



# Healthy Campus Case Study



HEA

An tÚdarás um Ard-Oideachas  
The Higher Education Authority

## Beyond the Fog of Marketed Wellbeing and Mental Health Resources for 3rd Level Students; Safe, Appropriate Campus Wide Supports: A Case Study

### Institution/ Organisation

PCHEI (Psychological Counsellors in Higher Education Ireland)

### Who leads/ led the project?

Student Counselling

### Date and timeframe

Ongoing

### Project Rationale

Ongoing need for observation, evaluation, and implementation of services as part of the National Student Mental Health and Suicide Prevention Framework, department of health collaborations, including Healthy Campus.

### Project Overview/ Summary

- Policy creation and review was key to planning e.g., framework interaction, co-created by PCHEI.
- All members reviewed and collaborated on developing, shaping, or sharing mental health policies, based on training provided from an international perspective e.g., models developed in busy UK colleges, and mental health policies reflected on from the USA. This was specifically related to suicide postvention.
- Some institutions advanced their policy development and stakeholder engagement with additional networks such as The JED Foundation for suicide reduction. This involved a whole-campus approach.
- Implementation occurring from best practice and empirical evidence e.g., DBT, Mindfulness, and suicide assessment protocols, with scaffolding services for out of hours.
- Training provided in collaboration with the HSE on emotion regulation for students both at risk, and general population as preventative.
- Additional networks brought into the network on mindfulness for young persons, upskilling clinicians on teaching, coaching, and maintaining practice for students.
- Longitudinal training and development which focuses on risk management when students are at risk of suicide. This is further bolstered by training for non-clinical HEI staff via PCHEI network (Responding to students in distress and at risk).
- Evaluation is ongoing and showcasing new insights into service need e.g., data collection, feedback, student voice, staff input.

### Key Learning Points

- Key learnings are to ensure there is protected time for individuals & groups to create, run, and evaluate projects, separately to core functions of their role.
- International & national collaboration by PCHEI has led to improvements in adopting best practice for HEIs, including postvention support & thorough suicidality assessments.
- Such projects include a significant amount of preparation, lead-in time, stakeholder engagement, and promotion. E.g. in line with best practice, regular interventions require frequent communities of practice to run through skills, stumbling blocks, efficient ways of gathering data, and sharing of student experience.
- When connecting with local & national stakeholders for input & collaborative training, further coordination is required e.g., regional training for multiple HEIs.
- Data collection is often hindered by low student engagement & requires various forms of incentivising due to survey fatigue.

### Whole Campus Approach

Health Focused Area (Pillar 5)

### Type of Evaluation

Process Evaluation

Outcome Evaluation

