

The benefits of student-led health promotion intervention.

Abstract

Purpose

The benefits of a student-led mental health promotion intervention on World Mental Health day resulted in tangible learning benefits for those students. The event occurred within the students' own university.

Design/Methodology/Approach

This case study evaluates students' experience on a mental health promotion intervention. This intervention was to enable students to experience running a health promotion intervention and develop their health promotion skills outside of their lectures. Students were recruited who had just completed a module on health promotion.

Students had to plan and organize the intervention, which included involving other organisations and facilities both external and internal to the university. The experience was evaluated through the case study using as data collection a semi-structured interview.

Findings

Results indicated that students found the experience to be beneficial in deepening their understanding of health promotion, mental health awareness as well as in increasing their self-esteem. Results of this study should be taken with caution due to the small sample involved.

Implications

There are opportunities to develop this idea further and to broaden the availability of the initiative enabling more students from diverse backgrounds to experience putting health promotion theory into practice.

Originality

To the best knowledge of the author this study, although with limitations, provided a good understanding on how to develop health promotion skills within a university setting. The outcomes of this study are mainly applicable to a health studies course, educators of mental health promotion, university mental health support services and research related to this topic, especially on promoting mental health awareness and education.

Key Words: Health Promotion, Mental Health, University Settings, Graduate Skills

Introduction

Importance of health promotion and prevention

An undergraduate health promotion module at university aims to provide students with the theory and knowledge to understand the different approaches and theories underpinning how health is promoted within communities and by individuals (Scriven, 2018). In many universities, these theories are taught in a traditional lecture and seminar arena with students not having the opportunity to experience health promotion in practice (Kempenaar and Shanmugam, 2018).

Health promotion teaches our future health promotion practitioners the importance of supporting individuals and communities to take increasing control over their health as health promotion is about doing, “enabling, empowering, mediating” (WHO, 1986). Health promotion seeks to develop interventions that target specific populations by working with that group to develop their skills and knowledge (Green & Tones, 2010). By raising awareness and facilitating ways for people to improve their health will both promote a greater awareness of the positive concept of health and also to understand and curtail preventable illnesses from developing or accelerating their development (WHO, 2019). Furthermore, in individuals and communities where disease process linked to behaviours or social determinants of health has begun, health promotion can contribute by educating and creating greater awareness about how to reduce damage or empower individuals to provide greater control over their health (WHO, 2005).

Mental health promotion is more focused in raising awareness around the benefits of looking after one’s own mental and emotional health. This includes trying to break down the stigma and prejudice that may prevent someone from seeking help as well as promoting the different services and ways of improving one’s mental health (WHO, 2004). More specifically, mental health promotion is timely in the Higher Education (HE) sector as there has been an upward turn in students reporting mental health illnesses (Thorley, 2017). More students than ever are entering higher education (Universities UK, 2018); increasingly students are coming from diverse backgrounds and have different needs to traditional students, they require greater academic and pastoral support from the university and lecturers (Thorley, 2017). In the past, undergraduate students have mainly come from affluent backgrounds and potentially had greater support from parents (Denovan & Macaskill, 2017). University support focused on the transition from home life to living away at university.

The widening participation opportunity has meant that more and more students who are now entering university are likely to be building debts through taking out loans. The consequence of this

is that students may worry about increasing debts, whilst trying to remain dependent through working part-time (Royal College of Psychiatrists, (RCPsych), 2011). Furthermore, many students studying at non-Russell universities are no longer school leavers but instead mature students, have part-time jobs, are caring for siblings, parents or are parents themselves (Gorzynski *et al.*, 2017; Universities UK, 2017). Research shows that there is higher reporting of mental health needs (RCPsych, 2011; Thorley, 2017). Likewise, student support services have required investment in order to meet student demand (Universities UK, 2015).

Benefits for (i) students (ii)workforce

There are increasing numbers of students reporting mental health conditions now entering universities (Thorley, 2017). Mental ill health usually occurs in childhood with individuals experiencing their first episode of mental illness before the age of 16 years (RCPsych, 2011; Student Mental Ill-Health Task (SMIHT) group, 2016;). The SMIHT group report, uses the definition of mental ill health as “a range of psychological difficulties that most people do not expect to endure in the course of their everyday lives,” (SMIHT.group, 2016 p 9). For 18 to 19-year-olds entering university there are new experiences, ways of learning and interacting with people that can bring new stresses and difficulties (Quin *et al.*, 2009). Abraham Jack (2019) discusses the ‘privileged poor’ as a new group of university entrants who have difficulties in interacting with those from a different social and financial background. These difficulties are also in understanding a ‘hidden curriculum’ that can prevent students from reaching out for help or guidance from academic staff as it seen as a weakness. These factors including the financial pressures and family pressures may affect the mental health of young people entering university as well as the individual’s own emotional health and individual personality characteristics. Whilst university itself brings challenges, individuals own personality may also affect their mental health and behaviour.

Nearly half of all student leavers are now entering higher education before they are aged 30, reflecting the wider young adult population in diversity and characteristics (Universities UK, 2017). The wider diversity of students has also seen an upward turn in students reporting mental health illnesses (Thorley, 2017) with 75% of people with mental health problems having reported that they were established by the age of 24 years. Neale *et al.*, (2017) stated that students scored 15% and 22% lower than the UK population on all four wellbeing measures: life satisfaction, life worthwhile, happiness, and low anxiety. The NUS survey (reported in Parliament. All Party Parliamentary Group on Students, 2018) found that nearly 8 in 10 respondents indicated that they had experienced mental health difficulties in the previous year. Female suicides have also almost doubled from 21 in

2001 to 41 in 2015. Thorley (2017) reported a 94% increase of young people in universities trying to access support. Mental health is therefore a current, relevant issue for universities to manage and to respond to which universities need to raise awareness about and to promote mental health knowledge and information about the different services for staff and students. It is also essential to continue to try to remove the stigma and prejudice that envelopes mental health and that can prevent individuals in accessing help and support (Universities UK, 2015).

World Mental Health (WMH) day is an initiative of the World Federation of Mental Health (WFMH) (2019), an international organisation founded in 1948 and recognised by the United Nations and WHO. WMH is recognized every year on October 10th and aims to promote and raise awareness around mental health and is supported in many different countries and international organisations (Brody, 2004). As it is often marked by many statutory and non-statutory mental health services, this day provides an ideal opportunity to raise awareness of these local services outside of the university setting as well as linking with them to raise awareness around mental health.

Universities are ideally placed to be considered as a setting for positive mental health (Newton, Dooris and Wills, 2016). Staff and students, who are increasingly reporting more strain and lower emotional well-being (Kinman & Court, 2010; Moorish, 2019), can potentially benefit from a mental health and wellbeing campaign. Research indicates that it is important to raise awareness of mental health and giving people the opportunity to speak about mental health helps to break down the stigma that can prevent individuals from accessing help (Jorm, 2000; Thornicroft 2006).

Furthermore, students are entering the wider work-force and these students could benefit this workforce by applying their knowledge and skills of mental health promotion within the workplace (Budgen *et al.*, 2011). This awareness of the importance of mental health and its impact on individuals' health by future employees will work towards building healthier public policies (Marmot, 2010).

Benefits of using the university setting

The campaign being described in this case study was set in the students own university. The university setting provided two main advantages: it was set in the students' university and the students' were working within their own 'community'. This is deemed important as it supports those students delivering the campaign as they would be familiar with the 'health setting' organisation, as well as working with their own 'community', that is, their own university (Dooris, 2010). The aim of the initiative was to raise awareness of mental health promotion with students, involving peer participants. By using this familiar environment, students were empowered from the outset to run a

campaign and ready to think about ways to engage with them. If the campaign had involved students working with a more marginal or less familiar group it could have taken more time for them to engage with participants and to create targeted interventions. Staff and outside organisations were invited to be part of the planning of the project, so students could utilise their knowledge of and skills in engaging with both internal and external organisations. The aim also being to promote the day to staff and other mental health and well-being services.

The students brought their learning into a real-life situation of the university; they could apply the principles of health promotion into a mental health awareness project. Health promotion approaches such as empowerment and behaviour change (WHO, 1986) whilst adopted for the project can also be useful to remind students of their limitations. It gave students the opportunity to work with people from different backgrounds and positions within the university.

This approach was deemed advantageous for students from more non-traditional backgrounds because the ability to socialise and meet people at university is often more difficult. More students are commuting, making long journeys into university and therefore not spending time to socialise outside of taught sessions. The project provided an opportunity for students develop their own learning by engaging in a project that aims to raise awareness about mental health. At the same time students are encouraged to socialise, able to make new friendships and become more aware about the facilities and support services that universities offer. By offering an additional opportunity to engage in a project within a space that students feel safe can help to increase students' confidence, but also their belief in their own ability (Budgen, 2011). They know how to get to the university and do not have the added strain of the cost or working out how to get to another venue. They know the staff involved with whom they will be co-running the project which will help to reduce any initial anxiety in having to work with new people.

Experiential learning

Experiential learning is defined as student focused and where students can have the opportunity to take the lead in their own learning as well as reflect on their own practice (Kolb, 1984). It enables students to embed the learning from their studies and learn through action (Budgen *et al.*, 2011). It can allow students to be more confident in application as well as finding innovative ways of working with the local community in promoting mental health (Kempenaar & Shanmugam, 2010).

This case study under analysis looked at how to make the theory more real to students by offering them an opportunity within their own environment to organise and deliver a health promotion intervention and to deepen their own knowledge about their subject area. This is not a degree that offers work placements, therefore this experience cannot be labeled as part of a Work Integrated

Learning (WIL) module in its purest sense as WIL should be embedded as a formal part of the degree (Cooper, Orrell and Bowden, 2010) and students were not assessed for this experience. However, this experience links to schemes such as HEAR (Higher Educational Achievement Record) (2019) which supports students by providing them with a verified document of skills and achievement beyond their academic results, which many employers are valuing as evidence of going beyond the taught curriculum (Wilson, 2012). In other words, practice provided students with a different learning approach; however, it also supported the development of graduate skills such as teamwork, time management and working with others.

The complexities of working with different agents and individuals within a community setting can be more effectively understood if these skills are practically applied through delivering a health promotion initiative. Employers are looking for skills in graduates that demonstrate their knowledge of their subject but also their ability to demonstrate practical ability within the workplace. Leadership and team skills are important in the workplace as people strive to work together (Gorczyński *et al.*, 2017; Kempenaar & Shanmugam, 2018).

Outline of the case study

The aim of this small study was to evaluate if students benefitted from being offered the opportunity to apply theoretical principles into planning a health promotion intervention within their own organisation. In order to develop effective practitioners who can promote health to others, it is essential to develop healthy practitioners (Barry *et al.*, 2016). The intervention being described was to run for one day to celebrate World Mental Health day. In order to comply with ethical considerations a wider impact of the campaign was not able to be evaluated. However, the students were able to reflect upon their experiences of planning and running a campaign.

World Mental Health Day

The day ran from 10 am in the morning until 4pm in the afternoon with the aim to raise awareness of the support and different services available for staff and students within the university. Working in partnership with different local services had a twofold aim, on the one hand to both promote accessing the services as they are visibly brought within the university, on the other this helps break down the stigma around mental health through creating supportive environments (Newton, Dooris and Wills, 2016). They furthermore supported the marketing and promoting of the event and in fundraising.

Prior to the actual day, all students worked to find activities and ways of engaging students and staff as well as the community to raise awareness around mental health. They based their activities

around the Foresight Report's recommended 'Five ways to wellbeing': Connect, be active, take notice, keep learning and give (Foresight Mental Capital and Wellbeing Project, 2008). For example, for 'take notice' people were encouraged to have mindfulness walks and look around the campus. The students decided according to their own interests and time commitments what activities and planning of the day they would agree to carry out. These involved students contacting student support services as well as clubs and societies to be involved and support the day, as well as inviting lecturers to give talks on areas such as alcohol and mental health. More specifically among the three students involved, one student contacted local mental health organisations and agencies that support individuals in the wider community to attend the day; another student contacted external agencies for any promotional items or leaflets that could be given away to promote mental wellbeing. The third student thought of different activities that could attract people to the stall such as the well-being tree. This invited participants to leave a message on it on stating what helps them to feel well. This linked to the five ways to wellbeing 'give' by supporting other people through giving ideas on how to look after yourself.

At the end of the event the students were all contacted and asked if they would be still be willing to be interviewed. A semi-structured interview was conducted enabling the students to feel more in control of how they answered open ended questions (Noffke and Somekh, 2009).

Method

Participants

The participants were all second-year students on the health promotion module. Students were recruited by a message being put on the University Visual Learning Environment (VLE), a university intranet, asking for any students interested in gaining experience designing and running a health promotion project for World Mental Health day to reply to the lecturer. There were four students who responded but only three took part in the project and in the subsequent interview. They were all full-time students on the health promotion undergraduate degree.

Procedure

A semi-structured interview was used to collect data. This choice allowed flexibility during the interviews in terms of changing the order of the questions based upon the interviewer's perception (Bugden *et al.*, 2011). The use of the semi-structured interview allowed the researcher to have a flexible approach to the interviewees and make it easier for the researcher to glean information. Moreover, the flexibility provided by a semi structured interview helped the researcher and the interviewees to have an exchange about the experience. It also enabled the author to adapt the

question mirroring what the interviewees said with the aim that this process would help make recommendations for changes to practice happen (Noffke and Somekh, 2009). The questions used in the interview were derived from discussions with the students and other colleagues regarding their views on priorities for the research and to evoke students' experience. The questions were focused around three main opportunities for autonomy in work; using practical health promotion skills and the benefits for future students in replicating this project.

Ethics

No formal ethical approval was required by the University but ethical consideration was granted through a supervisor agreement about the structure of the research.

Ethical issues were considered by involving the students to ensure that the research questions were not just suited to the researcher's own interest (Dooris, 2010; Goldie *et al.*, 2016). This research was not able to have independent researchers and every consideration between the lecturer – researcher and student relationship was made to ensure the researcher's actions were for the benefit of the students' learning (Budgen *et al.*, 2011). All participants were asked for consent and informed that all information would be treated as confidential.

The author led the interview and took notes during the interview (approximately thirty minutes each interview). Recording equipment was not used after reflection and consideration to students' feelings about being recorded. It was also to make the interviewees feel less intimidating as it was being conducted by their lecturer.

Data Analysis

Data was analysed following Braun & Clarke (2006) six-phase steps. The data from the interviews was repeatedly read to familiarise the author with it. Due to the collection of the data by notes (and not recording) there was no need to transcribe data. Steps 2 and 3 were followed in order to create at first codes and then themes. These themes were refined and revised for across the data, specifically to see if there was an emerging one across all three interviews; the themes at this point were definitively named (phase 5).

Findings

Three central themes emerged from the interview that were important to students:

- Practice based experience

- Partnership working
- Graduate skills and reflection

Practice based experience

The opportunity to experience running a health promotion campaign was seen as highly valuable with students expressing *“how different it is from the theory”* (P1). The data revealed that the process of planning the intervention was critical and that things do not always develop in accordance with that process.

There was a noted difference in actually engaging with participants, which was highlighted by students who commented on how not everyone wants to be engaged or get involved. This is also connected to the fact that learning theories in a book is not always sufficient to develop the necessary empathy and approach to working with the public. *“Learning [during the module] the different steps which make up the health promotion process helped me to really follow what was going on in the reality, however this is not enough to approach people properly”* (P2).

Whilst the theory informed students about core skills in communication such as listening, having empathy or how you present yourself students said that was not easy *“Theory is really different from practice!”* (P3). However, this anxiety about effective communication was minimized by this experience occurring within the students’ own university; the opportunity within an informal, comfortable setting to the students emphasized the importance of these skills. *“People open up - you use your listening skills”. “Helped our people skills”. (P1); “Looking back I can see different levels that make up [mental] health promotion”. (P3).*

Further, students highlighted that the importance of having a strong theoretical foundation in health promotion supported them in developing the intervention in terms of partnership building. In fact, they reported that the role of partnership working and the importance of the planning process in health promotion projects was better understood once put into practice. *“Also can have all these ideas but practical application is more difficult. Things can go wrong at any stage and you have to work around that. Definitely starts with knowledge”* (P1)

Partnership working

Partnership working is a core part of health promotion and the importance of this, as well as the difficulty in engaging with individuals within the university, clearly emerged. People who had been invited to participate on the day did not come along and it surprised the students that these partners would withdraw from an event that they had previously committed to supporting.

“Difficulty in partnership working” “[...] lecturers said they would come back [from other departments] (P2). “People who were meant to be working with us weren’t organised” (P1). “Didn’t feel valued by union staff” “[...] they say they’re committed but unaware who is responsible” (P1).

However, the importance of linking with external bodies and the difficulties in doing so was comprehended, *“although the collaboration was not smooth I have to say that you need to work with others to get the most out of an event like this” (P1).* By accessing external agencies students deepened their own learning about statutory and non-statutory services and the support for people with mental and emotional health problems

Graduate skills and self-reflection

The opportunity to carry out a real health promotion activity outside of the classroom where simulated activities were experienced has been positively evaluated by the participants in terms of raising self-awareness and highlighting their chosen professional preference skills. *“Learn about your personality and strengths and weaknesses i.e. part of a team boosts your enthusiasm and confidence.” (P1).* Besides that, the participants realised that they were able to reflect on their own skills and attributes that would support them in gaining employment. *“Enjoyed autonomy – being in that position” (P2).* All participants underlined that the actual health promotion intervention occurred over a period of time. This supported their own independence in having to attend meetings and contact partners but really enabled them to discover how work places operate in terms of exchange of communication, diplomacy, partnership working within the team and self-reliance *“Ensure those working all have the same agenda/theme” (P2).*

Discussion

The students’ experience of participating in the mental health promotion activity, and the information they provided, proved to be extremely useful in both demonstrating the value of the exercise to them as learners and compounding their own knowledge. Furthermore, it provoked further academic reflection on how such activities could be incorporated into current practice.

Students perception of the experience showed that they were confident because they were i) in familiar territory, ii) worked as partners, iii) expressed surprise at how they enjoyed the interventions and were interested in them, iv) used transferable skills and v) were able to think ‘outside of the box’.

Students feedback indicated that they felt they had benefited personally and in their knowledge from being part of this project. Although there were few student participants doing the project, there is consideration to making this type of a project an integral part of the health promotion course. Academic staff have reflected and recognised that to support future students in deepening their learning, this type of experiential learning activity should be offered. Consequently, students should be enabled to run a health promotion activity at level 5 (second degree year) within this module.

According to Kolb (1984) experience is a key aspect to develop a clearer understanding of concepts and theories. This also provides the opportunity to reflect and in developing practice as it can be a basis of knowledge but importantly it can legitimately help to positively influence practice (Newton, Dooris and Wills, 2016; European Commission on Education and Training, 2017).

Practical Outcomes

This project appeared to have had positive learning outcomes from the students who participated; “[...] the process helped me to really follow what was going on in the reality” (P3). They felt that it brought the real experience to the knowledge “*how different it is from the theory*” (P1). As a lecturer it can be difficult to make practical skills feel relevant and for the students to fully understand the challenges and skills involved until they are able to experience or have the opportunity to use them. According to the results this small project gave positive outcomes from the students who participated.

The students reflected that the project developed their personal skills “[...] *learnt working as part of a team – boosted confidence and enthusiasm*” (P2) “[...] *developed skills in communicating, engaging with the ‘public’*” (P3). These skills are valued by employers as important graduate skills (European Commission on Education and Training, 2017). These skills are embedded across different modules but it was interesting to reflect how in a real situation the students realised the need to develop these skills and rated their importance.

An important part of planning a health promotion project is understanding the barriers and difficulties that may occur. This project provided students with the experience to understand this more deeply. It also helped them to value team working as it “*boosted confidence and enthusiasm*” which class-based exercises may not fully demonstrate (Henderson *et al.*, 2012). The project worked on another level as students worked as equals with the lecturer/researcher, which both students and lecturer valued as it shared responsibility and ownership of the project. However, the lecturer was not going to teach these students again, which made the change from a lecturer/student-based relationship to a professional working one easier. This is worth considering for future projects, as

this could change the dynamic between staff/students. The students who participated were already motivated and it did not recruit students who might have benefitted from this practical experience to enhance their learning.

The project being set within the university enabled students to know their tutors, the environment and to know what support is available to them. This is considered important as this positive learning environment can be key to a student's learning (Henderson *et al.*, 2012). Whilst the students reflected on the opportunities to be 'creative' and 'innovative' they also felt supported by having the teacher there. *"(Research/teacher) was available to discuss things and felt supported"* (P1). *"(Researcher/teacher) gave ideas, things to do and suggestions but used own initiative"* (P3). This provides an opportunity for teaching practice to change to try and support the findings from this practice. This study has aimed to promote putting into action future experiential learning and reflection with students to support own teaching but also to enable students to develop their own learning.

Limitations

Ideally the questions to participants might have been shaped through focus groups (Kelley *et al.*, 2003). However, due to the limited number of participants this was not feasible. It would be relevant to evaluate the success of the health promotion initiative among staff and students and its effect in raising awareness around mental health though due to constrictions in sending out university wide questionnaires this was not feasible. However, this might be worth considering for future events to have a wider evaluation of the World Mental Health day. Although the qualitative approach was the most applicable in order to answer the question set the small number of respondents affected its reliability. However, the aim of the research was not to find the general effect of the intervention, but rather to evaluate students' understanding and learning of mental health promotion through participating in a health promotion intervention. This intervention was also different from class-based activities as it was developed over several months leading to World Mental Health day. Though the research findings indicate a positive outcome on the experiential learning by the students, the generalizability of the data is uncertain. Future projects should try to encourage a greater number of participants through greater promotion of the project.

Opportunities

The opportunity to offer all students the chance to run a health promotion intervention within the university is currently not happening. However due to the encouraging results achieved by this small study, future planning of this type of module should consider the result of this small project

and enable changes to enable similar opportunities for students to run practical health promotion initiatives within the university.

Conclusion

Universities are ideally placed to be a healthy setting to raise awareness about mental health and health literacy within their important community (Dooris, 2010). A valuable insight was obtained from the students involved in this project of how important it was in being part of a real health promotion campaign and in boosting their confidence. Their experiences could be used to encourage and motivate future students in engaging in the broader curricula and in educating and promoting health and well-being. Universities are major employers and utilising them to support student learning, by providing work placements, supports a wider demographic of students within universities. By developing these in-house placements, it is hoped that it encourages and enables more students to get involved. In developing health promotion activities within the university for students should be recommended at a more strategic level.

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