. An online search of universities in Australia found that most universities offer some form of mental health training to lecturers. The time commitment for the training courses range from 40 minute courses online to 2 days face-to-face. Some of these have been suspended due to Covid-19. The university mental health training courses are not optimal. Trainers often lack an understanding of "the reality of the classroom" (Gulliver, 2018) and impart knowledge rather than skills. Skills require constant honing and practice to prevent de-skilling. A mental health professional practices their skills daily in their work with people facing mental health issues. Lecturers daily practice their skills in their work with engaging students' academic needs. It is unreasonable and even counter-productive to ask anyone to move outside their area of expertise. Therefore, a collaborative partnership is required. Collaboration between a mental health professional and a lecturer, as in this mental health program, is needed. Wade (2004) and Demery (2012) suggest at least having a mental health co-ordinator or a mental health advisor available to talk with students and liaise with professional health services. The professional needs to be familiar with local, state and national legal and ethical requirements in dealing with people suffering from mental illness; lecturers need to be familiar with their institution's policies on this matter. Both lecturer and mental health professional need to be acquainted with referral pathways and pathways of help-seeking.

A lecturer's expertise – in subject matter, creating a healthy academic learning environment, IT matters, style of delivery and understanding the place of university in a student's life trajectory – will be employed to engage students in any invitation to a mental health program. As noted above, it is not the role of the lecturer to provide any direct pastoral care for students, yet lecturers are often thrust into the role of counsellor just by the very circumstances and immediate accessibility (Gulliver, 2018). Crises such as Covid-19 when students were isolating, was a pertinent example of one of these circumstances. That students will continue to approach lecturers with mental health issues is a fact that will not disappear.

A mental health program may include the giving of talks, question and answer sessions, one-on-one informal reviews with the mental health professional, anonymous invitations to share concerns through Padlets, post-it note surveys, anonymous questionnaires, the creation of podcasts or videos, information sheets, online Blackboard posts, panel discussions or more. Again, it is highly recommended that these are co-delivered by a lecturer and a mental health professional. It is often thought that the right method or information will benefit student wellbeing. This is true but the contribution of a perception of a caring environment and personal interest is, because of measurement difficulties, often underestimated and underemployed in these matters. Relationships are healing in and of themselves (Frank & Frank, 1993). As Henning argues, many successful student wellbeing interventions "are influenced by social connections implicit within student–teacher interactions and the immediate environment" (2018).

Conclusion

This paper documents a novel approach to university student mental health during Covid-19. The students responded positively and embraced the program. They were engaged and, according to information included in email feedback, felt a sense of belonging to and being part of their academic learning environment. Future research into the application of the mental health interventions proffered above includes the glaring need to study the influence of demographic factors such as culture, gender orientation, age and socio-economic background. As the mental health program at QUT was an initial study addressing emerging problems in universities, specific demographic factors were not a part of this initial study.

As Veness argues, "Few Australian universities have made a significant commitment to improving their students' mental health, failing to acknowledge its innate connection with their teaching and research objectives" (cited in Usher, 2019). There is nexus between teaching and wellbeing that is often not considered and is under-addressed in universities globally. The Covid-19 pandemic has brought into sharp focus the need for an interrelated approach to learning and wellbeing. It has brought us back to the question as to what a university lecturer's role is in dealing with student mental health issues. In creating healthy learning environments, it becomes almost an imperative to invite exploration of the mental health needs of students. Awareness of their needs in this area, and the range of options available as expressed through the mental health program in the CIF at QUT, may assist lecturers and professors to realize and optimize healthy learning environments to help students to thrive, as we collectively continue to negotiate this ongoing global Covid crisis in the hope of a post-Covid era.

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