ADDRESSING THE RISING TIDE: A DATA-DRIVEN STRATEGY FOR CO-CREATING A NATIONAL MENTAL HEALTH FRAMEWORK FOR HIGHER EDUCATION

SIYAPHUMELELA CONFERENCE, WANDERERS
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WORKSHOP OUTLINE

- ➢ **Rationale for the Mental Health workstream**

- ➢ **Intended Outcomes of the Workshop**

- ➢ **Mental Health Prevalence**

- ➢ **Context**

- ➢ **Strategic Approach**

- ➢ **Conceptualization**

- ➢ **High Impact Practices**

- ➢ **Group Discussions and Feedback**

- ➢ **Conclusions**

MENTAL HEALTH WORKSTREAM: WORKSHOP OUTCOMES

- At the end of this workshop, participants should:
- The purpose of the mental health workstream
- Have greater insight into the prevalence of mental health
- Have a better understanding of the factors that impact student mental health
- Have a shared perspective on the possible opportunities to address student mental health collectively
- Consider the factors which cultivate a supportive ecosystem within higher education that is more responsive, to student mental health

MENTAL HEALTH WORKSTREAM: RATIONALE

- ❑ An **integrated framework** that looks at mental health and well-being in university life of **both students and staff**, as essential to **co-creating a culture of wellness and care**: cornerstones on which student success is based

- ❑ The Framework is informed by **empirical data and qualitative thematic analysis** of national engagement data from national HE webinars and seminars

- ❑ The building of this framework is an **iterative and organic process**, co-constructed with all committed stakeholders.

2021
- Establish Mental Health Workstream
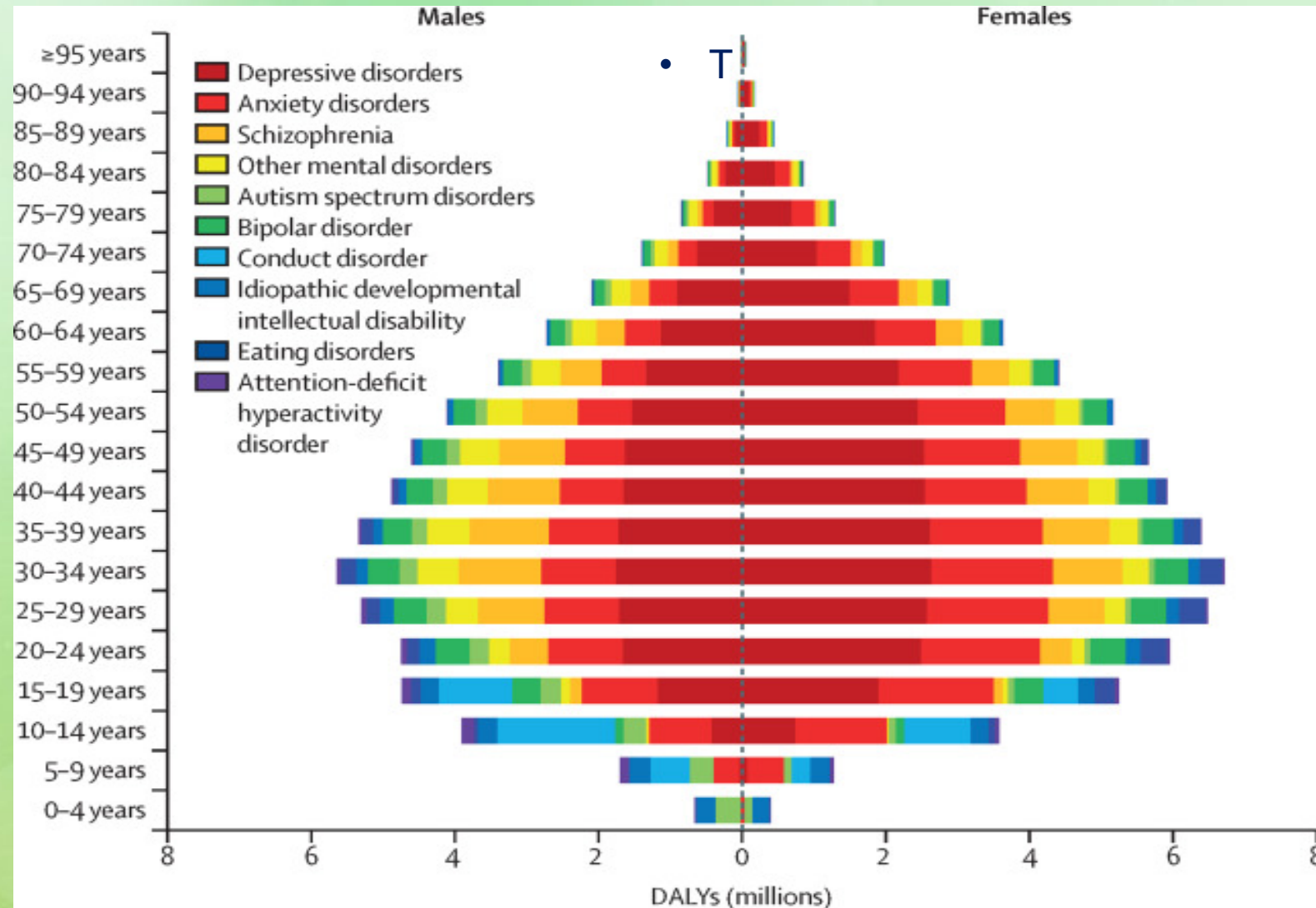- **October 2021**: Presentation(WITS/U WC/SADAG) Workshop:

2022
May 2022: Mental Health in Higher Education: Ethical Practices and Data Management

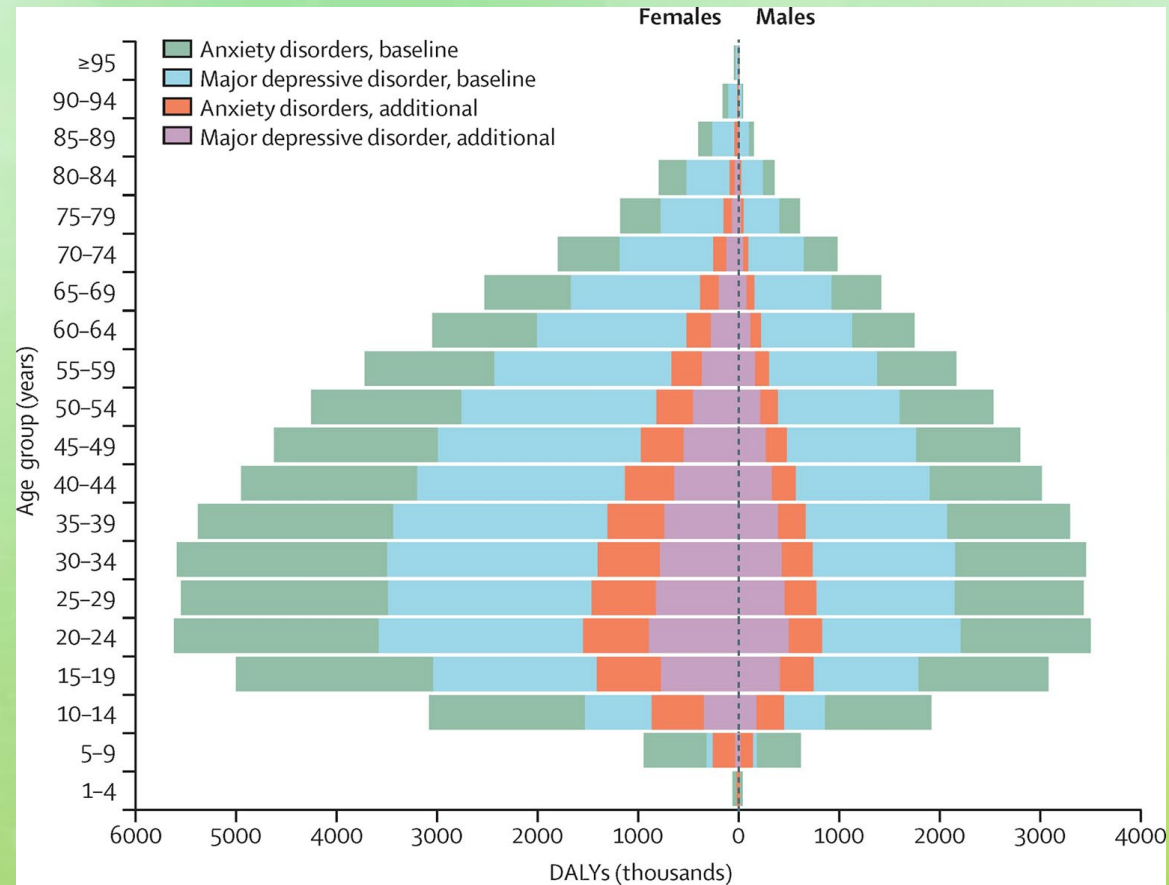**29 July 2022**: Workshop: Jason Bantjes

2023
- **March 2023:** Workstream Meeting
- **April 2023** Workshop
- Pillars for MH Guideline
- **June 2023**: Conference Workshop
- Proposed Workshop **August 2023**

# GLOBAL PREVALENCE DURING COVID

GLOBAL PREVALENCE AND SA FINDINGS

- The MHQ is a self-assessment tool that measures mental well-being on a scale from -100 to +200

- The global MHQ average was 64, indicating people "managing" their mental health.

- Highest scores: Tanzania and Spanish-speaking Latin America (74)

- Lowest scores: United Kingdom, South Africa and Brazil (46 – 53)

  18-24-year-old 5 times more likely to have mental health challenges

- There has been a global decline in particular with younger people, in the **social self** (how the self is seen in relation to others) which appears to be strongly linked to the global deterioration in family and friendship relationships.(Mental State of the World Report, 2023)

- South Africa had the highest percentage globally of people who are distressed and mentally struggling (35,8%) – history of social exclusion, crime, SES
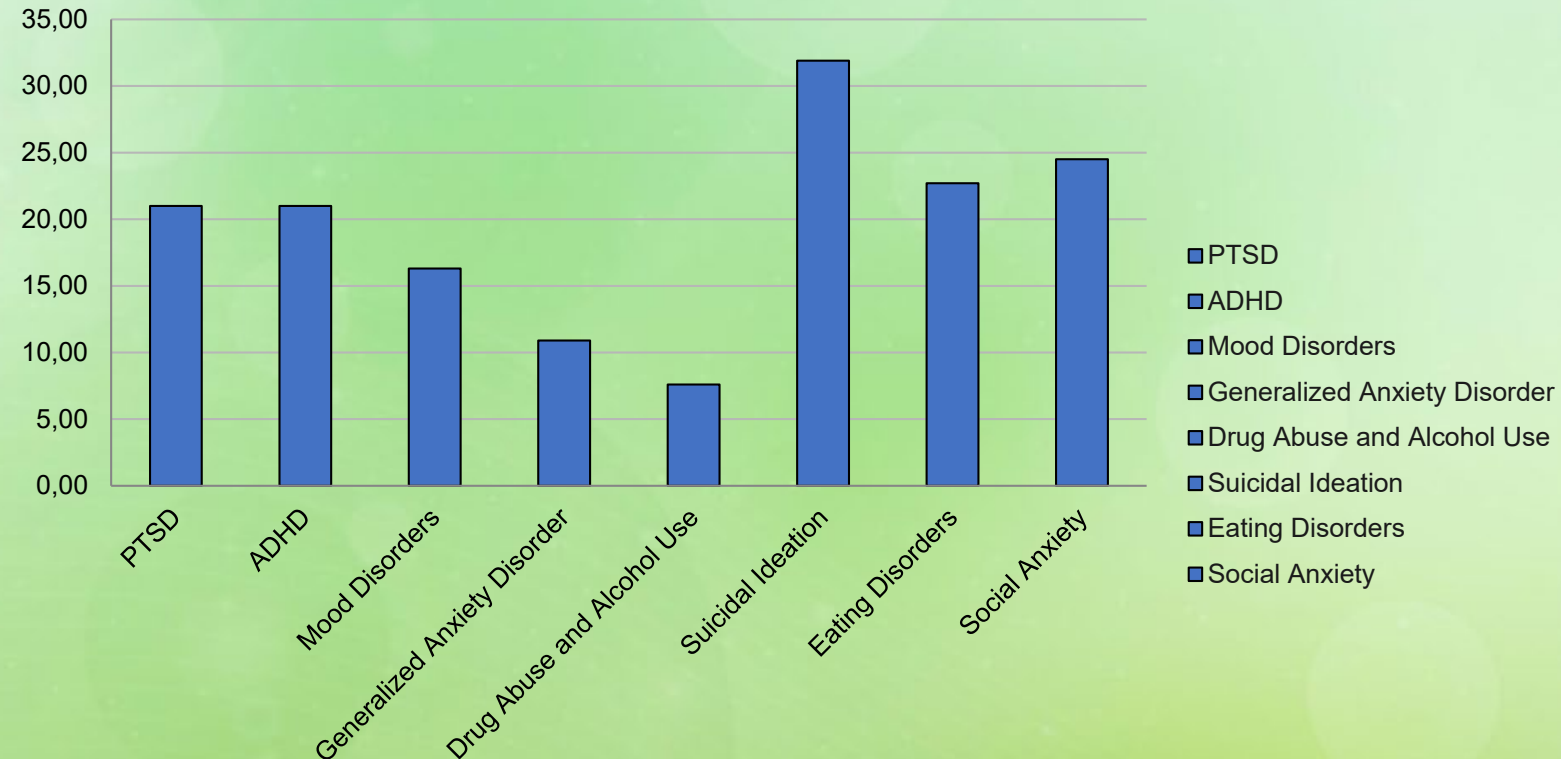
MENTAL HEALTH IN SOUTH AFRICA

Craig, et al., 2022
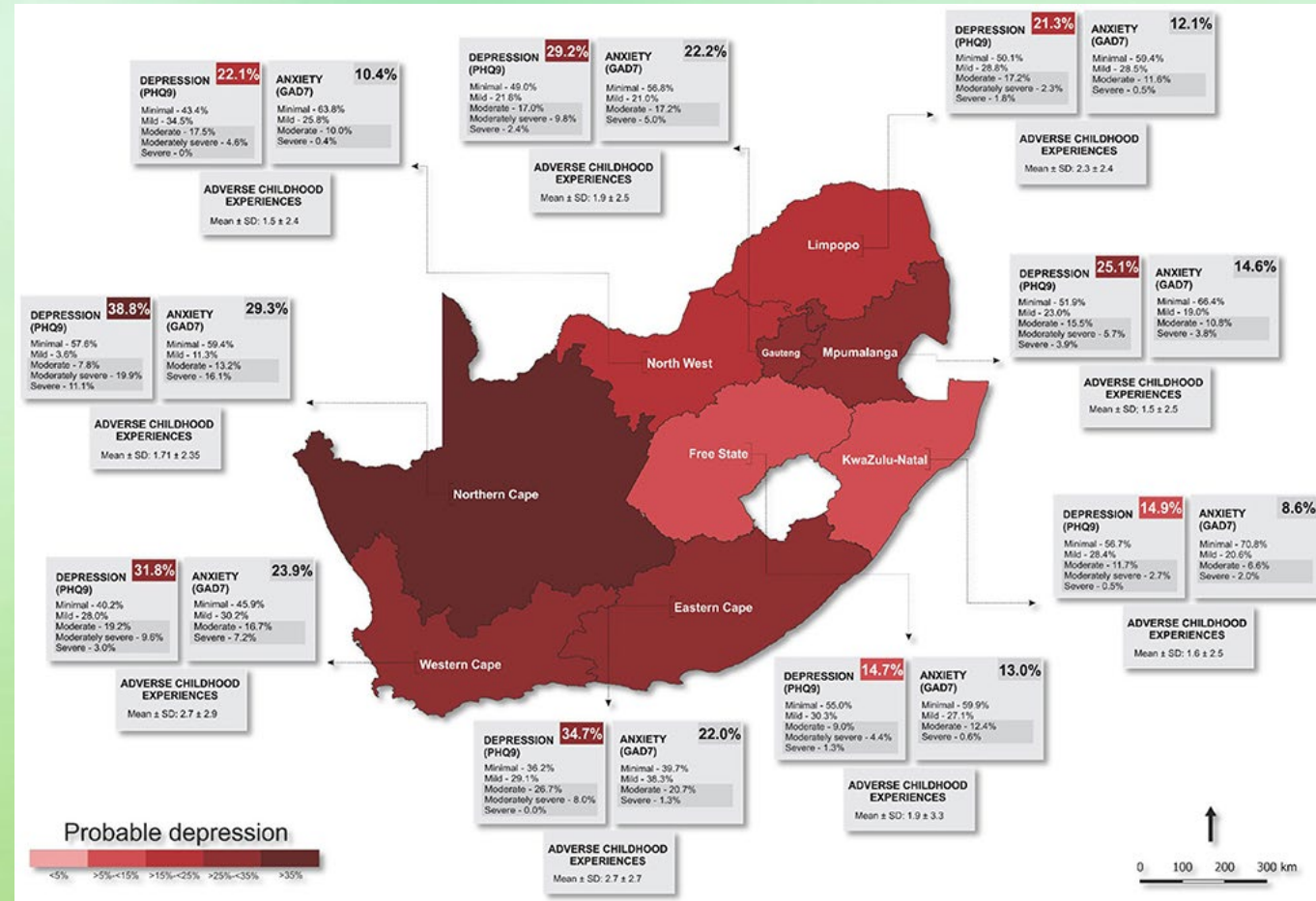
PREVALENCE FOR SOUTH AFRICAN HIGHER EDUCATION
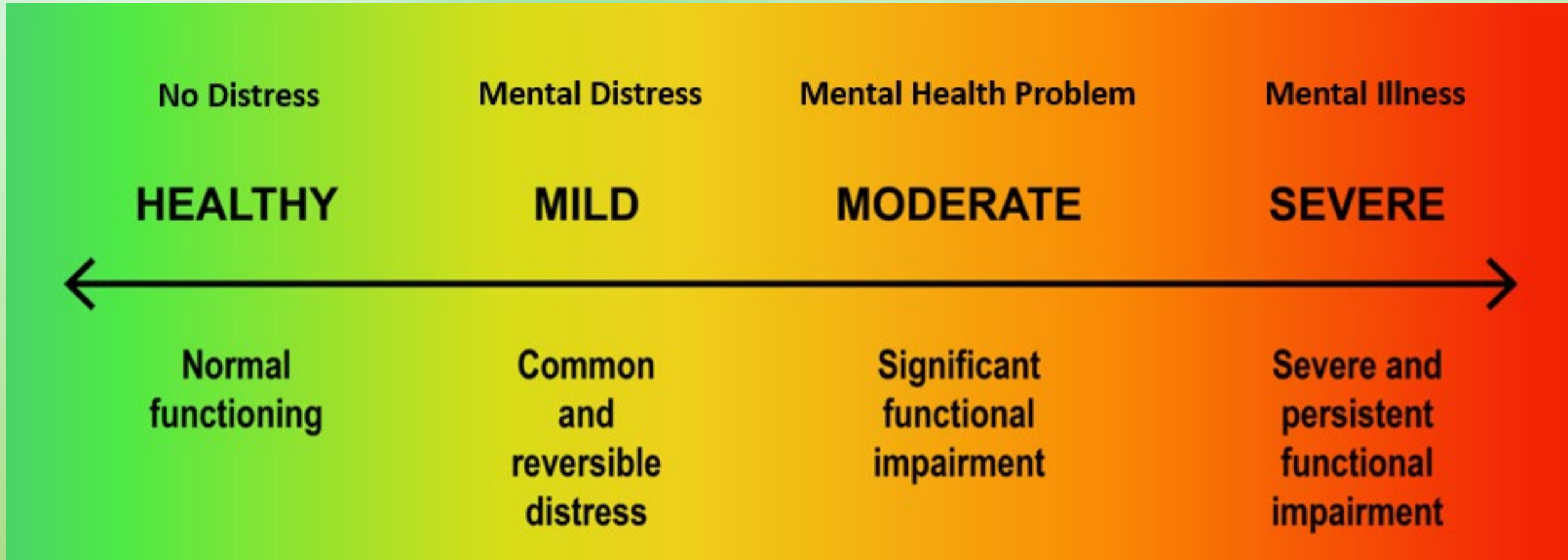

Prevalence of student mental health in South Africa

Adapted from: Bantjes, J.; Kessler, M.; Lochner, C.; Breet, E.; Bawa, A.; Roos, J.; Davids, C.; Muturiki, M.; Kessler, R.C.; Stein, D.J. The Mental Health of University Students in South Africa: Results of the National Student Survey. *J. Affect. Disord.* **2023**, *321*, 217–226. [Google Scholar] [CrossRef] [PubMed]

The Mental Health Continuum

No Distress	Mental Distress	Mental Health Problem	Mental Illness
HEALTHY	**MILD**	**MODERATE**	**SEVERE**
Normal functioning	Common and reversible distress	Significant functional impairment	Severe and persistent functional impairment

https://youtu.be/oBSTf-Yn89Q

CONTEXT

- ➤ **Intersectionality**: Understand the extent to which diverse cultural beliefs, racial, gender, disability, and socioeconomic factors and identities **influence the mental health experiences**

- ➤ **Historical Context:** The effects of historical trauma on the psyche of students and staff

- ➤ **Integration of Traditional Healing Practices** to honour indigenous knowledge systems and African spirituality to promote holistic understanding of mental health

- ➤ **Understanding who our students are, and their help-seeking behaviour:**

  - ➤ Digital transformation & pseudo-relatedness (connection)

  - ➤ Increased Autonomy, Resilience, Perseverance & Healthier Coping

  - ➤ Developmentally: Deal with it on their own or seek peer support

| MASSIFICATION (ACCESS TO HE) | NSFAS | #FEES MUST FALL | COVID-19 | ENERGY CRISIS | STUDENT SAFETY AND SECURITY |

STRATEGIC APPROACH

KEY PRINCIPLES WHICH INFORM EXISTING INSTITUTIONAL MENTAL HEALTH POLICY/FRAMEWORKS

Prevention and Promotion	**Equity and Social Justice** **Inclusivity of access**
Agency and Capacity Building	**Data-informed decision making** **Ethical management of data**
Monitoring, Evaluation of Policy Implementation Plan **Research to assess effectiveness and impact**	**Intersectoral Collaboration (roles and responsibilities DHET/DoH/DoE/DSD)** **Strategic partnerships**

CONCEPTUALIZATION

- Conflicting narrative (mental health vs mental illness)
- Requires paradigm shift from Medical Model (deficit/linear) to strengths-based approach (resilience and full student potential) which is:

  - Constructivist, post-modernist approach
  - Multidimensional and Holistic approach
  - Culture of Care: Create an environment to promote well-being and inclusivity (sense of belonging)
  - Integration of principles of Ubuntu
  - Shift to multidimensional well-being of ALL students (empowerment, grit, will, hope and flourishing)

Mental health is a dynamic state of internal equilibrium that enables individuals to use their abilities in harmony with the universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium. (Galderisi et al., 2015)

HIGH IMPACT PRACTICES

- ❑ **PREVENTION AND PROMOTION**

  - Prevention– holistic mental health

  - A systemic approach that includes students & staff

  - Empower students to develop mindset of agency as co-creators of mental health and holistic student success

  - Wellness Advocacy: Amplify the Student voice (e.g. peer mentors, mental health ambassadors/advocates)

  - Leveraging technology (Apps) and AI (social media marketing and mental health literacy, chatbots, etc)

- ❑ **CAPACITY BUILDING**

  - Capacity building of first responders (staff and student cohorts) – to ultimately empower the system

  - Continuous Professional Competency Development of mental health practitioners

- ❑ **INDIVIDUAL WORK**

  - Need for contact & online sessions – hybrid & telehealth (HPCSA)

  - Briefer therapy approaches to increase access to services

  - Integration of the science of wellbeing and neuroscience

  - Peer Counsellors

HIGH IMPACT PRACTICES

❏ **GROUP WORK**

* Group therapy /Psycho-social support groups

* Psycho-educative workshops and training (co-curricula and embedded programmes)

* Peer support

❏ **CRISIS INTERVENTIONS**

* After hours / 24-hour services

* "Campus Talk" – trained peers available for 24-hour counselling support

❏ **SPECIALISED SUPPORT, REFERRALS AND NETWORKS**

* Inclusive of best practice for dealing with more severe clinical issues

* Psychiatric services

* Primary Health care services

* Disability

* MHW Initiatives Support for **residential students (on and off-campus**) –

GROUP ACTIVITY:

1. What strategies can be employed within institutions to get optimal buy-in from multiple stakeholders to promote a culture of mental health and wellness

2. How can higher education institutions collaborate and share best practices to enhance mental health support for students?

3. Please identify any gaps which require consideration for inclusion in a student mental health framework

4. How can institutional data be integrated to inform a holistic mental health framework in universities

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THANK YOU

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