

## CHAPTER 6

# Student wellbeing

Traditionally, universities provide a great deal of support and facilities for students in addition to opportunities for learning. Campus-based universities are homes for students, and even institutions that are distributed across sites will offer social and sporting activities as well as opportunities for eating, shopping and finance. Together, these facilities and societies can create a feeling of belonging that ties students to their course or qualification and may later keep them engaged as alumni. Similarly, extended workplace training is also often accompanied by opportunities to work, eat and socialise together. Microcredentials break this pattern. They are relatively short qualifications,

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often studied online and at a distance. Learners may never meet each other or their educators and, if the microcredential is offered on a generic platform, they may have only a hazy idea of which institution is responsible for their study. Nevertheless, they are likely to encounter some of the same challenges to mental health and wellbeing as full-time students and are likely also to be facing competing demands on their time from family and workplace. This chapter focuses on mental health and wellbeing, considering the ways in which these affect microcredential learners, and how learners can be supported during their studies.

### **Mental health around the world**

The World Health Organization reported that ‘[i]n 2019, 1 in every 8 people, or 970 million people around the world were living with a mental disorder, with anxiety and depressive disorders the most common’ (WHO 2022). In the UK, one person in six experiences some form of mental health problem in any given year (McManus et al. 2009). In 2017, the US-based Institute for Health Metrics Evaluation (Rice-Oxley 2019) suggested that just under 300 million people worldwide were suffering from anxiety, about 160 million from a major depressive disorder, and another 100 million from a milder form of depression.

Determining accurate global statistics always involves a degree of guesswork. Many people experience more than one type of mental health problem, much of the data is reliant on self-reporting, and countries, cultures and organisations define mental health in different ways. Mental health problems often go under-reported due to a variety of factors, including social stigma. The Institute for Health Metrics Evaluation estimates that about 13% of the global population – some 971 million people – suffer from some kind of mental health problem.

Statistics about the extent of mental health problems are likely to be underestimates rather than overestimates. Even so, they make for sobering reading. In the USA, in 2017, 46.6 million adults (18.9%) were categorised as having a mental illness. Just under one quarter of these people were categorised as having a severe mental illness (Substance Abuse and Mental Health Services Administration 2018). In Europe and the Eastern Mediterranean, more than 14% of the population have some kind of mental disorder (WHO 2022: Fig 3.3).

Data for many countries is limited. However, it is clear that mental health problems are prevalent worldwide. For example, the South African Depression and Anxiety Group (2019) suggests that a quarter of medical students in South Africa have been diagnosed with a depressive disorder. A much earlier study by the WHO (2004), which compiled results of studies from around the world, gave figures for the percentage of national populations with mental health disorders that included 16% in Lebanon, and 9% in China.

### *Student mental health*

Relatively few studies of mental health focus exclusively on the education sector, but there are some indications that rates of mental health problems are similar to or even greater than among the general population. A survey by the UK's National Union of Students reported that 78% of respondents had experienced mental health problems in the previous year and one third had experienced suicidal thoughts (Gil 2015). The following year, an *Architects' Journal* survey found that more than a quarter of UK architecture students had received medical help for mental health problems related to their course and another quarter felt they might have to seek help in the future (Hill 2017).

In 2023, the House of Commons Library published a research briefing on student mental health in England (Lewis & Bolton 2023). This revealed that the proportion of students who disclosed a mental health condition to their university had increased rapidly over the previous decade and was over 5% in 2020–21. In addition, confidential surveys had found much poorer levels of student health, with a 2022 survey by the mental health charity Student Minds indicating that 57% of respondents reported a mental health issue, and more than a quarter had a diagnosed mental health condition. A survey in 2023 by the student news site The Tab found that only 12% of respondents thought their university handled the issue of mental health well (Schifano 2023).

Evidence suggests that mental health problems have an impact on study outcomes. For example, students at a UK distance university who had declared mental health problems but no other disability were less likely to complete or pass modules than peers who had not declared a disability, but were equally likely to get good grades on modules that were completed and passed (Richardson 2015). Students with mental health problems combined with another disability were less likely to complete or pass modules than their non-disabled peers and were also less likely to get good grades.

The Tab (Schifano 2023) found that 59% of students had failed to attend a lecture or seminar due to poor mental health issues. In addition, more than a third of students had been forced to apply for extenuating circumstances because of a mental health issue.

Lister (2019) comments that ‘distance learning makes it harder to see when a student is experiencing mental health issues’. This also applies to online learning. On the other hand, an educator teaching online may be the only person to whom a learner discloses their mental health issues, especially if that learner is

studying in isolation. The educator may also be the first person to identify any mental health issues.

Most educational institutions, like many workplaces, have explicit strategies outlining how to handle disclosure of mental health problems, especially in situations where it appears a particular individual may be at risk of harm. These should be the first point of reference for all educators seeking guidance about how to support their learners.

The role of educators in supporting online learners' mental health has not been commonly discussed, despite there being an obvious need. The pandemic changed this somewhat, with increased attention being paid to the need for students' mental health and wellbeing to be considered when moving teaching online. However, these discussions often focus on immediate support for mental health rather than on ways of embedding mental health and wellbeing into the curriculum.

### *Student mental health and Covid-19*

In 2020, the Covid-19 pandemic brought unprecedented challenges to all areas of society globally and had a huge impact on the mental health of young people.

In April 2020, just after the UK had gone into lockdown, an Office for Students (2020) briefing note stated that:

All students will be facing additional challenges during the pandemic. They may contract the virus or have caring responsibilities for friends and family who fall ill. They may struggle to learn remotely or have financial problems. Some of them may be contributing to the frontline effort in hospitals across the country. Those who are still in purpose-built student accommodation may be concerned about the risk to their health

of sharing communal areas. Students in their final year may be facing the most challenging graduate jobs market for a generation. Postgraduate students may have had to make significant changes to their programme or to pause research activity. (OfS 2020)

Calls to the student-run Nightline helpline in the UK rose sharply from the start of the pandemic, with growing numbers seeking help for anxiety, depression and suicidal thoughts (Hall 2022). A longitudinal study by the Mental Health Foundation identified young adults aged 18–24 as a population group at particularly high risk of mental health problems due to the pandemic, being ‘more likely than any other age group to report hopelessness, loneliness, not coping well and suicidal thoughts/feelings’ and facing ‘a triple whammy of curtailed education, diminished job prospects and reduced social contact with peers’ (Mental Health Foundation 2020).

Students with existing mental health issues were particularly badly affected by Covid–19. A survey of 2,438 young people with mental health needs conducted by Young Minds led to the conclusion that:

The pandemic has had a devastating impact on many of the young people we heard from – some told us that they are deeply anxious, have started self-harming again, are having panic attacks, or are losing motivation and hope for the future. (Young Minds 2021)

### **Mental health and wellbeing**

The wellbeing of learners, which encompasses their mental health, can also be a cause for concern. The charity Student Minds offers this definition of wellbeing:

Wellbeing will encompass a wider framework, of which mental health is an integral part, but which also includes physical and social wellbeing. This uses a model provided by Richard Kraut, in which optimum wellbeing is defined by the ability of an individual to fully exercise their cognitive, emotional, physical and social powers, leading to flourishing. (Hughes & Spanner 2019: 9)

The organisation Advance HE focuses on student wellbeing, rather than student mental health, and gives this explanation:

We deliberately use the term ‘wellbeing’ rather than ‘mental health’, as not everyone who experiences a decline in their wellbeing would associate that with a ‘health’ concern. Moreover, we wish to draw a distinction between mental wellbeing, which we all have, and a mental health problem which only some of us would identify as experiencing. We see the two dimensions as independent: a person with a diagnosed major mental health problem may experience a subjectively high level of mental wellbeing. Conversely, someone who has never received a psychiatric diagnosis may experience poor levels of wellbeing. (Houghton & Anderson 2017: 7)

The same report (Houghton & Anderson 2017) includes a model that helps to demonstrate that wellbeing and mental health are two separate issues. A student may have optimal or minimal wellbeing whether they have a psychiatric diagnosis or not. At the same time, they may have maximal or minimal mental ill-health whether they have a positive sense of wellbeing or not.

### *Models of mental health*

When thinking about the relationships between teaching, learning and learner wellbeing, most people will have been influenced

by one of the four main models of mental health: the medical, biopsychosocial, social and capabilities models.

Globally, thinking in this area is still dominated by the **medical model**. This views any mental health problem as an issue that resides with the person who has it. In this way of thinking, the responsibility for treating or resolving any issues arising also resides with that person. The medical model views mental health problems as something that can be fixed by therapy and medication. Educators may consider themselves part of this process when providing support to learners with mental health problems.

The **biopsychosocial model** proposes that biological, psychological and social factors that might contribute to mental health are interdependent. This model is similar to the medical model, in that it includes biological and psychological elements, but diverges from that model because it emphasises the influence of contextual factors and proposes that body and mind are separate. This model proposes that mental health problems are not entirely innate. Instead, they are shaped by environment, experiences, social situations and other contextual factors. From this perspective, educators should work to ensure that the teaching and learning process and environment minimise any additional triggers or stresses on students that may make existing mental health problems worse or trigger new ones.

These days, there is increasing interest in the **social model**, which takes into account the influence of multiple aspects of an individual's context on their mental health and wellbeing (Dahlgren & Whitehead 2006). This model acknowledges the influence of context on all aspects of health and has been used and adapted for many different purposes.

The model considers the following factors.



- personal characteristics including gender identification, age, ethnic group and hereditary factors;
- individual lifestyle factors such as smoking, alcohol use and physical activity;
- social and community networks including family, friends, colleagues and wider social circles;
- living and working conditions including access and opportunities in respect of jobs, housing, education, health and welfare services;
- general socio-economic, cultural and environmental conditions including disposable income, availability of work and taxation levels.

In a report focused specifically on mental health, the WHO (2022) lists the education sector as one of the required partners in delivering a multisectoral approach to mental health (alongside health, social care, child and youth services, business, housing, criminal justice, the voluntary sector, the private sector and humanitarian assistance). Together with other bodies, they continue to focus on a social determinants of health approach, with the aim of ensuring that society (including education) caters for a diversity of people, who bring with them a range of mental health problems.

Finally, the **capabilities model** posits that a person's wellbeing depends on their freedom and capability to live the kind of life they have reason to value, to be and to do the things they care about. Nussbaum (2000) identifies 10 core capabilities:

1. life – a reasonable lifespan;
2. bodily health – health, nourishment and shelter;
3. bodily integrity – freedom to move from place to place, secure against assault;

4. senses, imagination and thought – capability to imagine, think and reason, including an adequate education;
5. emotions – attachment to things and people outside ourselves, as well as freedom from overwhelming fear and anxiety;
6. practical reason – having a concept of ‘good’ and ability to critically reflect on life choices;
7. affiliation – ability to live with and show concern for others, and have capability for justice and friendship;
8. other species – caring about animals and nature;
9. play – ability to laugh, play and enjoy recreation;
10. control over environment – ability to participate effectively in political choices relevant to your life, and to have rights on an equal basis with others.

Constraints relating to these capabilities may be external or internal. They may relate to the environment in which a person lives, their life choices or their lack of certain skills. This makes the capabilities model a useful way of thinking about mental health in relation to learning, as solutions might lie in development of learners’ skills, or in reducing environmental barriers that can impact mental health.

### **Barriers and enablers to wellbeing**

Lister and her colleagues (2021) consider aspects of educational systems and practices in order to identify barriers and enablers to mental wellbeing in distance learning. Their study finds that many of the education-related barriers to wellbeing can also act as enablers. Whether a particular factor is a barrier or an enabler depends on the person and the context. For example, social media can support wellbeing for some people but undermine it for others.

Mental wellbeing can be classified under three headings: study-related, skills-related, and environmental, with each of those areas broken down into themes (Lister, Seale & Douce 2021).

### *Study-related*

- curriculum – activities, content and design;
- tuition – tutorials, relationship with tutor, support and flexibility;
- assessment – feedback, grades, assessment design, types of assessment, deadlines and extensions.

### *Skills-related*

- study skills – organising study, studying, assessment and reflection;
- self-management skills – sense of identity, managing mental health, and behaviours;
- social skills – attitude to participation, help-seeking behaviour and communication skills.

### *Environmental*

- spaces – physical spaces, social media, isolation/community;
- people – peers, family, behaviours;
- systems – communication, support, rules, systems and administrative processes;
- life – background and life circumstances.

Each of these can be viewed as either a benefit or a barrier, depending on the context. In the case of microcredential

learners, some of that context is not under the control of the course provider, but many aspects are.

Study-related aspects of learning can all be designed with learner wellbeing in mind. Universal Design for Learning (UDL; see Chapter 2) is helpful here. It provides prompts around engagement to help stimulate learners' interest and motivation for learning and suggests different ways in which information and content can be presented in order to aid the understanding of different learners. It also points out that learners differ in the ways they can navigate a learning environment and express what they know, and so the UDL checkpoints suggest different ways in which learners can compose and share ideas.

There are limited opportunities within a microcredential to develop learners' study skills, self-management skills or social skills, but elements of these can be built into the curriculum. UDL can help by suggesting ways to support planning and strategy development, facilitate the management of information and resources, and enhance learners' capacity for monitoring their progress. For skills that are beyond the scope of a short course, learners can be pointed towards relevant resources provided by the institution, or open educational resources that deal with these skills.

Some aspects of a learner's environment are out of the control of the educator or institution. However, the systems that learners encounter as they register for and work through a course can have a significant impact on wellbeing. In particular, it is important to check that these systems have been thought through in terms of microcredential learners, and that they are not faced with administrative processes designed for full-time, on-campus students, or given the double burden of working through processes associated with the institution providing the microcredential as well as processes associated with the platform on which the course is offered.

### *Learner journey*

When planning for learner wellbeing from an environmental perspective, it can be helpful to spend some time working with different departments to identify the main administrative points in the learner journey. These can be considered under six headings: enquiry, registration, study, assessment, achievement and communication. Each of these areas has the potential to be a source of anxiety. They can also drain learners' confidence and reduce motivation if the answers to the following questions are not clear.

- **Enquiry:** where will the potential learner find out about the microcredential and what it involves? Is there an accessible website or prospectus, with opportunities to ask questions, and a clear route to registration?
- **Registration:** is a new account required with the institution or the platform? Is there a mechanism for connecting registration with any existing accounts? Are any potential sources of funding and support explained and linked to? What forms of identification are required – bearing in mind that learners may be registering from different countries? What forms of payment are accepted, which currencies are accepted – and is the price acceptable to potential learners? If they change their mind and want a refund, how will they go about this, and how will this be processed?
- **Study:** is the route to the study site clear and accessible? If the learner only has limited access to the internet, can they download the course and its resources for offline study? Is it clear how they can access library resources, their academic record, or help and support? If their circumstances change and they need to submit a special

circumstances case, ask for an extension, or transfer to a later presentation of the course, are they aware of how to do this?

- **Assessment:** how will learners submit assessed work? Which types and sizes of file are acceptable? If some of the assessment is formative, will they receive feedback in time to act on it before completing the course? How will they go about proving they are the person who did the work and achieved the learning outcomes? Is the policy on plagiarism clear (expectations about plagiarism vary around the world)?
- **Achievement:** where will results be available and how soon? What form will certification take and how will learners access it? Can it be connected to or stacked with credentials from the same institution or other providers?
- **Communication:** will learners be able to stay in touch with each other after the course ends? Will they still be linked to communities at the institution?

Responsibility for many of these areas of the environment does not rest with the educator alone (see Chapter 3 for an overview of the different roles associated with learner support on a microcredential) but it is important that someone is responsible for taking wellbeing into account at every stage of the learner journey. When planning for wellbeing on study-related and skills-related elements of the learner journey, it is helpful to consider these in relation to the key areas of identity, belonging, motivation and confidence.

## Identity

A major influence on wellbeing is identity. It is widely acknowledged that having a strong sense of identity can have a positive

impact on mental health and wellbeing. Within formal education, a strong sense of self can help learners of any age develop positive relationships with others, make good decisions, and cope with study-related challenges. Understanding identity can help educators design teaching and learning activities that support student wellbeing (Bliuc, Goodyear & Ellis 2017). It can also help them to support individuals in getting to grips with the process of being and becoming a microcredential learner.

Self-categorisation theory clarifies the relationship between teaching, learning and student mental health (Turner 1982). This theory distinguishes between personal and social identity. It suggests that everyone has a complex mixture of personal and social identities which develop over time as new facets are added, and existing facets are strengthened or revised.

Personal identity defines each individual as a unique person and consists of the characteristics that make them different from others. These include physical appearance, personality, values, priorities, interests and beliefs. Social identities are made up of the different groups that include the individual as a member. Some of these (such as gender, ethnic and racial background, religion and nationality) relate to demographics, while others are linked to social contexts (friend groups, classroom groups and other personal relationships). Social identities are associated with behavioural norms – members of different social groups are expected to act in specific ways.

An individual's approach to learning will partially depend on their understanding of the norms for learning connected with their social group memberships (Smyth et al. 2017). Learner wellbeing can be affected when there are clashes between the behavioural norms and apparent values of different social groups. On microcredentials, for example, there might be tensions

between an individual's identity as a learner and as a worker. Or there might be tensions because the expected norms for learners in one country differ from the expected norms built into a micro-credential run from another country.

Positive self-conceptions, higher self-esteem and better mental wellbeing are associated with individuals having a strong sense of personal identity (knowing who they are, what they like and how to behave in a situation); enjoying positive relationships with their groups; and being comfortable with their demographic groups and how those are represented.

In the context of education, lack of a strong sense of self can lead individuals to feel anxious when making choices about what to study and how to manage their time. It can also result in them making poor choices. For example, they may feel pressurised into socialising rather than working on an assignment. They may allow others to make decisions for them, resulting in them studying subjects they do not enjoy or participating in activities they do not feel comfortable with. This can result in them feeling disengaged from their studies. If this pattern continues, it can leave learners feeling depressed or anxious about the choices they have made. A weak sense of self can also result in a lack of confidence and may make individuals more sensitive to critical feedback on their work.

To strengthen and support the wellbeing of microcredential learners in respect of identity, educators can:

- draw attention to their achievements;
- make it clear how learners can support each other;
- design activities that strengthen learners' sense of self and wellbeing;
- ensure learners' backgrounds and aspects of their identities are represented in teaching and learning activities and in the resources.



## Belonging

Associated with identity is a sense of belonging. In the context of formal education such as microcredentials, belonging is inseparable from wellbeing and academic performance. When examining the links between student identity and mental health, Skipper and Fay (2019) note that:

Students who feel a strong sense of academic identity and belonging to their school are more likely to see themselves as part of a community and therefore seek support when experiencing challenges. This, in turn, will lead to positive mental health and wellbeing. (Skipper & Fay 2019: 4)

Learning is a social process – social interaction plays a fundamental role in the development of cognition (Vygotsky 1987). Microcredential learners may be part of a cohort from their workplace; they may be sharing their learning within a workplace; they may be building knowledge together in online forums or using online tools to collaborate on a team task. In each case, a sense of belonging to the group is important for wellbeing. Feeling they are accepted and valued by others makes it easier for them to develop meaningful and positive relationships with other learners, to participate in shared endeavours, to pursue common goals, and to develop support networks.

If learners do not feel they fit in with a particular group, or do not feel accepted by that group, this can have a negative impact on their wellbeing (Froehlich et al. 2023). This can occur if learners feel the cultural values of the group they are required to work with are at odds with their own values and interests. When learners feel they are outsiders, they may use mental energy to monitor for threats, leaving fewer resources for higher cognitive processes such as learning and tackling complex problems.

To strengthen and support the wellbeing of microcredential learners in respect of identity, educators can:

- ensure learners' backgrounds and aspects of their identities are represented in teaching and learning activities and in the resources;
- if a face-to-face course is adapted to become a micro-credential accessible to international learners, check that content (for example, references to legislation or historical events) remains relevant and that the language and references will be comprehensible for learners from a different cultural background;
- create a sense of community within a cohort;
- help learners to support each other and to feel they are learning together.

## Motivation

Learners need to be motivated to complete a microcredential successfully. Two types of motivation are relevant here: intrinsic and extrinsic. Intrinsic motivation comes from within. People do things because they enjoy them, find them interesting or satisfying, or consider them important to their sense of identity. When an individual is intrinsically motivated to act, for example when studying a subject that fascinates them, they feel a sense of owning their actions – actions that align with their values and interests. This supports wellbeing as it facilitates a coherent sense of self.

Extrinsic motivation relates to doing things for external reasons, such as material reward, avoiding a bad outcome (e.g. studying for a test to avoid failing) or because a particular course or certificate is required for promotion. A lot of formal learning is extrinsically

motivated, with tests, grades and qualifications as motivating factors, but, if these are not combined with intrinsic enjoyment of the subject, wellbeing can be affected.

Building learners' intrinsic motivation is often a long-term process. However, educators can increase intrinsic interest by:

- sharing an enthusiasm for learning and displaying a passion for their subject and role;
- recognising learners' achievements, promoting their sense of competence;
- providing feedback that is sincere, promotes autonomy and conveys attainable standards;
- encouraging learners to connect with a wider community and relate their learning to aspects of their life that are important to them;
- designing teaching and learning activities that give learners control over their learning.

Extrinsic motivation can be developed in the short term by explaining the reasons for learning a particular topic, what it will lead to, what will be built upon it later, and why learners will find it valuable to engage with the subject. Incentives can also build short-term extrinsic motivation, enhance longer-term intrinsic motivation, and help to build confidence.

Learners' confidence can be increased by well-designed lessons and assessments that encourage and reward progress at all ability levels. When learners can see that they have achieved an objective, however small, this should provide confidence to attempt the next. It is important to be particularly supportive of, and attentive to, confidence during transitions from one educational environment to another, as learners' confidence is likely to be lower when

they are in a new environment. Although learners may be familiar with individual aspects of microcredentials – skills-related development, university-level curriculum, and online communication – they are unlikely to have studied a microcredential before, so will need support to build their confidence.

## Designing for wellbeing

Bringing discussion of issues such as mental health, wellbeing and anxiety into the academic domain can help to improve the student experience, and raise retention and success rates. Houghton and Anderson (2017) offer one reason why discussions around these subjects tend not to take place within formal education settings:

Mental wellbeing issues are often not talked about; the connection with effective teaching and learning deemed to be self-evident. Do all educators not strive to create environments that are conducive to students' learning and, in the process, address the issues that might undermine students' mental wellbeing? Mental wellbeing, as a concept, can seem so all-encompassing that it stands invisible in plain sight. (Houghton & Anderson 2017: 10)

Speaking openly about mental health, and sharing experiences, can lead to greater understanding and awareness. Whatever the sector, subject or geographical context, creating open and welcoming environments where wellbeing is talked about is an important part of the educator's role, because discussion of mental health and wellbeing chip away at the social stigmas associated with the topic.

It is important that course discussion areas are safe, compassionate and supportive spaces in which learners can share their experiences (if they wish to). Educators can help by providing

guidelines for discussion and modelling good practice. The box below provides an example set of guidelines. These were written by Leigh-Anne Perryman and are taken from a 12-week Open University microcredential offered on FutureLearn where they were particularly relevant, *Teacher Development: Embedding Mental Health in the Curriculum*. Similar guidelines are shared on many of The Open University's modules and microcredentials.

### *Guidelines for discussion*

It's vital that everyone feels welcome in these discussion areas. Online discussions can easily become heated, especially as there are no visual cues giving an indication of the spirit in which a particular comment is being made. So, please be sensitive to others' perspectives and views, even if they differ from your own. If you want to voice an alternative perspective or opinion, take care to focus on the ideas expressed and not the person expressing them. Before you contribute to a discussion area, ask yourself 'am I being kind to others in what I've said?'. We're not expecting you to steer clear of discussing sensitive or contentious issues, but as the course discussions are not heavily moderated we're relying on the course community to take care of each other.

### *Respect others' privacy*

Throughout the course, you'll be encouraged to draw on and share your own experiences. If you're an educator,

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you might wish to share examples from your own practice. This could be useful for other learners, helping to give real-world relevance to the exploration of specific topics, allowing comparisons to be made across sectors, settings, nations, and cultures.

Please take care to anonymise any discussion of specific people (e.g. your students, friends or family). Don't share any information that could allow the people you're discussing to be identified. Good practice is always to assume the worst – that the post you've shared will make its way to the world outside this course. In our networked age, platforms such as Twitter and Facebook allow information to be shared far and wide in an instant. This can happen by accident, even by people with the best of intentions.

If you have concerns about a particular post, you have several options. Gently mentioning your worries via a reply to that post could be sufficient. Alternatively, you could use the flag system to bring the post to the attention of the FutureLearn moderators. This will submit the post for investigation by a moderator, who will then delete the post if necessary, or even block that user from posting on the course if necessary.

### *Curriculum infusion*

As well as offering safe spaces where learners can raise issues related to mental health and wellbeing, some educators integrate or 'infuse' such content within their courses and assessment.

Curriculum infusion is fairly well established in the United States, but less so elsewhere. There are many ways to achieve it, and different disciplines and institutions have adopted a variety of approaches.

An Australian university incorporated a programme designed to promote wellbeing for indigenous people into its undergraduate social work degree. The programme was adapted for university students but its core values remained the same. Before and after the programme, learners completed questionnaires to assess their wellbeing and levels of growth and empowerment using psychological scales. These questionnaires showed significant improvements in these areas after they completed the programme.

It would clearly not be possible to include within a short micro-credential all the material those students studied over the course of an entire degree, but one or two relevant elements from the themes and assessment could be incorporated.

Learners explored the following themes:

- human values and qualities
- basic human needs
- understanding relationships
- life journey
- conflict resolution
- understanding emotions and crisis
- grief and loss
- beliefs and attitudes
- managing change
- self-care. (Whiteside et al. 2017)

Learners were assessed by tasks that included:

- facilitating their own session on one of the programme topics with a group of people outside the university, such as friends, family or workmates;

- designing a presentation;
- writing a final reflection on their experience of the subject overall.

Some disciplines lend themselves naturally to curriculum infusion. Health, medicine, psychology, sports and some of the social sciences can easily have wellbeing as a core part of the content. It can be more challenging to integrate content related to wellbeing in other disciplines. However, there is growing recognition in educational contexts that mental health is a truly interdisciplinary issue and so educators are finding increasingly creative and context-relevant ways to embed it in their disciplines.

One example of this is the University of the West of England's architecture programme (Pilkington et al. 2013), in which educators are finding ways to infuse their curriculum with mental wellbeing by exploring links between green space and mental wellbeing and including a project to design a building that promotes wellbeing. An undergraduate chemistry degree at Amherst College (Chung et al. 2023) has a curriculum designed around diversity, equity and inclusion. Its subjects include reshaping the global social landscape with chemical tools, and the possibilities for chemistry as an agent of positive change. An earlier example (Olson & Riley 2009) from Georgetown University was a maths class where the lecturer incorporated datasets relating to mental health issues around nutrition, gambling and alcohol, encouraging discussion about tackling the issues while also dealing with mathematical modelling of the data.

### **Learner autonomy**

Autonomy is related to learner wellbeing and a sense of empowerment. In contrast, disempowerment, unequal relationships,



feelings of powerlessness and a sense that education is something being done to learners all have negative impacts on attainment and mental health. Over the past few decades, numerous studies have found that giving learners greater responsibility for their own learning (for example, through goal setting, or having choice over their learning activities) leads to them feeling more in control, with positive effects on their wellbeing.

UDL checkpoint 7.1 emphasises the importance of flexibility and choice for learners:

In an instructional setting, it is often inappropriate to provide choice of the learning objective itself, but it is often appropriate to offer choices in how that objective can be reached, in the context for achieving the objective, in the tools or supports available, and so forth. Offering learners choices can develop self-determination, pride in accomplishment, and increase the degree to which they feel connected to their learning. (CAST 2018)

Learner autonomy can cover many areas, including learners having input into:

- what is learned;
- the level of difficulty or challenge;
- how this is learned – flexibility of pedagogy and process;
- what tools are used for learning;
- how learning is demonstrated;
- who they learn with;
- which resources they use to support learning;
- when they learn, and how quickly or slowly;
- their learning outcomes and objectives;
- where they learn.

The possibilities differ across sectors, subjects and contexts. Choices that are offered should be meaningful, not too complex,

reflect students' interests and 'genuinely enable students to pursue different interests and preferences' (Baik et al. 2017: 19). They should also take into account that learners differ in their willingness to be autonomous and in the skills they bring. Some of the areas of learner autonomy listed above, such as where learners engage with online learning, or the tools they use to access it, are relatively straightforward to build into a microcredential, while others may increase complexity without a clear benefit for learners.

### Digital wellbeing

The online aspect of most microcredentials brings its own issues related to wellbeing. Caring for digital wellbeing involves several factors:

- looking after personal health, safety, relationships and work-life balance in digital settings;
- acting safely and responsibly in digital environments;
- managing digital workload, overload and distraction;
- using digital media to participate in political and community actions;
- using personal digital data for wellbeing benefits;
- acting with concern for the human and natural environment when using digital tools;
- balancing digital with real-world interactions appropriately in relationships. (Beetham 2015)

Lister noted in a blog post that:

The nature of distance learning attracts students with more severe mental health issues; for example, people who can't attend a campus university because they are hospitalised, have agoraphobia or severe social anxiety,

or people who may have had a bad experience at a campus university and want to be able to study in their home environment. (Lister 2019)

Online study requires the development of new skills and can involve uncertainty over matters such as assessment. These challenges may be especially acute for learners with existing anxiety. On the other hand, online study can also offer a variety of means of supporting students' mental health and wellbeing if designed and delivered appropriately.

Negative aspects of online learning for wellbeing include:

- poorly managed online discussions leading to bullying, individuals being targeted, or disconcerting opinions not being challenged;
- feeling alone or isolated due to a lack of opportunities for interaction and discussion;
- having too many online locations to keep track of when studying;
- feeling stressed when poor internet access prevents full participation;
- institutions' unreasonable expectations in relation to digital skills;
- trying to study at home or in social spaces with multiple distractions;
- difficulty separating time for study from time for family and relaxation.

These negative elements are balanced by the benefits of online learning for wellbeing, which include:

- reduced stress and pressure associated with being able to choose where and when to study;

- the satisfaction of mastering a skill or achieving a qualification when achieving the same by attending a traditional course would not be possible;
- online studies providing a focus/excitement to life in cases when studying a traditional, face-to-face course would not have been possible.
- confidence-boosting discussions or feedback that would not be achievable in a face-to-face environment.

## Conclusion

Microcredentials are being introduced at a point when the importance of student wellbeing and mental health is becoming increasingly evident. This means that consideration of these elements can be built into microcredentials programmes from the start. Not only does this have the potential to improve the experience of students; research suggests it can also improve rates of success and completion. One element of the study experience that can increase stress and anxiety for learners is assessment. The following chapter considers all aspects of assessment on microcredentials, including ways of reducing the well-documented phenomenon of test anxiety.

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