The Vice-Chancellor's Taskforce on Mental Health and Wellbeing: A whole institution approach to change

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Introduction

In 2019, a multi-disciplinary Taskforce on Mental Health and Wellbeing was established by the Vice-Chancellor at the University of East Anglia (UEA). It convened over a period of more than two years, its work informed by the UUK *#StepChange* framework (UUK 2017) and, more latterly, *Mentally Healthy Universities* (UUK 2020) and the *University Mental Health Charter*. The work of the taskforce realised a number of successes, whilst facing challenges, not least through the necessity of accommodating a pandemic response which impacted on projects planned and revealed new areas of focus and concern. The final meeting of the Taskforce was convened in September 2021 at which it received an evaluation report and proposal for future governance to embed our work further across the institution.

Rationale

The Vice-Chancellor's Mental Health and Wellbeing Taskforce (VCTF) was instigated in response to national and local recognition of the need to address the increasing prevalence of mental ill health within our community alongside growing concerns related to associated risks and a desire to provide a safe and supportive community for staff and students.

It was positioned as a sub-committee of our Executive Team (ET) and was designed to provide leadership, strategic direction, and oversight to the provision of mental health support for the UEA community, with a substantive focus on the development of student-facing projects within our Student Services division.

The group identified their key responsibilities as:

o   To be responsible to the Executive Team and Council for recommending the appropriate level of mental health provision for the UEA community and the ongoing improvement of such.
o   To review best practice and external advice received and discuss how to implement identified aspects of that advice/recommendations.
o   To review partnership working and referral points into the NHS and other external agencies.
o   To receive updates and monitor progress against milestones from each workstream.
o   To consider resource requirements for workstreams and agree funding requests to ET Finance.
o   To receive updates on proactive and reactive communications in the preceding period and consider ongoing communications and engagement plans.
o   To receive updates from the Business Continuity team when periodically activated.

o   To promote good mental health and challenge negative perceptions of mental ill health or towards those experiencing such difficulty.

Method

The importance of senior commitment and strategic leadership was seen as crucial. We believed that if whole institution change was to be achieved then it must be led by those with the authority to make decisions and resource actions. Of equal importance was modelling a willingness to address the mental health agenda. The use of the taskforce approach was of itself an intervention designed to tackle stigma and demonstrate commitment to a culture of inclusivity by those in leadership roles.

The VCTF met on a bi-monthly basis over a period of two years. Membership was drawn from across the institution and included representation from the Executive and senior members of the academic community, student services, professional services, communications and people and culture divisions. The campus trade unions, and Student Union Sabbatical officers were also represented. Administrative support was provided by the VCO with the Vice-Chancellor acting as Chair throughout.

The work of the taskforce was informed and supported through the use of external 'critical friends' from established networks with UUK, other HE providers and through partnerships with public health colleagues, and specialist service providers from the health and social care sectors.

A range of project workstreams were identified, mapped to key themes, with an 'executive sponsor' within the VCTF membership. Each was supported by an appropriate role holder at a senior level within the institution tasked with leading and reporting to the VCTF (see Figure 1).

Project workstreams	#StepChange / MH Charter Framework and Enablers
Embedded Wellbeing Teams	Support; Live
Review of the Advisor model	Learn
Embedding MHWb in the curriculum	Learn
Welcome 2020	Live; Learn
Mental Health Literacy Training	Work; Support
Staff Wellbeing strategy	Work
Learning and dissemination	Research Innovation and Dissemination
'Enlitened' App: student voice and insight	Support; Student Voice; Research
Residential Life Team	Live; Support
Monitoring of 'at risk' students	Support; Info sharing
Opt-in scheme for 3rd party contacts	Support; Info sharing
Review of current provision (Student Services) strategic and operational MI	Leadership; Research
Serious Incident Process Review	Strategy; Cohesion; Research
New booking and case management system	Cohesion
Supportive communications	Support; Live; Learn; Work
Mitigating Covid impact (est. May 2020)	Support; Live; Learn; Work
VCTF Evaluation	Leadership strategy; Student Voice; Research and Innovation

Figure 1: VCTF projects

Evaluation

An initial evaluation has been undertaken to provide emerging insights and guide the next stage of our work. It comprised:

- **Process evaluation** – To consider the effectiveness of the Task Force approach in driving forward needed action.
- **Implementation evaluation** – To review what was and was not implemented and motivators and barriers to action.
- **Impact evaluation** – To consider impact on target beneficiaries against the original project plans.
- **Innovation evaluation** – To ensure continuous improvement in our whole institutional approach and measure post Task Force provision against relevant best practice frameworks.

Evaluation activity drew upon available internal data, reflections of VCTF members and project teams and was supplemented by an externally commissioned Student Voice project using narrative and individual interview methodology with students with lived experience of mental ill health from within our community.

Process evaluation insights: The response to the taskforce approach as a whole was overwhelmingly positive, with many reflections on how much has been achieved in the time frame, given the disruption during the pandemic, and given the (overly?) ambitious aims.

Useful early insights regarding the use of this approach have included recognition of the value of:

- Tightly-defined objectives and measurable outcomes for beneficiaries for each workstream
- A well-defined communication strategy within and across the project team, and to the wider community regarding the VCTF mission and outcomes
- The value of external expertise in both the work of the VCTF and its evaluation
- Recognition of the need to recognise and overcome unconscious bias and seek expertise in order to deliver evidence-based action
- The need to retain focus upon progress within discussions rather than updates of activity

Takeaway message

It is essential to have strategic commitment, and investment at the most senior level to achieve whole institution change. The use of a multi-disciplinary taskforce model is an effective mechanism through which this can be enabled; however, our evaluation illustrated the importance of coherent and aligned project design which includes explicit outcomes and impact indicators identified from the outset.

These learnings have informed the ongoing work we are doing to improve the mental health and wellbeing of our community and achieve Mental Health Charter status, and the establishment of our new VC Taskforce which has begun its work with a stated commitment to Tackling Racism and Harassment across our community.

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