Wellbeing and Mental Health in the Law Faculty

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1. Introduction

This document outlines a strategy for the Law Faculty in responding to the wellbeing and mental health needs of its students and employees.

The preparation of this strategy responds to two concerns. First, and most immediately, it is now well-recognised that the pandemic, and policy responses to it, had an adverse impact on the wellbeing of many people, creating greater risk of mental health problems. This has been described as a "wellbeing crisis" in young people (Owens et al., 2022). The after-effects of this period linger on for many people.

Second, and more generally, the University environment can be a stressful one in which to work and study. It seems desirable to take steps to seek to mitigate the risks this can pose for individuals' wellbeing, and to ensure there are mechanisms in place to support those who get into difficulties with mental health. Alongside this, our efforts to foster diversity and inclusion can be impeded by lack of attention to wellbeing, as those people who have had experience of exclusion are statistically more likely to have suffered challenges to their wellbeing alongside this, and hence need additional support. The University Mental Health Charter is a framework agreed by the HE sector to guide best practice in the provision of support.

As regards students, the University has invested additional resources in support services such as the OU Counselling Service and Student Welfare and Support Services. In 2022-23, it instituted the Joint Student Mental Health Committee, a joint committee between the University and the Conference of Colleges, to assist in the coordination of provision of support for students in the collegiate university. The JSMHC has produced a framework document, the *Common Approach to Support Student Mental Health*, which the Faculty is expected to implement.

The University is now working on a new strategy and programme to support staff wellbeing, led by the Wellbeing Programme Team. This was opened with a two-week programme, *Thriving at Oxford*, held in June 2023. In July 2023, the University announced that a new Employee Assistance Programme would be made immediately available as a benefit to all employees. This is a very valuable resource as it enables employees to access a range of externally-provided support and advice in times of challenges to wellbeing, including counselling and critical incident advice. Some Departments in the University make further specific provision for the wellbeing of their staff, and it appears appropriate, given the background challenges, for the Law Faculty to do so also, while mindful of resource constraints.

2. Definitions

In keeping with the *Common Approach*, the following definitions are used:

Mental illness will be taken to mean a condition and experience, involving thoughts, feelings, symptoms and/or behaviours, that causes distress and reduces functioning, impacting negatively on an individual's day to day experience, and which may receive a clinical diagnosis.

Mental health problems or **poor mental health** will refer to a broader state that affects a range of individuals experiencing levels of emotional and/ or psychological distress beyond normal experience and beyond their current ability to effectively manage their lives.

Wellbeing is broader still and will encompass a wider framework, of which mental health is an integral part, but which also includes physical and social wellbeing.

Support Types

The relationship between mental health and wellbeing can be thought of as falling onto a four-quadrant map of two continuums, as shown below (from the [Mental Health First Aider](#) manual). This implies a range of different support types, as follows:

Quadrant 1 (top right): individuals with no diagnosis of mental illness and good well-being.

⇨ For these individuals, actions that enable and empower individuals to foster positive well-being can help to ensure that their well-being remains strong in the face of unexpected adverse events.

⇨ Positive engagement with, and self-management of, their well-being can help to ensure that their well-being is resilient to external stress, whether work/study-related or not. This requires awareness of techniques for self-management and an absence of stigma and anxiety associated with doing so.

⇨ A community in which face to face social interaction is valued, and in which members engage with one another with tolerance, compassion, and respect, is conducive to facilitating the positive well-being of its members.

Quadrant 2 (bottom right): individuals with poor well-being but no diagnosis of mental illness. Poor well-being does not imply mental illness, but individuals experiencing poor well-being are *at higher risk* of also experiencing mental health problems.

⇨ Depending on where they fall in the quadrant and their trajectory over time, such individuals may need either help and support to mitigate risk and facilitate improvement of their wellbeing (helping to lift from Q2 to Q1) or guidance and support to access a diagnosis (hence moving into Q3).

⇨ We should ensure that members of our community who are facing acute challenges can easily access appropriate guidance and support. The less severe the challenges, the more likely relevant support may be provided by peers or welfare leads within the community. For challenges of greater intensity, the role of welfare leads shifts toward directing the individual toward specialist professional help.

⇨ Where particular aspects of a course of study or employment circumstances involve acute risks to well-being, consideration can be given to identify proportionate steps to mitigate this risk.

Quadrant 3 (bottom left): individuals with poor well-being and a diagnosis of mental illness: they are not coping.

⇨ These individuals need professional medical help and support. Such provision is beyond the capacity of the University's services to provide, and so must be engaged externally. If they are not coping, it is likely they will need to suspend studies or take sick leave.

⇨ We should ensure that members of our community who need to access professional medical care are provided with appropriate guidance towards this and that the Faculty maintains continuity of communication as necessary thereafter.

Quadrant 4 (top left): individuals with a diagnosis of mental illness but who are coping effectively.

⇨ These individuals will be able to return to their studies or work, but may need adjustments to be made to support their continued wellbeing.

⇨ A key technique here is to develop a wellbeing action plan (WAP) that sets out (i) early warning signs of adverse changes in wellbeing for that person and what action should be taken in each case; and, where these can reasonably be undertaken, (ii) actions that would help to safeguard the person's wellbeing.
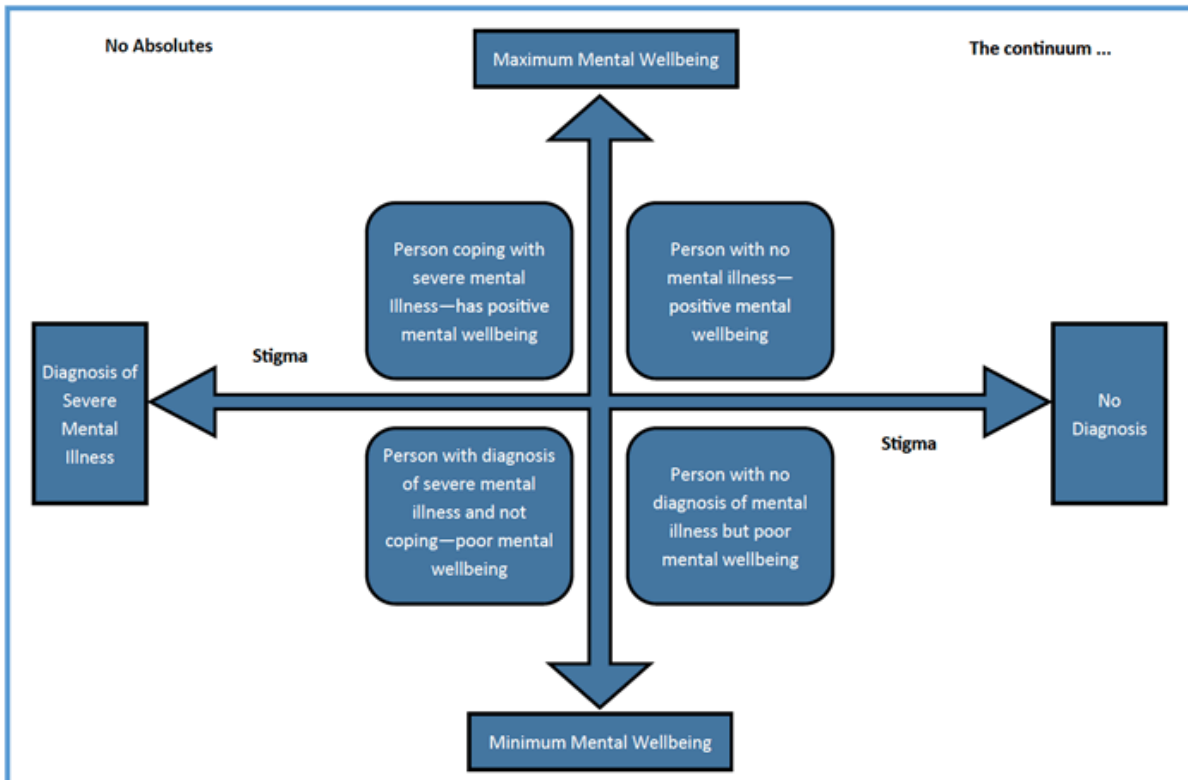
3. Student Mental Health Provision

3.1 Implementing the *Common Approach*

The *Common Approach* seeks to clarify expectations across the University regarding provision of support for wellbeing and mental health. Under the *Common Approach*, Colleges take the lead on wellbeing and mental health support for undergraduates. For graduate students, Departments are expected to play a more significant role, sharing responsibility with colleges. However, in each case, close coordination between Departments, Colleges, and University support services (in particular, Student Welfare and Support Services, Disability Advisory Service, and OU Counselling Service) is necessary. In Section 5, the *Common Approach* sets out the following minimum expectations for Departments:

> *5.3 All departments should have a single, appropriately trained Welfare contact, responsible for being the contact person for the rest of the collegiate University. Details for the welfare contact (at minimum an email address) and whether these are out of hours contacts should be clearly shared on departmental webpages so that students know who to contact.*

The role of the departmental Welfare contact is primarily a first point of contact for the student, signposting them to available support and key contacts within the department, college, Student Welfare and Support Services and external agencies.

In addition to the Welfare contact, all departments should identify other staff members in appropriate roles who can be trained in active listening, signposting and navigation skills. Departments can also join the peer support scheme and train students if they wish. The Counselling Service offer training and supervision to staff and students as outlined here.

Each department should have a Disability Lead and a Disability Coordinator responsible for implementing reasonable adjustments for students with mental health disabilities in collaboration with the student and the college.

Departments should recognise the limits to their reasonable provision of support.

The limits of reasonable provision are set out in section 2.3 as follows:

a) University and College staff who are not professionally trained or qualified should not attempt to offer professional services or support beyond their expertise.

b) Colleges and departments are not responsible for funding external interventions to address mental health issues.

c) The Collegiate University is an academic institution, not the NHS, and is not responsible for providing mental health treatment. As with other health conditions, the role of the University is to provide support and reasonable adjustments and to work collaboratively with NHS services in order that students can successfully complete their academic studies.

d) For individual students who present at risk of serious self-harm, the collegiate University cannot create a risk-free environment but should collectively adopt a proportionate response to mitigate risk together with external specialist services,, which may mean minimal additional response.

Proposed Action

We need as a Faculty to identify and signpost Welfare Lead(s). Section 8 of the *Common Approach* specifies:

8.1 Colleges and departments commit to providing the name and contact details (email address and an office hours phone number) of their Welfare Lead/ Welfare contact and whether these are out of hours contacts. These details will be shared on a confidential emergency contact list, only accessible to staff behind single sign-on.

8.2 Colleges and departments agree to provide details of their welfare and mental health support services via local communications to students at the start of each academic year, and at regular intervals throughout the year.

The Law Faculty has over 600 PG students. To avoid too much falling on the shoulders of any individual(s), it is desirable for training to be provided to all those leading and supporting PG programmes at the Faculty level. An organic approach would be to provide training for Associate Deans (supported by appropriately-trained PSS) to serve internally as welfare contacts for PGR, PGT and UG, respectively. This would distribute capacity between teams accordingly, and engage coordination effectively within the respective programmes, making it internally effective. With respect to engaging with students, this seems the most effective approach.

However, with respect to external signposting, it is probably more effective if a single person is designated as Welfare Lead in the emergency contact list maintained by the JSMHC. This person can then act as a single conduit for initiating communications into and out of the Faculty, who can then hand over to other relevant colleagues accordingly once initial contact is made.

The Academic Administrator, who already serves as Disability Coordinator, has agreed also to be designated externally as Welfare Lead. He has received relevant training for this role. However, this places a potentially considerable responsibility on the shoulders of one individual and it is important that training and capacity to provide support is distributed internally as outlined above.

[Mental Health First Aider (MHFA) courses](#) for higher education "teach people to spot the symptoms of mental health issues, offer initial help and guide a person towards support". This course is therefore very suitable to meet the *Common Approach*'s specification of "active listening, signposting and navigation skills". Not only this, but it also offers a structured framework and a support network for those who have taken the course, which is invaluable in managing the anxiety and risk of secondary trauma associated with providing initial support for students experiencing acute mental health problems or mental illness.

Specifically, we have:

(a) Made available MHFA training for all PG-facing Associate Deans, Course Directors, and PG Professional Services Staff. Once completed, this will enable us to meet the minimum expectations set in the *Common Approach* without placing an undue burden on any individual employee.

(b) Also offered MHFA training to the Associate Dean and PSS in UG-facing roles. This is not specifically required by the *Common Approach*, but is nevertheless good practice to ensure effective coordination and risk management both for students and employees supporting them.

The MHFA course involves a time investment (4 x 4 hours), but this should be something we could expect these personnel listed to be able to make.

3.2 Students exposed to risk of Secondary Trauma through fieldwork

A small subset of our students, particularly those pursuing DPhils in Criminology, are exposed to risk of secondary trauma through undertaking fieldwork involving highly distressing subject-matter (e.g. child abuse, sexual violence). As such students are at heightened risk of secondary trauma owing to their studies, it seems appropriate for the Faculty to offer some prophylactic support.

Action: DGS in Criminology to provide a support specification and budgetary proposal.

4. Employee Wellbeing Provision and Mental Health Support

The steps identified above in relation to students are aimed at enabling us to improve our handling of mental health problems and mental illness amongst students. The University is now working on a new strategy and programme to support staff wellbeing, led by the Wellbeing Programme Team.

The general mental-health challenges of working in academia are significant and increasingly well-documented by research. A recent article in *Nature* observed:

> "[A] host of studies bear out the personal experiences of many in academia: that whereas students' mental-health challenges are well documented, less attention has been paid to the well-being of principal investigators (PIs) as they navigate the rigours of a decades-long academic career."

Given the widespread additional wellbeing difficulties experienced during and since the pandemic, it seems desirable to implement a programme of provision for staff.

4.1 Wellbeing Self-Management

It is desirable to offer a bespoke support framework for educating colleagues about wellbeing self-management, to facilitate maintenance of positive wellbeing. This could include the following measures:

Raising awareness: Signposting by leadership in Faculty fora. The issue was raised by the Dean in the Faculty Away Day MT 2023.

Provide resources to employees: These should be provided in a variety of ways to respond to the diversity of ways in which individuals can most effectively engage. Some prefer to access resources individually, others prefer to work as part of a group exercise.

o We have a web page for employees outlining key concepts and pointing them to sources of support (for periods of difficulty) and resources for enhancing positive wellbeing as a resilience capacity-building exercise. This might usefully be updated, linking to recent information on wellbeing provided by the University, and removing dead links. Moreover, we might add links to academic literature and class-leading online study tools.

o We have offered in the 2023/24 academic year a bespoke short course (1 x 4 hours), *Wellbeing in Academia*, introducing wellbeing self-awareness, and resilience-building techniques.

The emphasis in all of this is to enable employees to develop strategies and techniques (i) to avoid setbacks and stress from pushing them into periods of poor wellbeing (i.e. to stay in Q1 on the map above); (ii) to facilitate their management of acute periods of poor wellbeing, should they experience these (to return from Q2 to Q1). The boundary of the programme is that it is not be capable of providing support necessary to enable an employee to recover from a persistent period of poor wellbeing and/or a diagnosis of a mental health condition, for which they would need to engage with medical professionals (i.e. Q3).

If academic postholders engage with medical professionals and receive a diagnosis, then they should report sickness absence to the SSD HR Team, Personnel Officer, Vice-Dean (Personnel) or HOAF, and arrangements should be made to tell other colleagues. If the postholder is unable or unwilling to get in contact with colleagues directly who may be affected by their absence they should give permission for HOAF/Personnel Officer to do so on their behalf.

4.2 Fostering positive wellbeing in our community

In the post-pandemic environment, with many employees being present in the office less frequently than before, normal day-to-day interactions have not fully resumed. It is desirable to seek to foster interactions wherever possible to counteract this. One of the Dean's priorities during and since the pandemic period has been to respond to the isolation and increase our sense of belonging to the Law Faculty. A lot of effort has consequently already been put into fostering communications and interactions during and since the pandemic, including new meeting spaces and new fora for interactions. This initiative will be continued, with a particular emphasis on those who do not have access to college communities and the wellbeing benefits these bring, i.e. early-career researchers and professional services staff. Moreover, maintaining a culture in which we engage with one another with tolerance, compassion, and respect, is conducive to facilitating the positive well-being of our community. The Teams PSS Wellbeing channel has been re-introduced

4.3 Support for Employees

It is appropriate to ensure we have in place training to enable managers to be able to respond effectively to employees experiencing acute adverse wellbeing that may be associated with mental health problems (i.e. boundary of Q2/Q3), or who have had a period of mental illness but are able to return to work (Q4).

This entails:

Managerial training: It is desirable for senior managers (Dean, HAF, Vice-Dean, etc) to undergo appropriate training to enable them to engage effectively and sensitively with individual employees' potential mental health issues. Consequently, MHFA training has been offered to Vice-Dean, HAF, Head of Personnel and other line managers as appropriate.

Wellbeing action plans framework. For employees who have experienced mental illness but who are now enjoying good wellbeing and hence able to return to work, it is reasonable for the employer to develop and implement a framework for wellbeing planning. These individuals will need support to develop a [wellbeing action plan](#) (WAP) that sets out (i) early warning signs of adverse changes in wellbeing for that person and what action should be taken in each case; and, where these can reasonably be undertaken, (ii) actions that would help to safeguard the person's wellbeing. They will also benefit especially from measures designed to foster positive wellbeing in the community.

Counselling support. In July 2023, the University announced the introduction of an [Employee Assistance Programme](#), a confidential employee benefit designed to help you deal with your personal and professional problems that could be affecting employees' home life or work life, health and general wellbeing. For employees who reach the point at which departmental support is no longer sufficient, this provides access to a range of support including counselling.

4.4 Mitigation of adverse wellbeing

Acute overwork. Where a colleague has had a period of particularly intense overwork, for example due to the departure or illness of another colleague, it may be appropriate to seek to mitigate the adverse impact on wellbeing by facilitating a corresponding reduction in responsibilities going forwards. The Variation of Duties Plus (VOD+) scheme offers a term's worth of tutorial teaching buyout in a single subject and can be offered to support a colleague in this position.

Secondary trauma. Researchers may also be exposed to [risk of secondary trauma](#) in similar ways to students identified above in section 3.2. It is desirable for the same provision to be offered to all who are exposed to this risk.

Action: ensure relevant employees also have access to pro-active support offered to students in relation to section 3.2.

Family and work-life balance. Family circumstances can cause work-life balance to tip in a way that is adverse to wellbeing. The Faculty maintains access to priority places in University nursery services for employees. The University gives employees free access to a support program, *Work + Family Space* designed to assist in locating relevant sources of support for childcare and elder care. The Faculty has also made significant steps forward in seeking to ensure our business is conducted in a way compatible with family lives, through norms about the timing of events and sending of emails. However, there are other initiatives that are being, and could be, explored in this area. In particular, providing greater access to paternity leave would assist families with young children. Policies in this area can be developed in conjunction with Equality & Diversity Committee.

Action: Dean and AD E&D to consider paternity leave policy by end AY23/24.

4.5 Monitoring employee wellbeing

It is also desirable to engage in regular monitoring of employee wellbeing (through a staff satisfaction survey) and adjusting support accordingly.

Action: consider appropriate channels and frequency for staff satisfaction survey.

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Updated 20 October 2023

Table of Proposed Actions 20.10.23

Section	Action	Lead	Target Date	Status
3.1	MHFA course provision to be arranged for the above persons, and availability of support to be communicated to students.	Dean, E&D Officer, ADs	End MT2023	Offered in MT2023
3.2, 4.4	Articulate a support specification and budgetary proposal for students and colleagues exposed to risk of secondary trauma through fieldwork.	DGS Crim	July 2023	
4.1	Awareness raising: talk at Away Day	Dean	Sept 2023	Complete
4.1	Review and update staff wellbeing webpage.	Comms Mngr	Start MT23	Complete
4.1	Arrange and offer wellbeing in academia course for colleagues.	Dean	AY23/24	Offered AY23/24
4.2	Identify channels for facilitating organisation of social gathering.		Ongoing	Ongoing
4.2	Communicate norms of tolerance, compassion and respect as appropriate.	Dean/Vice-Dean/ADs/HAF	As necessary	
4.3	Training to be offered to Vice-Dean, HAF, Head of Personnel; HAF to identify other line managers for whom training would be appropriate.	HAF	End MT2023	Offered
4.3	Review WAP mechanisms in place.	HAF	AY23/24	Complete
4.3	Explore costing for EAP programme	Dean	Start MT23	Delivered
4.4	Continue to deploy VOD+ scheme as a response to acute overwork	Dean, Vice-Dean, HAF	Ongoing	Ongoing
4.4	Consider paternity leave policy	Dean, AD E&D	End AY23/24	
4.5	Consider appropriate channels and frequency for staff satisfaction survey	PRC	July 23	Ongoing