Mental Health Foundation Scotland

# Thriving Learners

Realising student potential and wellbeing in Scotland

# Thriving Learners: Initial Findings from Scottish HEIs (2021)

## Executive Summary

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The ROBERTSON Trust 60 YEARS 1961-2021

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# Executive Summary

# Forewords

## This is one of the largest and most significant studies of university student mental health that has ever taken place in the UK.

Students have shared their experiences of mental health and wellbeing - good and bad - at a time when they have also had to deal with the stresses of COVID-19. Despite the unprecedented circumstances students engaged with us and we have a great response rate which gives us real confidence in the findings. We can clearly see that there are profound challenges across all of our universities for student mental health. Equally, the study also highlights inequalities in mental health and wellbeing within our student populations.

We believe that Universities are pivotal to people's life chances and to helping create a fairer society. So, it is imperative that we now respond to the findings to enable each student to flourish through their university experience. The commitment from Universities Scotland and University Principals to respond to the findings in a meaningful and substantial way, is

**Lee Knifton**
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extremely encouraging. As the UK's leading charity for public mental health, The Mental Health Foundation is committed to working in partnership with Universities Scotland and HEI stakeholders to enhance provision to enable each student to thrive. We now have a clear evidence base to draw upon to inform this journey. We aim to repeat this research in coming years in order to understand changes and to help inform and review progress.

**I want to thank every student who took the time to participate in this survey for their openness and candour in sharing their lived experience. It is hugely valuable that so many did so. Their contribution makes this the largest ever survey of student mental health, certainly in Scotland if not the UK.**

We'd committed to run this survey before the COVID-19 pandemic. As it turned out, students took part in this survey during Scotland's second lockdown, after months of disruption to their education and the heightened health and financial concerns that the pandemic caused for many. The data are a cause for concern. I think it is very important that we captured this insight when we did. That's not to say that all findings can be attributed to the effects of the pandemic. However, it is important that we have real insight into the student experience from that time so that we can continue to plan and manage our holistic support for students in the best way possible in each of our institutions. The data also allows us to have the necessary conversations with our partners in Government and in the NHS, about how we manage the challenges together and what more we can do.

The data achieves most where it catalyses action. As universities, we are determined that it will. Mental health is a strategic commitment of every institution in Scotland and a personal priority of every Principal. We have robust frameworks to track and measure progress and I am proud that, in Scotland, we already have a well-established partnership model, working with students and others, to support student mental health and wellbeing across our institutions. There is more that can and will be done. We will act, individually and collectively, on the findings and recommendations in this important report. Having had the benefit of being close to the research throughout, I can say that we've wasted no time and we are already acting on the findings. We owe that to every student in our institutions.

**Professor Pamela Gillies**
Principal and Vice-Chancellor,
Glasgow Caledonian University

# Context

## The age at which most young people attend university is known to be the highest risk life stage for the development of mental health problems[1].

Almost 75% of severe mental health problems emerge before the age of 24[2] and in Scotland they affect 1 in 4 of those aged 16 to 24[3]. For many students, the exciting new experiences university offers, also brings new challenges for them to navigate, in many cases without their immediate support network. This is often further compounded by increased academic pressures, and for some, the considerable stress associated with financing their studies. As a result, it is estimated that 40% of higher education students experience a mental health problem during their first year of study[4] and in a recent survey over 70% reported 'concerns' about their mental wellbeing[5].

Unfortunately, in recent years these numbers have steadily risen. According to a 2019 government report, the number of students in higher education experiencing mental health problems has doubled since 2014/2015[6]. The past decade has also seen a fivefold increase in the number of students who have disclosed a mental health condition to their Higher Education Institution and over 90% of Higher Education counselling services have reported an increase in demand for their services[7]. Sadly, between 2007 and 2015, the number of student suicides also increased by 79 per cent (from 75 to 134)[8].

It is important to note that mental health problems are not evenly distributed across the student population. Our mental health is influenced by a variety of factors, including our social, economic and physical environment. Age, gender, race, socioeconomic status and sexuality therefore place some student groups at higher risk[9,10,11,12]. As Higher Education institutions have become increasingly diverse in recent years, rising social inequalities across the UK, have been reflected in growing mental health inequalities amongst the student population[13]. The wider, societal costs of this should also not be underestimated.

In most developed countries, over 50% of young people are in higher education[14]. Good mental health and wellbeing contributes to students' ability to effectively engage in and succeed on their programme of study. Conversely, it is known that in Scotland, poor mental health impacts on students' ability to continue with their studies more than any other type of disability[15]. This, in turn, has potential consequences on their future income, employment and other life opportunities[16].

Since 2019, the COVID-19 pandemic has further exacerbated this situation. In addition to the widespread anxiety and stress experienced due to the pandemic itself; nationwide lockdown measures created significant uncertainty surrounding the continuation of courses[17]; and resulted in thousands of students isolated or in small 'bubbles' in university accommodation[18]. Higher education students have also had to contend with a drastically altered learning landscape, which has had a monumental effect on the delivery of teaching, relationships and, importantly, the provision of student services[19]. Some surveys have since estimated that higher education students have been particularly vulnerable to the mental health effects of the pandemic[20,21]. However, to date, few nationally representative studies have provided a robust indication of the extent to which student mental health has been impacted.

It is known that strategies to prevent young people from developing mental health problems, by addressing some of their societal and structural root causes, lead to significantly improved long-term educational, physical health and mental health outcomes[22]. Similarly, early intervention to prevent difficulties from becoming long-standing, stops young people from reaching crisis, and avoids more long-term suffering, poor health and complex intervention[23,24]. Despite this, accessing mental health support can be confusing, disjointed, and difficult for students to navigate. Specifically, at the time help is most needed, young people with complex problems often fall into the gap between child and adult mental health teams, or between service boundaries due to moving for university, leaving many unsupported and vulnerable[13]. Others are left on ever expanding waiting lists for university counselling services, which are struggling to keep up with demand. Meanwhile their mental health often continues to deteriorate and access to alternative forms of support is limited[13].

In recognition of these difficulties, in recent years the Scottish Government has increased funding for community based mental health services for children and young people. They also continue to recognise the important role of the university and further education sector in supporting the mental health and wellbeing of the student body. This is reflected in the 2021/22 Programme for Government which has committed to prioritizing student mental health; guarantees the provision of an additional 80 student counsellors within the sector and outlines plans to develop a Student Mental Health Action Plan. In addition, their national COVID-19 recovery plan states that their "commitment to national wellbeing will shape our recovery and help to create a greener, fairer and more resilient Scotland".

Our Thriving Learners survey therefore aims to provide a snapshot of the mental health experiences and challenges faced by students from across our universities and colleges. The largest ever of its kind, it is our hope that the findings of this survey will be used to inform policymakers and higher education institutions on the current state of student mental health and that the knowledge and insights gathered will help shape future best practice responses for supporting student's emotional well-being across Scotland.

The structure of the report will be as follows: first a methodological overview and then the demographics of the sample; following that will be descriptive statistics of the survey questions with sub-analyses across both age and gender; an overview of protective and risk factors; and finally, an overview of the qualitative findings and the discussion and recommendations.

## Methodology

The Thriving Learners study was undertaken by Mental Health Foundation (MHF) with funding from The Robertson Trust, in partnership with Universities Scotland and with support from the Universities Scotland Student Mental Health & Wellbeing Working Group which is chaired by Professor Pamela Gillies. The lead researcher is Chris Maguire with strategic support from Julie Cameron (MHF).

The study had the support of the 19 HEIs in Scotland. It consisted of two strands:

1. A student facing survey which was completed by over 15,000 students studying at a Scottish institution.
2. Qualitative interviews with 35 professional stakeholders working within the HEI sector. This includes practitioners, policy staff, Third and public sector representatives.

## Aim

To gain understanding of the mental health and wellbeing of learners with initial focus on those studying within higher education institutions. The study builds on previous work that has been undertaken into student mental health and wellbeing including previous work by NUS. Phase 2 will take place from November 2021 till November 2022 with a focus on further education.

## Objectives of the study

1. Investigate the current state and prevalence of student mental health and wellbeing in Scotland.
2. Explore the landscape of provision within institutions including networks, collaborations and gaps between institution supports, local NHS services and community services and networks.
3. Explore the relationship between a range of risk and protective factors and learners' mental health and wellbeing and experiences of support. This includes adverse childhood experiences and other life experiences, quality of relationships and social connections, and individual health behaviours.
4. Understand what supports and protects mental health and wellbeing

of learners in relation to personal networks, membership of groups and societies and availability/access to specific mental health services.

5. Identify evidence of what works/ emerging positive practice to prevent mental health problems and promote wellbeing among learners.

## Governance

The study was aligned closely to the Student Mental Health & Wellbeing Working Group which is chaired by Professor Pamela Gillies as Universities Scotland's Lead Member for Student Mental Health. A specific Research Advisory Group was established which was also chaired by Professor Pamela Gillies and had representation from the MH&W working group as well as methodological experts. A Learner Advisory Group was also established to engage students directly with the design and implementation of the study. This consisted of learners nominated by the Student MH&W group as well as Scholars engaged in The Robertson Trust Journey to Success programme.

## Ethical Considerations and Approval

A favourable ethical opinion was granted for this work in November 2020 by the Ethics Committee at the University of Strathclyde. An amendment in December 2020 was accepted for the qualitative component of this work.

## Data Collection

For time and reach purposes we elected to implement self-selecting sampling. This ensured that we could reach the highest number of students in the time available. It was established that the most effective method of generating responses was an all-student e-mail from a central communications team; 15 of the 19 HEIs sent an all-student e-mail.

The study was undertaken from October 2020 until September 2021 with the survey itself open from January 2021 until March 2021. This means that contextually the study was influenced by students' experiences of the pandemic and two national lockdowns. This is acknowledged in the report although caution is given against attributing all findings to this factor.

The interviews were conducted on a mixture of Microsoft Teams and Zoom. In total, fifteen interviews and seven focus groups were conducted in the data collection period, coming to a total of thirty-five participants.

## Data Analysis

Analyses were run on both SPSS and R by different members of the research team. The descriptive statistics have been fully validated on both platforms to ensure robustness. All questions were analysed by age and gender. To test for association either a chi-square test or a Kruskal-Wallis test was conducted, followed by post-hoc Mann-Whitley U tests to test for significant difference. It is detailed in the body of the report which test has been utilised for which data. Effect sizes were also calculated for analyses conducted – these will either be referred to within the main report or be available in an Appendix.

## Limitations

For further information on the limitations of the work please see the Methodology section of the main report. The main limitations discussed in the report are:

- Self-selecting sample / representation
- Question changes / Imperfect questions
- Weighting
- Interview range / absence of student interviews

# Headline Findings

## Demographics

**Completion rate: 6% of student population at Scottish HEIs**

**Age:** 16-20 years 35.7%, 21-24 years 32.1%, 25-29 years 14%, 30+ 18.2%

**Gender:** overrepresentation of females (71.6%), males 24.6%, non-binary 2.2% (a composite 'Other gender' category was used for analysis)

**Sexual orientation:** heterosexual 67.1%, bisexual 16.7%, homosexual / lesbian 5.7%

**Ethnicity:** White 80.9%, black 3%, Asian 8.2%, mixed ethnic group 3.2%, other 3.8%%

**Disability or LTC:** none 60.1%, known disability or LTC 37.4%, of which was a mental health condition 25.2% - significantly higher than any other classification

**Domicile:** Scottish 55%

## Health and Wellbeing

This section reports on the questions the survey asked concerning respondents health and wellbeing. Respondents were asked to complete the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) and questions about their general health and exercise levels.

**Wellbeing**

- **SWEMWBS figures are lower than the Scottish national figures, (Scottish Health Survey, 2020). The mean of respondents sits within the 'Low' wellbeing level compared with national mean sitting within the 'Moderate' wellbeing level.**
- **Nearly three-quarters (73.5%) of respondents reported Low wellbeing, 24.7% Moderate wellbeing and 1.7% High wellbeing.**
- **Reporting of Low wellbeing decreases through the age groups with nearly four-fifths (78.1%) of those aged 16-20 and over three-quarters of those aged 21-24 (76.3%) reporting Low wellbeing compared with the 71.0% of those aged 25-29 and 61.9% of those aged 30+.**
- **Other genders have noticeably lower wellbeing than both males and females.**

**General Health**

- **General health of respondents is noticeably lower than the Scottish national figure (60% 'Good' or 'Very good' v 71% 'Good' or 'Very good'), (Scottish Health Survey, 2020.**
  - Self-reported general health across the age groups is similar
  - Other genders have noticeably worse reporting of health; with just over a third (33.8%) reporting Good or Very Good health compared with 60.7% of females and 62.1% of males.
- **Exercise levels varied across genders, with other genders reporting lower levels of exercise than females and males, but not age groups.**

# Life Experiences

This section reports on the questions the survey asked concerning life experiences. Respondents were asked to complete the Adverse Childhood Experiences (ACEs) questionnaire as well as questions about bullying and food insecurity.

## Adverse Childhood Experiences (ACEs)

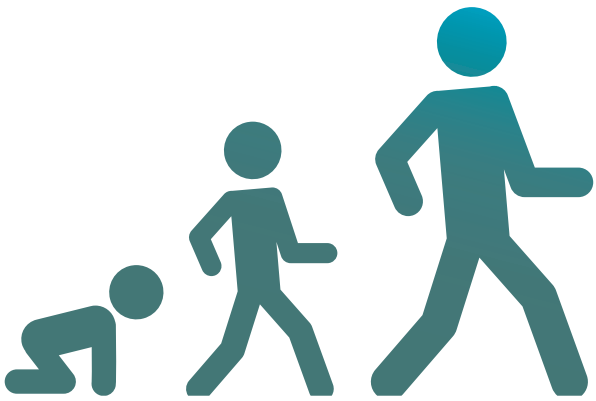
- **Nearly 1 in 6 (15.8%) students had experienced 4 or more ACEs. This is similar to national figure for Scotland. Nearly two-thirds (62.4%) had experienced at least 1 ACE.**
    - Older age groups (25.1% of those aged 30+) had experienced 4 or more ACEs more than younger age groups (13.2% of those aged 16-20)
    - Other genders (26.6%) had experienced 4 or more ACEs more than females (16.6%) or males (11.7%).

## Bullying

- **Nearly a fifth (19.5%) of students had been emotionally bullied in the last semester. Younger age groups (23.9% of those aged 16-20 compared with 14.2% of those aged 30+) and other genders (23.6% compared with 21.5% of males and 18.6% of females) reported higher levels of emotional bullying.**

## Food Insecurity

- **In the previous 12 months: over a fifth (21.5%) of students worried about running out of food; nearly a quarter (23.5%) ate less due to a lack of resources or money; and 7.2% resided in households that had ran out of food.**
    - Food insecurity increased through the age groups – worries about running out of food increased from 1 in 6 of those aged 16-20 years to over a quarter (28.4%) of those aged 30+. 1 in 20 households of those aged 16-20 years ran out of food compared to 1 in 10 households of those aged 30+.
    - Other genders reported more food insecurity than females and males – around a third (31.1% and 33.5% respectively) of other genders worried about running out of food or ate less due to lack of resources or money.



## Mental Health Experiences

This section reports on the questions the survey asked concerning mental health experiences. Respondents were asked to complete the Patient Health Questionnaire 9 (PHQ-9) and questions about mental health diagnosis, serious psychological issues, stigma relating to mental health, self-harm, and suicidal ideation and attempts to kill themselves.

- **A collective 35.5% reported either Moderately Severe or Severe symptoms of depression compared with 40.1% reporting None to Mild symptoms.**
  - Severity of symptoms generally decreased through age groups.
  - Other genders reported higher levels of Severe symptoms (31.9%) than females (16.2%) and males (13.2%).
- **Over half (56.9%) reported concealing a mental health problem for fear of stigmatisation and a further 1 in 6 (16.5%) were not sure.**
  - Younger age groups 16-20 (58.5%) and 21-24 (59.6%), reported higher levels of concealing mental health problems for fear of stigmatisation.
  - Other genders (77.6%) reported higher levels of concealing mental health problems for fear of stigmatisation than females (59.2%) and males (44.6%).
- **Over a quarter (26.6%) reported having a current mental health diagnosis and a further tenth (10.7%) were unsure whether they had a diagnosis.**
  - The youngest age group, 16-20 (23.5%) had the lowest levels of diagnosis and those aged 25-29 (29.5%) had the highest levels.

  - Other genders (46.6%) had higher levels of diagnosis than females (28.6%) and males (17.4%).

- **Nearly half (44.6%) reported that they had experienced a serious psychological issue that they felt needed professional help.**
  - This increased through the age groups.
  - Nearly two-thirds (64.9%) of other genders reported having experienced a serious psychological issue that required professional help compared with 46.1% of females and 36.9% of males.
- **More than 1 in 10 (12.0%) reported that they had intentionally self-harmed within the last six months.**
  - Reports of self-harm decreased through the age groups.
  - Other genders (29.5%) reported more self-harm than females (13.0%) and males (6.5%).
- **Just under a fifth (19.6%) reported that they had either had suicidal ideation or attempted to kill themselves in the last six months.**
  - Levels were consistent across age groups but dropped for the 30+ group.
  - Levels of reported ideation or attempts to kill themselves were higher for other genders (39.7%) than for females (18.9%) or males (18.2%).

## University Experiences

This section reports on the questions about university Mental Health and Wellbeing support services, membership of student groups and the impact of the pandemic on their university experience.

- **In general, awareness of university Mental Health and Wellbeing support services was high, but usage was relatively low**
  - Over two-fifths (41.7%) were dissatisfied with their university compared with 38.8% being satisfied. With older age groups more satisfied and males (39.4%) and females (39.0%) were more satisfied with services than other genders (27.8%).
  - A third (33.4%) of respondents were members of a student group. With younger age groups having higher rates of membership than older age groups.
  - Other genders (43.3%) had higher rates of membership than females (34.4%) and males (33.8%).
- **Of those that were members of a student group this helped:**
  - 71.9% engage with student life
  - 65.9% make friends
  - 39.2% manage during the pandemic
  - 36.5% keep fit
  - 18.8% keep on top of their studies
- **The majority of respondents felt that the pandemic had had an impact on their experience of university life: over four-fifths (82.8%) felt that they had not benefitted from the full student experience due to the pandemic and nearly four-fifths (78.6%) felt that the pandemic had negatively impacted their studies.**
- **Half (50.6%) of respondents felt that their university coped as well as it could have in the current situation and nearly half (48.1%) of respondents felt that their university introduced new measures that they would like to see remain.**
- **More students disagreed (35.8%) that their university had the balance right between academic performance and personal life than agreed (30.8%).**

## Personal and Social Experiences

This section reports on the questions about friendships and relationships, coping with pressure and online activity.

- **Over half (55.8%) of respondents had friends at university they could speak to about worries or concerns. This was higher for younger age groups and for females.**
- **Nearly four-fifths (78.7%) had friends at home they could speak to about worries or concerns.**
- **Over two-thirds (70.6%) had family they could speak to about worries or concerns.**
- **Under half (47.2%) had a partner they could speak to about worries or concerns – aligns with number of single status respondents.**
- **The harmful coping mechanisms most commonly reported were eating too much to cope with pressure (48.1%), avoiding friends to cope with pressure (39.4%), eating too little to cope with pressure (38.6%).**
- **The positive coping mechanisms most commonly reported were going to a green space more (45.3%), doing exercise (35.4%) and contacting family (34.5%) and friends (33.6%) more. Although respondents indicated they were more likely to do these activities similar numbers also reported doing some of these activities less re. exercising less (38.7%), contacting friends less (32.6%) and engaging with hobbies less (40.1%).**
- **Most respondents used social media to keep in contact with friends (84.0%) and distract themselves or procrastinate (82.6%). Over half (52.6%) compared themselves to people on social media and just under a third (28.4%) found their use of social media helpful.**
- **Nearly two-fifths (39.2%) used social media to help with their studies. Furthermore, 1 in 10 respondents (10.3%) felt that they did not have adequate internet access where they lived to engage with university and friends online.**

## Protective and Risk Factors

This section reviews the correlation between three validated measures used in the survey, ACEs, PHQ-9 and SWEMWBS. Following that is gives an overview of the five factors (questions) that had the strongest association with both the PHQ-9 and SWEMWBS, respectively.

- **There was a strong, negative, correlation between SWEMWBS and PHQ-9 - as the SWEMWBS score went up, the PHQ-9 score went down and vice versa. There was a very weak, negative, correlation between SWEMWBS and ACEs – as experiences of ACEs went down, SWEMWBS scores went up slightly. There was a weak, positive, correlation between PHQ-9 and ACEs – as experiences of ACEs went up, PHQ-9 scores went up slightly.**
- **Generally, the impact of ACEs did not appear to have much impact on either wellbeing or symptoms of depression (PHQ-9), however there was a strong relationship between wellbeing and symptoms of depression.**

## Qualitative Findings

This section reports on themes that emerged from individual and group-based interviews with 35 interviewees. This section also includes some examples from practice that emerged during the interviews, these are not intended to be exhaustive examples, just examples that were highlighted.

- **There is a significant amount of activity taking place within HEIs to support student mental health and wellbeing. However, it can be a confusing picture and difficult to navigate support structures.**
- **Most of the support is focused on the provision of counselling however wide-spread agreement this is not the appropriate response to many situations.**
- **Students often come with high expectations of university supports and in many cases a lack of**

knowledge and understanding of the interface between HEI and the NHS. The latter point is particularly true for overseas students.

- Increasing numbers of students are disclosing their mental health status at the outset of their university journey however, there continues to be barriers to disclosure including this being asked within the context of having a disability. Which, although there is some understanding as to why mental health status falls under a disability, it remains a barrier for some.
- There was some consensus around the increase in complexity of cases and an increase in demand overall. This generally was felt to be exacerbated by COVID-19. HEIs quickly adapted to provide a continuous service during lockdowns via phone and online support, but some students experienced barriers to accessing support through these mediums.
- Key gaps across provision identified were around specific support for wellbeing, the need for a trauma informed approach and support for those with long term and enduring mental health problems. For the latter this was aligned to discussion about the problematic interface between university support systems and the NHS. There was consensus that student support as provided by universities should not be viewed as an alternative to NHS mental health teams.
- There were widespread reflections on the risks posed by a wider societal issue of the medicalisation of emotions of sadness and distress and a concern that this may be disempowering young people and undermining their individual resilience, as a coping mechanism. If the medicalisation narrative is internalised by individuals it can lead to a situation whereby anything less than a clinical response is regarded as dismissive with the resultant strain on clinical services.

# Recommendations

## Recommendation 1.

**Increased focus on and funding for wellbeing supports.** Specifically for Student Mental Health Agreements to include a dedicated section and funding for wellbeing supports. That the Scottish Government should increase funding for the HEI sector, but this should not be ring fenced for counselling only but rather should include ability to increase capacity and interventions for wider wellbeing support. Additional recommendations to strengthen the wellbeing system within Higher Education Institutions include:

- Need for consistency of language across sector to describe different forms of support – to help students and staff understand and navigate wider student support systems.
- Innovative solutions to increase staff skills, knowledge and confidence to cope with student wellbeing needs
- Individual institutions simplifying existing pathways to wellbeing support and broader supports they offer from the perspective of the student.
- A campaign to raise the profile of wellbeing supports – beyond counselling – and the benefits they can bring.

## Recommendation 2.

**Higher Education Institutions should incorporate student wellbeing as a measure of success as part of their enhancement model.** Individual institutions are likely to require guidance on this from the sector as a whole.

## Recommendation 3.

**The NHS and HEI sector should undertake a process to agree the parameters on the duty of care of universities.** This should be supported by agreement on a streamlined referral pathway for students who need more intensive support than can be provided within the university setting. Once agreed these pathways should be implemented across the sector. This should be done with urgency as some students are currently being failed by both systems.

## Recommendation 4.

**Universities should undertake consultation and/or research to understand the nature of mental health stigma among students.** This should help inform future activity to challenge stigma including enabling staff to address stigma.

## Recommendation 5.

**Universities should undertake consultation and/or research to gain fuller understanding of the impact of trauma on student mental health and wellbeing and the wider student experience.** This should include but not be limited to the areas of exploration within this study regarding adverse childhood experiences, bullying and food insecurity. This should help inform future activity to implement a trauma informed approach across the university sector.

### Recommendation 6.

**Higher Education Institutions should implement a whole system approach to become fully trauma informed.** This is likely to require guidance from the sector and informed stakeholders including to support trauma-informed academic design and content.

### Recommendation 7.

**A round table discussion between key stakeholders on how to reduce student poverty and the supports required particularly in light of the widening access agenda.** This should include discussion on food insecurity. This would enable further exploration of the findings from this study alongside wider evidence. This should include HEI sector representatives, Scottish Government and key poverty charities.

Finally, it is important to recognise that students are not one homogenous group but individuals with different life experiences. This means that mental health and wellbeing supports and prevention-based approaches need to be flexible to adapt to changing needs and work to remove barriers to those who many face increased risks to their mental health. Within this report this is highlighted by the general trend of younger students and those who identify as 'other genders' often faring worse across a number of measures than older students and those who identify as male or female.

# Glossary

## 1. Mental Health

A state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.

## 2. Public Mental Health

The art and science of improving mental health and wellbeing and preventing mental health problems through the organised efforts and informed choices of society, organisations, public and private, communities and individuals.

## 3. Prevention

Action which aims to increase the protective factors for good mental health and wellbeing or reduce the risk of experiencing poor mental health, including supporting people with and without mental health problems to stay well.

There are several different types of preventive approaches, which can be applied together to enable communities to protect everyone as well as give targeted support to those most at-risk. The different kinds of prevention approaches can be defined as:

Primary prevention: stopping mental health problems before they start

Stopping mental health problems before they occur and promoting good mental health for all. Often primary prevention work is 'universal' in that it targets and benefits everyone in a community.

Secondary prevention: supporting those at higher risk of experiencing mental health problems

Supporting those at higher risk of mental health problems (either because of biological characteristics they are born with or experiences they have had) by providing targeted help and support. This type of prevention is often called "selective" or "targeted" prevention. Examples include programmes which support those who have experienced trauma or been victims of hate crime.

Tertiary prevention: helping people living with mental health problems to stay well

Supporting those with high levels of distress or existing mental health problems to stay well and have a good quality of life. These types of programme often focus on those already affected by mental health problems and can aim to reduce symptoms that can be disabling, limit complications, and empower people experiencing problems to manage their own symptoms as much as possible and help to prevent relapse. Tertiary prevention is

seen as distinct, but complementary to treatment for mental health problems and is often carried out in community, rather than clinical, settings.

## 4. Wellbeing

Wellbeing, put simply, is about 'how we are doing' as individuals, communities and as a nation and how sustainable this is for the future. We define wellbeing as having 10 broad dimensions which have been shown to matter most to people in the UK as identified

through a national debate. The dimensions are: the natural environment, personal wellbeing, our relationships, health, what we do, where we live, personal finance, the economy, education and skills and governance. Personal wellbeing is a particularly important dimension which we define as how satisfied we are with our lives, our sense that what we do in life is worthwhile, our day to day emotional experiences (happiness and anxiety) and our wider mental wellbeing.

## 5. Whole System Approach

A comprehensive and co-ordinated series of actions that positively influences entire populations. Usually involves engaging all stakeholders, providing leadership, providing opportunities for all involved to be heard, supported, educated and developed, and establishing a culture, ethos and environment that is aligned with the desired outcome.

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