International Health Promoting Campuses Conference 2025

University of Limerick, Ireland

Abstract Book

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Building a whole campus approach across the continuum of care: Experiences from Quebec, Canada

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Issue / Problem
Canadian youth (ages 16-24) have been identified as a "generation at risk"[1] given a decline in mental health indicators and related challenges accessing care. These concerns extend beyond a Canadian context to global settings, with early detection and accessible resources being key pillars of change.

Description of the problem
Post-secondary educational institutions have been faced with the challenge of responding to changing student needs and associated demand for services. McGill University and John Abbott College (JAC), in partnership with Stepped Care 2.0© (SC 2.0) sought to establish innovative ways of improving access, early intervention, and student satisfaction that could be shared across institutions.-SC2.0 offers a framework for implementing the Okanagan Charter's calls to action through broadening well-being supports outside of clinical spaces, building on health promotion initiatives and fostering multilevel collaboration to create a culture of well-being on campuses. Over the last 5 years, McGill implemented principles of collaborative care and SC2.0 to provide an integrated and student-centered approach to service delivery on campus, with a One-at-a-Time Approach as a core element for access. Similarly, JAC embarked on a process of diversifying mental health services along a stepped level continuum, shifting from a one-size-fits-all, to a whole campus approach, through skilling-up faculty, student leaders, and the wider campus community.

Results (effects/change)
At JAC, wait times for mental health services decreased by 51% since 2020 when SC 2.0 was implemented. Over 200 employees and student leaders were skilled-up to provide early detection and timely intervention for at-risk students. Survey results reflected an increase in campus climate indicators, specific to mental health, with 53% of students strongly agreeing or agreeing that the institution prioritizes students' mental and emotional wellbeing.
Since 2018, McGill's Student Wellness Hub has:

- Reduced wait times from 4-5 weeks to see a mental health counsellor to 1-2 days;
- Increased visibility of locally embedded mental health supports by 300%;
- Expanded use: 6000+ students used McGill's health services, and 19,000 students interfaced with outreach programming;
- Increased student satisfaction: 86% of students indicated they were satisfied or very satisfied with appointments.

Lessons
To efficiently and adequately address the current student mental health landscape, a coordinated, whole campus approach was ideal, notably one that was student-centered, scalable, and tailored to the individual needs of students by broadening the range of services and the workforce that delivers them.

Main messages
A holistic, student-centered approach to healthcare delivery that removes barriers to access to care when combined with staff training leads to more timely support, awareness and satisfaction.

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Health and wellbeing in the context of health-promoting university initiatives: Qatar University as a case study

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Background: In 2022, Qatar University (QU) received the WHO Healthy University designation. Health promoting universities are recognized for their commitment to promote learning environments and organizational cultures that support the social, physical, and mental health and well-being of their communities. Understanding health assets and needs is critical to developing effective actions to improve health and wellbeing.

Objectives: To assess QU students' health assets and needs using a comprehensive and participatory assessment approach and inform future university-wide policies and services, to improve health and wellbeing.

Methods: A sequential mixed-methods design was employed to conduct a comprehensive asset and needs assessment comprising a quantitative web-based survey in a convenience sample of students, qualitative focus groups with students and faculty members, interviews with key informants, and an environmental assessment of green spaces on campus. Descriptive/inferential statistics and thematic analyses were used to analyze quantitative and qualitative data, respectively.

Results: 812 students (*Mean* age 21.4 years, 84.6% female) completed the survey. Mental health was overwhelmingly identified as a main health concern with 45.5% of participants reporting a history of mental illness. Anxiety (38.2%) and depression (27.9%) were the most common, yet only 7.6% of students were seeking professional help. From the qualitative findings, QU students cited perceived susceptibility to mental health illness and mental health literacy as important factors influencing mental health and wellbeing. Students' concerns over confidentiality of mental health services were barriers to access, while social networks were key motivators for help-seeking. The environmental scan assessed 38 green spaces on QU campus. All areas were accessible, equipped with water irrigation systems and lighting, but there was a lack of ramps for mobility aids, limited green landscaping, and insufficient shading and benches. Students felt there should be more ramps, benches, green spaces on campus to promote health and wellbeing.

Conclusions: The results of this assets and needs assessment will inform QU policies and services and contribute to QU's strategic efforts to create the learning environments and organizational culture required of a Health Promoting University.

Empowering Equity: The McMaster Period Equity Project

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In Canada, it is estimated that one in six individuals who menstruate experience a lack of access to menstrual products, a situation known as period poverty. This issue is particularly acute among post-secondary students, who often live on fixed incomes.
In response, McMaster University, through the Okanagan Office of Health & Well-being, has introduced the Period Equity Project. This initiative aims to provide free menstrual products to students, staff, faculty, and campus visitors. The project team spent months researching both successful and unsuccessful similar initiatives to develop a program that ensures free access to menstrual products while minimizing costs.

The COVID-19 pandemic caused a shortage of menstrual products from traditional suppliers. After several months without access, the team decided to source products from alternative suppliers to achieve cost savings. Although initially time-consuming, this approach ultimately resulted in significant financial savings, allowing the project to expand to more campus washrooms. Collaboration with project partners has enabled the tracking of product usage on campus, helping to identify location and volume trends throughout the year. Initially, bins were placed in men's washrooms, but following incidents of vandalism, they were removed in favour of increasing the number of all-gender washroom locations.

The long-term goal of the project is to provide menstrual products in all campus washrooms and to create an educational program about menstruation and period poverty. We also plan to analyze the program’s impact on a sense of belonging. Anecdotal feedback to date has highlighted a lack of understanding within the campus community about menstruation and the importance of addressing this issue.

It is crucial for all countries, especially those without established programs for free access to menstrual products, to consider how they can address this inequity on their campuses. While research on period poverty is limited, it affects millions of people worldwide. Post-secondary institutions are in a unique position to help alleviate this burden with a relatively small financial investment. McMaster’s program can serve as a launching point for other institutions interested in addressing the issue of menstrual equity.

2023 university health service reform in France: the concrete case of the student representatives' online training

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Issue: Increase knowledge of students' representatives to support their participation to health university policy

Description of the issue: Student health services exist in universities since 1955. The 2023 reform expands their missions (including mental health, emotional and sexual health, addictions, nutrition and physical activity), and sets up an advisory board welcoming members of the university community, local partners and, at least, 5 students' representatives, regardless of their academic fields. One of the challenges of developing health democracy within university setting is then to strengthen the skills of these same student representatives, who sometimes have no or few background in health, public health or health promotion and are just at the beginning of their experience as elected representatives. As a response, the Ministry of Higher Education and Research commissioned the Ecole des Hautes Etudes en Santé Publique to develop resources and training for students' representatives to give them an initial grounding before taking part to this new board.

Results: Starting in September 2023, the co-construction of the training corpus was led with the student representative organisations, which agreed on the pedagogical synopsis and content, delivery and resources' organisation. The online platform was launch in November 2024 following a phase test with volunteer representatives. In the end, six asynchronous online training modules were selected, dealing with the French health system, health and youth policies including a health-promoting universities' perspective, student health issues relating to the missions of student health services, and finally about health democracy.

Lessons: The training course was designed to be relevant to as many students as possible. Its seven-hour format is essentially a response to students' overloaded schedules, to offer them clear, concise information, thanks to online content. The resources developed are also intended to serve a civic purpose by increasing knowledge and health literacy among students and the wider university community. Feedback from the participants will be consider as the advisory boards are gradually put in place within the French universities.

Main messages: The 2023 reform reflects the first milestones in the development of French-style health-promoting universities. The resources developed for students' representatives are then a contribution to this policy change.

Innovations in Health Promotion: Georgian Universities Advancing the Okanagan Charter Principles

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Background:
Georgian universities are uniquely positioned to drive societal change by embedding health promotion and sustainability into their core mandates. Despite their potential, challenges such as rising mental health issues, environmental degradation, and socio-economic disparities remain unaddressed due to fragmented efforts and limited adherence to global frameworks like the Okanagan Charter. This initiative aims to position Georgian universities as leaders in health promotion by aligning campus policies, operations, and curricula with the Charter's principles.

Intervention:
In 2024, the University of Georgia initiated the adoption of the Okanagan Charter across Georgian universities. This transformative process integrates health and sustainability into campus life by fostering collaborative partnerships among students, staff, and external stakeholders. Key interventions include developing a unified curriculum promoting health literacy, sustainability, and well-being, alongside workshops, community initiatives, and digital tools for engagement. Partnerships with local schools and kindergartens further extend the impact, embracing a life-span approach to health promotion.

Outcomes:
Preliminary results indicate measurable improvements in health literacy, physical activity, and environmental awareness among participants. University of Georgia students have initiated sustainability-focused projects, while younger participants from the University owned school and kindergarten demonstrate healthier dietary habits and increased physical activity. Enhanced institutional capacity for systemic change is evident through collaborative research and policy advocacy.

Implications:
This initiative aligns with Georgia's national health priorities and the UN Sustainable Development Goals. It presents a replicable model for embedding health and sustainability into higher education systems, fostering lifelong well-being and resilience. By advancing the Okanagan Charter's principles, Georgian universities contribute to a healthier and more equitable society.

Faculties of education as catalysts for change in health-promoting schools and universities in Canada

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Issue/Problem:
Teachers graduate from Bachelor of Education (BEd) programs unprepared to respond to their own and their students' complex wellness needs, reducing their ability to fulfill their dual role as facilitators of learning and student well-being. Many teachers also enter the K-12 system unwell, such as experiencing anticipatory burnout. Despite this, little has been done to embed teacher preparation training in well-being in BEd programs using a healthy settings approach, wherein learning and experiencing wellness are mutually reinforcing and co-existing within an educational post-secondary context. To address this challenge in Canada, the Teachers of Tomorrow (ToT) initiative was formed in 2017 comprising a partnership between Ever Active Schools and Werklund School of Education at the University of Calgary through a shared vision that educational tiers are a cyclical (i.e., students in K-12 become teachers) and therefore are interconnected systems. ToT facilitates organizational changes within BEd programs through curricula, pedagogy, and campus policy changes by mobilizing campus wellness structures and initiatives and community partnerships. ToT piloted a process of engagement with 6 BEd programs that was informed by health promoting universities frameworks and parallels healthy settings approaches used in K-12 educational settings (i.e., Comprehensive School Health framework).

Results:
We provide preliminary evidence of a facilitated process with 6 BEd program sites in Canadian universities, seeking to understand the types and influences of a facilitated process on improving BEd student well-being and pedagogical readiness and skills in well-being facilitation. Sites were guided in creating coursework around health promotion, addressing faculty and staff well-being, revising faculty strategic plans to prioritize wellbeing, and increase social engagement opportunities for students.

Lessons Learned:
Are nested within three core areas from focus group and survey data i.e., shifts in BEd program learning environments and policies, BEd student wellness and readiness, and pre-service and in-service teacher knowledge, attitudes, skills, and practices.

Main messages:
ToT provides a novel framework for advancing well-being in pre-service education spaces nationally, which can be scaled internationally, and functions as an upstream approach that mobilizes BEd programs for sustainable K-12 school wellness.

Harm reduction in a Canadian campus context: the coalition for harm reduction at macewan university

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Issue/problem:
It's known that post-secondary students may engage in higher-risk behaviours or be in higher-risk environments. A harm reduction approach can help address the potential adverse outcomes of these environments and behaviours[(1,2,3)].
Recognizing the need for a coordinated approach to harm reduction in a university setting, the Coalition for HArm Reduction at MacEwan (CHARM) was established when campus and community members formalized a partnership. CHARM approaches harm reduction through collaborative practice to address a wide range of higher-risk environments and behaviours, meet the needs of our campus community, share workloads, and establish meaningful partnerships with service providers.

Description of the problem:
In 2018, CHARM became an official coalition with Alberta Health Services (local health authority) and currently receives annual grant funding for programming. CHARM's overall goal is to create a supportive environment for all utilizing health promotion and harm reduction strategies.
Campus health surveys, student voices, and key stakeholder priorities inform programming and key objectives for awareness campaigns, educational initiatives, connections-based activities, and advocacy priorities.
How does a collaborative approach to harm reduction support student well-being?
How can sustainable programming be established and implemented on campus?

Results
CHARM contains allied health professionals, faculty, staff, and students. Leveraging their collective expertise to offer comprehensive programs. These collaborations have created unique opportunities for student engagement in harm-reduction initiatives, support services, and educational activities. Examples include student leadership training, guest lectures, connection-building activities, and mandatory harm reduction and naloxone training for security personnel.
Peer recovery programming, harm reduction education, and fostering meaningful connections resulted in a steady growth of student engagement with CHARM initiatives, and CHARM established consistent programming that students come to expect.

Lessons
CHARM utilizes work-integrated learning opportunities and community partnerships to enhance offerings and meet the demand on campus. Work-integrated learning opportunities include practicum students, volunteer roles, and grant-funded projects. These opportunities provide students with practical experience while helping CHARM achieve its goals and support the community. Community partnerships complement the services provided on campus and enhance support networks.
Given the variability of annual funding, CHARM relies on collaborative partnerships to sustain its programming.

Main messages
Collaborative harm reduction strategies enhanced student well-being by increasing awareness, providing education, implementing procedures, and advocating for change.

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Cultivating student-led campus settings research at a health promoting university

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Issue/Problem:

Implementation of the Okanagan Charter has inspired diverse institutional policies, processes, and initiatives. However, translating these frameworks into actionable strategies within complex institutional structures has been varied (Dooris et al., 2020; Suárez-Reyes et al., 2019). While administrative efforts have been documented, less is known about curricular endeavors, especially outside of health-focused fields. As Charter implementation continues to mature, broader curricular integration and innovation is expected.

Description:

This presentation shares methods and outcomes from an Interdisciplinary Honors Thesis Seminar designed in alignment with the Charter's Calls to Action at a large North American institution. This two-semester course engages students from diverse academic disciplines in exploring the intersection of health, wellbeing, and the built environment, with an emphasis on campus settings. The course comprises three major components: a topical seminar, a collaborative campus space study, and individual thesis research projects. This approach leverages cross-sector partnerships with Residential Life, Campus Planning, and Student Affairs to bridge theory and practice.

Key Questions include:

1. How can the Okanagan Charter's principles be effectively embedded into interdisciplinary academic curricula?
2. How do cross-sector collaborations enhance student research and real-world applications of the Charter's Calls to Action?
3. How can academic coursework prepare future citizens to act as agents for health-promoting change beyond campuses?

Results:

Offered for three consecutive academic years (2022-2025), this Interdisciplinary Seminar provides one example of curricular integration of the Okanagan Charter's principles. Students from 18 academic disciplines have employed eleven different research methods to investigate health, wellbeing, and the built environment across eight wellbeing domains. Research partnerships with campus stakeholders further enhance these efforts, enabling students to apply systematic methods to real-world challenges.

Lessons:

The seminar demonstrates the potential for cross-sector partnerships to enrich academic coursework and advance health-promoting initiatives. It equips students with the skills to conduct impactful research and advocate for health-promoting environments within and beyond campus settings. This case study underscores the importance of interdisciplinary teaching in fostering vibrant, inclusive, and health-promoting spaces.

Main messages:

This work demonstrates how interdisciplinary coursework can integrate the Okanagan Charter's Calls to Action, empowering students to research and advocate for health-promoting campus environments.

Innovative curricula fostering cross-sector partnerships and student-led research advance real-world research agendas for health and wellbeing in campus spaces and beyond.

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Developing an instrument for psychosocial risk assessment in the university setting: Research results and proposals for application

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Background:
As part of the legally prescribed psychosocial risk management, organizations must regularly assess psychosocial risks and their potential impact on mental stress in the workplace. In line with the "settings approach", the context in which people work should always be taken into account in surveys in order to enable the most accurate presentation of risks and a precise derivation of health-promoting interventions. Instruments that measure psychological risks and stress in the workplace are often too broadly defined for a usage at universities, as they might not pay enough attention to the specific areas of stress that exist in the academic context. To address this issue, an existing tool (OrgFit) that measures psychosocial risks at the workplace was adapted to fit the university setting.

Methods:
During the adaption process, a comprehensive literature review on the specific psychosocial risks in the academic working environment and discussions with university stakeholders were conducted. This resulted in the "OrgFit-University", which, in addition to measuring broader areas of psychological risks, also measures university-specific areas. The OrgFit-University was presented as an online questionnaire to a sample of 192 employees working in the education sector (sample 1). In this sample, the psychometric properties of the questionnaire were analyzed. The resulting adapted version was used at an Austrian University in fall 2024 as part of the legally required psychosocial risk assessment (sample 2). This sample consisted of 326 academic staff and 458 administrative staff.

Results:
The results for sample 1 showed items difficulties ranging between .24 and .74. Correlations with stress and resources scales were conducted to test convergent validity. Factor analysis showed five factors, overall explaining 65% of the variance, namely a) competition and lack of prospects, b) pressure to perform, c) authority and power, d) illegitimate tasks, e) digitalization. The questionnaire was again tested in sample 2, showing good acceptance among employees and allowing important conclusions for deriving university-specific interventions.

Conclusions:
The OrgFit-University is very well suited to identifying the specific risks at a university and deriving concrete interventions. An evaluation of psychosocial risks in the context of academic teaching is currently being developed.

Comparative case study of leadership in the implementation of the Okanagan Charter across three United States Health Promoting Campuses

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Background:
There is a lack of United States data supporting how best to implement Health Promoting Campuses practices as outlined by the Okanagan Charter into United States campus culture and the impact of the educational leader on the success of these well-being programs and initiatives. This research aims to provide relevant information on current leadership beliefs and actions across three early adopting United States intuitions to further guide this emerging phenomenon forward in supporting health and well-being on college campuses nationally and internationally.

Methods:
A qualitative, comparative case study was designed including data collected through committee observations, relevant document review including mission, vision statements, strategic plans, and open-ended interviews with 15 higher education leaders across three early adopting United States higher education institutions. Data were analyzed within each case and then compared across cases to provide relevant patterns, similarities and differences with aim to better understand and guide further leadership practice with adoption and implementation of the Okanagan Charter's action framework.

Results:
Comparative qualitative findings include shared beliefs among higher education leaders with regard to a holistic view of health connected to the environment as well as beliefs in a shared responsibility and need for systems-based leadership. Two action principles from the charter emerged as strengths in driving this initiative forward in alignment with building a strong foundation for change (Kotter, 2012). Findings further indicated processes emerging to revise strategic plans to include health promotion language with an identified need to create a more systemic assessment tool to track and monitor health promotion change efforts related to the implementation of the charter.

Conclusions:
A theory of action was developed from the conclusions to represent relevant recommendations for practice in growing a health promoting campus which include formation of a collaborative committee including partnerships across student and academic affairs, resource allocation, organization of already established supports in alignment with the charter, education of all stakeholders and a systems-based assessment tool.

Evaluating the acceptability of a co-designed virtual graduate teaching assistant mental health literacy program on a Canadian university campus

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Background:
Growing rates of mental health disorders are occurring among university students worldwide, which demand diverse and innovative strategies to increase campus mental health literacy (MHL). Graduate Teaching Assistants (TAs) are well-positioned to notice student distress given their close interaction with undergraduate students; however, may not feel confident to respond. The objective of this study was to co-design, implement, and evaluate the acceptability of a mental health education program for graduate TAs.

Methods:
There were three phases to this mixed-methods study: in the first phase, faculty, undergraduate students, and graduate TAs engaged in one of three virtual co-design envisioning events, with question prompts to understand the needs of graduate TAs. In the second phase, graduate TAs completed an e-module and 2-hour virtual workshop. Pre-module and post-workshop surveys were conducted with standardized measures and open-ended questions. To assess change in knowledge, attitudes, and confidence, paired t-tests and regressions were used. In the third phase, participants were invited to one of two post workshop focus groups, to report on key learnings from the program. A content analysis approach was used to analyze data from the envisioning event, open-ended survey questions, and focus groups.

Results:
In total, 19 faculty members and students participated in our envisioning events. Workshop content proposed by the participants included communication skills, scenario-based learning, and boundary setting/self-care for skill development. In total, 57 TA participated in the virtual MHL program, and completed the pre/post-survey (95% of workshop attendance). TAs demonstrated strong satisfaction for the program (>80% of participants) and key findings demonstrated significant improvements in attitudes towards mental health and confidence in responding to students in distress. In total, 12 graduate TAs participated in one of two follow-up focus groups. Results showed greater responsiveness to students experiencing mental health distress, with better communication, improved knowledge of resources, and more active outreach.

Conclusion:
Graduate TAs have unique roles across campus and can act as as gatekeepers to mental health resources and supports for undergraduate students. Co-designing MHL programs to support unique populations on university campuses can result in relevant and engaging training that can support students and staff.

Should Sexual Consent Education be Mandatory? Evaluation of the acceptability of an online sexual consent education course on a university campus

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Background:
Sexual violence (SV) is a common, preventable problem among university students, which can lead to serious, negative consequences. Understanding and ensuring voluntary consent within sexual encounters is seen as an essential component of sexual health education and SV prevention. Thirty-one post-secondary institutions in Canada offer "It Takes All of Us", a 45-minute asynchronous online course which teaches about consent in sexual relationships, and key concepts in SV, bystander intervention, and survivor support. Despite widespread adoption of this course, it had not previously been evaluated for acceptability or efficacy. In 2024-2025, McMaster University offered it to 8,576 students on a voluntary basis. To determine the acceptability of the course and whether it should become a mandatory requirement, this study was undertaken.

Methods:
A convergent, mixed methods study was undertaken at McMaster University in Canada. 63 students completed a quantitative survey. 59 student participants of diverse identities and experiences, including SV survivors, and 23 experts in SV prevention (researchers and administrators) were recruited for online focus groups. 19 focus groups (students, experts) were conducted, recorded, transcribed, and analysed using a rapid qualitative analysis approach to identify key themes and results.

Results:
77% of students surveyed agreed or strongly agreed that this course should be mandatory for all students. Quantitative and qualitative results will be presented with a focus on six key qualitative themes.

Conclusions:
The "It Takes All of Us' course, as introduced on one campus, was perceived as acceptable by diverse populations of students and by experts. Further study is required to determine whether the course is effective in increasing voluntary sexual consent or reducing SV. Conducting rigorous evaluations to determine the acceptability of educational and public health programs being considered or implemented on university campuses is relatively uncommon but important, and can inform evidence-based decision making by schools on critical issues such as SV prevention and other public health priorities. Key considerations for stakeholders involved in planning and implementing prevention initiatives on university campuses will be shared.

Utilizing the socio-logical model and principles of co- design in creating an institutional framework to address student mental health.

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Promoting mental health and well-being are essential to student success and a state of flourishing mental health. For it to be successful campuses need to look at student mental health being more than the responsibilities of campus wellness centres, a whole of the campus approach is necessary. In early 2023, the President of the University of Guelph in Ontario, Canada initiated a Task Force to broadly engage the campus community and provide recommendations that would support and improve student mental health on campus.

The Task Force engaged 2,601 members of the U of G community through a variety of co-design initiatives. These inputs were used along with existing university data, published research evidence, and promising practices to compile the recommendations. Outside of published research, "evidence" referred broadly to diverse forms of knowledge, including but not limited to lived and living expertise, traditional knowledge, and Indigenous ways of knowing. Further by considering "promising practices", rather than "best practices", we sought to emphasize the potential of many culturally appropriate, context-dependent, and evolving practices.

The resulting 40 recommendations draw on six guiding principles of: (a) co-design and meaningful engagement; (b) a whole-of-the-university approach; (c) continual improvement; (d) effective and ongoing communication; (e) knowledge-informed; and, (f) cultivating a sense of community and belonging. All 40 recommendations were accepted by the president and strategic investment was made to move towards implementation.

The Task Force made efforts to identify specific needs based on community input, recognizing our well-being initiatives must align with ongoing institutional endeavors in Indigenization, anti-racism, equity, diversity, and inclusion. Comprehensive, proactive approaches are needed to shift our thinking from an individualized lens to a system-wide, holistic campus perspective which can support student well-being and meet goals outlined in the Okanagan Charter.

The whole-of-the-University and co-design approach resulted in a fully comprehensive strategy to improve student mental health. Feedback was positive with reports of improved engagement and renewed enthusiasm for future implementation. The process can be easily replicated on other campuses and is being considered for application to other campus issues at the University of Guelph.

Main Messages
The effective use of a community co-design initiative to create a comprehensive framework to support student mental health.

The results of this task force include 40 recommendations involving the whole of the university and systemic approach at all levels of the socio-ecological model to improving student mental health.

Employing motivational interviewing techniques to improve health behaviors among United States college students: From case study to scoping review

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Background:
Numerous published literature have revealed promising results in utilizing Motivational Interviewing (MI) for inciting behavior change to address prominent health problems. MI is a manner of counseling that is evidence-based and person-centered, employing numerous techniques to promote change and growth in the path towards adopting healthy behaviors. Current literature reports on the success of using MI in four studies across four different countries aimed to increase exercise, improve sleep patterns, and enhance eating habits, respectively. The studies' targeted populations were low-income women, children, and adults struggling with knee osteoporosis, hypertension, and obesity, respectively. However, minimal studies have been published on the use of MI among college students, specifically Black/African American college students.

Methods:
We present an educational project from a graduate course at a university in the U.S. Midwest, consisting of the delivery of a MI-centered counseling approach to an African American college student, occurring across a twelve-week period. The goal was to improve the student's identified three main health behaviors -- physical activity, sleeping, and eating. Across the client interactions, the following MI techniques were applied: open-ended questions, affirming statements, reflective listening, summary reflections, empathy, active listening, and SMART goal setting.

Results:
By week twelve, the student was able to achieve and maintain the proposed health goals for the previous three consecutive weeks -- increasing physical activity frequency to three times a week, sleeping at least 6.5 hours daily, and decreasing fast food consumption to once a week.

Conclusion:
More studies should be conducted on the impacts of a MI-counseling approach to improve health behaviors among college students which is known as a challenging transitional period into adulthood.

Peer mentoring as a strategy to support students with disabilities in higher education

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Issue/Problem
The inclusion of students with disabilities in higher education requires more than architectural accessibility; effective academic support is essential. Based on experiences from other Brazilian universities, we identified that the development of these students could be enhanced through personalized academic support. In 2024, with the formalization of the Specialized Educational Support Program (PAEE) at Unicamp, structured support strategies became necessary. The peer mentoring program emerged as a solution to minimize academic, social, and attitudinal barriers, providing individualized support through peer identification.

Description
The initiative was implemented as a pilot project in 2024 by the Executive Directorate for Student Support and Retention (DEAPE). Of the 134 students who requested specialized educational support, eight students with disabilities, including one graduate student, participated in the program. The group included individuals with visual, auditory, and physical disabilities, as well as neurodevelopmental disorders.

The mentors were selected from students nominated by course coordinators, considering their academic experience and familiarity with the mentees' disciplines. They received initial training on accessibility and inclusion, as well as continuous supervision throughout the semester. The mentoring was flexible, adapting to the individual needs of participants. The evaluation process was qualitative, based on student and mentor reports regarding the program’s effectiveness.

Results
Initial responses indicate that the mentoring contributed to greater academic autonomy, helping students with disabilities to better organize themselves and deepen their knowledge in relevant coursework at undergraduate and graduate levels. Additionally, mentors reported significant growth in their understanding of accessibility and inclusion. With the institutionalization of the program and increased engagement from the academic community, the estimate for 2025 is that around 140 students with disabilities will be supported by 11 peer mentors. The formalization of the program, with specific scholarships and institutional regulation, strengthens its sustainability and potential for expansion.

Lessons Learned
Tailored support was essential to meet individual demands. However, challenges such as continuous monitoring and the creation of quantitative metrics still need improvement. The initiative has proven to be a viable tool for promoting academic equity and can be adapted to other higher education institutions.

Key Messages
Peer mentoring strengthens the autonomy and academic retention of students with disabilities.
The institutional regulation of the program ensures its sustainability and long-term impact.

Developing partnerships to raise third level student awareness of sexually transmitted infections

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Problem
Sexually Transmitted Infections (STI's) are a public health concern, with Ireland observing an overall increase in the STI rate in 15-24 year olds of 38% compared to 2022 (HPSC, 2024). Gonorrhoea notification rates saw the largest increase, up 152% in females and 58% in males in the same period. The HSE National Condom Distribution Service provides free condoms to universities and free Home STI Testing kits nationwide yet despite these supports, Ireland is not on target to meet the WHO 20% reduction in STI's in 15-49 year olds by 2025.

Description
Healthy UCD collaborated with UCD Student Health and the HSE to raise awareness of the rise in STIs and to signpost to the free STI testing and condom locations on campus. The awareness campaign used existing HSE poster designs and was displayed from the beginning of the Autumn term 2024 on large temporary construction hoarding on the O'Brien Centre for Science Building on the Belfield campus with QR codes linking to relevant sexual health supports. During Sexual Health Awareness and Guidance (SHAG) week in October 2024 students who approached the Healthy UCD stand were invited to complete a short survey via QR code to assess students' knowledge of STI testing.

Results
In the first month in situ an increase of over 40% was observed in traffic to the Healthy UCD Sexual Health and Wellbeing webpage compared to the same period the previous year. The survey carried out during SHAG week was completed by n=109 students. Just over half (51%) of respondents did not know how to arrange an STI test and only 29% were very confident about their knowledge of sexual health.

Lessons
These findings illustrate that despite supports being available, there is a need to better understand how to reach students through different communication channels to raise awareness about the supports available and improve their knowledge of sexual health.

Main Messages
Sexual Health is a complex topic with many different strands necessitating the need for a comprehensive understanding of student needs.

Further research is required to fully understand the UCD student perspective to plan interventions accordingly.

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Health Protection Surveillance Centre (HPSC) Sexually Transmitted Infections (STIs) in Ireland: Trends to the end of 2023. HPSC, Dublin, Ireland. 2024

Institutionalizing wellness: health-promoting institute and its impact on public health

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Background:
A "settings-based" approach, the HEI concept indicates how essential HEIs should be for stakeholder health promotion, because of their ability to imprint healthy habits into culture and policy, and their programming activities. In India, the HPU model is quite recent, with almost no studies about its implementation or effects. The primary purpose of the research is to understand the feasibility and effectiveness of implementing the HPU model in Indian higher education institutions. It also examines the influence on the physical, mental, and social well-being of those concerned.

Method:
A health promotion program was conducted at a university involving 13,500 students and 1,431 staff over five years (2015–2019). A mixed-method approach combined cross-sectional surveys, longitudinal monitoring, and focus group discussions to collect quantitative and qualitative data. Interventions included BMI and blood pressure monitoring, enhanced recreational and emotional well-being facilities, and preventive healthcare education. Outcome measures included BMI normalization, blood pressure trends, healthcare utilization, and cost-effectiveness.

Results:
Quantitative analysis showed significant health improvements: student BMI normalization increased from 67.95% to 76.89% and staff BMI stability remained around 70%. High blood pressure prevalence decreased from 10.55% to 6.4% in staff and from 2.69% to 1.03% in students. Attendance at Annual Wellness Checkups and use of recreational facilities increased significantly ($p < 0.05$). Emotional well-being service utilization was stable among students but increased for staff. Qualitative results showed increased awareness of healthy behaviors, a sense of community, and reduced out-of-pocket healthcare costs, which increased affordability.

Conclusion:
These findings indicate that health promotion programs in HEIs can positively impact health status such as BMI and blood pressure, increase access to emotional and recreational support, and decrease healthcare costs. The results support the replicability of the HPU model in varied Indian HEI contexts. Recommended actions also include scaling up similar programmes in other HEIs; incorporation of health promotion into institution policy; and monitoring long-term impact through continuous evaluation framework. This research contributes toward SDG3 by encouraging healthy living among students in Higher Learning Institutions.

Initiating a holistic model for international student well-being support: the role of the international student advocate

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Issue/problem:
During the Fall 2024 semester, the University of Michigan (U-M) enrolled 8,635 international students from 131 countries, representing 16.3% of the student population. International students, despite their diverse backgrounds, are categorized as a unique group due to specific visa-related immigration regulations. This classification introduces challenges beyond those faced by domestic students, such as cultural adaptation, language barriers, and restrictions on financial aid and employment opportunities. Former support structures at U-M lacked integrations of wellness and immigration advising services. This integration is essential for international student welfare, academic success, and retention.

Description of the problem:
The U-M International Center established the International Student Advocate (ISA) position to initiate a holistic model that integrates campus-wide resources and addresses the intricate, intersectional complexities that international students experience. Objectives include providing tailored interpersonal assistance and facilitating seamless interactions between U-M IC and wellness departments. The approach involves resource mapping, cross-campus network buildling, and targeted programming to ensure a holistic support system.

Results (effects/changes):
Since its implementation in Fall 2024, the ISA role has facilitated enhanced communication and partnerships between campus units. As a former international student and alumnus of U-M's Master of Social Work Program, the ISA leverages personal and professional experience to address student needs, functioning as a well-being navigator in student meetings, a liaison between partners, and an intermediary for crisis response. Preliminary assessments indicate positive student feedback, increased collaboration, and efficient resource-sharing, setting a vital foundation for more integrated and effective support systems. Further evaluation of the role's impact on student welfare and engagement will take place in the coming years.

Lessons:
Effective integration of wellness and immigration advising services requires strategic coordination, active cross-departmental partnerships, and robust institutional commitment. The ISA model illustrates that such integration fosters a more inclusive and supportive environment for international students, offering a template adaptable by other institutions to promote international student well-being and success.

Main Messages:
- The ISA model bridges wellness resources and immigration advising to provide holistic support for international students.
- A dedicated coordinator is vital for facilitating cross-department collaboration, ensuring cohesive support, and enhancing international student well-being.

Using a Learning Health System to support a Health Promoting Campus: The Example of the University of Toronto

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Issue/problem:
Resulting from an institutional review of student mental health at our large university, delivery of mental health services was reorganized. Drawing on models used in health care settings, we designed a Learning Health System (LHS) to integrate collection of multiple data types across three diverse campuses as method for ongoing evaluation of the redesigned service model. We believe LHS's have great potential for supporting health promoting campuses at other post-secondary institutions.

Description of the problem:
The objective of a LHS is to collect data to inform health promoting policies and practices, which in turn are evaluated using the system-based data to further inform improvements in an ongoing basis. Beginning in 2022, three initiatives were undertaken to support development of a LHS: a) a collaborative network, inclusive of students, across the three campuses and its partners was built; b) institutional capacity to collect administrative, survey-based and measurement-based care data was developed; and c) mechanisms for promoting regular data integration were instituted. The types of questions a LHS can answer are: what data-informed changes are needed to improve current health promoting policies and practices? How can data be used to assess and monitor outcomes of changes?

Results (effects/changes):
In this presentation, we focus on one specific form of data collection within the LHS: a bi-annual cross-sessional survey of student perception of mental health care. Using data from 2022, we were able to detect lower satisfaction with certain appointment types (e.g., virtual vs. In-person care; single session visits vs. ongoing care) and for certain student populations (e.g., 2SLGBTQIA+ vs. heterosexual students). Also, qualitative data collected in the form of comments revealed wait times on phone cues was a particular issue.

Lessons:
Based on the survey findings, several practices were changed (e.g., front desk staffing was bolstered, counsellor profiles including self-report identities were shared). The survey was conducted again in late 2024. Data analysis is currently being undertaken to determine if satisfaction levels have shifted in response to improved practices. Results will also inform the next iteration of improvements needed. Our development of a LHS has enabled us to implement data-driven changes to health promoting policies and practices and then test the outcomes of that implementation to sustain an ongoing system for improving student mental health.

Main messages:
A LHS has great potential to support health promoting campuses. Data collected within a LHS can be used to improve policies and practices, which in turn can be evaluated by system-based data.

‘Well-being fundamentals for success’: enhancing student resilience in tertiary education.

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Background
The growing prevalence and severity of mental health disorders (MHDs) amongst tertiary students is a critical issue, with detrimental impacts on individual students, universities and the wider community. There is an urgent need for proactive and preventative strategies to address the mental health crisis in the university population. The International Health Promoting Universities and Campuses Network (IHPUCN) advocate for universities to create healthier campuses and communities via the Okanagan Charter. Further, the Australian University Mental Health Framework requests leaders to embed health and well-being within the core business of the university and to be recognised in teaching and learning. One strategy for achieving this is for universities to implement curriculum that directly educates students about mental health and well-being. In response, our study aimed to evaluate the efficacy of a 13-week unit developed to directly educate university students about ways to improve and maintain well-being.

Methods
Fifty-eight university students participated in a13-week elective undergraduate unit ‘Well-Being Fundamentals for Success’ as part of their degree, developed by academic staff in consultation with a Clinical Psychologist. The unit consisted of 3-hour weekly classes comprised of theoretical and practical workshops where students were taught about and experienced evidence-based strategies for improving mental well-being and stress-management. Outcome measures were self-assessed at weeks 1, 6 and 12 using four tools: (1) Warwick-Edinburgh Mental Well-being Scale (WEMWBS); (2) Perceived Stress Scale (PSS); (3) Brief Resilience Scale (BRS) and (4) Mindful Attention Awareness Scale (MAAS).

Results
Linear mixed models were used to examine the change over time (fixed effect) for each well-being tool (dependent variable). Findings revealed a significant improvement in student resilience (BRS) across the semester (p=.006; d=0.40); well-being (WEMBS) and mindful attention (MAAS) did increase but not significantly (p>0.05). There was a significant increase in stress (PSS) between the start and middle of semester (p=.023; d=0.39).

Conclusions
University students’ resilience increased over the semester following participation in a curriculum designed to enhance and maintain mental well-being. Incorporating mental well-being curriculum into tertiary education is proactive preventive health strategy and may assist in tackling the mental health crisis in tertiary students.

MyTest: An innovative model to increase accessibility of HIV self-testing for university students in Australia.

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Issue
Healthcare service delivery is often characterised as having a 'siloed' approach often as result of system structures and access pathways. University campuses, and the services they provide, often operate from sites separate to the general community with physical and/or non-physical barriers preventing resource sharing and optimisation. This can result in inefficiency and poor access to essential services for both the university and general communities.
In New South Wales, Australia, people born overseas are disproportionately represented in new HIV diagnoses compared to those born in Australia. Additionally, for overseas visitors, including international students, access to general and sexual health services can be challenging due to financial, structural and social barriers, including stigma and concerns for privacy.

Results
The University of Newcastle partnered with NSW Health to host a MyTest HIV self-testing vending machine on campus. NSW Health established MyTest to increase access to free HIV self-testing kits for people in NSW, with 11 machines currently installed.
Offering accessible confidential testing for often stigmatised marginalised groups, the MyTest project's novel and innovative approach to increasing accessibility to HIV testing and reducing barriers to service for priority populations is aligned with our University's core values of equity, inclusion and community engagement and assists our goal to contribute positively to global health and social impacts through local action.
To date, close to 50 HIV self-tests have been dispensed through the University of Newcastle's hosted machine, and over 1,100 across the wider project. From a follow-up evaluation survey (n=80) 86.7% indicated a preference for future HIV testing via HIV self-test kits.

Lessons
Improving access to health care services, promoting health, well-being, and preventative health practices is a high priority for The University of Newcastle. The University of Newcastle's partnership with NSW Health has drastically improved access to free HIV self-testing for university students and improved access to health service resources for both the university community and the broader region.

Main messages
This partnership resulted in increased access to services for the whole community and highlights the importance of moving past a silo approach to enhance resource efficiency improving access to community focused health initiatives.

The International Challenge at the University of South Wales: Exploring the benefits for international students.

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Background:
Starting university often presents unique social and psychological challenges for international students. Research indicates that these students may experience loneliness, social isolation, acculturation difficulties, and lifestyle changes, such as decreased physical activity, all of which can affect their well-being. The International Challenge is a unique development programme at the University of South Wales that offers international students' opportunities to gain work experience, develop life skills, and take part in outdoor expeditions, such as hiking and camping alongside their academic study.

Method:
Fourteen face-to-face interviews were conducted with international students who completed the International Challenge programme in 2022 and 2023. The qualitative data were analysed using content analysis to identify key themes and outcomes.

Results:
Participants reported acquiring a wide range of life skills, including teamwork, cultural awareness, and communication skills. They reported enhanced connections to nature and greater integration with the local area. Health and well-being benefits included increased physical activity, reduced feelings of isolation, and new friendships.

Conclusion:
The International Challenge provides international students with a unique, transformative experience. By participating in the programme, students report developing life skills and wellbeing benefits. Recommendations for universities are included.

Exploring the advantages and opportunities of being an international student at one Welsh university through a photovoice project.

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Background
Research on international students often focuses on challenges, such as acculturation difficulties or English language needs, reinforcing stereotypical assumptions about international students. What is frequently absent is an exploration of what it is like to 'be' an international student. Many students actively choose to study in Wales, presenting an opportunity to explore the advantages and opportunities associated with this choice. Shifting from "research on" to "research with" international students may offer a richer understanding of their experiences.
Photovoice is a creative and participatory method that encourages knowledge sharing and reflection by inviting participants to take photographs that represent their thoughts on a specific question. This technique allows participants to express their perspectives visually through photographs and verbally through group discussions.

Method
International students were recruited to a photovoice project via electronic flyers shared on student social media channels in October 2022. Participants attended two workshops co-facilitated by the author and three international students. Workshop One introduced the research, discussed photography techniques, and invited participants to explore the project's research questions. Participants took photographs over three weeks using their mobile phones. Workshop Two involved showing, discussing, and reflecting on the photographs through themed activities.

Results
Nine international students participated in the project. Content analysis was used to identify the key themes shown and discussed. Advantages were divided into two main themes: Everyday Essentials, which includes transport, safety, and healthcare and University Services, which includes study skills and Information Technology. Opportunities were grouped into one theme: Life Experiences, which encompasses areas such as volunteering, outdoor spaces, celebrating cultural events, and self-development.

Conclusion
International students highlighted numerous advantages and opportunities to being a student. Universities could leverage these findings to promote the benefits of studying in Wales to prospective students, while ensuring current students are supported in accessing opportunities like volunteering, healthcare registration, discount cards and self-development resources. By amplifying these positive experiences, institutions can foster a stronger sense of belonging and satisfaction among international students.

Promoting well-being in higher education: a photovoice study

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Student well-being is essential for academic and personal success, thus it is crucial for higher education institutions to foster healthy and inclusive environments. The present study aims to understand students' perceptions of the challenges and barriers to their well-being and to propose concrete recommendations to address these issues.

A qualitative study was conducted using the Photovoice method, which combines individual interviews and group sessions with higher education students. The study involved 11 participants, including master's and PhD students from diverse academic backgrounds. Participants captured photographs representing their experiences, selected and contextualized them during the individual interviews, and discussed shared challenges and recommendations for improving campus environments, in the final group session. Thematic coding was applied to the data to provide a deeper understanding of students' experiences and contribute to the co-creation of well-being promotion strategies.

Participants highlighted various challenges, including barriers related to physical accessibility and transportation, which significantly impact the balance between academic and personal life. Additionally, the absence of conducive social and study environments, as well as the necessity for effective integration and access to mentoring programs, were identified as potential strategies to enhance well-being. Conversely, students emphasized that interpersonal connections, friendships, and the bonds they formed with peers were key contributors to their sense of well-being.

This study underscores the importance of taking a holistic and student-centered approach when planning university campus and provides suggestions for institutions to improve students' experiences and wellbeing. The participation of students provided valuable insights for identifying and designing changes that can improve their well-being in academic settings, highlighting the importance of involving students also in the implementation process.

Campus health lifestyles, outcomes, and experiences study: protocol and lessons on behaviors of first-year college students in North Carolina from 2023-2024

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Background:
In the United States, college students often fail to meet dietary and physical activity guidelines, with emerging adults (18-25 years old) experiencing notable physiological changes. This study explored physiological and behavioral changes over an academic year to understand health risks among first-year college students.

Methods:
The Campus Health Lifestyles, Outcomes, and Experiences (CHLOE) study was conducted at a southeastern public university in the United States with first-year students enrolled in the campus meal plan. Participants completed two Health Risk Assessment Lab appointments 6-9 months apart and three behavioral questionnaires throughout the academic year. Lab measurements included a dual-energy X-ray absorptiometry (DEXA) scan, blood pressure, and blood draw to examine biomarkers (e.g., A1C and lipid panel). Questionnaires assessed health behaviors (e.g., exercise, diet, sleep, substance use), nutrition literacy, diet quality, and perceptions of the university food environment. Participants also consented to share data from meal purchases and recreational facility visits via university identification card swipe data. Descriptive statistics summarized key findings.

Results:
We recruited 87 eligible students and completed 81 baseline visits (93%). At the end of the academic year, 67 students (83%) completed a final measurement visit. Text message reminders, safety protocols, and timely incentive distribution reinforced study retention. At baseline, 57.8% of the sample had normal blood pressure, but 16.6% of those students' blood pressure changed to elevated or hypertensive during their first academic year. The average A1C was 4.60 (SD=0.42) at baseline compared to 4.68 (SD=0.53) at the final measurement. Card swipe data showed a steady decline in the use of university recreation across the academic year. Food purchasing patterns indicated high spending at the beginning of the Spring semester compared to other time points of the academic year. Significant drops in recreational facility and dining hall use were observed during final exam periods.

Conclusions:
The first year of university life presents a critical window for public health promotion efforts to reduce chronic disease risk and encourage healthy decision-making. Interventions to promote healthy and consistent dietary and physical activity patterns during final exam periods are warranted. Future studies may explore long-term physiological changes beyond the first year.

A Whole of University Approach to Student Wellbeing: The Wellbeing Champion Network

Chelsea Deckert, Jacqui Faliszewski
[1]University Of Adelaide, Adelaide, Australia

Student mental health and wellbeing is a growing concern in higher education, with institutions worldwide facing rising demands for support services and an urgent need to address stigma while fostering inclusive, health -promoting environments. At the University of Adelaide, the Student Mental Health and Wellbeing Strategy (2021–24) integrates wellbeing into the university's framework, aiming to create a supportive, inclusive, and respectful culture. Central to this strategy is the Wellbeing Champion Network, a proactive initiative designed to build staff capacity, strengthen community connections, and enhance student and staff experiences. By focusing on community awareness, service delivery, capacity building, and learning experience, the strategy offers a scalable, innovative model to address universal challenges in higher education.

The Wellbeing Champion Network was developed in response to the need for visible and approachable mental health support. Launched in April 2022, its objective is to mobilise academic and professional staff as wellbeing advocates. Champions complete Mental Health First Aid training to recognise mental health challenges, engage in supportive conversations, and guide individuals to resources. Quarterly meetings provide professional development, resource sharing, and opportunities for cross-departmental collaboration. Practical tools, including resource guides and visibility materials, help champions embed wellbeing practices into their roles. Leadership by the Deputy Vice Chancellor and Vice-President (Academic) underscores the university's commitment, motivating participation. Questions guiding the initiative included how to equip staff effectively, what resources are essential, and how to foster a university -wide health promotion approach.

Since its launch, the network has trained over 100 staff members, creating a visible and accessible support system. Champions report greater confidence in addressing mental health concerns and enhanced collaboration across departments. Quarterly meetings equip champions to address challenges such as neurodiversity and crisis support, fostering a stigma-free, supportive campus culture.

The program's success highlights the importance of structured training, strong leadership, and collaboration. Embedding wellbeing into staff roles establishes a sustainable framework that enhances mental health outcomes and supports cultural change, offering a replicable model for institutions globally.

The Wellbeing Champion Network demonstrates how staff-driven initiatives embed mental health into campus culture, while leadership and training programs foster supportive environments in higher education.

Fighting Period Poverty: A Scalable Approach to Menstrual Hygiene and Education at the University of Adelaide

Chelsea Deckert[1], Jacqui Faliszewski[1]
[1]University Of Adelaide, Adelaide, Australia

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The Wellbeing Champion Network demonstrates how staff-driven initiatives embed mental health into campus culture, while leadership and training programs foster supportive environments in higher education.

Implementation of an 8-week employee health challenge in a university setting (Southeast USA): Impact on well-being and lessons learned

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Background:
Promoting health and well-being in the workplace is essential for preventing and managing chronic diseases. This study assessed the impact of an 8-week health challenge (HC) on physical activity (PA), dietary habits, sleep, well-being, and biomarkers of university employees.

Methods:
The 8-week HC promoted fruit and vegetable (F/V) intake (5 servings/day), water consumption (self-set goal), PA (30 minutes/day), sleep (self-set goal), and mindfulness practice (self-set goal) among university employees. Participants received weekly emails pertaining to one of the five behaviors and daily goal achievements were self-reported. Seventy individuals completed the HC, and 61 (80% female, 46% faculty, BMI=28.4±0.7 kg/m^2) completed all post-assessments. Pre- and post-testing included fasting blood pressure (BP), lipids and glucose, anthropometrics, Pittsburgh Sleep Quality Index (PSQI), health and dietary questionnaires, and a qualitative post-questionnaire.

Results:
Goal compliance was 71.7±2.6%. Weight, BP, and lipids did not change significantly after 8 weeks. However, changes in F/V intake were correlated with changes in weight (r=-0.420, p<0.001), systolic BP (r=-0.429, p<0.001), and glycemia (r=-0.279, p=0.036). Participants increased their aerobic PA (pre=127.41±11.43, post=163.84±11.56 min/week, p<0.001), F/V intake (pre=4.18±0.21, post=4.98±0.22 servings/day, p=0.002), water intake (pre=48.67±3.14, post=59.04±3.29 ounces/day, p<0.001), and sleep quality (PSQI pre=5.58±0.37, post=4.73±0.33, p<0.001). Ratings for physical health status and mental health/wellness improved significantly after 8 weeks (both z=-2.837, p=0.005). Components reported to support goal achievement were the tracking sheet, weekly emails, positive social influences, and structured goal setting. Time constraints/competing priorities (re: work, family, other goals), health issues, travel, weather, and waning motivation were perceived as barriers. For some, focusing on five habits simultaneously felt overwhelming, while others viewed the goal levels as unattainable. The HC had a positive influence on participants by raising awareness of lifestyle choices and their benefits, establishing sustainable habits, providing a sense of accomplishment/self-satisfaction, enhancing stress management and energy, improving physical health, and fostering positive social interactions.

Conclusions:
HC participation significantly improved lifestyle behaviors and enhanced attitudes that contribute to the well-being of university employees. Engaging in the HC enhanced self-awareness of habits and provided individual insights into the most effective strategies for adopting/maintaining a healthy lifestyle.

Partners for Well-being: Innovation through Collective Impact between Academic Affairs & Student Life

Mary Jo Desprez, Robert (Rob) Ernst, Joseph Zichi
University of Michigan

Issue/problem:
In 2020, the strain of responding to the pandemic added to the already exacerbated and pervasive impact of institutionalized racism and the rising demand for mental health services on college campuses. The challenge of addressing these interconnected issues was apparent at every level of the institution. Historically, many individual institutional units worked towards solutions with minimal measurable impact. Universities have a long history of addressing complex issues with temporary task forces and committees with limited accountability, follow-up, and budget authority. The University of Michigan (U-M) took bold action to improve well-being by working towards conditions where all community members could thrive. This oral presentation will outline the collaborative efforts taken by U-M senior leadership from the Division of Student Life and the Office of the Provost's Academic and Faculty Affairs to develop an equitable, ecosystem-wide approach to implement the Okanagan Charter by launching the Well-being Collective and utilizing the Collective Impact framework.

The Okanagan Charter has been a guiding light for campus leaders as they map the future of health promotion on college campuses. As an outcome of the 2015 International Conference on Health Promoting Universities and Colleges, the Okanagan Charter was built on the foundation of the 1986 World Health Organization's Ottawa Charter and contextualized as a tool for institutions of higher education.

Description of the problem:
In 2020, the University of Michigan was already a founding member of the U.S. Health Promoting Campuses Network (USHPCN). Adopting the charter was an important and natural next step, particularly following the public health recommendations for multifaceted institutional wellness planning made by our SMHIARC; the adoption took place in September of 2021, when U-M became one of the first seven U.S. universities to join up.

Following the adoption of the Okanagan Charter, the next step was to determine the best framework for our university to enact the work of the charter. The USHPCN provides a general infrastructure for each institution that has adopted the Okanagan Charter, but when we get to the specifics, there is no one-size-fits-all approach. Every institution has its factors to consider in the decision process, including the size of the institution, the governance structure, and more. Examples of how to implement the framework vary from the American College Health Association's (ACHA) Framework for a Comprehensive College Health Program to Cornell University's Community of Practice concept, to John Kania & Mark Kramer's 2011 introduction of the Collective Impact. At U-M, numerous units, programs, resources, and services focus on wellbeing. They exist throughout the institution to support for a combined population of over 100,000 students and employees. Yet, making measurable progress on some of the most entrenched social and public health ills (racism, substance use disorders, gender-based violence, anxiety, etc.) had long proved elusive and, as aforementioned, the events of 2020 highlighted the urgency for action. For these reasons and others, the best framework to support the adoption of the Okanagan Charter at U-M was the collective impact model. This model suggests that large-scale social change requires broad cross-sector coordination rather than focusing on the isolated intervention of individual organizations.

At the outset, it's important to note that by the time U-M adopted the Okanagan Charter, the Division of Student Life at U-M already had significant experience with collective impact. A statewide

initiative in Michigan (Fostering Success – Michigan, 2017) brought this framework to the attention of U-M's vice president for student life in 2012, leading to its implementation in areas of innovative work that employed best practices but struggled to drive measurable change. One of these areas was health and well-being; thus the Student Life Health and Well-being Collective Impact Initiative was born.

Importantly, the collective impact framework requires higher education institutions to be adaptable. This has been true at the University of Michigan. Collective impact describes an intentional way of working together and sharing information to solve a complex social problem. The approach centers work around equity, inclusion, and a sustainable, lasting infrastructure for change. All of this remains true in U-M's application of the framework.

Remembering the silo metaphor so often applied to U. S. campuses, it is not uncommon for health and wellness work to happen in multiple places that report up through different structural lines. On the one hand, bringing together a cross-section of the campus community to strategically embed health promotion into institutional systems and policies is a promising alternative. An initial reaction can be skepticism, cynicism, or even defensiveness. On the other hand, it is expected that institution-wide change can cause worry. In turn, broad engagement, change management and continuous communication are essential. In our case, given U-M's adoption of the Okanagan Charter, the strong history of using collective impact to effect change on campus, and the support of leadership even amidst transitions and crises—--in tandem with increased partnership across executive offices—--the institution was well positioned to launch the Well-being Collective in 2022. While adhering to the spirit of the collective impact framework, the Well-being Collective's work is tailored to the unique characteristics of U-M's campus. Specifically, we applied the five conditions of collective impact outlined in the model and implemented them through U-M's Well-being Collective.

Results (effects/changes):
The University of Michigan cataloged all the current data collected on campus that informs the landscape of the health and well-being of the campus community. This was a complex and nuanced task at an institution as large and decentralized as the University of Michigan because the data was hitherto located in various divisions. The diversity and depth of the Well-being Collective infrastructure simplified the process. Additionally, members of the Well-being Collective spent several months engaging in qualitative conversations with identified stakeholders across campus. Adapted from John Born's "Top 100 Influencer Activity", this activity identifies and engages with top stakeholders from key ecosystem sectors to better understand present state and change aspirations. For the University, the Top 100 Influencer activity validated the quantitative data cataloged and added additional perspectives not otherwise shared. The data cataloging and the Top 100 Influencers activity allowed for a comprehensive understanding of the current state of well-being. The Model of Well-being was the basis for the presentation of these data. Representing the current state in each dimension of well-being created a familiar platform for community comprehension. This process provided the substantiation to outlining the present state of well-being. Equally important, this process also served as the springboard for identifying the future state aspirations in the Common Agenda.

The data-gathering efforts suggested that academic policies are a significant source of stress for students. In particular, unnecessarily punitive policies, shifting policies, and unclear or inconsistent policies across academic units can confuse and distress students. Campus stakeholders supported shifting the academic calendar to allow for a longer winter break. For example, in a survey on the academic calendar, more than half (53%) of the respondents indicated that the brevity of winter break has a negative impact on students' mental health and wellbeing (rating it 4 or 5 on a five-point scale from positive to negative impact). Only 7% indicated that a shorter break has a positive impact (1 or 2 on the scale). Respondents explained that the break provides too little time to rest and prepare for the winter term. Although some stakeholders expressed concerns that the longer summer break has advantages for work, internship, and travel opportunities, students expressed

broad support for the shift to a longer winter break and shorter summer term. Other stakeholders suggested that a start date one to two weeks later in January would be beneficial for student wellbeing, in general, and would benefit students in a number of particular roles and situations (e.g., students who have issues related to academic standing and those who work as housing staff). Further, a review of the academic calendars at our peer institutions suggests that a more typical calendar begins the winter term in mid-January, leading to a close of term about two weeks into May. For example, in 2022, the following institutions ended their winter/spring terms on May 12 or 13: University of Wisconsin Madison; University of California Berkeley; Harvard University; Columbia University; and University of Illinois. Among institutions in the Big Ten Academic Alliance (BTAA), more than half of the universities have a post-MLK Day start, pushing the end of the term to mid-May.

The recommendation to modify the academic calendar was submitted to the Provost in February 2023. Compelled by the extensive research, community survey data, and the Okanagan Charter Calls to Action, the Provost agreed to recommend the academic calendar charge to the Board of Regents, going into effect the next academic year. The Regents voted to change the academic calendar. Academic policies and related practices are challenging to change at the University of Michigan because of the long history of autonomy in unit-level decision making. Even though this has been identified as a challenge by stakeholders, the modification to the academic calendar demonstrates the effectiveness of using collective impact to recommend a data-informed system change.

Lessons:

- The most important criteria for successful implementation is active engagement and support from the highest levels of university leadership, including academic affairs, human resources, and student government. The triad of support symbolizes the entire campus's commitment to becoming a health-promoting university. To foster this engagement, campuses should maintain a consistent and specific message about the work; strategically and routinely share progress reports with stakeholder groups that include academic affairs, human resources, and student government; and intentionally reach out to new campus leaders to share copies of the Okanagan Charter and concise summaries of the institution's relevant work to date.
- While the model of collective impact was an appropriate fit for U-M, every institution has different factors to consider in its selection process. Most importantly, a framework that will be sustainable and attainable for the institution in question must be identified. As previously mentioned, U-M adapted the collective impact framework to co-exist suitably within a hierarchical university structure. For example, pure collective impact would not rely on institutional leaders for permission to enact identified changes. In higher education, having the support and confidence of institutional leaders is essential for the fidelity of adopting the Okanagan Charter.
- The scope and extent of the adoption charge are also a critical aspect when deciding the appropriate framework. Collective impact may not be the most appropriate framework for adopting the Okanagan Charter when the scope is limited to the student experience because the mandate for change is not ecosystem-wide, and therefore, the entire ecosystem will not have the same level of investment. By contrast, U-M is committed to implementing the Okanagan Charter at the institutional level, and thus, having a diverse cross-sectional engagement infrastructure is appropriate.
- Transforming systems and policies at our institutions is nuanced and must be uniquely tailored. Embracing the mentality of continuous improvement is imperative in unchartered waters. The calls to action in the Okanagan Charter ask us to embrace new ways of thinking and doing at our institutions at a level that requires levels of trust and understanding to break through silos and turf that so often inhibit necessary evolution. Continuous improvement also means being humble, curious, and adaptable.
- It is vital to ensure from the onset that all stakeholders understand there is not a health-promoting-university finish line so much as a continuously evolving set of work with successes over time that gradually move the needle towards comprehensive and equitable well-being.

And gradual though it may be, we have found that real movement can be achieved, collectively. For all of its potential benefits, taking a campus ecosystem approach to any complex public health issue can be a significant cultural shift.

Main messages:

The Ottawa Charter for Health Promotion, issued by the World Health Organization (WHO) in 1986, identified five key action areas for health promotion: (1) building healthy public policy, (2) creating supportive environments for health, (3) strengthening community action, (4) developing personal skills, and (5) re-orienting health services. Along with these five core actions are three basic strategies: to enable, mediate, and advocate. Building capacity in all five core action areas requires more than embedding counselors throughout campus (although that can be one important strategy). By engaging every part of the organization, we have laid the necessary foundation to advance systems-level change. Intentionally and strategically embedding health and well-being into the university's policies, operations, and academic mandates can seem overwhelming. However, with strong commitment from institutional leadership, a framework guided by evidence-based practices, an accurate understanding of our current ecosystem, and alignment with national and global health promotion efforts, campus leaders can begin addressing the root causes of higher education's most persistent health and wellness challenges.

Addressing student substance use using a regional cross-institutional and inter-sectoral collaborative approach: a case study involving a drug-driving awareness initiative.

Eva Devaney[1]
[1]University of Limerick, Castletroy, Ireland

A call for action in the 2015 Okanagan Charter is “to lead health promotion action and collaboration locally and globally”. As the Charter states, “working collaboratively in trans-disciplinary and cross-sector ways” is essential for effective health promotion strategies.

The first part of this paper will present the initial process and development of a regional and intersectoral partnership addressing student substance use in the Midwest region of Ireland, comprising over 30,000 students who socialise in a city with 103,000 permanent residents. The network brings together higher education, student unions, health and criminal justice sectors. The purpose is to provide a forum for discussion and real-time collaborative responses to identified regional trends.

The second part of this paper will present a case study detailing a project completed by the network in 2024. The #DrugDrivingAware project is an ongoing educational and harm reduction initiative that aims to raise awareness about drug driving and its consequences. The issue was raised as a concern by third-level students, staff and the police service. In 2023, over one-third of DUI detections in Ireland were attributed to drug driving. Third-level students in the member institutions were consulted to assess information needs.

Phase one, a one-week social media video campaign, comprised six short videos. Initial Instagram analytics two weeks after the campaign evidenced 42,193 video views. Phase Two was a poster campaign. Together, the videos and the posters will ensure a sustainable outcome of the initiative. These are accessible to the public here.

Six meetings were held to support this initiative, with significant individual time commitment for email correspondence, filming and editing of videos, preparing a launch, social media engagement, and poster design.

A review identified the following strengths: a collaborative approach brought together knowledge, expertise and experience from key stakeholders; a regional approach; strong commitment and goodwill by partners; initiative designed based on articulated information needs by students; and minimal financial resources required for an impactful outcome. Learnings included: multiple partners with difficulty scheduling meetings for maximum attendance and time commitment in busy environments.

A bespoke campus substance use and gambling health promotion support service: origins, development, implementation and initial process evaluation.

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In Ireland, substance use has been recognised as an issue to be addressed by campus health promotion initiatives for over two decades, and recently, problematic gambling/gaming has emerged as an issue that campus populations are experiencing. This paper presents the development and implementation of an innovative health promoting campus initiative: the Substance Use and Gambling Support Service (SUGS), with a dedicated full-time staff member in post since 2023. As of 2025, the role remains unique to the island of Ireland. The initiative responds directly to national policies addressing substance use in higher education (Department of Education and Skills 2020; Department of Health 2017) and aligns with the Healthy UL framework, which is underpinned by the UN Sustainable Development Goals. Notably, no national policy focus on gambling in a health promotion or higher education context has been articulated to date.

The paper first outlines the development process of the SUGS role, including its rationale, key stakeholders, competencies, responsibilities and performance indicators, as well as how these elements were formulated and agreed upon. It then details the development and the activities of the SUGS, focusing on the steps taken to raise awareness and promote engagement on campus and at regional and national levels. There is a focus on internal and external partnerships, highlighting collaborations with campus services, academic departments, student unions, regional and national services, the police service, the national health service, and statutory national research and education agencies. The final part of the paper presents preliminary findings from an internal process evaluation of the initiative's first year, identifying key facilitators and challenges encountered during its implementation. The evaluation provides valuable insights for developing and implementing similar services and contributing to health promoting campus strategies across higher education.

Loneliness and common mental health disorders among international students in Wales, United Kingdom

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Background
International students are a transient population who may experience unique challenges after migration, such as language barriers, acculturative stress and homesickness, which could result in poor sleep, stress, loneliness, anxiety, and depression. Loneliness and social isolation have a bi-directional relationship with common mental disorders and significantly affect health and well-being including suicidal ideations. This study aimed to assess the prevalence of loneliness, anxiety, and depression, determine the causative factors, and explore the impact of these mental health conditions on the health and well-being of international students studying in universities in Wales.

Methods
An explanatory sequential mixed-method design was used. Convenience sampling was applied to recruit international students over 18 years of age and enrolled in either undergraduate or post-graduate courses of selected four universities in Wales to take part. Data were collected by an online survey and in-depth interviews between March and December 2024. The survey included four validated questionnaires; WHO Well-Being Index (5-item), De Jong Gierveld Loneliness Scale (11-item), Generalized Anxiety Disorder Assessment (7-item), Patient Health Questionnaire (9-item), and a brief sociodemographic questionnaire. Fifteen in-depth interviews were conducted in-person or online to explore the challenges experienced by international students.

Results
A total of 232 international students of 33 different nationalities completed survey. The largest proportion of respondents identified themselves as females (58%, n=134), attending a post-graduate taught course (71%, n=164), or as Nigerian internationals (31%, n=73). The prevalence of “very severe loneliness” was 19% (n=45), and “severe loneliness” was 30% (n=70), while “severe anxiety” 16% (n=36) and “severe depression” was 10% (n=22). 50% (n=116) reported their overall well-being was “poor” and 44% (n=102) had never attended any well-being events organised by their universities. 84% (n=196) reported they have never used any well-being support services provided by their universities. Thematic analysis identified risk factors affecting common mental health disorders and well-being; resurfacing “previous mental health problems”, limitations in “university counselling services”, unavailability of “trustworthy friends”, and inability to establish “friendships with local students”.

Conclusions
The study highlights the need to increase awareness and develop person-centred well-being programmes to address loneliness and well-being of international students from diverse ethnic and cultural backgrounds.

The culture of academic medicine initiative - applying the okanagan charter to address wellbeing challenges in medical Schools in Canada

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Issue/Problem:
Medical learner wellbeing is a pressing issue that has garnered significant attention due to rising rates of burnout and mental health challenges among students and faculty in medical education. The learning environment plays a critical role in shaping the wellbeing of medical learners and is an important area for focused intervention internationally. In Canada, the Culture of Academic Medicine Initiative (CAMi) was established to address these systemic challenges across all Canadian Faculties of Medicine. This initiative centers on promoting the Okanagan Charter's principles and aims to create a health-promoting medical campus culture that fosters equity, diversity, inclusivity, and Indigenous reconciliation, making it relevant and beneficial for diverse educational settings globally.

Description of the Problem:
CAMi began in 2021 and employs a change management approach facilitating a collaborative effort among faculties to prioritize wellbeing. The initiative aims to implement the Okanagan Charter effectively within medical schools in Canada, with specific objectives centered around enhancing the learning environment for faculty and students. We created an Okanagan Charter Collaborative (OCC) group amongst all medical schools in Canada as we sought to consider how an innovative national collaborative could improve wellbeing through Okanagan Charter adoption and implementation.

Results (Effects/Changes):
Key achievements include the creation of the dynamic OCC, the development of common resources like the Implementation and Audit Tool, and the launch of the Wellbeing Matters webinar series that addresses psychological safety and cultural change. Preliminary data indicate an increase in faculty participation in wellbeing initiatives, with positive feedback regarding the usefulness of resources developed. All 17 medical schools report improvements in the learning environment resulting from the OCC efforts. The OCC is working on establishing a continuous improvement and evaluation framework.

Lessons:
The lessons learned from CAMi and OCC highlight the importance of collaboration and shared resources in addressing wellbeing in medical schools.The innovative OCC can serve as a blueprint for other countries and settings aiming to enhance medical education wellbeing. This initiative underscores the need for ongoing support and resources to ensure sustainable cultural change. It also demonstrates the broad applicability and positive impact of the Okanagan Charter.
Main Messages:

1. We developed CAMi and the OCC to foster systemic wellbeing in Canadian medical schools through collaboration and focusing on the learning environment.
2. The Okanagan Charter has broad applicability and can be adopted to many educational contexts.

Learnings from establishing and maintaining an engaged student advisory group to guide health promotion activities.

Pamela Doherty[1]
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Issue:
The student population at the University of Queensland (UQ) in Australia is diverse with over 21,000 students from 141 countries predominately from a cultural heritage different from the dominant Anglo Australian culture. This diversity strengthens the university community however these students must be supported to be happy and healthy as the study. Health promotion activities must acknowledge and be tailored to the needs of students from Culturally and Linguistically Diverse backgrounds. This is largely due to the recognised need for specialist advice and support when delivering accessible and culturally sensitive programs and activities to students from CALD backgrounds (Cosby & Cosby, 2017)

Results:
In early 2020 UQ received funding from Allianz Care to establish a health promotion project to address these needs. (UQ Wellbeing). UQ Wellbeing aimed at increasing the overall health and wellbeing of students from Culturally and Linguistically Diverse (CALD) backgrounds by working in partnership with students. The latter required the establish of a student voice mechanism to guide activities aimed at improving student sexual and reproductive health, mental health, nutritional and physical health and cultural connection. The UQ Wellbeing Student Advisory Group is now one of university's longest running active student voice mechanisms.
What is needed to support and achieve active sustained student participation to student voice mechanisms? How can other health promotion practitioners develop similar models to guide their initiatives?

Lessons:
This presentation will share the steps of establishing a student advisory group, the enablers to engage students in active participation and how to respond appropriately to student input to implement effective health promotion activities. Critically, it is only through sufficient investment into student voice and an authentic community development approach is it possible.

Main message:
There is no easy or quick way to achieve valuable student insight to guide student health and wellbeing interventions. Universities must be able to commit, time and resources to create spaces for students. In addition, student's need to feel valued and see the impact of their involvement to maintain their commitment and active participation in the student voice mechanism.

No taboo, there is support for you,

Pamela Doherty
[1]University Of Queensland, ST LUCIA, Australia

Issue:
Sexual and reproductive health can be a sensitive topic. Around the world, it is often taboo to speak openly about. This negatively impacts students needing support to access information and services. In addition, university students are more vulnerable to poorer sexual and reproductive health outcomes.[i] [ii]
The Sexuality Information and Education Council of the United States (SIECUS) states that professionals serving young adults need to "provide accurate information and education about sexuality, and access to sexual and reproductive health care.[iii]

Description of the problem:
A 2020 University of Queensland's Student Sexual and Reproductive Health Survey, of international students reported greater uncertainty and knowledge around their reproductive health knowledge compared to domestic students.

Results:
Following a process of student feedback and engagement the "No taboo, there is support for you" campaign was developed with and for international students to respond to these issues. This presentation will describe the journey to develop this culturally sensitive campus wide campaign.

Lessons:
We learnt,

- University students want support related to Sexual and Reproductive Health.
- To listen carefully and respectfully to understand the complexity of cultural dynamics.
- The importance of sensitive neutral clear words.
- That imagery needs to be un-offensive and not humorous or ambiguous.
- The barriers to accessing support are complex including shame, taboo, parental/family and cultural influence.

Main message:
Tertiary institutions and staff need to understand the cultural dynamics at play for international students to improve access to accurate timely health care and information.

Different university groups have controversial views of the university's health promotion capacity

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Background
Health-promoting universities (HPUs) embrace health promotion (HP) principles, with a whole-university approach and active community participation being among the key elements. However, equitable involvement of all members of the university community remains a challenge. This study aims to identify differences in perceptions regarding university's health-promoting activities among various groups within a Bulgarian university.

Methods
A survey was performed in 2020 at a Bulgarian university with multiple faculties. An online questionnaire was randomly distributed to students, faculty, administrative/technical staff, and managers, with the goal of achieving a 10% quota sample from each group. The participants assessed the university's capacity to improve health by expressing agreement/disagreement with statements structured around 5 themes: leadership and governance for health; health and wellbeing services provision; building a healthy environment; communication of health information; provision of opportunities for personal, social, and professional development. Non-parametric tests were used for statistical analysis, with an alpha level of 0.05.

Results
A total of 668 respondents participated in the survey, representative of the main university groups. Students and administrative staff were notably more critical of access to healthy food and drinks ($p<0.001$). Administrative staff were significantly more likely to disagree with statements including: the university takes responsibility for health in its strategy ($p<0.001$); the university provides a budget for HP activities ($p=0.002$); the university ensures access to social, financial, sports / leisure support ($p=0.001$); access to healthcare services related to individual needs ($p=0.02$); promotes walking or biking ($p=0.044$); offers opportunities for personal, social, professional development ($p<0.001$). These findings highlight a divergence in how different groups perceive the university's health promotion efforts, with administrative staff expressing greater dissatisfaction with the available HP resources and initiatives.

Lessons
While all groups reported some level of achievement of HPU criteria, administrative staff had significantly fewer opportunities to benefit from the institution's HP portfolio.

Main messages
1.Equitable participation of all groups within the university community in HP initiatives should be a priority and systematically evaluated.
2.Administrative staff in particular, are often overlooked in university's HP initiatives.

Improving public health literacy through a personal health report in an undergrad course: student's perspectives

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Background
Young adults are at a transition period of gaining greater responsibility over their health behaviours. Opportunities to empowering them to improve their health exist at the university/ college level particularly in faculties of kinesiology (KNES) in Canada. Currently the kinesiology literature lacks best practices for educating students on health promotion and with the ongoing shift from the biomedical to biopsychosocial model suggests a need for engagement in public health literacy space. The study purpose was to assess student's acknowledgement of public health literacy while evaluating a capstone project (personal health report; PHR) in a mandatory course in the Exercise and Health Physiology stream of a 4 year undergrad kinesiology degree. The course had three content themes (public health; cardiovascular health and chronic diseases) and a written PHR included students' personalized cholesterol values, 3-day dietary analysis and family life tree.

Methods A qualitative design following the principles of grounded theory and thematic analysis was use to guide participants' perspectives. Semi-structured interviews (45 mins. or less) were conducted over Zoom (V5.14.7), transcribed by Rev (rev.com), and put into NVIVO (v12; 2017) software. Students were recruited through purposive and snowball sampling; eligibility was based on completion of KNES 433 either 1) in person (F21PHR) or 2) online during COVID pandemic (W22noPHR).

Results Six participants, 3 per semester (50%F) completed interviews. Themes arose related to 1) the content (readings) and structure of the course, 2) the impact of t the PHR on application of health promotion, 3) the need for group discussion to engage on topics related to public health, and 4) the importance of social determinants.

Conclusion The PHR was recognized as an excellent overview of connecting the three themes in the course the topics in the course. Completion of the PHR helped apply health promotion to others such as family members while also improving personal health literacy. In summary, in-person learning was noted as a being superior for engagement in course material which enhanced the messaging of health literacy and health promotion.

Supporting a whole-campus approach to a health promoting university: evaluation of a healthy campus online open course

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Background:
The HEA Healthy Campus Framework advocates for embedding health and well-being in policies, culture, and practices of Higher Education Institutions (HEI) in Ireland. To this end, nine HEI's and the Higher Education of Authority (HEA) of Ireland collaboratively developed an online open course, funded by the National Teaching and Learning Forum (NTLF) Ireland. It aimed to equip participants with the tools to implement a whole-campus approach to health promotion and consisted of 25 hours of learning material over six weeks, with an optional three weeks of facilitator training. Each week, participants completed asynchronous self-directed learning, a synchronous live webinar and a call to action.

Methods
An evaluation was conducted to assess the course's effectiveness. Data were collected through post-course evaluations (Likert Scales and open-ended questions) to assess participant satisfaction, the perceived relevance of the course content and areas for improvement.

Results
Out of 77 registered participants, 57 successfully completed the course. Of those, 21 completed the optional facilitator training. Anecdotal evidence attributes dropouts to time constraints and work commitments. Thirteen participants (22.81% response rate) completed the post-course evaluation form. Overall, they achieved the learning objectives and reported an increased understanding of healthy campus principles. The course was praised for its facilitation, layout, and relevance across contexts, with the case study component and cross-institution peer collaboration highlighted as standout features. Challenges included submission timings and attendance at online synchronous sessions. Satisfaction with facilitator training is still under evaluation, however, considering the number of successful completions, the value in terms of scalability and accessibility of this resource is promising.

Conclusion
The evaluation demonstrates the potential of online education to catalyse systemic change in higher education, by enhancing understanding of health promotion. This course effectively built knowledge, fostered collaboration and contributed to the global advancement of health-promoting universities. Although barriers such as timing and engagement need to be addressed future iterations will remain accessible as a self-directed online open course, now available on opencourses.ie. Those who completed facilitator training will be encouraged to lead the course and to modify it according to their campus-specific needs, maximising the course relevance, longevity and impact.

Does a Personalized Health Assessment Enhance Intention and Facilitate the Transition to Action? Qualitative Insights From a University Longitudinal Cohort on Sustainable Health Sub-Study

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Background:
The ESSAIM project (https://www.projetessaim.com) is the first major longitudinal cohort on sustainable health in a Quebec university community: Université Laval. In the pilot phase (2021-2022), participants received a personalized health assessment following their participation. A qualitative sub-study was carried out on a sub-sample of these individuals. Its goal was to explore the prescriptive and salutogenic potential of a sustainable health evaluation framework by analyzing the appreciation and effects of a personalized individual intervention (the personalized assessment) on the management and modification of health-related behaviors, following a sustainable health assessment.

Methods*:*
517 participants received a personalized health assessment in 2022 after taking part in the ESSAIM project pilot phase. Semi-structured interviews were subsequently conducted in 2023 focusing on appreciation and use of the assessments, and its impact on recruitment, behaviors, and lifestyle habits. The data were analyzed using thematic content analysis in NVivo, following a deductive, theory-driven approach until data saturation was achieved.

Results:
The sample included 21 participants (F=66.6%, M=33.3%; student=43%, employee=57%). Three main themes emerged: 1) Level of appreciation for the assessments; 2) Impact of the assessments on recruitment and behavior; 3) Nature and accessibility of resources and recommendations. Satisfaction with the assessments' format and overall content is high. Individually, they prompted action in about 20% of participants, while 30% found them helpful reminders or had their awareness increased but did not take concrete action. Concerning resources and recommendations, individuals want these to be more relevant, clear, simple, accessible, and easy to implement. Overall, individuals have high expectations in terms of the content of personalized assessments. The assessments had limited influence on recruitment.

Conclusions:
This study illustrates the potential of a sustainable health evaluation framework in supporting personalized individual interventions, such as personalized health assessments. Our findings suggest that refining these assessments could improve their relevance and effectiveness in promoting health behaviors. The improvements that were identified could increase the likelihood of participants taking action or, at the very least, promote intention toward behavior change. In today's ever-evolving digital health landscape, these interventions could become powerful mechanisms for health promotion in university settings, aligning with current trends in personalized and digital healthcare.

Exploring the Predictive Capacity of a Digital Framework for Assessing and Promoting Sustainable Health in University Communities

Vicky Drapeau, Félix Desrosiers

Background*:*
Drawing from the Healthy Universities paradigm and the Okanagan Charter, the ESSAIM project (www.projetessaim.com) was initiated to assess sustainable health within a university community. This pilot study aimed to explore the predictive capacity and feasibility of a new framework, integrated with a digital platform, to evaluate, predict, and intervene in sustainable health in students and staff.

Methods:
Data were collected in 2021–2022 through online questionnaires administered in two rounds, 6 months apart, among members of a Quebec university community: Laval University. The variables assessed cover 14 dimensions, including health status, diet, well-being, substance use, social health, sleep, mood, stress, sexual health, and physical activity. Machine learning (ML) analysis were conducted to explore the evaluation framework's predictive potential. Supervised ML algorithms were used for classification tasks, with well-being, quality of life, and positive mental health as outcomes, and other relevant variables as predictors.

Results:
The sample included 769 participants (F=79%, M=21%; student=54%, employee=46%). Preliminary predictive analysis mainly used positive mental health (MHC-SF) as the primary outcome, with around sixty predictors used to train the models. The accuracy of the models (mainly random forests and decision trees) ranged from 62% to 96% depending on the features and outcomes. All the models point to around a half-dozen variables that are highly predictive of the positive mental health construct, namely social health, sexual health and well-being, sleep, physical activity and sedentariness, and low income.

Conclusions:
This study illustrates the potential of this sustainable health evaluation framework in supporting health and well-being within university communities. These initial findings suggest that a few key predictors may play a critical role in predicting constructs related to well-being and thus could be targeted by health promotion programs in this setting. Through annual monitoring, ESSAIM has the potential to become Québec's first longitudinal cohort on sustainable health, helping universities identify both individual and environmental actions to promote sustainable health.

ORGANIZATIONAL LEADERSHIP OF THE UNIVERSITY OF PUERTO RICO AROUND THE GLOBAL MODEL OF HEALTH PROMOTING UNIVERSITIES: THE CASE OF THE RÍO PIEDRAS CAMPUS

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The diverse and dynamic university environment has a wide range of possibilities to contribute to the well-being of the community. The global model of Health Promoting Universities (HPU) presents a guide to develop strategies and institutional policies that promote health-friendly environments and actions. The implementation of this model of Health Promotion (HP) is essential to respond to the public health challenges that society faces in a globalized world with an increasingly accelerated pace of life. v The purpose of this study was to determine how leadership is exercised in the Río Piedras Campus around the HP of the students. To know and interpret the reality under study, the researcher used a qualitative methodological approach, through a case study design that allowed to know the perspective that some managers have of the HP and how they develop their leadership in this area. Two information collection strategies were used: interviews and review of institutional documents. In the process of inductive analysis of the findings, the information obtained from the interviews was codified and classified by thematic axes according to identified patterns. The findings of this research indicate that the RRP develops activities related to the prevention of risk behaviors and offers services related to physical and mental health to students. However, most of the actions they develop have a biomedical and preventive approach. The managers interviewed recognize the need to expand and improve prevention and HP programs. They consider that it is essential to implement an initiative that integrates the components of the HP and articulates the work of the different dependencies. The RRP must have an institutional policy in HP that guarantees the sustainability of the programs, as well as a collective effort that, fulfilling its main mission, is able to effectively consolidate a model of promotion of healthy environments.

Towards a Tobacco-Free University: Grounded in Healthy University Principles to Address Challenges and Foster Sustainable Solutions on Campus

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Issue: Tobacco use remains a major public health concern in Turkey, with 28.3% of individuals aged 15+ smoking daily in 2022. At Ege University, significant tobacco use among students and staff necessitates a collaborative, holistic approach to foster a healthy, tobacco-free campus. Tobacco control serves as a cornerstone for broader health initiatives, addressing complex challenges in academic settings.

Problem Description: Despite regulations, enforcing tobacco bans, supporting cessation, and raising awareness remain challenges in universities. Effective solutions require transdisciplinary efforts prioritizing student and staff participation, equity, and culturally sensitive interventions.

Efeects/Changes: Funded by the National Green Crescent, the **"Tobacco-Free University"** project (September 2021–August 2022) at Ege University adopted a multi-component strategy:

- **Volunteer Network:** Established 104 Tobacco-Free University Volunteers (students and staff).
- **Training:** Conducted six sessions on tobacco harms, new-generation products, motivational interviewing, and cessation referrals to equip volunteers with advocacy skills.
- **Workshop:** In a one-day session, volunteers engaged in structured discussions on five key themes: preventing passive smoking, enforcing tobacco regulations, overcoming cessation barriers, supporting mental health, and integrating tobacco control into university culture. The workshop identified challenges, proposed solutions, and shaped a tobacco control roadmap.
- **Awareness Campaigns:** Conducted 16 awareness events, distributing brochures, badges, t-shirts, and performing 2000 CO measurements.
- **Spatial Changes:** Created smoke-free zones marked with yellow lines and installed freestanding outdoor ashtrays featuring cessation clinic information.
- **Final Meeting:** Findings and an action plan were presented to university leaders and stakeholders.

Lessons Learned: Collaboration across disciplines, active student and staff participation, and a focus on equity were central to the project's success. Volunteer training empowered advocates, while the workshop facilitated collective problem-solving. Tobacco control, deeply embedded in policy and culture, posed challenges but also guided future health initiatives. Though spatial changes were limited to specific buildings, they significantly contributed to awareness.

Main Message: 1. Transdisciplinary collaboration and inclusive participation can foster tobacco-free campuses. 2.Tobacco is a challenging starting point for a healthy university, yet reveals key barriers. Ongoing commitment, revising strategy documents and academic mandates are vital.

The 'Period Dignity Project' at Maynooth University, Ireland.

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Issue:
Period poverty is a worldwide issue that can cause problems like physical discomfort, missing work/college and having to choose between buying groceries or period products. Research undertaken by Irish company Riley found 90% of people who mensurate run of products when they need them, 86% started their periods unexpectedly in public without supplies, 79% were forced to use toilet paper/other materials as a makeshift pad, 62% had to buy supplies during work hours, and 39% went home to get products.

Maynooth University has addressed this issue through cumulative effort. The Students Union initially provided free products as part of their Exam Support campaign, then the Law Society spearheaded a campaign where free products were also provided in student-frequented venues in Maynooth Town. Later the Access Programme began to provide free products in their building. As some period products contain substances that can be harmful to the body and the planet, the need to standardize initiatives and ensure quality products and sustainability was recognized.

In 2023 University funding was allocated and a Project Group was established with representatives from Healthy Campus, Equality, Diversity and Inclusion, the Students Union and Estates. This group consulted with the initial trailblazers to build on their work, partnering with Riley as a supplier to ensure products were kind to the body and planet (eco-friendly, toxin free).

Results:
In 2024 #PeriodDignity launched as a 3 year pilot. Dispensers containing free pads/tampons were installed in 5 locations across campus with reusable products (period pants, menstrual cups) also available. To date 41,200 products have been provided, alongside on-going campaigns to raise awareness regarding menstrual health and signpost to supports/resources. The Government has since announced funding to provide free period products for students nationally which means the pilot can be expanded and sustained.

Lessons:
The initiative aligns with local, national and international frameworks/strategies e.g. UN Sustainable Development Goals, Okanagan Charter, Healthy Campus Framework, National Sexual Health Strategy, Athena Swan, University Strategic Plan, Gender Equality Action Plan. It is easily replicable and relevant for all educational/workplace settings as period products, just like toilet paper, should be viewed as an essential provision.

Main messages:
1. The importance of a holistic understanding of health - sexual health is a key part of overall health. It doesn't just refer to disease, infection, contraception and fertility, but also to things like knowing how your body functions and the ability to access safe sexual health products. Period poverty is a serious injustice that can impact people's ability to engage in work/study. Furthermore poor quality menstrual products can be detrimental to our bodies and the environment. Providing free, eco-friendly, toxin free products for University staff/students therefore brings important benefits for the health of both people and planet. The provision of these products in bathrooms should be seen as essential just like toilet paper and hand soap.

2. The importance and value of a 'whole-campus' partnership approach – it was only through collaborative work between students and staff from many different departments that this project was able to succeed. The trans-disciplinary and cross-sector partnerships allowed the connection between human health, planetary health, student learning and success, and workplace wellbeing to be recognised and grassroots student initiatives to evolve and become sustainable. The development of these cooperative relationships ensured a diversity of views were represented, helping to create a more egalitarian University.

The 'Elephant In The Room' initiative at Maynooth University, Ireland.

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Issue/problem:
Mental health is an issue of global relevance. Challenges can be experienced regardless of age/gender/nationality, and university can be a particularly challenging time e.g. Ireland's 'My World Survey' (2019) found 58% of higher education students were outside the normal range for depression and anxiety.

In 2023 Maynooth consulted with students regarding barriers to mental health support. The biggest barrier (40%) was stigma/shame. Students also identified not knowing where to access support and feeling their problem was "too small" to ask for help. An initiative was needed to reduce stigma/shame, increase awareness of supports and clarify that no problem is too small.

Maynooth partnered with 'Elephant In The Room' - a movement changing the narrative around mental health using the medium of sculpture to challenge stigma and encourage conversation i.e. elephant sculptures are displayed in institutions to identify them as a place that supports mental health and open conversation.

A bespoke sculpture was commissioned with staff/students engaged from the outset via a competition to create artwork around themes of openness, compassion, inclusivity and support. Entries were given to a professional artist who painted the sculpture, then a competition was held to 'name the elephant'.

Results: At the 2024 sculpture unveiling Maynooth's President spoke about the importance of a supportive campus culture, highlighting how seeking support is a sign of strength and no problem is too small to ask for help. Information stands showcasing available supports were present, and a plaque on the sculpture contains a QR code detailing on/off campus supports.

The sculpture is a public declaration of Maynooth's commitment to supporting mental health and having an open culture that de-stigmatises conversations around the topic. The elephant's name - Hope - captures the optimism and courage at the heart of the initiative. With the sculpture on wheels, Hope can now travel across campus serving as a reminder that help is always available.

Lessons: Simply because a university/workplace provides supports does not mean its community feel able to use them. Using the medium of art to convey a message can foster great engagement and help transcend barriers e.g. language and literacy.

Main messages:
1. The prevalence of stigma/shame – while a university/workplace may have a wide range of supports available to its community that are free and simple to access, it does not mean people will feel able to access them, particularly if their problem is not at 'crisis' level. Continuous promotion of the messages 'we all have mental health' and 'no problem is too small to seek support' are key to empowering people to take a preventative/early intervention approach to their mental health and discuss it as openly as they would physical health, without reservation or judgement.
2. The value of using creative mediums – Maynooth University is committed to proactive work under the national *Student Mental Health and Suicide Prevention* and *Healthy Campus* Frameworks and its Strategic Plan highlights the importance of a campus culture that nurtures belonging. While these documents can sometimes feel abstract or hard to interpret for staff/students, using art to bring key messages from the documents to life helps engage a wide range of people and foster meaningful discussion. This initiative is relevant to all and easily replicable as sculptures can be shipped internationally. Furthermore sculptures are a one-time purchase with no maintenance required making them a sustainable resource.

Developing Campus Trails at Maynooth Univeristy, Ireland.

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Issue:
There are established relationships between being outdoors in nature and the physical and mental health benefits associated with that exposure (Hartig et al., 2014). From a campus perspective, Holt et al. (2019), revealed students who frequently engage with green spaces in active ways report a higher quality of life, better overall mood, and lower perceived stress. Additional research findings are that lack of awareness, time and active promotion are factors in the non-use of campus spaces for health and wellbeing.

Two campus trails existed in Maynooth, but feedback from staff/students illustrated many did not know about them or found them difficult to navigate due to poor signage. To encourage people to engage in physical activity and nature therapy on campus for the benefit of their wellbeing, a Project Group was formed to oversee enhancement of the existing trails, the development of two new trails and overall trail promotion. To take a collaborative 'whole campus' approach this Project Group comprised of representatives from many different departments (Geography, Biology, Psychology, School of Education, Student Services, Estates).

A system dividing trails into 'Information-based' and 'Wellness-based' was created and two new trails developed and piloted with staff/students with feedback incorporated. Streamlined, colour coded markers were then installed.

Results:
Two 'information-based' trails (Biodiversity Trail, Tairseach Tree Trail) and two 'wellness-based' trails (Nature Connection Trail, Mindfulness Trail) now exist. Each stop of every trail has a QR code. On information trails this links to facts (e.g. history, local folklore, environmental information). On wellness trails it links to a meditation, exercise or reflection. A Launch Event with guided walks to promote all trails and raise awareness of the benefits of movement and spending time in nature is planned for 2025. Integration of the trails into staff/student orientation is also planned.

Lessons:
Working in partnership was good for team building across administrative and academic departments and speaks to a holistic cross-campus approach in planning something that would benefit all; finding a way to connect cross-themes in terms of Healthy Campus strategic work and open it up to wider communities of interest. Piloting new routes produced valuable feedback.

Main messages:
1. The Trails Project is a collaborative initiative that aims to encourage and support staff and students to get out into nature, be physically active and practice mindfulness for the benefit of their overall health and wellbeing. The project provides a framework that divides the trails on campus into two simple categories (Information-based and Wellness-based), and makes all trail routes easily identifiable. While still in its infancy, we are excited to build out this project in 2025 by engaging in more evaluation to ensure the trails are as safe, inclusive and accessible as possible for our campus community and beyond.
2. While the project speaks to key areas being explored as part of Maynooth's Healthy Campus Action Plan (physical activity, mental health and wellbeing, healthy physical environments) responding to them in an infrastructural way, it also aligns with national and international frameworks/strategies - National Healthy Campus Framework, National Student Mental Health and Suicide Prevention Framework, UN Sustainable Development Goals, Okanagan Charter. It is easily replicable in other university campus settings and represents a low-cost, potentially wide-impact initiative, but also a meaningful natural resource and asset for students and staff alike, as well as potentially any visitors and the local town/community.

The University Mental Health Charter: evaluation findings (2022-2024)

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Background:
The University Mental Health Charter (UMHC) Programme brings together universities committed to making mental health a university-wide priority to share practice and create cultural change. The UMHC Award is a voluntary accreditation scheme that supports universities to understand their areas of strength and development to inform ongoing improvement in mental health and wellbeing, recognising good practice along the way. The Healthy and Sustainable Settings Unit (based at the University of Central Lancashire, UK) conducted an evaluation of the UMHC Programme and Award in order to understand: the impact on university culture, policies, process and practice and the lived experiences of staff and students; the facilitators and barriers to change in university culture, policies, process and practice; the mechanisms through which participation can change university culture, policies, process and practice; and the impact on sector level discourse, practice, policy, research and other forms of enquiry.

Methods:
This was a mixed-methods study, incorporating surveys, semi-structured interviews and visually-triggered online focus groups. All data was collected online (via Microsoft Teams and Online Surveys). Participants included: staff, students, VC/Senior Level and key external stakeholders. Qualitative data was subject to thematic analysis by the research team.
Results: The following five key themes emerged from the thematic analysis of the qualitative data: Restructuring of existing mental health frameworks; Adopting a whole-system approach; Flexibility in approach to UMHC Staff and Student Leads; Experiences of the Assessment Process; and Agency in Participation.

Conclusions:
The evaluation recommended the following key priorities: ‘Buy-in’ needs to be organisation-wide (awareness and understanding of the UMHC Framework amongst staff at UK universities through training); Appreciation of differences in organisations across the sector; Top-level support (VC/Senior Level Staff need to be engaged in order to gain access to appropriate staff time and resources to make a successful UMHC Award); Consistency amongst Assessors (making the Assessment Process for an UMHC Award more equitable); and allowing membership to grow organically in each organisation in order to effectively achieve a whole-system ethos.

Supporting a whole campus approach to a healthy campus: Developing an online open course

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Background:
This project outlines the creation of an open online course designed to support the implementation of Ireland's Healthy Campus Charter and Framework across higher education institutions (HEIs). By fostering a systems-based, whole campus approach, the course aims to equip HEI's with the knowledge and skills needed to promote sustainable health initiatives. Aligned with Sustainable Development Goals 3, 4, 11 and 17, this course addresses the growing demand for health-promoting campuses.

Methods:
Seven Irish HEIs, encompassing 25 campuses collaborated on course design, involving experts in public health, education, and campus wellbeing. Extensive stakeholder consultations with students and staff ensured the course addressed key challenges in health promotion implementation. The development phase, conducted between March and September 2024, prioritised alignment with real-world needs across diverse campus environments.

Results:
Structured as a six-week course, participants engage with asynchronous learning materials, live online sessions, and peer-supported learning in small groups. Core topics include health promotion, the Okanagan Charter, and strategies for applying collective impact frameworks on their campuses. The course's inaugural run saw 77 participants, from Ireland and abroad, spanning academic staff, administrators, student leaders, and international health promotion professionals. An optional three-week "facilitator training" equips participants with course materials to enable them to lead the course at their institution, ensuring sustainability and broader reach.

Conclusions:
This course empowers HEI stakeholders to champion health promotion, addressing critical health issues within a campus context. By leveraging collaborative, peer-based and transdisciplinary learning, this course supports the effective adoption of the Healthy Campus Framework. Using collaboration, peer learning, and transdisciplinary approaches, the course supports participants in developing strategies to implement health promotion initiatives tailored to their campus environments. Future evaluations will explore participant satisfaction with the course and its impact, contributing to scalable, accessible resources for HEIs to effectively meet contemporary challenges including increasing mental, physical, and environmental health concerns.

The Quebec ecosystemic national survey on higher education students' mental health: preliminary results on campuses roles

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Background:
Higher education students' mental health (SMH) is a growing challenge for at least the two last decades, and even more since the COVID-19 pandemic, due to multiple common but challenging situations, including the transition to adulthood and stressors related to academic success. These factors are potential causes of distress and academic failure. Considering a systemic framework of SMH, campuses can be studied as key actors in promoting SMH. Because data are scarce on the Québec student population and because it is important to monitor the evolution of SMH, we have developed a national survey aimed at assessing mental health and mental disorders, and their potential contributing factors, among all students in colleges and universities across Québec.

Methods:
An online survey, designed as a census with voluntary and network-based sampling. The variables included were rigorously selected through an iterative process based on metrological criteria, existing knowledge, and a collaborative Delphi-type process involving 250 experts.
It covered various dimensions such as current mental health status, needs and use of psychosocial services both on and off campus, as well as individual, social, and academic factors related to SMH and satisfaction with campus life, for an estimated completion time from 20 to 30 minutes. The survey was conducted from November 4 to November 24, 2024.

Results:
Preliminary results. A total of 32,000 students from 77 institutions participated. Results showed that 54% and 25% reported experiencing recent anxiety or depression, respectively; 56% stated they were satisfied with their lives. Almost 1 in 2 reported having felt the need for psychological support. 70% of those who sought help had received it.
Moreover, we observed a significant positive correlation between students' current sense of belonging to their institution and both life satisfaction (ρ = .276, p < .001) and perceived mental health (ρ = .253, p < .001).

Conclusions:
Results showed that distress remains widespread and the need for psychosocial support remains significant. However, some positive aspects also emerge. Notably, the efforts made by institutions to strengthen students' sense of belonging and to provide actual help have had protective effects on SMH.

Promoting Leadership for Well-being and Organizational Change: Research and Dialogue

Kelly Gorman
University of Albany

Session Description
This session will share insight from a case study dissertation of a US institution that adopted the Okanagan Charter. Executive leadership decision-making and organizational change were studied within the institution to shed light on the intricacies of how change has happened from the highest levels, and what that change has entailed.
This study is situated within broader literature that examines systemic change in US higher education and highlights the importance of deeply understanding our system to transform it. Comparisons between the US system of higher education and prominent models of higher education abroad are examined as context for this study, and that will be the context for workshop engagement with participants where they will be invited to share their experiences and perspectives around their educational systems, their drivers, and how that my influence pathways that are more and less effective for implementing settings-based health promotion within institutions of higher education.

Aims and objectives of session.

Aim: Increase leadership capacity for initiating systemic change for well-being

Objectives:
- Share effective leadership strategies that initiated organizational change at one institution and the relationship between leadership decision-making and organizational change illustrated in this case study
- Critically examine fundamental elements of systems of higher education as a starting point for mapping how to influence them
- Engage in dialogue and shared learning and brainstorming about various systems of higher education

Participant Engagement Approach
This session will be a mix of didactic and engaging. The first part will share an overview of this dissertation research and findings. The second part will guide the participants in conversation about the key findings of the study through small and large group engagement.

Session format/structure
First 50% will be lecture-based. The second half will be conversation-based.

Evaluating healthy eating behaviours from the 2022 Healthy UL Survey via the NOURISHING Framework.

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Background:
Consuming a nutritious and balanced diet during early adulthood is crucial for preventing non-communicable diseases. The university food environment significantly impacts students' dietary choices. Barriers to healthy food choices, such as time limitations, stress, and easy access to less nutritious foods, have been widely reported. Enablers, such as access to healthier food options and nutrition knowledge, have also been noted. Student perceptions are key to informing healthy eating policies in a university setting. To date, no research has investigated students' perceptions of food provision in an Irish university setting. This study aimed to examine factors affecting student food choices at the University of Limerick, Ireland, and identify barriers to healthful food choices using the NOURISHING Framework.

Methods:
The NOURISHING framework is a comprehensive policy tool designed to promote healthy diets and reduce obesity and non-communicable diseases by addressing food environments, food systems, and behaviour change communication. A secondary analysis of the 'Healthy Eating Behaviour' section of the 2022 Healthy UL survey was conducted, with results analysed within the context of each policy area outlined in the NOURISHING Framework's 'Food Environment' domain.

Results:
1,016 participants, 487 males (48%) and 529 females (52%), with the majority (92%) aged 18 and -24 years were included. A 70% (n 711) majority agreed that nutrition information should be displayed at the point of food selection. Nutritional value was ranked highly important when purchasing food (52%, n 528). The higher cost of healthy foods on campus compared to unhealthy options was highlighted as a barrier (79%, n 802). Cost was also ranked as highly important (53%, n 539) when purchasing food. Convenience was another significant factor, with 81% (n 823) students agreeing that healthier foods should be available in campus vending machines.

Conclusions:
This study highlighted factors affecting food choices among students and barriers to making healthier choices. The use of the NOURISHING Framework provided a structured approach to identify and address these barriers, offering valuable insights for developing effective healthy eating policies.

Breastfeeding supports at the University of Limerick: A survey analysis

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Background:
The University of Limerick (UL) aims to be an inclusive and diverse institution, as outlined in the UL@50 Strategic Plan for 2019-2024. However, the absence of a formal breastfeeding policy presents barriers for mothers balancing work and caregiving roles. This study addresses this gap by surveying the breastfeeding experiences of UL staff, students, and visitors to raise awareness, develop support recommendations, and identify infrastructure gaps.

Objectives:
The study aimed to examine factors affecting breastfeeding support at UL, raise public awareness, develop recommendations for enhancing support structures, and identify gaps in existing infrastructure.

Methods:
An observational cross-sectional study design was used to conduct a needs assessment via an anonymous Qualtrics survey distributed to all UL students and staff. Ethical approval was obtained from the EHS Research Ethics Committee.

Results:
The survey included 78 participants: 41% staff, 46% students, and 0.05% others, with a majority being female (87.5% staff, 83.3% students). Only 25% of respondents were aware of existing breastfeeding facilities, and 84% believed more facilities were needed. Support and awareness of breastfeeding were perceived as inadequate, with limited promotion and discussion outside health sciences. Respondents indicated that comprehensive initiatives to support and promote breastfeeding would encourage more mothers to breastfeed on campus. Awareness of breastfeeding benefits was high, but practical support and cultural normalization were lacking.

Conclusions:
The study highlights the need for increased visibility and promotion of breastfeeding facilities, the establishment of a comprehensive breastfeeding policy, and the fostering of a supportive culture. Addressing these gaps will align institutional practices with UL's commitment to inclusivity and support for breastfeeding mothers.

Visualizing the complexity: A simple framework for activating holistic and sustainable health-promoting campuses

Suzy Harrington
Higher Education/Health System

Session Description
Creating health-promoting campuses requires more than traditional wellness programs; it entails cultivating a nuanced culture that enhances both individual and organizational well-being. This session introduces a flexible framework that guides health promotion professionals in assessing, planning, and evaluating wellness initiatives, while highlighting the essential role everyone plays in fostering a health-promoting environment. Successfully implemented at several universities and within a healthcare system, the framework integrates the "why" (organizational purpose), "who" (target audience), "what" (wellness dimensions), "how" (comprehensive socio-ecological approach), and "when" (continuum of care). These elements are represented as concentric rings, illustrating the interconnected layers that support well-being. By embracing this layered model, organizations gain insight into the complexity and intersectionality of well-being efforts and the unique contributions of each component to a collective culture of care. This adaptable, visual model empowers organizations to create holistic, integrated strategies that address well-being at both individual and cultural levels.

Aims and objectives of session What would you like participants to take away from this session? (Max 100 words) Please include this information in your one main upload submission document
This session aims to simplify and deepen understanding of the complex, holistic nature of health-promoting campuses and introduce a framework for visualizing and activating the complexity. Participants will learn to apply a concentric-ring model addressing the "why," "who," "what," "how," and "when" of wellness, emphasizing interconnectedness and adaptability.

By the session's end, attendees will be able to describe essential components of health-promoting campuses, utilize the model to assess and improve wellness initiatives, and create assessment and action plans that incorporate physical, emotional, social, and spiritual well-being. Ultimately, they'll gain strategies to foster a collective culture of care.

Participant Engagement Approach – Please explain how you will make your session interactive and the ways in which the audience can participate (Max 100 words) Please include this information in your one main upload submission document.

- **Poll:** Begin by polling participants on elements contributing to a health-promoting university's complexity.
- **Case Study:** Use real examples to help participants identify layers in the concentric-ring model.
- **Group Activity & Exercises:**
    - Activate a blank template to visualize and personalize interconnected framework elements.
    - Share an assessment document to identify overlaps and gaps in wellness programs.
    - For a 90-minute session, assign small groups an element to discuss, personalize, and report back.
- **Q&A and Resources:** Conclude with a Q&A and share resources for ongoing application and reinforcement of session content.

- **Introduction:** Briefly introduce the health-promoting campus concepts and the session objectives, explaining the significance of a holistic, layered approach.
- **Didactic Component:** Present the concentric-ring model, focusing on each layer's role (why, who, what, how, and when) in creating a health-promoting campus.
- **Application and Interactive Activities:**
    - Exercise for participants to activate and personalize the framework
    - Assessment document exercise for participants to begin assessing their campus initiatives using the framework.
- **Conclusion:** Summarize the core takeaways, emphasize the adaptability of the model, and encourage participants to continue developing their wellness strategies using the framework.

Embedding consent education: A systemic approach to cultivating a culture of respect on campus

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To foster a culture of respect on campus, comprehensive consent education for incoming students is crucial. In 2022, voluntary participation in consent education workshops at the university was notably low, with only 1,074 students attending. This paper examines how the strategy implemented by the Human Rights, Equality & Diversity Office more than double attendance within 12 months.
By embedding consent education as a core component of student orientation, the initiative enhanced engagement, empowered peer educators, and reinforced a campus-wide commitment to respect. It also communicated a clear message of zero tolerance for gender-based violence while fostering proactive bystander and upstander intervention. The introduction of mandatory orientation sessions and peer-led programmes significantly increased participation, driving a cultural shift toward preventing sexual violence and promoting healthy, respectful relationships.

Description of the challenge

- **Low Initial Participation:** In 2022, only 1,074 students attended voluntary consent education workshops. So how do we maximise engagement?
- **Systemic Approach:** In 2023, consent education was integrated into mandatory student orientation.
- **Peer-Led Initiative:** The Consent Ambassador Program was launched to enhance engagement and relatability.
- **Significant Increase:** By Semester 1 of 2024, participation more than doubled to 2,843 students.

Objectives:

- Embed consent education into student orientation.
- Increase student participation and engagement.
- Empower students as peer educators.
- Foster a culture of respect, consent, and proactive bystander intervention.

Method:

- **Mandatory Orientation:** Ensured universal access to consent education.
- **Peer-Led Engagement:** Trained Consent Ambassadors for relatable, student-driven education.
- **Ongoing Reinforcement:** Workshops, campaigns, and digital modules sustained awareness.

By embedding consent education into orientation and leveraging peer education, the university has significantly improved engagement and campus wide awareness securing additional disclosures supported to the office of the Sexual Violence Prevention and Support Manager.
This model demonstrates a scalable approach for other institutions seeking to create a safer and more respectful campus environment.

- Embedding consent into orientation more than doubled student engagement fostering a culture of respect and awareness.
- Peer-led Consent Ambassadors enhanced relatability, driving proactive discussions on consent and prevention.

Farmers and food literacy: A scoping review

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Background:
While extensive research has been executed in relation to health, particularly mental health and the farming community, to date there is a dearth of research pertaining to farmers food literacy. Irish farmers are considered a high-risk group for cardiovascular disease (CVD). . By utilising a food literacy framework, this research serves to explain the interplay of food related skills, beliefs, knowledge and practices, all of which contribute to nutritional health and wellbeing of farmers.
The aim of the review, the first of its kind in Ireland, is to scope the current literature in relation to farmers and food literacy in order to establish gaps in the research that require further exploration.

Methods:
This review scopes original articles detailing farmers and food literacy in the Scopus, Web of Science, Academic Search Complete and PubMed databases up to January 2023. Each paper met strict inclusion criteria following the adoption of the guidelines of Preferred Reporting Items for Systematic Reviews and Meta-analysis Extension for Scoping Reviews (PRISMA-ScR).

Results:
A total of 52 papers met the inclusion criteria. No explicit research has been carried out pertaining to farmers using validated food literacy questionaries including food literacy behaviour checklist and/or the Short Food Literacy Questionnaire (SFLQ). This review has identified that both the characteristics and overall inclusion of different food literacy domains and components within the studies (n=52) was varied. Both the ''plan and manage'' and ''eat'' domains were the most cited domains of food literacy within studies in this review. Limited/no papers included the ''select'' and ''prepare'' domain of food literacy.

Conclusions:
This scoping review scoped the existing literature relating to farmers and food literacy. This scoping review contributes to the rapidly emerging area of food literacy, and in particular to farmers as a specific population group. Gaps and barriers were identified as a result of this review. The review established a need for further research to explore and address these gaps.

Partnerships for Wellbeing in Diverse Campus Environments: Lessons from Wellbeing Week in Toronto, Canada

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Issue/problem:
Toronto Metropolitan University (TMU) is a large, diverse university in the heart of downtown Toronto. Previous approaches to campus-wide wellbeing have been approached by isolated departments. This limited the reach of initiatives, and increased pressure on single areas to address systemic issues. In 2024/25, TMU's annual 'Wellbeing Week', designed to encourage mental health dialogue on campus, was planned using a highly collaborative approach. With the theme "The Power of Connection", partnerships were fostered and developed intentionally to increase initiatives reflective of our diverse population. In particular, Community Wellbeing partnered with the Office of the Vice-President, Equity and Community Inclusion to impact campus mental health from an intersectional, collaborative perspective.

Results (effects/changes):
Through intentional, equity-focussed partnerships, Wellbeing Week events increased from 16 in previous years, to 36 in the 2024/25 academic year. Campus-wide participation increased from 190 attendees to over 1000. Events addressed current struggles impacting community members, including food insecurity, geopolitical unrest, and increased suicidality amongst 2SLGBTQ+ community members. Evaluative surveys showed almost-universal positive benefits across student, faculty and staff participants. The focus on building and fostering connections led to diverse groups developing and leading their own well being-focused events with the support of the organizers. These partnerships have led to ongoing collaborations which are having a demonstrable impact on wellbeing for marginalised communities at our institution.

Lessons:
Intentional partnerships focused on supporting diverse campus communities offer significant benefits and important lessons for institutions. This approach allows for impacts beyond an event or duration of an initiative, promotes collective responsibility for campus mental health and wellbeing, and promotes the conditions for institutional change. A genuine, responsive commitment to understanding the wellbeing needs of diverse campus stakeholders leads to an enhanced campus environment, sustainable change, and initiatives that impact systemic inequities. Providing support for community-led mental health initiatives greatly expanded our impact, improving wellbeing, fostering inclusivity, and creating sustainable positive change for all community members. This approach required an openness to understanding wellbeing from new and unexpected perspectives, and a genuine commitment to building sustained relationships across silos.

Main messages:

- Collaboration outside of typical wellbeing departments allows for sustained impact on campus-wide wellbeing
- Supporting community-led wellbeing events promote the inclusion of marginalized perspectives

Cross-sectional associations between study environment and physical activity and sedentary behavior among university students

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Background:
University students' daily lives are characterized by inactivity and prolonged sitting, which increase health risks. Effective interventions promoting physical activity (PA) require an understanding of both individual and environmental factors. While most studies focus on individual aspects, this research explores the association between study environment (on campus vs. at home) and PA as well as sedentary behavior (SB) during self-study.

Methods:
Data collection took place from December 2023 to February 2024 at a German university. A total of 1,342 students participated in the online survey. The IPAQ-SF assessed PA and SB. To examine differences in PA and SB across study environments, independent t-tests were applied. Multiple linear regression models were used to explore the effect of self-study time in each environment on PA and SB.

Results:
Participants spent an average of 8.59 ± 2.72 hours per day in SB and were physically active for 1.58 ± 1.18 hours per day (MVPA: 1.01 ± 0.93 hours; Walking: 0.56 ± 0.61 hours). Students who spent more time for self-study on campus (46.8% of respondents) compared to at home (50.2% of respondents) showed significantly higher total PA. They engaged in 1.2 additional hours per week of PA ($t(785)=2.02$; $p<0.025$; $d=0.144$; 95%-CI [0.35, 2.38]). Students who studied more at home sat, on average, two hours longer per week than those studying on campus, although this difference was not significant. Furthermore, time of self-study at home significantly predicted SB (stand. $\beta=0.135$; $p<.001$), with 0.21 hours more per week per hour of self-study, while time on campus significantly predicted PA (stand. $\beta=0.150$; $p<.001$), with each additional hour of self-study on campus linked to 0.09 more hours of PA weekly.

Conclusions:
Different preference types for self-study environments should be considered in health-promoting interventions, as preliminary findings indicate variations in PA and SB. With increased self-study hours at home linked to higher SB, and students who study primarily at home engaging in less PA, the home setting requires greater attention. This is particularly important as these students have limited access to campus resources like university sports and do not benefit from active transport to and from campus.

Development and evaluation of a standardised survey of mental health and wellbeing of third level students on the island of Ireland

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Research indicates that students are at risk both from a developmental and contextual perspective for mental health problems. This has impact both on educational outcomes such as grade attainment and dropout rates, as well as on longer term outcomes such as employment and quality of life. In order to effectively create mental health interventions and promotions, a solid foundation of data is required. Currently in Ireland there is no standardised method for collecting student mental health data, and there is also no student mental health database.

A pilot survey was developed incorporating standardised questionnaires (such as the UCLA loneliness scale, the PHQ9, the GAD7, and the WEMWBS wellbeing scale). Students from three universities across Ireland fully completed the survey (N= 157) and a sub-set took part in focus groups to provide feedback on the survey and recruitment procedures (N= 4).

Results are currently preliminary. Results from the pilot survey indicate similar patterns across the institutions, comparable to patterns that have been identified previously. For example, 45.1% self-rated their mental health as less than good. 45% had sought help for their mental health from a professional previously, however, only 26.3% indicated that they had received a diagnosis for a mental health condition. Perceived social support was at moderate levels (M = 4.81, SD = 1.44), ratings on the WEMWS wellbeing scale indicated possible/mild depression (M = 43.72, SD = 10.66), GAD-7 scores indicated severe anxiety (M 16.20, SD = 6.27), and UCLA indicated a high degree of loneliness (M = 47.58, SD = 13.26). Findings from the focus groups indicate that rolling out the survey slightly later in the academic might be better, but students overall indicated that they would be happy to complete this survey, that it was an appropriate instrument, and results suggest that this could be rolled out across institutions on the island of Ireland. Further analysis will be conducted on the survey responses and feedback and the revised version of this survey will be rolled out nationally and longitudinally following a stakeholder engagement phase.

Influence and strengthening of resources among students

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The health status of students in Germany has deteriorated significantly in recent years, particularly due to the COVID-19 pandemic (Burian et al., 2023; Du Toit et al., 2022; Hübner et al., 2023). The latest CampusKompass by Techniker Krankenkasse reveals that only 61 percent of students report "very good" or "good" health, a decline from 84 percent in 2015 (Techniker Krankenkasse, 2023). This decline correlates with increased mental health issues, notably anxiety and depression, exacerbated by stressors such as exams and financial concerns (Ebert et al., 2019; Eisenberg et al., 2009; Eissler et al., 2020). High stress is attributed to both personal and structural factors (Du Toit et al., 2022). To manage these demands, resources at both structural and personal levels are crucial. Structural resources are primarily organizational, while personal resources encompass social and individual factors. Students can enhance their resources proactively, contributing to their health and well-being through a process known as Study Crafting. By adjusting their work environments, students can ease their academic experiences, leading to a better balance between demands and resources, positively impacting health (Körner et al., 2023; Mülder et al., 2022).

To support students and institutions in their efforts to counter the declining health status of students, this research aims to identify personal, social, and organizational resources based on the Job Demands-Resources (JD-R) Model (A. B. Bakker et al., 2003, 2005).

A cross-sectional survey at the University of “Wirtschaft und Umwelt Nürtingen-Geislingen (HfWU)” collected data from students regarding their resources and Study Crafting strategies through an online questionnaire. The survey assessed organizational resources (e.g., study quality, collaboration), social resources (e.g., support from family and friends), personal resources (e.g., self-efficacy, resilience), and Study Crafting methods. Additionally, performance, well-being, and engagement were measured as dependent variables. Appropriate statistical methods will analyze the dataset following a thorough data cleaning process. The goal is to identify key resources that enable students to manage academic demands and enhance engagement, performance, and well-being.

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Healthy Campus Internship at Technological University Dublin

Dr Teresa Hurley
TU Dublin

This policy and practice-based oral presentation reports on the healthy campus internship programme at TU Dublin, focusing on the conference theme of teaching and education in the higher education environment and classroom wellbeing. The “collaborative campus approach” to this internship also emphasizes the partnership and collaborative theme of the conference.
The healthy campus internship contributes significantly to the health promotion of the university through the operationalization of the healthy campus strategic plan with its mission to “develop a holistic approach to enhancing the health and wellbeing of the TU Dublin community”.
In this regard, the internship has been influential in providing valuable resources for the healthy campus project whilst also providing significant work-based learning opportunities for students, developing project, event management, communication and IT skills, report writing, organizational, teamwork and time management skills. Healthy campus events and initiatives for students and staff contribute significantly to the health promotion of the campus supporting a number of health focused areas, including quit smoking/vaping programmes, couch to 5K courses and fun runs/walks bi-annually, healthy food made easy programmes, campus clean-ups, fresh fruit initiatives, alcohol awareness campaigns, sustainable eating presentations and development of sustainable cookbooks, space occupancy analysis, peer mentor training, mini surveys, health research and mental health and wellbeing weeks.

The aim of this oral presentation is to share with participants the story of the healthy campus internship at TU Dublin.

Objectives include

1. Explaining how and why the healthy campus internship was established
2. Describing the healthy campus internship
3. Outlining the benefits of the project
4. Exploring challenges and lessons learnt

Differences exist in the health and lifestyle behaviours between those that achieve good academic grades and those that do not.

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Background:
Early adulthood and higher education often coincide, creating a situation where young adults are given greater autonomy over all aspects of their lives, whilst also investing in their future by undertaking further study. Previous studies have only investigated the link between health or specific lifestyle behaviours with academic achievement in isolation and /or in relatively small cohorts, limiting the application of findings. Therefore, this study aimed to determine if differences exist in the health and lifestyle behaviours between undergraduate students that achieved good academic grades and those that did not.

Methods:
At the start of one of three academic years (21-22, 22-23, 23-24), students were asked to complete an online self-report survey. The survey included questions to assess body mass index (BMI), mental wellbeing, perceived stress, as well as lifestyle behaviours (e.g., physical activity, diet quality and sleep quality). Students were also asked to provide their overall academic grade achieved in the previous year. Independent t-tests were used to assess differences between those who had achieved a 'good' degree grade in the previous academic year (1st class or upper second-class; *n*=4,426) and those who had achieved any other grade (*n*=1,613).

Results:
Students achieving a 'good' grade in the previous academic year started the new academic year with a significantly lower BMI (*P*=0.006), better mental wellbeing (*P*<0.001) and lower perceived stress (*P*<0.001) than students that did not achieve a 'good' grade. These students also reported better sleep quality (*P*<0.001) and diet quality (*P*=0.025). There were no differences for alcohol consumption (*P*=0.821), time spent sedentary (*P*=0.675), nor physical activity (*P*=0.155), although those that achieved a 'good' grade in the previous year spent less time walking (*P*=0.030).

Conclusions:
These data demonstrate that differences exist in markers of health and lifestyle behaviours between students that achieved 'good' grades in the previous year and those that did not. Given these findings, future research should investigate the extent to which health and lifestyle behaviours have a causal influence on academic outcomes. This will enable higher education institutions to target improvements in student health and lifestyle behaviours, as well as optimising academic performance.

Feedback Informed Treatment in a University Counselling Service: Enhancing Care and Building Culture

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Background
As student mental health needs grow, universities must prioritize innovative approaches to support student well-being. The University Counselling Service (UCS) at the National University of Singapore (NUS) implemented Feedback Informed Treatment (FIT) to improve therapy outcomes and cultivate a supportive organizational culture. FIT, an evidence-based approach, solicits client feedback on therapy progress and quality. This study investigates the integration of FIT within UCS, examining clinicians' attitudes, the program's benefits and challenges, and its role in fostering a psychologically safe organisational culture.

Methods
This mixed-methods study involved 22 UCS clinicians, including counsellors and psychologists. A survey using five 5-point Likert-scale questions and two open-ended questions were used to gather attitudes towards using FIT, identifying benefits and challenges. Data was analysed using descriptive statistics (quantitative) and thematic analysis (qualitative).

Results
Most clinicians were comfortable (mean = 4.50 , SD = 0.80) and willing (mean = 4.36, SD = 1.00) to integrate FIT into their practice. Furthermore, most clinicians believed FIT promotes client engagement and collaboration (mean = 4.27, SD = 0.63) , while many agreed it enhances therapy outcomes (mean = 3.95, SD = 0.84).
Our qualitative data identified 17 themes: 10 benefits and 7 challenges. The top 3 beneficial themes were (a) client feedback, (b) client assessment, and (c) conversation starter. Whilst challenges included knowledge gaps, time management issues, and ambiguity in interpreting scores. These findings underscore FIT’s potential to enhance therapy outcomes while highlighting the need for targeted training, improved resources, and organizational support to address barriers and optimise its implementation within the counselling setting.

Conclusions
Preliminary findings suggest FIT has fostered a culture of collaboration and continuous improvement within UCS, aligning with NUS’s vision of psychological safety and well-being. Recommendations include targeted training, ongoing supervision, and small reflective groups to enhance FIT's implementation. These measures aim to address identified challenges, promote clinician confidence, and optimize client outcomes. While study limitations include a small sample size and reliance on self-reported data, the results provide actionable insights for integrating FIT into university counselling services. Future research will focus on broader organizational impacts and long-term outcomes of FIT implementation.

Enhancing Campus Mental Health: Supporting Clinician Professional Growth and Promoting Student Wellbeing through Feedback-Informed Treatment

Shatish Jayakumar
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Background
At the National University of Singapore (NUS), where over 38,000 students access free counselling services, optimizing therapeutic effectiveness is essential. Feedback-Informed Treatment (FIT) addresses this need by systematically incorporating client feedback to monitor progress, strengthen the therapeutic alliance, and improve outcomes. Research underscores that the client's perspective on the therapeutic alliance is the strongest predictor of treatment success. FIT additionally empowers clinicians to tailor interventions, refine strategies, and reduce premature terminations, contributing to healthier, more sustainable campus environments. A research study was conducted in the University Counselling Centre (UCS) of NUS to explore clinicians' experience of using FIT and the benefits they experienced in therapeutic practice.

Methods
This mixed-methods study involved 22 UCS clinicians, including counsellors and psychologists. A survey using five 5-point Likert-scale questions and two open-ended questions were used to gather attitudes towards using FIT, identifying benefits and challenges. Data was analysed using descriptive statistics (quantitative) and thematic analysis (qualitative).

Results
Our survey results showed that over 90% of clinicians believe that FIT promotes client engagement and collaboration in therapy while 82% believe that FIT enhances therapy outcomes. Reflexive thematic analysis identified that clients benefit by actively tracking their progress and taking ownership of their mental health.

Conclusion
Our findings showed that clinicians in UCS found it beneficial to integrate FIT into their therapeutic practice and believed that it enhanced therapeutic outcomes. Additionally, clinician responses indicate that targeted training, ongoing supervision, and small reflective groups would allow us to further leverage on the benefits of using FIT. Our recommendations include the implementation and use of FIT in university counselling settings, especially where there are time-limited sessions which shortens the runway for rapport-building. By embracing FIT, universities can create data-driven, student-centred mental health systems that support both clinicians and clients in achieving sustainable well-being.

A dynamic shift in the campus culture through an innovative course impacting students staff and faculty alike.

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Issue/Problem:
Mental health challenges are a growing concern in post-secondary institutions, with students facing increasing anxiety, loneliness, and other mental health issues. Health Canada reports that 20% of Canadians will experience mental health challenges, with 70% of these issues emerging before the age of 25. At the University of Toronto Scarborough (UTSC), numerous wellness programs have been implemented, yet many students are unaware of how to access them. According to a Canadian Health Survey, even though mental health problems are prevalent in young adults and effective treatments have been developed, less than half of young adults with a mental health problem access mental health services. UTSC, leveraging its status as a healthy campus, recognized the need to address this knowledge gap and develop solutions for its diverse community, including students, staff, and faculty.

Description:
UTSC launched a course titled "A Healthy Campus for Students: Prioritizing Mental and Physical Health." The course utilizes the principles of the Okanagan Charter and integrates UTSC's Healthy Campus pillars: Arts and Culture, Diversity, Nutrition, Mental Health, Physical Space, and Physical Activity. The course offers experiential learning opportunities and involves collaboration with multiple campus stakeholders across the campus. Students were provided with firsthand knowledge of available support services, empowering them to proactively manage their well-being.

Results:
The course received overwhelmingly positive feedback, with students reporting increased preparedness to address mental health challenges and access resources. This course has run for four consecutive terms, and with the success of the Healthy Campus course, the campus now hosts a Healthy Campus Day for the entire campus, with over 1,200 in attendance and over 100 campus partners involved.

Lessons:
This initiative highlights the effectiveness of understanding how to access resources through integrating experiential learning. By involving multiple campus stakeholders, the program has helped create a campus culture that prioritizes health. Actions such as incorporating mental health education into the curriculum and involving campus partners to ensure students know how to access resources have been crucial in supporting student success. This model can be adapted globally, offering an innovative approach to campus mental health.

Main message:
The "Healthy Campus" course at UTSC was instrumental in fostering collaboration across campus, engaging diverse stakeholders such as the Health and Wellness Centre, food services, faculty, Indigenous Initiatives, and campus safety to advance mental health literacy. This unified approach not only increased student awareness of wellness resources but also encouraged staff and faculty to prioritize wellness in the classroom. Through experiential learning and targeted education, the course empowered students to manage their well-being. The success of this initiative led to the expansion of campus-wide initiatives, including the creation of Healthy Campus Day, which now includes 1,200 attendees and involves more than 100 campus partners. This evolution demonstrates how a holistic, team-based focus on mental health can transform campus culture, creating a more supportive environment for students, staff, and faculty.

Incorporating mental health and wellness education directly into classrooms, UTSC's "Healthy Campus" highlighted the importance of prioritizing student well-being within the classroom. The course raised awareness of mental health challenges and equipped students with the knowledge and confidence to access support services and build their own mental health toolkit. This curriculum shift led to broader cultural transformation. As a result, UTSC has built a resilient campus that prioritizes wellness.

Building shared understanding for systemic change: The role of higher education associations in advancing wellbeing

Mallory Jordan, Erin O'Sullivan
NASPA, NIRSA

Session Description

The Okanagan Charter challenges higher education to lead systemic change by embedding health into campus culture and fostering collaboration. Achieving this vision requires shared understanding and coordinated action across disciplines and sectors. The Inter-Association Well-being Collaborative (IWC) plays a vital role in this effort, bridging campuses and practitioners to embed wellbeing into culture, operations, and policies. By fostering dialogue and shared understanding, IWC addresses a critical challenge: raising literacy of wellbeing across campuses and departments.

Associations are uniquely positioned to break down silos, build common ground, and align member institutions around shared goals, creating sustainable, impactful strategies for wellbeing. This session will explore the urgency of inter-association collaboration; IWC is primed to create space for both dialogue and activation. Participants will gain insights into the transformative potential of collective action for healthier, more equitable campuses.

Aims and Objectives of Session

By the end of this session, participants will be able to:

1. Articulate the critical role of higher education associations in fostering shared understanding of wellbeing across disciplines.
2. Explain why conceptual alignment across diverse fields is essential for systemic change in higher education.
3. Identify strategies for bridging conceptual gaps and fostering collaboration across disciplines and institutions.
4. Reflect on the urgency of collective action and their role in contributing to association-led initiatives that promote shared understanding and integrated approaches to wellbeing.

Perceived ability of faculty and staff with and without mental health gatekeeper training to support student mental health

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Background:
The Okanagan Charter draws intentional attention toward creating university campus environments that support the wellbeing of people, place, and planet. Most research about the wellbeing of people in university settings has focused on students with faculty and staff largely ignored. We aimed to examine: 1) the prevalence of positive mental health in faculty/staff and 2) whether perceptions of supporting student mental health were different between faculty/staff with and without mental health gatekeeper training.

Methods:
Faculty/staff at a midsized, regional University were sent a link via email to participate in the Healthy Minds Study. The online survey measured flourishing (Diener, 2010) as a wellbeing indicator; a composite score of >47 was defined as positive mental health. Faculty/staff additionally reported whether or not they participated in mental health gatekeeper training and completed items related to supporting student mental health. Responses were measured using Likert scales (e.g., 1-strongly agree to 7-strongly disagree). Faculty/staff were grouped by whether or not they had completed mental health gatekeeper training. Descriptive statistics were used to examine positive mental health prevalence. A Mann-Whitney U Test was employed to compare differences between perceptions of student support among faculty/staff with and without training. Spearman correlations were used to examine the relationship between flourishing and faculty/staff perceptions of student support.

Results:
The survey items were completed by 581 faculty/staff (48.5% response rate) with 55% (n=320) meeting the threshold for positive mental health (no training, n=214, 53.2%; training (n=106, 59.2%). Faculty/staff with no training generally had more disagreement with all 7 of the perception statements according to item frequencies and means, compared to those who received training. Only one statement, faculty/staff perceptions about *not taking a toll on their mental health by supporting student's mental health,* had a weak, but positive correlation with flourishing (ρ=.258, $p<.001$, n=578).

Conclusions:
Most faculty/staff fell in the positive mental health category regardless of completing mental health gatekeeper training, but there were subtle, yet, potentially impactful differences in their perceptions of supporting student mental health. Improving the percentage of faculty/staff with positive mental health and mental health gatekeeper training may enhance perceptions of supporting students.

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Wellness in the digital era: Leveraging technology to engage students in their health and wellness journey

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Issue/problem
Post-secondary students face increasing challenges in accessing timely, relevant, and personalized wellness information. Traditional health promotion strategies often struggle to engage students, particularly in today's rapidly evolving digital landscape, where the overwhelming volume of information makes navigation difficult. Recognizing this gap, the University of Ottawa's Health Promotion team, in collaboration with students from the faculty of Engineering, developed the uoWellness app, an innovative digital solution designed to support students in their personal health and wellness journey.

The uoWellness app concept uses a scalable and adaptable model that can benefit post-secondary institutions by addressing common challenges in student health promotion. Furthermore, this initiative aligns with the Okanagan Charter, embedding wellness into campus life.

Description of the problem
The app, designed by students for students, addresses critical topics such as healthcare navigation, mental health, peer connection, and food insecurity. A central focus was integrating innovative features like gamified learning, making health education engaging and interactive.

Launched in 2024, after two years of development and extensive student consultations, the app fosters an environment where students can learn, share, and access tools to help them make informed decisions on their health and wellness. Using an evidence-based approach, it ensures students receive up-to-date credible information.

Key questions:

- How can digital tools improve student engagement with health services and wellness resources?
- What impact does gamification have on student health literacy?

Results
The uoWellness app has over 2,600 downloads and an average of seven new users per day. Preliminary data indicates that students are highly receptive to digital health promotion strategies, with 9.3% of users engaging daily. Students have interacted with the app's health education features over 19,000 times, demonstrating its effectiveness.

These findings highlight the potential of digital tools used in increasing health literacy and streamlining access to wellness services within a stepped-care model.

Lessons
User feedback led to iterative improvements, ensuring relevance and optimized user experience.
Ensuring compliance with institutional and regulatory guidelines was crucial for student trust and adoption.
These insights can inform other post-secondary institutions seeking to integrate digital health tools into their student wellness strategies.

Main messages

Digital innovations can result in increased health literacy within student communities.

Universities must balance technology with human support to create effective health promotion solutions.

What does a Healthy Campus look like?

An investigation into what the campus population at ATU identify as the essential elements of a Healthy Campus

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Background:
In July 2021, the Government launched the Higher Education Healthy Campus Charter and Framework (Government of Ireland, 2021). The framework outlines the five steps of the implementation process for Higher Education Institutions. These steps are commit, coordinate, consult, create and celebrate. This research focused on the "*Consult*" step.

The primary objective was to consult with the campus population to identify what they feel are the essential elements of a Healthy Campus.

The secondary aim was to design an innovative qualitative data collection method to elicit the opinions of the campus population.

Finally, the research looked at ways to create a visual legacy installation (mural) that would represent what are the essential elements of a Healthy Campus, as determined in the research study.

Methods:
A qualitative research design with a reflexive thematic analysis was chosen for this study, with one open-ended question that asked *"What does a healthy campus look like to you?, Th*e two secondary objectives involved collaboration and a co-design element with a group of creative design students in ATU Sligo and participatory design methodology was selected to facilitate this aspect of the research.

Results:
The data was analaysed using reflexive thematic analysis (Braun and Clarke, 2022) and five themes were identified. The themes underwent several visual interpretations by the design team to explore how best to disseminate each theme and represent them visually in a Mural to be installed on campus.

Conclusions:
The themes identified do support settings-based health promotion as a method for increasing healthy environments and an organisational culture that supports health. They reflect a whole campus approach as outlined in the Healthy Campus Framework with many areas overlapping including the need to focus on the campus environment and services, developing a healthy campus culture and having good leadership and governance.

The mural is a legacy installation and will act as engagement tool with the campus population and hopefully in time will bring a sense of ownership for Healthy Campus to the campus population

‘Nurturing’ art and conversations: A partnership project to form a breastfeeding wall mural on a university campus in Ireland

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Background:
Breastfeeding (BF) is associated with improved maternal and infant health and is increasingly recognised for its positive impact on mental health outcomes[1-4]. The WHO recommends that infants are exclusively breastfed for the first six months with continued BF up to 2 years and beyond[5]. Visual representations of BF can create a supportive environment for BF conversations. Support for women to breastfeed anytime, anywhere, so that it is normalised and not censured in public life is key to increasing BF rates and duration[6].
The overall aim of this project was to advocate and create the first large-scale exterior BF wall mural on a university campus in Ireland. Objectives include:

- To outline the process involved in achieving a BF wall mural on a university campus through partnership working with the Health Service Executive (HSE) and the university
- To describe findings of the evaluation of the launch event

Methods:
This is a case study of the establishment and evaluation of a BF wall mural and the launch event on a university campus in Ireland. The Infant Feeding Committee in the region developed a proposal to advocate for a BF wall mural in a public space in the region. A partnership was agreed between the HSE and university and specific tasks were agreed relative to respective roles. Findings from the online survey post launch day were also analysed using a thematic analysis[7].

Results:
This partnership resulted in the creation of a large-scale exterior BF wall mural on campus. An evaluation resulted in 5 key themes emerging from the thematic analysis[7]. The themes were: *‘personal perspectives’, ‘sense of community’, ‘baby friendly & inclusive’, ‘enlightening research’* and *‘clarifying context’.* The overall evaluation of the wall mural has been very positive. It is hoped that the impact of this case study will instil confidence in others to consider using wall murals and other arts-based methods to stimulate conversations about health and ultimately influence health.

Conclusions:
Overall, increasing the visibility of breastfeeding through various forms of representation can help build a supportive culture around breastfeeding in Irish society and beyond.

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Youth Council for Breast Health: A BCYW Foundation's Global Initiative Empowering Students on Campuses to Promote Breast Health Awareness for a Breast Cancer-free Future Proactively

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Issue:
Breast cancer, once primarily a disease of older women, is increasingly impacting those under the age of 40. In 2022, one-third of the global female population was aged 15-to-34. Nearly half (47.5%) of Breast Cancer in Young Women (BCYW) cases occur in the 20-to-34-yr group, below the recommended mammography screening age. The WHO predicts an increase in such cases by 2050, with the average age of diagnosis expected to be 33.72 in 2040. This suggests that individuals likely to be diagnosed in 2040 are 17-to-18-yr old today. The global rise in breast cancer incidence among young women is driven by several factors, including limited awareness of breast health and cancer, lack of self-breast care, and lifestyle choices, in addition to biological and genetic factors. There is an urgent need for early, targeted interventions to reduce breast cancer risk and ensure timely diagnosis among young women on college and university campuses.

Description:
Young women should understand their risks, recognize symptoms, and embrace self-care strategies. By empowering young women with relevant knowledge, early detection through awareness can increase their chances of successful outcomes.

Methods:
The BCYW Foundation is an international organization that promotes targeted awareness, research, and advocacy for BCYW. BCYWF initiated the YCBH Chapters to address these challenges on campuses. By combining global collaboration with local action, each chapter is led by students and trainees under the supervision of local leaders. These volunteer-led initiatives empower young adults with knowledge and elevate awareness about breast health, self-care, risk factors, lifestyle changes, and encouraging proactive self-care.

Results: YCBH promotes awareness of breast cancer and health on campus throughout the year. Each chapter concentrates on three goals: raising awareness, disseminating information, and engaging 250 young adults annually.

Lessons: BCYWF has launched 7-chapters and aims to expand to reach about 100 YCBH chapters globally within three years. This initiative empowers young people to lead healthier lives and advocate for a breast cancer-free future.

Messages: First, young women can develop breast cancer too! Second, early detection is essential! Third, empowering young women on campuses will create a lasting impact on women's health and lives.

Team Shan breast cancer awareness campaigns targeting young women on university and college campuses in Canada

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Background
Young women with breast cancer face unique challenges over the course of their cancer journey including a timely diagnosis. Lack of awareness of their breast cancer risk and breast health information has been identified as a help-seeking barrier for earlier detection in young women. Team Shan Breast Cancer Awareness for Young Women (Team Shan), a Canadian charity, has been raising awareness on college and university campuses since 2007. In an effort to increase early detection and improve outcomes for young women diagnosed, Team Shan has developed an awareness campaign targeting young women on campus.

Methods
A preliminary systematic review was undertaken to assess both the need for young women to understand their breast cancer risk and formulate campaign messaging to reach this population at risk. The Team Shan health promotion model was developed, focus tested, piloted and evaluated on post-secondary school campuses.
The campaign model was replicated on multiple university and college campuses across central and western Canada. Campaigns were evaluated using pre and post campaign questionnaires with young women between 2008 and 2016. Content analysis of evaluation tool responses was conducted and further analysis of key take home messages was also completed.

Results
Over 1,600 young women on participating campuses reported on the effectiveness of Team Shan campaign awareness strategies, their breast cancer risk, knowledge levels, and take home messages. Preliminary data was collected on self-care action taken and campaign information sharing.
The majority (91.9%) of participants noticed the campaign activities. Public transit marketing ads (67.4%) were the most effective in reaching young women. Posters (55.7%) were the most effective print resource and emerging social media provided some impact. The key take home message (58.3%) was the understanding that breast cancer can happen at any age and breast cancer knowledge levels increased. Positive campaign feedback was received and young women appreciated not being forgotten in breast cancer messaging.

Conclusions
Team Shan was successful in developing an effective health promotion strategy to reach young women on campus. Campaign goals for earlier detection and improved outcomes for young women have been achieved. The model continues to positively impact young women.

State University of Campinas, São Paulo, Brazil: nearly 40 years of multidisciplinary care for the entire community of a public educational institution

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Issue/problem:
Brazil has a free and universal healthcare system; however, access to many healthcare services may be delayed. In addition, about half of the students who enter this university come from public schools, which in our country translates to a profile of socioeconomic vulnerability. Aware of the importance of well-being for learning outcomes and quality of life at work in its community of fifty thousand people, the university has been investing in multidisciplinary services for health promotion and disease prevention, assistance, and rehabilitation.

Description of the problem:
Since 1986, this university has been providing health centers to its community at two of its four largest university campuses, which currently employ 130 professionals from 10 different healthcare categories, with the mission of planning and developing actions focused on health promotion and prevention, care, and rehabilitation at the outpatient level. The results of this project will present: 1) How and to what extent the Health Center has assisted the university's internal community in taking care of their health; and 2) A brief analysis of the development of the services offered.

Results (effects/changes):
The health centers were initially established with doctors, nurses, dentists, and physiotherapists. Over the years, psychologists, social workers, nutritionists, and a physical educator were added to the team. In 2024, the two health centers conducted: 40,467 medical consultations, 4,731 nursing consultations, 24,260 dental consultations, and 7239 physiotherapy sessions. Additionally, 20,970 people participated in 25 types of multiprofessional educational group activities on topics such as physical activity, healthy eating, oral health and sexually transmitted infections. Lessons: The presence of a health center within the university campuses has streamlined the response to the main health needs of its community, and the selection of managers with expertise in public health has steered its mission toward health promotion and disease prevention, beyond merely providing consultations, as well as toward the formation of a multidisciplinary team, moving beyond the privatized medical-assistance model.

Main messages:
The University should contribute to promoting the health of its community. Local care provided by a multiprofessional health team facilitates the achievement of this mission.

"Trailblazing Student Health Management: Carinthia University of Applied Sciences Leading the Way in Austria"

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Issue/Problem:
Implementing student health management at Carinthia University of Applied Sciences (CUAS) aims to sustainably promote student health and well-being. This is increasingly important as students face growing pressures from studies, work, and personal demands. While research underscores the significance of student health (Diehl et al., 2018; Leuschner et al., 2021), Austria's focus remains on employee health management (Nöhammer, 2022b). No legal regulations or financial resources currently support student health initiatives, leaving universities to address this voluntarily. Despite these challenges, CUAS has emerged as a pioneer, offering practical solutions and establishing a systematic Student Health Management model that can inspire similar institutions.
The initiative addresses the structural anchoring of health promotion at the university. Key objectives are establishing long-term structures, systematically involving all relevant stakeholders, and promoting active student participation. Methods include a comprehensive stakeholder analysis, the development of a communication and awareness-raising plan, and participatory approaches to involve students in the design process actively. The central question is: How can Student Health Management be integrated into the structures of a university in a sustainable, participatory and effective way?

Results:
It is of great importance to increase university members' awareness of health issues, increase student participation in health initiatives, and improve the networking of relevant stakeholders within the university. As a result, the Student Support Center (SSC) was successfully established at the Carinthia University of Applied Sciences. The SSC consists of two main components: student health management and psychosocial counselling.

Lessons:
The initiative shows that early involvement of all stakeholders, including students, is crucial for the success of a Student Health Management. A clear communication strategy is also emphasized to sensitize and motivate all those involved. The findings can be adapted by other universities, particularly with regard to participatory approaches and sustainable structures.

Key messages:
(1) Participation and clear communication are keys to the success of student health management.
(2) Sustainable structures ensure long-term health promotion at universities.

"Sleep Better - Study Better”: A student-led project to promote sleep health among university students

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Background:
Studies highlight the link between sleep quality, academic performance, and well-being, with poor sleep being widespread among students and tied to stress, exhaustion, and reduced academic performance (Gardani et al., 2022; Schmickler et al., 2023). Similar findings emerged from a Carinthia University of Applied Sciences (CUAS) survey, emphasizing the need for sleep-promoting interventions. Therefore, four students in the Master's degree course in Health Management decided to launch the Sleep Better - Study Better project as part of the “Project and Research Management” module. The “Sleep Better - Study Better” project addresses this by sharing evidence-based interventions on Instagram over four weeks to improve students' sleep quality.

Methods:
The project comprised a four-week intervention in which content on evidence-based sleep-promoting measures was published regularly on the Instagram channel “Sleep better—Study better.” The effectiveness of the interventions was measured using the Pittsburgh Sleep Quality Index (Buysse et al., 1988) using a pre-and post-test design in nursing students from the first semester (n=28).

Results:
A paired t-test showed that the Sleep Quality Index improved significantly after the intervention, $t(28) = 2.822$, $p = .009$. A significant improvement ($p \leq .05$) was also found for the sub categories of sleep quality, sleep tendency, sleep duration, sleep efficiency and daytime sleepiness. Only the subcategories of sleep disturbance and sleeping pill use did not show any significant change. If the results are considered based on the defined categories “good and bad sleepers, as well as chronic sleep disorders”, the following can be shown: The proportion of people with chronic sleep disorders remained constant at 14% before and after the intervention, as such disorders cannot be influenced within four weeks. Healthy sleepers increased from 10% to 48%, while poor sleepers decreased from 76% to 40%.

Conclusions:
The project raised awareness among CUAS students about sleep health, achieving significant improvements in four weeks. Future efforts will use the intranet, email, and SharePoint to expand the program to further students at the CUAS and ensure its sustainability.

Developing and evaluating a well-being programme for students with attention deficit/hyperactivity disorder.

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Background:
The college years can be difficult, with many students struggling with their mental health and wellbeing during this time. It can be particularly challenging for students living with attention deficit/hyperactivity disorder (ADHD) and it is important therefore to provide support in the college setting. The main aim of the Irish Student Wellbeing and ADHD Project (ISWAP) was to develop, deliver and evaluate a novel wellbeing and mental health literacy programme for students living with ADHD.

Methods:
I-SWAP was conducted in two cross border universities; Ulster University (UU), Northern Ireland and in the Atlantic Technological University (ATU) Donegal, North West of Ireland in Spring 2023. Students, over the age of 18, who screened positively for ADHD, through the use of the Adult ADHD Self-Report Scale (ASRS-v1.1) were invited to participate. Mental health literacy and wellbeing sessions were developed and delivered by trained facilitators over an 8-week period. Sessions lasted an hour each week and were delivered in-person, on the various campuses. Weekly online sessions were also available. Questionnaires were completed pre- and post-sessions by participants (N=48) and an evaluation form was completed after each session. Focus groups were also conducted to gain insight into the unique factors associated with the delivery, adherence to, and success of the programme (N=15). Interviews with the facilitators (N=2) were also conducted.

Results:
Students who availed of the mental health literacy and wellbeing sessions found them to be very beneficial and recommended that the programme should be continued. Both positive and negative themes were identified, and a number of recommendations were made in relation to the programme by both participants and facilitators. Pre and post session and 4-month follow up surveys revealed that depression scores decreased while self-esteem and help-seeking behaviour increased among this cohort.

Conclusions:
The two main summaries are that firstly these findings from this pilot study highlight the importance of developing tailored interventions and cost-effective strategies to support the wellbeing of students living with ADHD. Secondly, these wellbeing interventions can be adapted to suit other vulnerable cohorts in terms of promoting a positive mental health and wellbeing outputs during their college trajectory. This presentation will share the findings and recommendation from two Universities cross border in the ATU North West and UU, Northern Ireland.

A Group Educational Intervention to Prevent Sexual Violence by Reducing Alcohol Consumption of Potential College Student Bystanders

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Background:
Sexual violence/assault and heavy drinking co-occur for young adult university students. Most existing interventions work on either violence or drinking, but few effective interventions address both. We pilot tested a group that integrated content from evidence-based bystander training with a brief alcohol intervention. That is, we attempted to train students to intervene in drinking contexts like bars or parties.

Methods:
40 heavy-drinking young adult students completed one 2-hour psychoeducational group in large university. Feasibility and acceptability were assessed at post-intervention. Within ANOVA tested changes from pre-intervention to post-intervention and four-weeks follow-up in violence knowledge, bystander attitudes, weekly alcohol consumption, and perceived alcohol norms.

Results:
Groups were completed in two hours, and 88% of students rated the group as good or excellent. Co-facilitators delivered 100% of the intervention content in the two-hour group. Following the group, students had increased violence knowledge, $F = 21.45$, $p < .001$, $\eta 2 = .36$, and bystander attitudes, $F = 4.68$, $p = .012$, $\eta 2 = .11$; as well as reduced alcohol consumption, $F = 4.67$, $p = .04$, $\eta 2 = .11$, and alcohol norms, $F = 6.07$, $p = .01$, $\eta 2 = .14$. Most of these improvements were maintained over a four-week follow-up period.

Conclusions:
A 2-hour combined group was feasible, acceptable, and showed preliminary effectiveness. This approach has promising potential to reduce violence and sexual assault by (1) moderating drinking behaviors of potential bystanders and (2) training strategies to use with a heavy drinking context with high risks for violence. Future research should evaluate this intervention in larger controlled trials with longer follow-up times and in other university settings.

Student mental health and wellbeing on the island of Ireland (U-WELL): setting up a dedicated research network

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Issue/problem:
High levels of psychological problems are common among college students globally. Untreated mental illness can have a detrimental impact on academic performance, retention, and social connectedness amongst students. However, research on the mental health of students in colleges in Ireland, North and South of the border, has been conducted in isolation with little collaboration to date. It was identified that a co-ordinated approach to student mental health research, through the formation of a dedicated research network would be beneficial.

Results (effects/changes):
The setting up of a network for those with an interest in student mental health research has led to collaborative work, connecting researchers with a range of stakeholders, policy makers and practitioners, and importantly, students themselves. To date the network has over 70 members from institutions across the island of Ireland, including academics, researchers, PhD students and wellbeing staff. Network members meet regularly, share expertise and resources. Special interest groups have been established and members have joined steering groups of various projects. Opportunities for the dissemination of findings from research projects is a priority for the network and webinars, symposiums and conferences have been held and promoted. It is hoped that the setting up of the network will lead to collaborations on future grant applications for research into student mental health and wellbeing which may address the current gaps in knowledge in this important area of research.

Lessons:
Connecting researchers from different disciplines and the sharing of knowledge, best practice, and resources can be very beneficial to all those passionate about student mental health and wellbeing. Prior to the setting up of the network, researchers were often working in isolation, with a lack of knowledge with regards to similar work being conducted in this area. Working together and combining expertise can help identify risk and protective factors and lead to the development of interventions to help address the mental health of college students in a timely manner.

Main messages*:*
Setting up a dedicated network for those with an interest in student mental health research can lead to collaborative work. Working together, sharing expertise and resources can enhance research.

StudyWell: Exploring holistic perspectives on well-being in Norwegian higher education

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Background
The declining mental health of university students is an increasing concern both globally and in Norway. Our ongoing 2023-2027 project, StudyWell, addresses this issue by integrating service design and relational welfare to improve student mental health and well-being in Norwegian student cities. The project is focused on partner workshops involving students, educators, healthcare providers and local communities, who are actively engaged with the student community at the Norwegian University of Science and Technology (NTNU). Through these co-creative service design processes, StudyWell aims to develop sustainable and supportive environments for the betterment of student mental health and well-being. The project aligns with the Okanagan Charter's emphasis on embedding health into various aspects of university life and actively engaging local partners in these initiatives. The project examines four key perspectives: the individual, the community, the system, and the future.

Methods
In the process of developing the project through three PhD studies, we employ various qualitative methodological approaches to explore the four lenses: co-design workshops, autoethnography, and visual metaphors, in addition to different interview methods such as focus group interviews, walking interviews, and photo-elicitation interviews.

Preliminary results
This study has examined how community understanding and experience impact the well-being of students and staff in Norwegian higher education. While initial measures at the start of the academic year are crucial in breaking down social barriers and promoting inclusion, the main challenge lies in establishing sustainable structures that nurture a sense of belonging and secure relationships throughout the academic program. The findings highlight the importance of viewing colleges and universities as cohesive communities rather than separate entities. Additionally, a visual method has shown a therapeutic effect in sharing and understanding mental health experiences among students and key stakeholders.

Conclusions
The preliminary results lead us to take a holistic approach in understanding community-oriented strategies to foster student well-being. Our further focus in this project is aimed at focusing on the student community rather than the individuals and considers staff and the campus environment as important contributors to the process.

Developing health promoting universities and colleges: Research Based Learning as a didactical key

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Developing health promoting universities and colleges: Research Based Learning as a didactical key

Issue
The Okanagan Charter (2015) integrates two calls to action: The first focusing on health within the setting of higher education institutions, and the second addressing the leading role of higher education in health promotion within the wider community and society. The integration of health promotion within curricula can be seen as a measure to find an answer to both calls to action. Using Research Based Learning (RBS) is a promising way to strengthen master students' core competencies for health promotion (CompHP, Barry et al., 2012; Sota & Peltzer, 2017).

Results
Within a master degree program for health management a module called "project and research management" was developed, including two terms. All in all, 23 ECTS are available. During the first term, students focus primarily on needs assessment, project planning and methodological issues of data analysis and evaluation. The second term is all about project implementation, communication and evaluation. Thus, the module enables to experience a full research cycle in a self-regulated manner, using project teams. It concludes with a project presentation event, which, together with written project reports, forms the basis for the assessment.

Lessons
The contents of the module are suitable for the promotion of the core competencies for health promotion. Now in its third-round manifold health promoting projects were realized, focusing on higher education institutions (e.g., sleep health promotion for students) or taking responsibility for developing and implementing health promotion in other settings (e.g., workplace health promotion in hospitals). Projects targeting on students, faculty and staff are carried out in collaboration with the University Health Management (student health management and/or universitary workplace health promotion). For further, community-oriented initiatives effective relationships and collaborations are built (e.g., municipalities, schools). The students are supported in becoming agents for health promotion – within the campuses and also beyond them.

Main Message
Research Based Learning is suitable for promoting students' core competencies for health promotion. Projects for higher education institutions and for the wider community can be planned and realized.

What is in the air that we breathe? Extending indoor air quality awareness from classrooms to the wider community

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Members of the campus community spend a significant part of their day in the campus'-built environment. Thus, the indoor environment of these buildings has an impact on our comfort and health. However, rarely is any attention paid to the air quality of classrooms in conversation around the campus. Through this work, we intend to provide an awareness among the participants, and by extension, in their campuses, regarding classroom indoor climate, it's impact on health and wellbeing of teachers and students, the parameters that affect it, and guidelines on indoor climate parameters.

Research suggests that classroom indoor climate, an umbrella term used for indoor air quality and thermal environment, affects comfort, health, as well as learning. The work will discuss these impacts. We will also examine occupant behaviours which impact indoor climate, low cost monitoring solutions for indoor climate, and simple mitigatory measures that can positively impact classroom indoor climate.

This work will be based on established findings and is intended to build awareness among the campus community regarding an important factor affecting their health. It is expected that participants will take this awareness back to their own campuses, to their colleagues and students. In the longer run, we want this awareness to penetrate from the campus to the wider community, with the campus working as a thought and action leader.

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RCSI Sensory Room: Student-Staff Collaboration in Action

Yvette Moffatt[1], Jennifer Duffy[1]
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Issue/problem:
RCSI has a formal, funded Student Engagement and Partnership (StEP) programme that empowers staff and students to work with and learn from each other, with students, staff and the RCSI community benefitting as a result. In 2023/24, this project entitled "Neurodiverse Friendly Spaces and Underutilized Spaces at RCSI" created a proposal for a Sensory Room. Staff members from the Estates & Support Services department, the Learning Support Officer (from RCSI's Centre for Mastery: Personal, Professional & Academic Success) and the Equality, Diversity & Inclusion Unit worked with a student collaborator to identify underused spaces on campus and put together a proposal for a Sensory Room to be presented to the Senior Management Team (SMT). While RCSI Library has dedicated quiet spaces, there was no sensory or quiet room available.Team members: Jordan Vaarsi (undergraduate student), Collette Power (Estates & Support Services), Darren O'Leary (Estates & Support Services), Joanne O'Donnell (Centre for Mastery: Personal, Professional & Academic Success), Jennifer Duffy (Equality, Diversity & Inclusion Unit).

Description of the problem:
The project involved the student and staff collaborators setting up a list of tasks to be completed during the project, such as identifying spaces, researching providers, requesting quotes and exploring what a sensory room for university students might look like, as many of the examples available were designed for children. The project was aligned with RCSI's application to become accredited as an Autism Friendly HEI through a programme run by AsIAm, Ireland's national Autism charity. A survey of students registered with the Learning Access and Facilitation Services was also conducted as part of this process.
The project aimed to answer the following questions:
- Is there demand among neurodiverse students for a sensory room on campus?
- What are the under-utilised spaces on campus that could be repurposed for this facility?
- What makes a space suitable for a sensory room?
- Who are the potential suppliers? How do we evaluate their services and quotes?
- How will access be managed for this facility?

Results (effects/changes):
As part of this project, a short survey was created to be sent out to neurodiverse students to ascertain the demand for this facility and to learn about their experiences at RCSI. The survey was distributed by the Learning Support Officer to approximately 60 students. 20 students responded, 13 (65%) indicated they would use the Sensory Room and 5 (25%) indicated that they were not sure. The proposal for a Sensory Room was approved by the Senior Management Team, and this facility has been installed on the RCSI campus. The room was chosen as it is wheelchair accessible, and is removed from the more high-traffic areas on campus. The corridor to reach the room was echoey, so the Estates team installed wooden panelling and a carpet to reduce the noise. To date, feedback on the Sensory Room has been positive. At present, students registered with the Learning Support Officer and students who have approached the Student Welfare Officers experiencing overwhelm have access to the Sensory Room. This access policy will be revised as needed. A survey about attitudes towards neurodiversity (and disability more broadly) as part of the AsIAm Autism Friendly HEI Action Plan will gather more data on the impact of this facility.

Lessons:
This project proves that there is a demand from students for sensory spaces in higher education settings. Such spaces can also be beneficial in the university's public engagement and outreach

programmes, for example the sensory room has been used during public events such as Open House. This project, and other StEP initiatives, show the power of student-staff collaboration in demonstrating to students that their ideas and their lived experiences matter.

Main messages:

1. Programmes like StEP can facilitate safe and effective student/staff collaboration, and show students their voices matter.
2. For HEIs to be inclusive we must embrace Universal Design to ensure spaces cater to all students and staff.

Introduction of a Menopause policy and supports to enable RCSI staff to thrive throughout perimenopause and menopause

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Issue/problem*:*
Approximately 70% of RCSI's workforce is female and of those female staff, 26% are currently aged between 45-55 – the main years most women will experience peri/menopause. We know this phase of life can bring physical, emotional and cognitive challenges for some staff and we wanted to support them through policy and practice to continue to flourish at work during the menopause transition.

In 2023 we launched a menopause policy aimed at providing supports for staff experiencing menopause, educating our wider staff and normalising the experience of menopause amongst our workforce. In addition to the policy we also established a network of peer 'Menopause Champions', provided training open to all staff and separately for HR and Line Managers, regular menopause cafes to provide connection and support opportunities and awareness campaigns on RCSI's internal social media channel.

Our 'question' was - Can we better support our staff through the menopause transition.

Results (effects/changes):
A staff survey at the end of 2023 showed that 66% of staff are aware of the menopause policy and 89% feel it is impactful. This result shows we still have work to do in increasing awareness but that those who are aware of it feel this policy and the supports are impactful.
RCSI were named as 'Best in the Education Sector' at the 2024 Workplace Menopause Awards.

Lessons:

- It is important to have a senior member of the executive as a champion for this work. We were lucky to have an exec member who openly shared her menopause story which was really impactful.
- Involvement of male colleagues as champions should be considered.
- Can be difficult to maintain momentum and visibility after initial launch, the champions network and menopause café initiative has worked well for this.
- Some funding support is required to run menopause cafes and provide accommodations such as desk fans etc.

Main messages:

- A menopause policy/supports demonstrates the university's commitment to the wellbeing of staff at this stage.
- Normalising the conversation around menopause destigmatises an area that was previously largely ignored in workplaces.

Integrating Healthy Campus and Sustainability at a whole-university level in Trinity College Dublin from 2022 onwards

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Context:
Healthy Campus in Trinity developed over eight years as a grassroots alliance of >100 partners aiming to embed health into the whole University. In 2022, a newly elected Provost suggested Healthy Campus work with Trinity's first VP for Biodiversity and Climate Action (VPBCA) to explore how Healthy Campus could be integrated into the University structures, a question many institutions/universities were asking.

Problem:
Healthy Campus was generally not incorporated in third-level Sustainability initiatives and it was unclear if Healthy Campus aligned with Sustainability e.g. healthy eating and plant-based food or Equality e.g. sexual health and gender equality. Little literature/precedent existed.

Aim:
To assess if Healthy Campus governance and action could be integrated into Sustainability within Trinity's structures.

Objectives:
1. Articulate links between Healthy Campus and other university units, particularly newly formed Trinity Sustainability;
2. Ensure Vice-Provost support for and engagement in Healthy Campus taking a whole-university approach;
3. Enable Healthy Campus to contribute to the formation and delivery of Trinity's sustainability targets and activities.

Methods:
The VPBCA engaged formally with Healthy Campus by joining the Committee and meeting bi-weekly with the operational lead and others as needed. Healthy Campus partners oriented towards the intersection between health and sustainability. Six of the nine groups made formal submissions to the Trinity Sustainability consultation and multiple actions were taken under the emerging theme Healthy Planet, Healthy People.

Results(effects/changes):
Trinity's Sustainability Strategy was launched in January 2024, formalising the Healthy Planet, Healthy People approach by integrating Healthy Campus as one of three over-arching targets.
1. Net Zero 2040
2. Nature Positive 2030
3. Healthy Trinity 2023

Healthy Campus has a formal reporting structure and resources to deliver action under the Strategy and retains an open working relationship with the whole university, including Equality.

Lessons:
A bottom-up alliance pursuing health at the centre of the University was integrated into Trinity Sustainability by being open, working together strategically and programmatically and contributing to the Sustainability agenda, while retaining a strong health focus.

Messages: Working together makes Healthy Planet, Healthy People seem possible.
Systems change is hard, a strong network of colleagues and friends is essential.

A living lab approach to e-cigarettes on a university campus

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Context
After a six-year negotiation, Trinity College Dublin became a tobacco-free campus and showed a 79% reduction in observed smoking from 2016 to 2020. Smoking was observed through a Living Lab approach that employed student Ambassadors to count smokers on campus 6-8 times per week during semester, while reminding them of the tobacco-free policy. Post COVID-19, Ambassadors observed increased vaping but had no remit to approach vapers because the protracted negotiation to become tobacco-free excluded e-cigarettes.

Intervention
The Living Lab approach to tobacco-free Trinity already in place was extended to include vaping. Ambassadors added a count of vaping to their weekly campus circuits from October 2022 onwards; an all-university online survey of vaping prevalence and attitudes was sent to 22,362 students/staff; stop-smoking courses were re-designed with health service partners to incorporate stop-vaping; student led communications were launched; anti-vaping assignments were incorporated into curriculum; and government lobbying for stronger regulation was undertaken.

Results and Impact
Preliminary results found that from Oct2022-Oct2024, 47% of observed nicotine use on campus (n=2608) was vaping. Data collection is ongoing. The vaping prevalence survey (n=2683, 14.2%) found extremely high vaping on campus (paper complete, expected publication March 2025); student-led communications and assignments are ongoing (100 Social Marketing students have completed assignments) and two submissions using the activity to date have been made to government consultations on vaping, recommending disposable and all vaping be phased out of Ireland using the Precautionary Principle to achieve Healthy Planet, Healthy People.

Conclusions
A Living Lab approach to Tobacco-Free Campus has been flexible enough to incorporate vaping and is a recommended vehicle for lobbying government to protect young people from addiction to nicotine via e-cigarettes.

Building a Thriving Network: Strategies for Health Promotion in Austrian Universities

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Problem
The Network of Health-Promoting Universities Austria has been steadily growing since 2009. The delegates sent by the universities bring varying levels of knowledge about health-promotion. Within the universities, support diminishes due to the turnover of decision-makers. The challenge lies in maintaining an attractive network that offers added value beyond everyday exchanges and makes progress visible to decision-makers.

Description of the problem
A successful network requires delegates to participate regularly and actively. Only through this approach can progress at universities be both visible and impactful. This raises the question of which services and offerings the network needs to develop to remain attractive.

Objectives
The network is attractive and beneficial for both delegates and university leadership. The network develops new strategies to offer interesting and contemporary services to the universities. The added value and progress of the network are visible at the universities.

Methods
Three different strategies will be assessed for their practicality and effectiveness.

- Online-Workshops and Training sessions: to keep delegates and decision-makers updated on best practices and new developments in health promotion. In the first phase, each university will provide an offer monthly. Once established, the goal is to expand to 2-4 offerings per month, encompassing various formats and topics tailored to specific target groups.
- Collaborative Projects: Encourage joint projects among universities to foster collaboration.
- Mentorship Programs: experienced members can guide new delegates, ensuring continuity and knowledge transfer.

Results
Initial results are available for the online training sessions. A new implemented Quarterly Talk provides an opportunity to discuss questions and bring up topics between network meetings. The delegates have well received the online offering, especially because it is less time-consuming. An additional innovation is the crossover offerings. Universities provide online workshops organized by their own institution to all network members.

Lessons
Through the online offerings, access for delegates is more accessible, allowing for greater participation and involvement, which increases the connectedness to the network. Cross-over offerings create more visibility and enhance the value for decision-makers at universities. It remains a challenge to actively involve the delegates. The Executive Board is necessary as a driving force. Therefore, the Executive Board will consider further strategies to achieve more active participation.

Main messages
Successful health promotion in the university setting requires the collaborative effort of all involved. Using contemporary new formats can strengthen the connectedness to the network.

Mental Health and Wellbeing of University Students Living with ADHD: Findings from the I-SWAP study

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Background
Many students with ADHD struggle during their time at university. While academic support may be available for those with a formal diagnosis, there is limited tailored psychological support, and a lack of support for those awaiting a diagnosis. The aim of this study was to enhance the understanding of the association between ADHD and poor mental health and wellbeing among university students living with ADHD, including those without a formal diagnosis.

Methods
Overall, 191 university students who screened positively for ADHD using the Adult ADHD Self-Report Scale (ASRS-v1.1) participated in this cross-sectional study. An online survey using validated and reliable instruments was used to measure depression (PHQ-9) anxiety (GAD-7), and suicidal behaviour (SITBI).

Results
Extremely high rates of depression (78%), anxiety (59.7%), self-harm (58.1%), suicidal thoughts (68.6%), plans (52.4%) and attempts (25.7%) were revealed, with no significant differences found between students with/without a formal diagnosis. A number of correlates and risk factors were revealed, including sexuality and rejection sensitivity and emotion regulation difficulties. Help-seeking among this cohort was low.

Conclusions
The findings from this study provides support for early intervention and wellbeing initiatives in the college setting to help both those with a formal ADHD diagnosis, and those awaiting an assessment.

Embedding an on-campus experiential health promotion learning opportunity benefits students learning and contributes to a health promoting campus

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Problem:
Health promotion is recognised as a core component in the prevention and management of chronic diseases in the Irish healthcare service. Dietitians and Physiotherapists play a vital role by providing evidence based primary and secondary prevention programmes (1). With an ageing population and high levels of risk factors for chronic diseases, the need for physiotherapists and dietitians with skills in health promotion is increasing. However, securing experiential learning opportunities which enable dietetic and physiotherapy students to achieve competence in health promotion is challenging, threatening workforce sustainability. To address this issue, the University College Dublin (UCD) Clinical Nutrition and Dietetics and Physiotherapy programmes, and Healthy UCD (health promoting initiative), collaborated to develop an on-campus experiential health promotion learning opportunity for physiotherapy and dietetics students.

Description:
Design thinking methodology and processes underpinned the learning experience, which required students to collaboratively create user-centred health promotion initiatives for the university community. Students worked in mixed discipline groups over nine weeks and portfolios were used to assess their learning. Over a 2-year academic period n=92 students completed the learning experience, with all students demonstrating competence in health promotion by the end of the experience. Students created user centred solutions to barriers to healthy eating and active living e.g. An elective physical education module, nutritional signposting in student union shops, exercise snacking videos, easy and cheap healthy recipes via QR codes in student residences. All initiatives were promoted during an on-campus healthy eating active living week (HEAL) on week 9 of the learning experience. A questionnaire was developed to assess student satisfaction with their learning experience. Students (n=46) perceived improvements in their health promotion skills (95%) and 87% reported the experience to be engaging.

Lessons:
This learning experience provided an on campus experiential interdisciplinary opportunity to achieve competence in health promotion whilst contributing to the healthy campus programme. The experience was engaging and produced innovative health promotion initiatives.

Main Messages: 1-The university campus offers opportunities for healthcare professional students to achieve competence in health promotion. 2-Health promotion learning opportunities on campus are meaningful and engaging and contribute to the healthy campus programme.

Reference:
1-Health Service Executive (HSE) National Framework for the Integrated Prevention and Management of Chronic Disease in Ireland 2020–2025. Health Service Executive; Dublin, Ireland: 2020.

Mitigating a mental health crisis in the American west: One Health Promoting University's leadership strategy to contribute to statewide prevention, treatment, and recovery infrastructure

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Issue/problem.
The western state of Oregon (pop. ~4.3M) had the highest prevalence of mental health and substance use issues in the USA in 2024, according to Mental Health America. The existing prevention, treatment and recovery infrastructure is insufficient and mitigating the crisis requires urgent, collective problem solving.

Oregon State University is a 156-year-old public university with a dedicated "land-grant" mission for research, teaching, and engagement, and strategic vision for *Prosperity Widely Shared*. With 36,000 students, 4,700 faculty and staff, and an Extension presence serving all 36 counties, OSU has a responsibility for leadership.

The Okanagan Charter calls us to lead health promotion action and collaboration. Since 2023, our team has engaged with the Health Promoting University (HPU) framework as we have prepared for signing the Charter. Our first priority has been mental well-being.

Description of the project.
OSU's HPU-preparatory intervention is statewide. Student Affairs launched a Mental Health Task Force to co-create comprehensive solutions for students. University Human Resources launched no-cost, enterprise-wide, access to mental health services. College of Health and Extension worked to pass Oregon Senate Bill 955, which declared an emergency relating to suicides and launched a 24/7 crisis line. These ecological efforts work in concert to improve mental well-being among students, staff, and the wider community.

Results.
Two years forward, students are leading peer support interventions as natural helpers, creating a sense of belonging, and a novel service entry point for hard-to-reach students. 11% of OSU's eligible population are engaging with mental health services, for anxiety, stress, and depression. The AgriStress Helpline has received calls from 60% of Oregon counties. The OSU President plans to sign the Okanagan Charter in academic year 2025-26.

Lessons.
HPU efforts offer dedicated programs that are aligned with our state's highest priority health needs; tailored for populations experiencing the greatest disparities in access or outcomes (e.g., youth, rural/agricultural, Black Indigenous and People of Color); and, coordinated across university silos by a core team and local champions.

Main messages.
HPU serves as a uniting framework for public universities to respond to pressing constituent needs and achieve their vision.

Associations between Healthy Minds Study items reflective of Okanagan Charter principles and flourishing in university students

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The Okanagan Charter (OC) is a framework for integrating health into everyday university operations with the goal of transforming and sustaining the wellbeing of all people. The two broad OC calls to action allow universities to develop their own unique strategic plans to meet this goal. The Healthy Minds Study (HMS) is a population-level survey designed to measure emotional/mental wellbeing of adults. Many HMS items address areas that reflect the OC principles of embedding health into campus culture and promoting the wellbeing of students. Thus, HMS data may be helpful for monitoring OC strategic plan progress at universities.

Purpose:
To examine the associations between HMS OC-inspired strategic objectives for health promoting campuses and student wellbeing.

Methods:
Students at a mid-sized, regional University 18 y and older residing in the US (n=7197) were emailed the HMS online survey. HMS items measuring mental health status and service utilization and campus support/climate for belonging, inclusion, and commitment to wellbeing were identified as aligning with OC-inspired objectives, with the potential to be useful progress markers. Student wellbeing was assessed using the flourishing scale (8-items, scores ranging from 8-56). Response format for items included Likert scales (e.g., 1-strongly agree to 6-strongly disagree) and select all that apply. Spearman correlations were used to measure associations between HMS items and flourishing.

Results:
A total of n=1614 students (age: 21.8±6.2 y; 77.6% female) responded (22.4% response rate). Flourishing scores fell below the threshold for positive mental health (score ≥48), on average (42.4±8.9, n=1522), with 32.9% (n=500) meeting the threshold. Flourishing was associated with mental health (depression: ρ=-.62; anxiety: ρ=-.48; loneliness: ρ=-.53), mental health service utilization (ρ range=-.23 to -.28), campus support for wellbeing/inclusivity (ρ range=-.25 to -.34), and belonging (ρ range=-.35 to -.49).

Conclusion:
HMS items measuring mental health, mental health service utilization, and campus support/climate for belonging, inclusion, and commitment to wellbeing had weak to strong associations with flourishing. Our findings indicate flourishing, a metric for assessing wellbeing, is influenced by a variety of factors measured by the HMS that align with OC principles. The HMS may be useful for monitoring OC-inspired strategic objectives.

Evaluating a motivational interviewing peer-led intervention to promote healthy lifestyles among university students: a pilot study

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Background:
The transition to university presents challenges such as academic pressure, time management, financial constraints, and lifestyle changes, which can negatively affect students' physical and mental health. In response, peer mentoring combined with motivational interviewing (MI) has emerged as a promising intervention to promote healthy behaviors among university students. This pilot study evaluates the effects of a three-month peer-led MI program on lifestyle behaviors, psychosocial factors, and well-being in university students.

Methods:
A between-factor experimental design was adopted, involving 42 students (six mentors and 36 mentees). Mentees were randomized into intervention and control groups, with mentors providing individual and group counselling sessions on physical activity, nutrition, stress management, or sleep. The intervention took place on campus, at the student wellness hub. Outcomes (lifestyle behaviors, psychosocial factors, knowledge and physiological parameters) were assessed at baseline, post-intervention, and three months later. Descriptive statistics and comparison tests between intervention and control groups were assessed. The effect of the intervention was analyzed through repeated measures mixed ANOVA with Tukey's post hoc test. Mentors and mentees also completed a satisfaction questionnaire, that was analyzed with a quantitative content analysis.

Results:
Results indicated high participation rates and significant improvements in confidence *($p < 0.05$)* and knowledge levels *($p < 0.001$)* among mentees in the intervention group, with sustained effects at follow-up. Mentees also progressed through stages of behavior change. In the satisfaction questionnaire, mentees mainly expressed a self-perception of improvement in behavior change, and appreciation of the quality of support. Mentors benefited in skill development and training appreciation.

Conclusions:
This study highlights the potential of peer mentoring combined with MI to support and address gaps in health promotion services for university students. Future fully powered experimental studies are needed to replicate present findings and determine the efficacy of this program.

Developing the University of Limerick Food Philosophy: A Framework for Accessible, Affordable, Inclusive, Sustainable, and Nutritious Food Practices

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Issue:
University food and nutrition philosophies or policies are essential for improving the food environment and enhancing health outcomes for students, faculty, and staff. As one of the first Irish universities to adopt a campus-wide food philosophy, this report outlines the University of Limerick's (UL) experience in commitment, consultation, creation, and implementation, with recommendations to guide similar efforts. The aim was to foster a commitment to accessible, affordable, inclusive, sustainable, and nutritious food practices across the UL campus.

Description of the Issue:
The development of the UL Food Philosophy involved collaboration between stakeholders from various disciplines, including nutrition, sustainability, campus services, and student welfare, as well as the broader campus community. The project team consisted of faculty members, student representatives, campus services, and experts in sustainable food systems. Town hall meetings, focus groups, and consultations with staff, students, and local suppliers informed the creation of a framework that reflects the needs and values of the campus. The project ran from January to May 2024, ensuring a participatory design process rooted in real-world applications.

Results:
The UL Food Philosophy includes core values, guiding principles, a checklist for potential food partners and a call to action for the campus community. It outlines key principles for food-related practices across the university, including sourcing local and sustainable ingredients, promoting plant-based diets, reducing food waste, and ensuring access to affordable, nutritious meals. It also highlights cultural inclusivity, providing guidelines for accommodating diverse dietary needs. The formal philosophy was published and integrated into campus food services, health promotion initiatives, and sustainability programs.

Lessons:
The UL Food Philosophy establishes a comprehensive framework that integrates health, sustainability, and inclusivity into the university’s food environment. It serves as a model for other higher education institutions looking to implement sustainable food policies that address both nutritional needs and environmental impacts. Its implementation aligns with Ireland's national goals for sustainability and food security.

Main messages:
The Food Philosophy supports SDGs 2, 3 & 12, promoting health, sustainability, & equitable access to nutritious, culturally appropriate food.
It offers a framework for future food system initiatives through collaboration and community engagement.

Education to Develop Awareness of Purposeful and Sustainable Digital Technology and thus, promote Wellbeing and Academic Performance

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Issue :
Published research on staff and student behaviour on Munster Technological University (MTU) highlighted overuse of technology for distraction. The research also highlighted student concern for their digital technology use, high levels of loneliness and low levels of wellbeing. Analysis of the relationships between factors of digital technology use and loneliness and wellbeing highlighted the centrality of problematic internet use. The Ingenium 10 university alliance shared concerns about the negative impact of overuse of digital technology for distraction on wellbeing and academic performance.

Research and practise in MTU and elsewhere highlighted the potential effectiveness of awareness building programs to address issues with problematic internet use. Research also highlighted creative habits and social prescribing effectively supporting wellbeing. Thus, in an Ingenium multi-disciplinary multi-national collaboration a 5 ECTS course which raised awareness of digital technology issues and promoted creative habits was developed to support students navigation of the digital landscape in a way that is purposeful and sustainable.

Methods:
A course developed and delivered by multi-disciplinary academics from the 10 international universities of the Ingenium partnership. Multi-disciplinary and multi-national students at different stages of their education participated (40). The course used team based learning and a blended delivery; there were 24 hours of online lectures and 24 hours of face to face labs. The impact of the course was assessed through surveys, reflections and reports from the students and staff who participated.
Preliminary results indicate that 100% of the students felt they better understood and managed their digital technology use and the course enabled a better balance of online and offline behaviours. Eighty five percent of students and 90% of staff that participated felt the course should be a core part of university education offerings.

Lessons Learned:
This course enables participants to have a more purposeful and sustainable relationship with digital technology. The course is an excellent support for wellbeing and academic performance. The course is equally appropriate for staff and students.
Main Messages :
Education in Digital Wellbeing promotes balance in online and offline behaviours. Digital Wellbeing education promotes purposeful technology use, wellbeing, academic performance and a healthy campus.

Universities as ecological settings to support optimal sleep: preliminary findings from a cross-sectional analysis of sleep parameters and perceived stress amongst university staff in Ireland

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Background:
The potential of universities to serve as ecological intervention settings that support optimal sleep remains largely unexplored. Sub-optimal sleep parameters have been extensively reported amongst both university students (Gardani et al., 2022) and staff (Bickerdike et al., 2022). In an Irish context, research involving a cohort of 862 staff from two universities reported that only 55.2% habitually attained the recommended ≥7 hours sleep duration on a typical weeknight (Bickerdike et al., 2024). In alignment with a settings-oriented 'Healthy Campus' initiative within a multi-campus university in Ireland, the current study aimed to (i) investigate habitual sleep parameters of staff, and (ii) explore associations between sleep parameters and perceived stress.

Methods:
In a cross-sectional design, a web-based questionnaire instrument was distributed to all staff (~N=2,000) of the university in May 2024. This 81-item instrument gathered data pertaining to socio-demographics, in addition to a complement of health and wellbeing indicators (general health, BMI, alcohol consumption, physical activity). Sleep quality was self-reported on an item adapted from the Pittsburgh Sleep Quality Index [PSQI] (Buysse et al, 1989), habitual sleep duration was reported on an item adapted from previous research (Bickerdike et al., 2019, 2022), and stress was measured using the 'short-form' of the Perceived Stress Scale [PSS] (Cohen et al., 1983). Mann Whitney U tests were used to compare PSS scores (non-parametrically distributed) between staff who reported 'optimal' vs. 'sub-optimal' sleep duration and quality.

Preliminary Results:
In total, 284 staff responses were received (14.2% response rate). Overall, 44.0% reported sub-optimal (<7 hours) sleep duration on a typical weeknight, and 29.3% rated sleep quality sub-optimally on the relevant PSQI item (either as *'fairly bad'* [25.4%], or *'very bad'* [3.9%]). Significantly higher PSS scores (indicative of higher stress) were reported by staff who exhibited both sub-optimal sleep duration (Md. 17.0 vs. Md. 13.0, p=0.02), and sleep quality (Md. 17.5 vs. 14.0, p<0.001).

Conclusion:
Given its bidirectional association with stress (Martire et al., 2020), sleep constitutes an emerging domain of interest in the context of international discourse pertaining to mental wellbeing amongst university students and staff (Riva et al., 2023). The current study revealed significantly higher stress scores amongst staff who exhibited sub-optimal sleep parameters. These findings further substantiate the rationale for continued investigation into the role and function of universities as unique socioecological environments to support the attainment of optimal sleep.

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An evaluation of a settings-based health promotion initiative in Dundalk Institute of Technology's (DkIT) staff and students

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Background:
A "Healthy Campus" is one that strives to infuse health into its' everyday operations for those that live, learn and work there and is underpinned by the key principles of participation, partnership, research and sustainability. Guided by this, and, with the benefits of participation in physical activity widely documented, in October 2024, a 4-week team-based steps challenge was rolled out for staff and students of DkIT. The aim of this research was to evaluate the impact of this challenge on participants' physical activity levels.

Methods:
In total, 26 teams, comprising 170 individuals (55% Staff & 45% Students) registered to participate in the 4-week steps challenge. All participants were invited by email, 5 weeks post-challenge, to complete a self-report survey to examine their physical activity levels both during and after the challenge, the motivations and barriers influencing their participation or lack thereof- and the social engagement among team members. Participants provided informed consent prior to completing the survey.

Results:
Of the 170 participants, 51 completed the self-report survey (30% response rate). Increased physical activity levels while the challenge was ongoing were reported by 88% of respondents, with getting more active and team motivation being the most common drivers (48% & 41%, respectively). Post-challenge, 45% of respondents reported that they had sustained an increased physical activity level. Improving health/ fitness was the most common cited reason (70%). For the remaining 55% who didn't sustain an increased activity level, poor motivation was reported (40%). Improved social interaction between team members was reported by all team types (staff only, student only and mixed).

Conclusions:
Integrating physical activity into a campus setting improves physical activity levels of- and social interaction between- students and staff. Understanding the motivators and barriers to sustained participation may help guide future health promotion initiatives to build a healthier campus.

Reimagining drug driving awareness in the classroom and beyond: exploring the role of ownership in client based experiential assessment

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Background:
Business schools are placing greater emphasis on addressing societal challenges for the betterment of the health and well-being of Society (SDGs). In this research, we describe an initiative where students are central to the assessment and the output, where students were asked to reimagine a road safety campaign on drug driving to address the increasing fatalities on the roads for 18- 25-year-olds. The research objectives are:

1. How do student's perceive ownership in relation to this assessment?
2. What motivates ownership in this type of assessment?
3. Do students' respond positively or negatively to this type of socially responsible marketing project?

Methods:
This initiative was carried out across three Business Schools in Third Level institutions in Ireland with over 800 students and 6 instructors. The same brief was shared across all parties ensuring consistency in the communication of the client's challenge. The client- An Garda Siochana was represented by a member of the Road Policing unit who spoke with students in all participating universities at the start of the term. This provided very clear background on the challenges existing today with the rise in drug driving on road and the need for more impactful messaging to young people. Data collection was carried out by individual student reflections captures across all Universities at the end of the 12-week assessment period.

Results:
At this stage, result are preliminary for this research study. However, students' perception of ownership varies in terms of the process related to team projects and tasks, versus that of investment of 'self' in addressing this real-life challenge. There was clear evidence that students gained a sense of achievement in this assessment along with varying motivations for ownership. Students did see how this type of assessment really resonated with the future of business leaders being socially responsible.

Conclusions:
This research serves to highlight the role of education in preparing students for a business career in tandem with a moral and social responsibility to not drug and drive on our roads.

Empathy on campus; translating principles into real world practice.

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Background:
Empathy is particularly important in considering others, especially when making decisions and is therefore a basic component of all helpful human relationships including learning. Yet empathy is often lacking on campus. Studies indicate that empathy among university students significantly declines by their third year, potentially impacting their academic performance and emotional well-being. This decline in empathy can undermine the supportive, collaborative, and inclusive environment necessary for effective learning and campus life. Despite its importance, fostering empathy on campus remains a challenge.

Methods:
This investigation draws on recent neuroscience research showing how empathy is deeply rooted in brain function, particularly through the discovery of the mirror neuron system. Mirror neurons are responsible for the brain's ability to recognize and simulate emotions observed in others, enabling us to instinctively connect with and imitate the emotional states of those around us.

Results:
Mirror neurons are shown to fire both when we act and when we observe a similar action performed by another, and the way in which the mirror neuron system allows for the instinctive recognition and imitation of emotion in others thereby releasing our human emotions from determinism - in short, by allowing us to learn emotionally. This finding offers a scientific explanation for how we learn emotionally - by experiencing the feelings of others as though they were our own. Understanding this neural process provides a powerful rationale for promoting empathy as a fundamental skill to create opportunities for students and staff to engage meaningfully with one another on campus.

Conclusions: This finding adds another advocacy tool for promoting empathy on campus thereby improving well-being, learning, and community life. Thus, by recognizing a scientific basis for promoting empowering emotional engagement in higher education settings, universities can create environments that foster both academic success and mental health.

Menopause Unveiled: Insights from Young Adults using World Café conversations - A multi campus Irish study

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Background:
The World Health Organisation (WHO) defines menopause as '*the permanent cessation of menstruation resulting from loss of ovarian follicular activity*'[1]. A recent study found that 94.1% of women had never been taught about the menopause at any stage during their education, and 49.0% did not feel informed at all about the menopause[2]. Women are not usually taught about the menopause formally and the educational setting is thought by many to be the best place for menopause education to start (83.6%)[3]. The aim of this research was to identify the attitudes, perceptions and opinions of young adults of all genders aged 18 to 30 years in relation to the topic of perimenopause/menopause (PMP/MP). The participants were all students, currently registered on health-related undergraduate programmes across a range of 3rd level campuses in Ireland. The research also explored what students currently cover in their respective health related programmes on the area of PMP/MP and established potential opportunities for consideration of future curriculum development on this area.

Methods:
This study used a World Café (WC) methodology and was based on the seven design principles of World Café Foundation[4]. Ethical approval was obtained from the ATU Research Ethics Committee. Participant information leaflets were distributed to all potential participants and consenting individuals were invited to participate in a WC hosted on their respective campus. As a participatory research methodology findings are participant led from the 'mini harvests' after each respective 'table round', and a 'master harvest' that took place at the end of each WC session. Appreciative inquiry/intent was also used to analyse the data**.**

Results:
Results are currently being analysed, but preliminary findings indicate a range of themes including the need for education, knowledge and understanding of symptoms of PMP/MP, an overarching stigma on the topic of PMP/MP and minimal or no curriculum inclusion of PMP/MP being covered in undergraduate health related programmes.

Conclusions:
Early indications from the harvesting of the WC sessions are that students lack basic awareness of PMP/MP and that our undergraduate health related programmes are not dedicating sufficient curriculum content to bridge this gap.

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Embedding Physical Activity in Higher Education: Leveraging Campus Recreation for a Settings-Based Approach

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Issue/Problem:
Physical inactivity in higher education is a pressing concern, affecting student success, mental health, and long-term wellbeing. As institutions work to embed health and wellbeing into campus culture—aligned with the Okanagan Charter (2015)—it is essential to move beyond individual behavior change and towards structural and environmental solutions that make movement a natural and inclusive part of daily life.Campus recreation represents an underutilized asset in this work. Beyond traditional fitness and sports programs, campus recreation professionals can lead integration of physical activity into campus settings, culture, and policies to embed movement-friendly, nature-integrated campuses environments.

Description of the Problem:
A settings-based approach integrates physical activity into the places where people live, learn, work, and play rather than relying on individual motivation alone. This approach seeks to answer:

1. How can institutions design physical environments —including outdoor spaces and campus landscapes— that encourage movement?
2. What policy changes can create a culture where movement and time in nature are integrated into campus life?
3. How can cross-campus partnerships leverage campus recreation to make movement more inclusive and accessible?

This session presents successful strategies from institutions that have embedded physical activity that have begun reimagining campuses as movement-friendly, nature-integrated spaces.

Results (Effects/Changes):

- Increased engagement in daily movement through design interventions and built environment modifications. (Zhang et al, 2022)
- Stronger connections between physical activity and mental wellbeing, particularly through access to nature and outdoor recreation. (Wicks et al, 2022)
- Policy changes that support making physical activity more accessible and inclusive, increasing engagement. (Omura et al, 2020)

Lessons:

1. Physical activity must be embedded in the built environment, campus policies, and institutional culture—not just offered as a structured program.
2. Cross-sector collaboration is imperative in designing movement-friendly, nature-integrated campus efforts.
3. Physical activity, especially when combined with nature, offers a powerful but often overlooked tool for increasing daily movement, reducing stress, and enhancing cognitive function.
4. The settings-based approach is adaptable across institutions, offering scalable solutions for embedding physical activity into campus life.

Main Messages:

1. Institutions can promote movement by designing policies and environments—including green spaces—that make physical activity an inherent part of campus life.
2. Embedding physical activity into campus culture fosters inclusivity, social connection, and long-term wellbeing.

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Improving student mental health within post-secondary institutions in Canada using a health in all policies approach

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Student mental health is a complex issue and is more than the purview of student wellness centres. It requires a whole-of-the-university approach. A health in all policies approach (HiAP) is an emerging practice used to solve complex policy issues using a multi-sectoral approach. Many of these sectors do not see themselves as part of health or even health adjacent. HiAP is an adjustable framework that works at the structural determinants of health level to improve health and health equity outcomes. The HiAP approach seeks to understand the proximal and distal outcomes as well as the unintended implications of any policy to maximize positive health outcomes. A HiAP process would have universities remain consistent with the Okanogan Charter.

A policy review committee is formed and will include student mental health experts, policy content experts from the various sectors, those with lived experience, and those impacted by the policy. A HiAP approach will assess new and existing policies using a health equity impact assessment (HEIA) tool focusing on the social determinants of health to predictively identify proximal, distal, and unintended side-effects of the policy. This results in a student mental health impact statement accompanying all university policies. The HEIA tool will identify areas where student mental health would be eroded, where health inequities are exacerbated and propose mitigation strategies or supportive policies. Policies at the personal, community, and institutional level will be captured by this process. Monitoring student mental health through quantitative and qualitative approaches will ensure the impact of policies remain positive toward student mental health. Disseminating the results to all interested parties is a crucial step.

A HiAP process will have those involved become part of the solution increasing buy-in. This whole-of-the-university multi-sectoral approach will identify policy outcomes that work against student mental health at all levels of the socio-ecological model and will propose mitigating strategies supporting optimal mental health outcomes. Overtime, those involved in the process will better understand their role in student mental health and will ensure all future university policies support student mental health.

Main messages

- A HiAP process will help universities remain compliant with the Okanagan Charter
- Student mental health impact statements within university policies will help mitigate negative mental health outcomes

Towards a Healthier University Community through Peer Engagement and Health Ambassadors: 9 year of experience

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Issue/problem:
University life is a time of transition, and students often face challenges in maintaining healthy habits. Healthy behaviors of university students is crucial, as it influences both their academic performance and long-term well-being.
By supporting these behaviors through targeted interventions, peer engagement, and institutional policies, universities can play a key role in shaping healthy lifestyles for their students.

Description of the problem:
Healthy and Sustainable TecnoCampus (HST) is one of the first Initiatives in Catalonia to transform university into a health-promoting environment, with more than 9 years of experience. The main goals are awareness, creating easy healthy choices and an environment. HST targets more than 6000 people daily (including students, working staff and business entrepreneurs). To ensure a healthier lifestyle, the actions have been designed based on psychological social model theory.

Results (effects/changes):
More than 1200 actions have been carried out, specially in the areas of physical activity, nutrition, mental health and risk prevention. We highlight interventions to celebrate World Physical Activity Day, yoga, functional training and nordic-walking activities, the cycle-friendly employer certification, members of Party+, outdoor physical activity parks, active breaks, social digital health community, the integration of health promotion in academic curriculum and the creation of the psychological care service.

Lessons:
The actions of the HST project are successful and innovative because of:

1. The transversality of health promotion into all areas.
2. The peer methodology (health students' agents) and health ambassadors (workers) to reach all the community.
3. Involving the community, it is necessary to co-create actions and detect needs and preferences.
4. Health Education through Digital Platforms and social networks. Social networks connect people, professionals, institutions and companies that allow creating a positive impact in the TecnoCampus community health.
5. Synergies with public administrations, private companies and other universities.

Main messages:
TecnoCampus promotes a healthy, active, and sustainable lifestyle for over 6,000 people, including students, staff, and companies over 9 years.
Innovation thrives through its comprehensive health strategy based on the co-creation of the design of physical activity parks, integration of sustainability into actions, interuniversity health surveys, and social networks promoting healthy habits.

Evaluation of the Psychological Care Service at TecnoCampus: Usage, Trends, and Recommendations for Improving Mental Health Support

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Background:
University students face unique mental health challenges that are influenced by a combination of academic pressure, social dynamics, and transitional life experiences. The academic demands of university can lead to significant stress, anxiety, and burnout. Moreover, the transition to adulthood often influences mental health. Research indicates that approximately 30% of students report mental health issues.
Despite these challenges, university environments can also offer resources such as counseling services, peer support networks, and mental health education. In 2022, TecnoCampus implemented Psychological Care Service (PCS) to the entire university community.

The aim of this project is to evaluate the use of the PCS by the TecnoCampus university community for the last two academic years and to propose tools to improve the prevention of mental health disorders in the university community.

Methods:
PCS offers counselling in person or by telephone. Behavioral therapy is mostly used. The dissemination of this service is through the social media profile Instagram.
The indicators used to analyse the use were: gender, age, type of consultation, reason for consultation, number of consultations carried out and level of satisfaction.

Results:
Regarding face-to-face counselling, in the 2022-2023 academic year, a total of 57 psychological consultations were carried out; whereas it increased to 63 consultations in the 2023-2024. The users of the service were mainly students (97%) and women (62%). The level of adherence was 80.5% and the main reasons were stress (59%), anxiety (20%), low mood (7%) or grief (3%). Exam's months were the most requested for PSC.
A total of 46 telephone counselling has been conducted in the last two-years, more prevalent in women and in the exam months. The user profile and reason for the consultation being the same as for face-to-face counselling.

The results have shown the increase of consultations, the higher preference of face-to-face consultations and the increase of university staff using this service, breaking the stigma of using this service.

Conclusions:
Students highly value the service (8.8) but request more consultation time, continuity, emotional support groups and more mental health resources. The introduction of mental health subjects into the academic curriculum is being considered.

Discrimination and loneliness among university students in Germany: academic outcomes and university identification from the cross-sectional StudiBiFra study

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Background:
Perceived discrimination in higher education is associated with negative student well-being and academic outcomes, such as lower grades and higher drop-out rates. Dis-crimination also fosters feelings of loneliness and weakens students' identification with their university. Loneliness, a growing concern among university students, is linked with negative health outcomes and is exacerbated by exclusionary behaviours in academic settings, yet little is known about how these factors are related and interact to shape academic outcomes. Our study aims to explore the multidimensional nature of discrimination within higher educa-tion settings in Germany, with a focus on its interplay with loneliness, university identification, and academic achievement.

Methods:
Drawing on data from the cross-sectional study "Survey on study conditions and mental health of university students" (StudiBiFra) conducted at thirteen German universities (n = 24,533), we examined how perceived discrimination from lecturers and fellow students is associated with loneliness, university identification, and academic achievement through lo-gistic regressions. Additionally, we also explored loneliness as a potential moderator in these associations.
Results: Students who perceived discrimination from fellow students were almost five times more likely to feel lonely (OR: 4.69, 95% CI: 3.25-6.76), two times less likely to identify with their university (OR: 1.92, 95% CI: 1.41-2.61), and three times more likely to report worsened academic achievement (OR: 2.92, 95% CI: 1.93-4.43). Students who perceived discrimina-tion from lecturers were more likely to report loneliness (OR: 1.92, 95% CI: 1.41-2.61), a lower university identification (OR: 1.94, 95% CI: 1.43-2.64) and worsened academic achievement (OR=1.63, 95% CI: 1.11-2.38). Loneliness significantly moderated the associa-tion between discrimination from both sources and university identification. Regarding aca-demic achievement, loneliness did not prove to be a statistically significant moderator.

Conclusions:
Our findings underscore the complex interplay between perceived discrimina-tion, loneliness, university identification, and academic outcomes in German higher educa-tion settings, with loneliness playing a moderating role. Addressing loneliness alongside anti-discrimination efforts is crucial to improving university environments and fostering a stronger and more inclusive sense of belonging for all students.

What is peer support? An exploration of collaborating with students to deliver peer support in postsecondary education for student mental health and wellbeing

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Background
With high prevalence of mental health difficulties among postsecondary students, innovative approaches are needed to meet the increased demand for support. In the UK, the whole university approach to student mental health and wellbeing is gaining momentum in conjunction with health promoting campuses, which support students holistically throughout their university experience. Students often turn to each other for support. Could peer support be part of this whole university approach? While proven helpful in clinical settings, the findings of this research indicate that peer support in postsecondary education is different.
So, what is peer support in postsecondary settings? This research seeks to answer these questions:

1. *'What current practice exists in peer support for student mental health and wellbeing?'*
2. *'What do students understand peer support to be, and what factors influence if they access it?'*

Methods
To answer these questions, three studies were undertaken.

1. 'Systematic Review' outlines the international types of peer support that affect student mental health and wellbeing through a narrative literature analysis.
2. 'Staff Perspectives' clarifies peer support in practice from the perspective of the UK staff who coordinate it through template analysis of interviews with them (*n* = 16).
3. 'Understanding, Assumptions & Barriers' uses template analysis to explore what students (*n* = 52) understand peer support to be and the factors that influence whether they access it through nine focus groups across the UK.

Results
This project explored and defined peer support according to the literature, staff, and students. Peer support was found to be a student-led and safe space with a common purpose and four types. A peer was defined as a fellow student who was in a similar situation and willing to help.

Conclusion
According to this research, peer support is distinct from primary care because peers are not defined by their lived experience of mental health difficulties. Staff and students view peer support as part of a whole university approach, offering a safe space of relatability; however, barriers exist. Students are not always comfortable accessing all types of peer support. Therefore, resources are needed to increase awareness of its role.

Learning from the University Mental Health Charter in the UK: An Analysis of Outcome Reports

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Against a backdrop of increasing prevalence, severity, and inequality in presentations of mental distress at universities across the globe, there has been growing international interest and implementation of a whole university approach to mental health, with demonstrable benefits for learning, progression, and community. Developed in 2019 by the charity Student Minds and advocated by the UK government for all UK universities, the University Mental Health Charter provides an evidence informed policy framework and voluntary accreditation process for universities to implement a whole university approach to mental health. To date however, knowledge gaps persist pertaining to specific strategies for operationalising the Charter's Principles across diverse institutions in the present sectoral context.

This presentation outlines the findings from a content and thematic analysis of a sample of UK universities that underwent the University Mental Health Charter evaluation and award process between 2022 and 2024. The analysis sought to identify and understand examples of good and excellent practice across different institutions and elucidate sector-wide challenges. The findings have relevance for international governmental and institutional leadership to strategically and effectively implement a whole institution approach across a range of educational settings.

Notwithstanding significant variation within and across universities, the analysis identified widespread innovation, allocation of significant resource, and examples of good practice across all universities in the sample. Promising approaches to promoting wellbeing through teaching, learning, assessment, and progression emerged. Common challenges included inadequate governance of risk and information sharing; inconsistency in practice and experience; limited use of evidence informed approaches and ongoing evaluation; and challenges in promoting social belonging and staff wellbeing.

Key lessons underscore the importance of strategic governance to ensure context-specific cohesion, collaboration, and consistency in approach, underpinned by co-creation, communication, and a positive culture. Sector-wide initiatives are recommended to develop appropriate evaluation methods, clarify information sharing procedures, and disseminate good practice.

Taken together, this work elucidates strategies that can impact institutional approaches to policy and practice. Additionally, the findings can inform other countries and settings introducing whole institutional policies.

University students' perceptions of standing desks as a strategy to reduce sedentary behaviour

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Background:
Sedentary behaviours are embedded into university students' everyday lives, with 54% reporting ≥6 hours of sedentary time per day (Savage et al., 2024). Standing desks have been shown to effectively reduce sitting time in office workers and university classrooms, and to positively impact health and wellbeing. However, integrating this intervention into students' daily routines remains underexplored. Understanding students' perceived barriers to and facilitators of standing desk use is crucial to designing effective interventions within the university setting that align with student preferences and habits. This study therefore explores students' perceptions of standing desks as an intervention to reduce sedentary behaviour whilst at university and how they may be incorporated into their daily lives.

Methods:
24 UK undergraduate students from a post-92 university in the Midlands, UK, participated in one-on-one semi-structured interviews focused on perceptions of standing desks in university settings such as within communal study areas and in student accommodation. Data were thematically analysed guided by the reflexive approach.

Results:
Most students (*n*=21) were aware of standing desks, though only two had prior experience. Ten students directly expressed interest in using one, primarily to address their known sedentary habits, yet none mentioned improved health or productivity as motivators. Key barriers included limited accommodation space, reliance on pre-existing furniture, perceived cost, discomfort with prolonged standing, and social concerns, such as feeling self-conscious or embarrassed when using a standing desk in settings where peers are seated. Among the ten participants who expressed interest, only three indicated they would use a standing desk in a communal university setting if it were made available, whereas all ten expressed an interest in using a standing desk in a home environment if barriers related to cost and space were addressed.

Conclusions:
The findings highlight that sedentary behaviour interventions need to be compatible with students' daily lives and preferences. Appropriately sized, affordable, adjustable standing desks for home use may overcome many of the suggested barriers and would also align with evolving remote study cultures. Additionally, integrating education about the health and productivity benefits of standing desks could enhance the successful implementation of such interventions.

Development of a Healthy University Web Application for Evaluating Health Problems, Quality of Life, and Health Promotion Behavior among University Personnel

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Background:
The development of a Healthy Chiang Mai University (CMU) health promotion model by applying a health information system to assess the health risks from NCDs for university personnel involves the systematic development of a health database which can be used to promote, plan, and develop policies or strategies to support health promotion, quality of life, and appropriate healthcare behaviors for personnel. The objective is to assess the NCD health risks related to quality of life and health promotion behaviors among Chiang Mai University (CMU) personnel using Web-based Application.

Methods:
A study using a descriptive correlational design was conducted with a sample group of 650 people selected by convenience sampling, who were working at CMU between January 2021 and June 2021. Data were collected using the web application (CMU I-Health), and the instruments consisted of 1) a health risk assessment form, 2) the abbreviated WHO Quality of Life Assessment Form (WHOQOL-BREF), and 3) the Health-promoting Lifestyle Profile-II (Thai-CMU version). The Cronbach's alpha coefficients were higher or equal to 0.95 and 0.9, respectively. Data were analyzed using descriptive statistics and Pearson's correlation coefficient.

Results:
The sample group consisted of females (69.7%) and males (30.3%), most of whom had high-moderate health risk (46.5%). Some participants had a history of taking NCD medication (18.9%), with the top four NCD risks being hypertension (13.2%), hyperlipidemia (13.2%), coronary artery disease (2.8%), and diabetes (1.2%). The main risk factors for developing chronic NCDs were excessive Body Mass Index (BMI) (28.7%), inappropriate dietary habits (98%), excess waist/hip ratio (57.4%), stress (42.5%), lack of exercise (30.2%), drinking alcoholic beverages (27.5%), and smoking (2.5%). No statistically significant differences were found in the quality of life and the health promotion behaviors after 6 months, although quality of life was found to be moderately correlated with health promotion behaviors ($r = 0.358$, $p < 0.01$).

Conclusions:
University personnel should be encouraged to practice appropriate health promotion behaviors in order to reduce risk factors and prevent the occurrence of non-communicable chronic diseases in the working-age population leading to wellness and a quality work-life balance.

Capacity-building for University Health Volunteers: A Mixed Methods Study

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Background:
Health promotion should focus on developing health volunteers to have exemplary health-promoting behaviors by using participation as a driving force to emphasize activities related to health status and health promotion, while monitoring risks related to the severity or complications of chronic disease. The study aims to enhance the capacity-building of university health volunteers for embracing the healthy university health promotion model.

Methods:
A mixed-methods, explanatory design study was conducted in
2 phases. Phase 1 included survey research to develop a capacity-building for university health volunteers. The sample group consisted of 140 university health volunteers working between June 2021 and December 2021, selected by purposive sampling. The data were analyzed with descriptive statistics. Phase 2 involved a qualitative study which explored the perspectives of health volunteers on capacity-building. Focus groups were implemented, using a topic guide with an open-ended questionnaire for data collection. A sample of 60 health volunteers was divided into three interviewing groups. The data were analysed using content analysis.

Results:
The participants were satisfied with the capacity-building at a high level (52.2%). Moreover, almost half benefited and acquired knowledge from the model trial at the highest level (47.8%), especially regarding knowledge and understanding of health risk assessment (81-90%), basic skills in health monitoring (81-90%), confidence in capacity-building on health promotion for self-care (81-90%), and the ability to help their organization's personnel (81-90%). The findings provided evidence of the perspectives of university health volunteers on capacity-building. Six themes included 1) the essential establishment of university health volunteers, 2) the effective mechanism for moving, 3) motivation and participation, 4) specific training to be university health volunteers, 5) the roles of university health volunteers, and 6) collaboration and sustainability were created.

Conclusions: The capacity-building of health volunteers is essential for moving towards a healthy university through everyone's participation to achieve wellness. Participants were able to practice self-care and work effectively, reducing the risk of developing chronic diseases, and having a better quality of life.

A systematic review of the design and implementation of health literacy interventions for third-level students

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Background:
Being health literate is associated with positive outcomes among third-level students, such as positive changes in mental health; emotional, social, and psychological wellbeing; and subjective sleep quality. However, to date no systematic review has been completed investigating how effective health literacy (HL) interventions for third-level students are designed and implemented internationally. This systematic review is intended to identify what HL interventions for third-level students there are, and what aspects of their design and implementation contribute to their effectiveness.

Methods:
Six online databases were searched using the keywords “health literacy” and “third-level students”, and related terms. Peer-reviewed articles published in English were screened for relevance, and relevant studies were evaluated for quality and risk of bias. We carried out a narrative synthesis on the results of the included studies, identifying in-use HL interventions for third-level students and what aspects of their design and implementation are most effective.

Results:
We compared the results of the included studies with a particular focus on the HL intervention design and implementation, including how effective the interventions are in improving relevant outcomes. Observations were made on what components of different HL interventions appear to contribute to their effectiveness or ineffectiveness for third-level students in a university setting. Specific strengths and challenges unique to third-level students emerged.

Conclusions:
Based on the results of the narrative synthesis, recommendations were made regarding the design and implementation of future HL interventions for third-level students. The characteristics of effective and ineffective interventions in the sample informed all recommendations made, with consideration made for the quality and risk of bias of the studies. Conclusions drawn from this review will be considered in the design and implementation of a health literacy intervention for students at Dublin City University, Ireland, and learnings can also be transferred to other third-level institutions internationally.

Supporting student wellbeing: A qualitative study of health literacy among third-level students

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Background:
Health literacy (HL), the ability to access, understand, evaluate, and apply health information to make informed health decisions, is essential for maintaining wellbeing. For third-level students, the transition to university life often presents unique HL challenges, such as increased autonomy in managing health needs. This study seeks to explore the specific HL needs, challenges, and strengths among students at Dublin City University (DCU), Ireland. Understanding these factors can help inform the development of targeted interventions to improve HL and, by extension, student wellbeing.

Methods:
We conducted two simultaneous forms of data collection for this project. The first consisted of several in-person and online focus group discussions with third-level students from DCU to determine the unique HL challenges and strengths of students in DCU. The second consisted of several semi-structured interviews with key DCU staff and external stakeholders. We carried out thematic analyses on both the focus group and interview data. These analyses contributed to gaining a comprehensive understanding of the challenges associated with developing a HL intervention for third-level students, and critically, suggestions for future HL interventions.

Results:
Preliminary analysis indicates that while students demonstrate strengths in certain areas, such as digital literacy and seeking peer support for health information, they also face significant HL-related challenges. These challenges include difficulty navigating health services, understanding complex medical terminology, and limited access to reliable health resources. Stakeholders emphasised the importance of structured health education and consistent support services to address these gaps. The results suggest the need for tailored, sustainable HL interventions that account for the diversity within the student population and leverage existing available resources.

Conclusions:
This study's findings suggest that a multifaceted approach is needed to improve HL among DCU students. Interventions should focus on enhancing students' ability to access reliable health information, improving navigation of health services, and fostering a supportive environment for health-related decision-making. These insights will guide the development of a comprehensive, student-centred HL intervention in DCU aimed at improving overall student well-being, and key insights can be applied to other third-level institutions in Ireland and internationally.

1000 Volunteers: A multi-solving approach of the University of Alabama at Birmingham (UAB) to increase wellbeing by developing social and community connectedness through volunteerism.

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Issue/problem:
For many campus members, a sense of belonging has decreased over the last several years, with UAB students dropping from 74.8% (2019) to 66.9% (2022) and only 73% of UAB employees reporting that they "feel a sense of belonging at this institution."
A sense of belonging is positively associated with wellbeing. For college students, it correlates with persistence, success, and graduation. For employees, a recent study found that 94% of employees felt that it was very or somewhat important to feel that the workplace is somewhere they belong. "Not belonging" is even registered by the brain as a physical injury.

Description of the problem:
UAB's initiative Live HealthSmart Alabama (LHSA) is a multi-solving approach to increase health for Alabamians, whose indicators are consistently at the bottom of all national health rankings. It is a transformational movement to make good health simple for Alabamians and contributes to UAB's designation as a Health Promoting University. The LHSA campus program *1000 Volunteers* is itself a multi-solver by connecting faculty, staff, and students with service opportunities in the surrounding communities, strengthening campus-community bonds, increasing belonging, and creating a culture of service, thus holistically impacting wellbeing at all levels--people, place, and planet. The approach reduces downstream effects such as attrition rates, employee turnover, absences, and physical and mental health issues-- long and short term. It also increases retention rates, academic success, and employee satisfaction.
Student wellbeing is now understood to be a critical factor influencing learning, retention, academic achievement, overall success and lifelong flourishing.

Results:
Currently more than 300 faculty, staff, and students have joined the *1000 Volunteers* community. Interviews from faculty, staff, and students corroborate the literature's findings regarding the positive impacts of volunteerism. Preliminary data suggest attrition rates for student participants is 0%. Involved students either graduate or persist. The most recent NCHA data reveal that students who are engaged and involved report higher satisfaction across all measured areas.

Lessons:
Volunteering is beneficial to volunteers, organizations, recipients, the culture of those involved, as well as the service project objectives. It is a salutogenic, upstream approach that offers clear downstream benefits.

Main Messages
Volunteering is a multi-solving approach that increases wellbeing for people, place, and planet. Volunteerism connects across disciplines and barriers, increases belonging, and fuels transformation through positive yields.

Implementation of exercise is medicine on campus as a framework for meeting health needs of the campus community at the University of Windsor

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Issue/Problem:
Regular participation in physical exercise is effective in maintaining and improving multiple facets of health and wellbeing. Despite this, only 45% of Canadian adults meet the recommended 150 minutes of moderate-vigorous exercise per week. Therefore, removing barriers and improving access to exercise opportunities through an on-campus initiative would be beneficial to members of the University of Windsor campus.

Description of the Problem:
Exercise is Medicine – On Campus (EIM-OC) is a global initiative started by the American College of Sports Medicine. Registering with EIM-OC demonstrates a commitment to improving health and wellbeing for post-secondary institutions. Beginning in 2023, the University of Windsor established a student-led EIM-OC initiative with the aim of improving health and wellbeing of students, faculty, and staff. To help understand the barriers and identify the greatest areas of need, a questionnaire was shared with the campus community. The feedback received has guided the EIM-OC framework for ongoing and future projects to address and improve health and wellbeing of campus members.

Results (effects/changes):
Results of this questionnaire suggested that individual events as opposed to ongoing, regularly scheduled events were more desirable. Moreover, shorter duration events were seen as more desirable than events that were longer in duration. These responses led to a framework which is currently implemented for the EIM-OC initiative. These questionnaire data have guided the EIM-OC organizing committee to host a regularly scheduled walking group which provides an opportunity for members of the University of Windsor campus to participate in low-intensity cardiovascular exercise. A fundraising, single-day exercise event is also in development for campus members. The sentiment towards these events will be collected following completion of the academic year.

Lessons:
Event decision-making has been guided by the initial questionnaire responses. Following the events, feedback will be collected from active participants to determine if initial sentiments align with post-event responses. These results will be used to guide EIM-OC leadership in future decisions.

Main Message:
Soliciting feedback from campus members prior to implementing an EIM-OC initiative is potentially advisable to maximize the effect on health and wellbeing at post-secondary institutions.

Fostering sustainable graduate student well-being: lessons and approaches from the Well-Being Advocate Program

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The prevalence of mental health challenges among graduate students can be influenced by the distinct academic and professional environments in which they study and grow. These environments are further shaped by the unique cultural norms and values of individual graduate programs, creating complex and varied well-being climates. Declines in well-being can impact critical aspects of the student experience, including formation of a disciplinary identity, sense of belonging, and decisions about continuing in academia.

The University of Michigan Rackham Graduate School's Well-Being Advocate Program (Advocate Program) is a cornerstone initiative advancing the principles of the Okanagan Charter within graduate education by creating sustainable well-being environments through systemic change. This innovative program integrates well-being into graduate program systems and policies by partnering with and empowering graduate programs to help identify and implement tailored interventions that foster well-being cultures. The Advocate program employs a unique three-track model designed to address key questions:

- How can well-being be integrated/embedded into existing graduate program structures?
- What department-specific interventions most effectively support student mental health and well-being?
- How can cultural change be sustained through institutional systems and structures?

The program has demonstrated success through the following: mixed-methods evaluation, implementation of tailored interventions in curriculum design, milestone structure, and community-building; enhanced feedback mechanisms between students, faculty, and administrators, and measurement of student and department-level engagement with well-being initiatives.

Key lessons learned include the importance of data-driven decision-making, value of embedding advocates within departments, and the necessity of addressing well-being at both structural and cultural levels. The program's success highlights how partnerships and collaborations can create sustainable, equitable well-being environments that support diverse graduate program populations. Critically, our work reveals that while graduate students across disciplines share common well-being challenges, the effectiveness of interventions varies significantly between programs. Successful well-being initiatives must be tailored to individual departmental and graduate program contexts rather than applying a one-size-fits-all approach. Impacts thus far include:

1. Building effective graduate program partnerships through collaborative initiatives that address well-being challenges and create systemic solutions.
2. Implementing systematic change in graduate programs through data-informed decisions and sustainable well-being and health promotion practices embedded in department structures.

Health Promotion Policies in Ibero-American Universities: education and good living

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Background:
Universities have a social responsibility in Health Promotion, not only as academic institutions but also as agents of change. In the Ibero-American region, characterized by its cultural and socioeconomic diversity, it is crucial to understand how health promotion policies are implemented in the university context, considering global agendas and their impacts.

Objectives:
1.To analyze health promoting policies implemented in universities belonging to the Ibero-American Network of Health Promoting Universities. 2.To identify strategies adopted, challenges and practices to foster a well-living environment in institutions belonging to the Ibero-American Network of Health Promoting Universities.

Methodology:
Documentary research, qualitative in nature. The selection of documents included institutional policies, reports on health-promoting activities and published guidelines on living well, covering different regional contexts. Bardin's Content Analysis technique was used for the analysis: 1-Document Selection, relevant documents on health promotion produced by public and private universities were selected. 2- Coding and Categorization, the documents were read, classified and analyzed based on previously defined categories, such as disease prevention, promotion of mental and physical well living, healthy eating policies and mental health programs.

Results:
The analysis of the health promotion policies implemented in the universities belonging to RIUPS revealed that there have been significant advances in recent decades, but there are still disparities in terms of their effective implementation. It was identified that some institutions offer broad and well-structured programs, while others lack evident and systematic strategies to deal with issues of living well. The growing concern with mental health is a trend in university policies, with several institutions implementing programs aimed at the psychological support of students.

Conclusion:
More inclusive policies are needed that take into account the different social, cultural and economic realities of the academic community, as well as being adaptable to different local contexts. This study highlights the importance of coordination between universities and health systems in the region, with a view to creating university environments that are favorable to the wellbeing of the academic community and its surroundings.

Health promotion in higher education institutions: education's commitment to protecting lives

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Background:
Studies and scientific events related to Health Promotion in universities show that the initiatives and actions for the well-being of the academic community and its surroundings are mostly coordinated by health courses. This may demonstrate the distancing that other areas of knowledge reflect in the lack of involvement with the Health Promotion movement in universities, with a consequent decrease in support and information on health. It is necessary to make health a cross-cutting theme for all areas of knowledge, with networking and partnerships, so that everyone can feel responsible and participate in the well-being of the academic community and the population.

Methods:
The research involved searching for "University Health Promotion" and analyzing articles on health promotion actions at institutions in the Brazilian Network of Health Promoting Universities (July 2024–January 2025). The objectives were: 1) to describe literature findings on health promotion and its contributions in university centers and 2) to analyze health-promoting activities reproducible in other academic spaces.

Results:
Health-promoting actions in universities must be appropriate to the social, economic, cultural and political context, choosing practices that are sustainable and that have a positive impact on the health and well-being of the community in which they operate. The study showed that activities can range from simple to complex institutional actions. In addition, the actions can be thought of in a broad way, by various social actors and in an interdisciplinary way, contributing to the development of a culture of Health Promotion in the academic environment.

Conclusions:
The study revealed that the actions carried out have an impact on the well-being of young university students, who live a life cycle marked by multifaceted experiences that extend throughout their academic career until they enter the job market. The impact on the health of this specific population can be significant and the suffering can often be underestimated due to the demands of curricular activities. Health promotion at university campuses must be seen as a sustainability movement to achieve global goals, fostering fair societies and preparing healthy citizens for life’s challenges.

Students' perceived barriers and facilitators for school reintegration after psychiatric hospitalization: A scoping review

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Background:
There has been a remarkable increase in the use of psychiatric emergency and inpatient services by elementary, secondary, and postsecondary students. The transition from inpatient hospitalization back to school is frequently challenging, escalating the risk of suicidal behaviours and re-hospitalization. Unfortunately, this transition is often poorly coordinated, with a lack of communication and supports from hospitals, schools, and communities. There has been some work done to understand the caregiver and clinician perspective of this transition, but there are relatively few studies exploring the experiences of students themselves. Given the prevalence of mental health issues and the risks of psychiatric hospitalization in this population, there is an urgent need to gain insight into students' experiences of the transition from psychiatric hospitalization back to school.

Objectives:
To identify students' experiences of barriers and facilitators to transitioning from psychiatric inpatient care back to school.

Methods:
Following the scoping review frameworks set out by Arskey and O'Malley and Levac et al., four academic databases and one dissertation database were searched for appropriate documents. Five journal articles and three dissertations were found, and data was extracted to identify perceived barriers and facilitators for students transitioning back to school from psychiatric inpatient care.

Results:
This scoping review identified several barriers and facilitators that students perceived to have impacted their transition from inpatient hospitalization back to school. Most of these were connected to the students' schools, including academic factors and connections to school staff and peers. There is a need for collaboration between hospitals, schools, and communities to improve supports through all stages of the transition between mental health hospitalization and school.

Conclusions:
Few studies have explored the student perspective of the transition from inpatient psychiatric hospitalization back to school. Further research, especially longitudinal studies exploring students' experiences through all stages of this transition, is recommended to better understand students' perspectives of what facilitates a positive or meaningful transition back to school. Future research should also focus on the experiences of postsecondary students transitioning from psychiatric hospitalization, as there was a complete lack of studies found by this review.

Identifying characteristics of UK university students at risk of developing adverse health and related behaviours across one year at university: a latent transition approach

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Background:
University students typically develop adverse markers of health and related behaviours that can have negative consequences for current and future health status. Previous research has focused on developing interventions to improve these outcomes in the general student population with varying degrees of success. However, recent literature has demonstrated that differences in health outcomes exist among subpopulations of students (e.g., genders, ethnic backgrounds, and year of study) (Savage et al., 2024), highlighting the need for a more targeted approach. Currently, there is a dearth of literature devoted to identifying characteristics of students at greater risk of developing poorer health-related outcomes. The current study aimed to identify characteristics of UK university students at risk of developing adverse markers of health and related behaviours across one year at university.

Methods:
438 students completed an online self-report survey to assess markers of health and related behaviours (e.g., BMI, physical activity, & diet quality) in term one (October) and term three (April) in one of three academic years (2021–22 or 2022–23 or 2023–24). Latent Profile Transition analysis was employed to generate health-related profiles and assess transitions over time.

Results:
Four latent profiles were detected, largely influenced by physical activity behaviours and psychological markers (e.g., mental wellbeing and perceived stress). The majority of students were initially identified in profiles considered as less healthy and remained in those profiles over time (57.0% at T1 & 58.5% at T2). Women (64.4%) and trans and gender diverse (TGD) students (88.5%), and students in their second year at university (64.8%) were at greatest risk of initially being in, and remaining in, less healthful profiles.

Conclusions:
Most students are initially identified in, and remain in less healthful profiles throughout the academic year. Students that transition between profiles are more likely to transition to less healthful profiles. Work to develop bespoke interventions aimed at students with higher-risk demographic characteristics (e.g., women, TGD students, and students in 2nd year) should now be prioritised.

Reproductive justice on campus: an integrative review of female undergraduate students' experiences seeking and accessing hormonal contraception in developed countries.

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Background:
Young adults report low rates of contraception use and high rates of unintended pregnancy. Postsecondary students experience unique considerations around contraceptive decision-making related to service availability, campus culture, campus location, and lifestyle changes. This integrative review sought to capture and analyze the literature describing female undergraduate students', between the ages of 18 to 29, experiences of seeking and accessing hormonal contraception in developed countries. The aim of this review was to better understand contraceptive decision-making processes in early adulthood, and service provider and institutional involvement in these processes, to inform contraception service delivery.

Methods:
An integrative was conducted using Whittemore and Knafl's methodology. CINAHL and MEDLINE were searched for studies published over a ten-year period (2013-2023). From 151 studies, 24 articles were analyzed for quality and across four phases of analysis: data reduction, data display, data comparison, and conclusion-drawing and verification.

Results:
Three overarching themes emerged: desire for reproductive agency, the influence of observability, and incongruity between risk perception and actual risk. The literature described low knowledge around contraceptive methods, misinformation and fear around long-acting reversible contraceptives, use of the Internet and peers as primary sources of contraception information, and a desire for effective contraception. Studies were conducted in the United States (n=21), Canada (n=1), Australia (n=1), and Ireland (n=1). Only one study was conducted in a rural setting.

Conclusions:
Through a reproductive justice lens, contraceptive decision-making is shaped by power structures, social inequities and gender narratives. Postsecondary institutions are well-positioned to promote reproductive agency, and collaboration across organizational silos and student groups is recommended to inform campus health initiatives. Future research exploring undergraduate students' experiences seeking and accessing hormonal contraception would address the literature gap regarding contraceptive care concerns of rural communities, which are currently unknown.

Barriers and facilitators to engaging in a university-based exercise programme delivered to students experiencing mental health difficulties: A pilot study

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Background:
Prevalence of mental health problems among university students is high. Exercise can benefit mental health and universities could provide suitable settings for delivering exercise referral schemes. This study examined factors influencing exercise engagement among participants of a university-based exercise referral scheme to support mental health.

Methods:
Semi-structured interviews captured the experiences of university students (n = 7) experiencing mental health difficulties who had participated in a university-based ERS. Instructors participated in a focus group to further assess the factors influencing exercise engagement. Data was analysed using reflexive thematic analysis.

Results:
Twelve themes were constructed and organised using the COM-B model which describes the interaction between Capability, Opportunity and Motivation to generate a particular behaviour. The Behaviour in this study is considered exercise. Themes were categorised in the following way: Capability (experience and knowledge, anxiety, skills, and physical fitness and health), Opportunity (accessibility, time, social support, and subjective norm), and Motivation (planning and routine, goalsetting, benefits of exercising, and enjoyment).

Conclusions:
Practitioners implementing university-based exercise referral schemes to support mental health may consider these learnings to help support the capability, opportunity and motivation of students to engage and remain engaged in exercise. Further research is recommended to assess feasibility of similar programmes in other universities or settings.

Start Where You Are: Integrating Wellbeing in Faculty Service

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Issue/problem:
Gender inequity in academic service has worsened since the pandemic; institutions risk losing faculty to burnout without transparency and recalibration (O'Meara et al., 2022). (O'Meara et al., 2022). A recent study at our institution found women in some STEM departments carry service burdens 2X greater than men. The Okanagan Charter adoption offers a strategic approach to address faculty service equity and wellbeing; our research outlines one way to concretize the Chater's calls to action in a participatory process to examining committee service equity that could be implemented across campuses, providing insights on widespread sustainable implementation.

Description of the problem:
We conducted a faculty service equity policy audit using a participatory research process during Winter 2025 just as our institution adopted the Okanagan Charter. A task force of faculty leaders participated in a workshop on the Charter, systems thinking, and faculty service inequity research. The task force created data collection tools, analyzed results, and developed policy updates with university leadership. Our key questions are: "How effective is the participatory process for updating institutional wellbeing policies?" and "What lessons can improve future policy audits?"

Results (effects/changes):
Ten years after the Okanagan Charter's adoption, practitioners still have much to learn its implementation. Few case studies show how to engage faculty from outside of the health-related disciplines in charter implementation at the policy level. Our participatory research process measures the impacts of engaging in the policy audit process itself. Our preliminary research examines participant knowledge of the Charter, feelings of efficacy regarding system change, and awareness proliferation through informal network analysis.

Lessons:
By focusing on faculty service burden, a well-being issue of widespread concern, we successfully engaged campus leaders from various disciplines. This approach allowed us to involve partners who are typically not part of campus well-being initiatives, broadening the scope of engagement. The success of this initial focus suggests that targeting specific, high-interest aspects of well-being can foster collaboration across the university. This strategy could be replicated for other well-being topics to support the implementation of Action 1.1, creating a more inclusive and comprehensive approach to campus well-being efforts.

Main messages:
A small, private, liberal arts college in the US presents findings on using participatory research to test a service policies audit process for implementing the Okanagan Charter to enhance well-being in faculty committee service. Research shows gender inequity in academic service worsened post-pandemic. Using the Okanagan Charter framework, a college examines committee service equity through a well-being policy audit to address faculty burnout.

Embedding a Whole University Approach to Student Mental Health and Wellbeing

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Issue/ Problem

Students disclosing poor mental health and wellbeing at university is now over seven times higher than a decade earlier [2] and resourcing restrictions within universities can often lead to a focus on reactive measures and medicalised interventions to address this.

King's College London sets out to embed a whole university approach to mental health and wellbeing to address this, acknowledging all aspects of university life impact the mental health and wellbeing of its community. Our 'Pyramid of Support' model illustrates this. Based on the World Health Organisation pyramid, it is underpinned by an accessible and inclusive curriculum.[3] By ensuring that students and staff are aware of proactive support and protective wellbeing opportunities at the base of the pyramid, we aim to minimise the need for clinical support where appropriate.

Operationalising this relies on effectively connecting multiple teams including learning and teaching colleagues, student life colleagues and King's academic teams, ensuring our approach is research-led and evidence informed. Our annual King's Student Wellbeing Survey uses clinical and non-clinical scales to capture a longitudinal picture of how our approach is impacting the mental health and wellbeing of our student body.

Results

In 2023, King's became one of the first nine institutions to obtain the Student Minds University Mental Health Charter Award, with some key aspects of provision highlighted as examples of practice excellence. Our 2024/5 Charter Award Working Groups bring together almost 100 colleagues to respond to recommendations set out by our assessors, supporting us in continuous improvement. This includes the launch of a new staff mental health support model.

Lessons

- Embedding a structured but flexible approach across a complex multi-discipline and multi-site institution.
- Ensuring cohesion across teams in various roles to ensure effective student support (e.g. Learning and Teaching, Residential and Estates colleagues)
- Considering student participation and voice in a meaningful way across university processes, ensuring student partnership remains at the heart of our approach.

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Implementing the Mental health and well-being for post-secondary students National Standard of Canada in a Sample of colleges in Ontario, Canada

Joanne Spicer
Fleming College, Canada

This poster presentation is an overview of my doctoral thesis that examined the implementation of the Mental health and well-being for post-secondary students National Standard of Canada (the Standard). The Standard, released in July 2020, is a comprehensive, evidence-based voluntary guide for post-secondary institutions to examine their mental health and well-being (MHWB) policies and practices, benchmark their opportunities, challenges and gaps, and work towards a greater understanding of a shared responsibility for mental health and well-being in post-secondary education. As the Okanagan Charter was one of the guiding documents informing the development of the Standard, health promotion and a shared responsibility for student MHWB is a key component for institutional compliance. My thesis examined the implementation of the Standard in four colleges located in Ontario, Canada and examined the opportunities and challenges of implementation. This session will discuss the results of my research study.

Steps towards signing the Okanagan Charta – lessons learned and what's next? An example of good practice at Magdeburg-Stendal University of Applied Sciences (Germany)

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Issue
The need for health promotion at universities arises from the various processes of change to which universities have been exposed in recent years. These include the restructuring of study programmes on the basis of the Bologna reform, the introduction of private-sector management methods and the increased competitive orientation of universities.

Problem
The aim was to implement health management at the university along a five-step transfer process: 1) Providing impetus from health academics and students. 2) Securing the support and commitment of the university management. 3) The establishment of the Sports and Health Centre made it possible to take stock of the health situation of students and staff. 4) A regional network was established under the umbrella of the national Working Group for Health Promoting Universities in Germany. 5) As future leaders in business, politics and society, graduates act as multipliers for the creation of health-promoting working conditions.

Results
In the five years leading up to the signing of the Okanagan Charter, the following milestones have been achieved: inclusion of health as part of the university's strategic map; various health projects for students; participatory development and adoption of the leadership guidelines; employee survey on working conditions and health; corporate health award; inauguration of the outdoor fitness trail.

Lessons
Based on the health-related study programmes, a quality-assured health management system has been established at the university, covering all status groups, behavioural measures and organisational development processes. The commitment of the university's management has ensured that health has become a cross-cutting issue. The lived health-promoting culture, the health-related experiences of the students in their everyday student life and the health skills acquired during their studies are carried by the graduates into the world of work. The current focus is on linking health and climate management at the university.

Main messages
A culture of health promotion can spread from the university to other areas of work and society. Ensuring a continuous participation structure for all university members should be the focus. It is particularly important to combine activities in the areas of health promotion, climate change, sustainability, gender equality, anti-discrimination and equal opportunities.

Embedding mental health into campus culture: A new framework to operationalize the Okanagan Charter action principles

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Issue/Problem:
Higher education institutions recognize the importance of supporting student mental health, which research shows can impact academic success and well-being. This session introduces the STEPS framework, a comprehensive approach to operationalizing the Okanagan Charter's action principles. The framework includes five dimensions: supportive messaging, training, embedding mental health into programs and curriculum, policies and practices, and space and environment. By implementing these evidence-based strategies, universities can create a culture that supports mental health across departments and units, addressing the challenges faculty and administrators face in providing support.

Description of the Problem:
University faculty and administrators often face challenges addressing student mental health due to limited training, time, and resources. The STEPS Framework provides a strategic, evidence-based approach to integrate mental health support within departments, offering comprehensive, sustainable, and evidence-informed assistance to help students thrive academically and in life.

Key Questions:
1. How can university departments/units effectively implement student mental health support despite their limitations in time, training, and resources?
2. What are the positive student outcomes if the STEPS framework is implemented?
3.

Results:
Preliminary results show that the STEPS Framework provides a strategic, evidence-informed template for mental health interventions, saving time and resources. Faculty and administrators report that the framework helps them create customized strategies for their departments/units. Expected outcomes include increased faculty confidence in supporting students, increased student access to mental health resources, and improved self-reported student well-being.

Lessons:
The STEPS framework enabled departments to create individualized plans and implement essential training. Key lessons include the need for a strategic, flexible framework, the critical role of Counseling Services, and the importance of leadership. Most strategies are cost-effective, though adapting physical environments may incur costs. Phased implementation with short and long-term action items is crucial. Departments should start with a few interventions and build over time, ensuring clear outcomes and assessment methods.

Main Messages:
1. The evidence-informed STEPS Framework embeds mental health into campus departments.
2. The approach results in increased confidence providing support, student access to resources, and wellbeing.

Promoting student and employee mental health through an enterprise-wide suicide prevention Strategy

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Issue/Problem:
The UAB Cares initiative is a comprehensive, collaborative suicide prevention and mental health promotion effort at the University of Alabama at Birmingham. Suicide is the 2nd leading cause of death for college students, and workplaces are increasingly prioritizing mental health. In 2018, UAB leadership tasked a multidisciplinary team to study best practices, leading to the creation of the UAB Cares Suicide Prevention Initiative in 2019. Over six years, it has expanded significantly, focusing on three main pillars: (i) Prevention and Awareness; (ii) Education; and (iii) Treatment, Recovery, and Postvention Policies, Procedures, and Services. The initiative uses data, best practices, and public health theory to support students and employees. Recognized with the 2022 Best Practices in College Health Award, it serves as a model for other institutions.

Key Questions:
1. What are the essential components for establishing a comprehensive, collaborative, and coordinated organization-wide suicide prevention initiative?
2. What responsibilities does the leadership committee hold in implementing efforts of the suicide prevention initiative?
3. How are the priorities and projects of the suicide prevention initiative determined, and what are they?
4.

Results:
The UAB Cares Suicide Prevention Initiative is a highly active, organized, structured, and strategic initiative led by the multidisciplinary Suicide Prevention Committee. By identifying and working on key priorities through an organized leadership structure, the committee accomplishes numerous goals and objectives on an annual basis. The initiative follows the Okanagan Charter principles and has significantly impacted the UAB community. Over 20,000 students and employees have engaged with the UAB Cares website, 8,000+ downloaded the UABwell Mental Health app, and thousands have received mental health training. The 2023 Mental Health Advocate Badging/Certificate program has seen hundreds of completions. The majority of UAB students reported feeling supported by the campus (National College Health Assessment, 2022, 2024).
Lessons: Key lessons include selecting committed leadership, ensuring senior leadership investment, articulating a clear vision, and involving key partners, including students. These elements have strengthened the initiative's impact and sustainability.

Main Messages:
1. The UAB Suicide Prevention Initiative collaboratively supports students and employees.
2. The initiative covers prevention, awareness, education, and treatment, recovery, and postvention efforts.

Express STI Testing: A novel approach to early diagnosis and treatment of sexually transmitted infections

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Sexually transmitted infections (STIs) are a critical issue on campuses around the world. Rising rates of STIs indicate a lack of adequate interventions. It is best practice for sexually active adults to get routinely tested even if they are asymptomatic since most STIs do not have any symptoms. The burden of STIs can have a negative impact on a person's physical, emotional, and relational wellbeing. The University of British Columbia Okanagan (UBCO) is located in the city of Kelowna, where there is limited access to healthcare services on and off campus. In addition to lack of health care resources, other barriers to accessing routine STI testing include stigma and lack of awareness. The UBCO Express STI Testing Clinic was created in November 2022 to address stigma, low sexual health literacy and lack of access to STI testing. This pop-up clinic is set up in a high traffic hallway in a residence building. It is administered by a Registered Nurse and a medical office assistant. This program utilizes online questionnaires instead of a formal health interview and a non-invasive specimen collection method, in which students collect their own swab and urine samples in a nearby bathroom. This non-invasive approach to sexual health is attracting a new demographic many of whom have never accessed sexual health services before. As of January 2025, a total of 207 students have attended the 23 clinics. One critical outcome included the novel statistic that more male identifying students accessed STI testing then female and non-binary presenting students combined. Application of this care model could improve access to routine STI testing in other campuses and community settings. This service reduces many barriers people face when accessing sexual health care and is a relatively uncomplicated to replicate. Other Universities and regional health services have already approached the Campus Wellness and Education team for more information about how to recreate this service. Ultimately, it is the innovation of being able to run a portable STI testing clinic with two staff, in any space with nearby access to a bathroom, that proposes a solution to making STI testing more accessible.

Express STI testing is a patient centered approach that decreases the stigma of sexual health.

This service provides a non-clinical and non-invasive intervention that is accessible to young adults exploring their sexuality.

The transition from secondary to third level education on the island of Ireland: students' motivations and worries about starting university.

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Background:
The transition from secondary school to university is a significant time, during which students are at an increased susceptibility to developing mental health disorders and/or exacerbating any pre-existing conditions. This study sought to explore final year secondary level students' motivations and worries around their transition to university on the Island of Ireland.

Methods:
Following ethical approval, final-year secondary-level students (N=123; 53.7% Female) were recruited through numerous schools on the island of Ireland from November to December 2024. Students and their parent/guardian were informed of the study and those interested, received consent/assent forms and participant information sheets. Parental consent was required alongside student assent for those under 18. Researchers returned one week later to collect consent/assent forms, assign ID numbers and distribute the link to an online survey. Participants completed an online survey containing various validated measures for mental health and wellbeing and inquiring about motivations and worries for those aspiring to progress to university. Data analyses were conducted using SPSS v29.

Results:
Students' main motivations for going to university focused on influence from family (64.2%), friends (56.1%), and teachers (55.3%), alongside improving their job prospects (57.7%). Over half (52.8%) indicated that the most important motivation was to study a subject that interests them.
Student's main concerns and worries focused on factors related to enjoying their course (72.4%), potential difficulty (66.7%), and success (71.5%). Additional worries pertained to friendships, such as leaving old friends (60.2%), developing new ones (60.2%), as well as living independently, and being able to budget finances (56.9%). Only 30.1% of students indicated that they were offered courses or guidance on practical skills such as budgeting or cooking classes, in preparation for the transition to university. Follow-up studies will be conducted with the participants when/if they start university. These results are preliminary as data collection is ongoing.

Conclusions:
Students need a lot of support from parents, secondary schools and universities, in the months prior to starting and upon commencement of university. Supports focusing on promoting practical skills like budgeting and cooking, coupled with further career guidance to aid in deciding the suitability of courses, may help alleviate these concerns and worries.

Measuring community members' perception of personal safety to drive built environment wellbeing initiatives, cultivate collaborations, and use geospatial mapping to track progress and inform practices.

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Issue/problem
The first Health Promoting University in the United States, the University of Alabama at Birmingham (UAB) is a public, four-year degree granting, comprehensive R-1 university and academic medical center in the southeast. In the city of Birmingham, Alabama the campus spans over 105 blocks. UAB is the single, largest, employer to Alabama's 5.1 million people. Yet, the state ranks among the lowest performing for health indicators. In 2022, UAB launched Live HealthSmart Alabama (LHSA), aimed at decreasing the incidence of chronic disease.

Description of the problem
The UAB campus Built Environment workgroup is charged with making changes encouraging community members' healthy interaction with their surroundings. Its footprint is daunting and people's perception of safety while on campus is a barrier. Questions needing answering were: what areas of campus make people feel unsafe; and what could be done to make community members feel safer.

To investigate, faculty applied a geospatial, mixed methods approach to assessing campus safety by Hites, et al (2013) which sought to determine if perceptions of safety correlated with crime statistics. In 2022 and 2023, 42 faculty, staff and students completed surveys and participated in focus groups. They identified areas of campus that felt unsafe, delineated by time. Data were entered into a Geospatial Information System (GIS) enabling the composition of a heat map highlighting areas for intervention. Universities worldwide could duplicate the study.
Fourteen initiatives resulted. Key contacts and action items were assigned. In year two, each were addressed and a running list assembled and tracked. The multidisciplinary built environment workgroup collaborated across campus and community entities, corrected incorrect assumptions, and forged new practices to address campus issues where public and private jurisdictions collide.

Results (effects/changes)
A Geospatial Information System (GIS) tracks progress and informs campus initiatives. Layering maps demonstrates impacts of interventions. Facilities is confined to university owned properties for direct interventions but collaborates with extramural entities surrounding campus areas to mitigate concerns.

Lessons
Legacy practices involving private properties stymie growth in campus improvements. Utility companies partner in lighting monitoring. Campus law enforcement's participation multiplies campus/city coordination. Leveraging shared resources benefitting communities minimizes costs.

Main messages
Geospatial mapping is powerful for garnering support for improvements and tracking initiatives' progress.
Multidisciplinary teams of students, faculty and staff break silos discovering novel solutions.

Whole-of-University (WOU) Approach to Wellbeing - Does It Work? Lessons Learnt Through the Lens of a Top Asian University.

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Problem
In 2020, the National University of Singapore (NUS) Mental Health Task Force uncovered significant levels of mental distress among staff and students with multiple barriers cited to access mental health resources and services.

Interventions
The NUS Health and Wellbeing unit (HWB) was subsequently set up in 2020 and strategically housed under the "Office of the President" to spearhead wellbeing initiatives, including the signature mental health destigmatisation campaign, to improve resource awareness and drive a culture of psychological safety and empathy for staff and students. Most innovatively, we invested in social media advertising to boost social media posts on services to our staff and students

Strategically, WellNUS mental health framework was developed to systematically identify and close policy gaps to improve wellbeing of staff and students through close collaborations with system owners and stakeholders. In 2024, a Chief Wellbeing Officer (CWO) was appointed to demonstrate unwavering commitment towards wellbeing agenda, a rare appointment in higher education space.

Serial assessments were conducted annually between 2021 to 2024 to assess the impact the programmes had on staff and student wellbeing

Results
In 2021, our per-post campaign survey (n-2577) indicated that PHQ-2 score, Personal Stigma Score and Social Distancing scores improved among staff and students.

In 2022, we invested in social media platform to drive our campaign, garnering 4.6 million impressions, 64,357 engagement and 9,057 likes. We obtained 6048 responses from the survey. 57.3% of respondents were aware of the campaign. From these, 70% reported to know more about mental health and stigma, 73.3% to be more aware of NUS resources available, 53.3% to be more likely to use those services, and 76.5% to be more willing to support a peer struggling with mental health conditions.

Our follow-up Wellbeing Survey among staff in 2023 (n=3468) and 2024 showed positive relationship between departmental outreach and employee engagement, and between workplace relationships and psychological safety.

All results were statistically significant.

Conclusion
Our results concluded that a systematic whole-of-university approach to wellbeing proved to be effective in reducing mental health stigma and promoting a psychologically safe space for staff and students.

Bridging the Gaps between System Levels in Post-Secondary Health Promotion: From the University Strategic Plan to the Classroom

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Background:
Health Promoting Universities (HPU) is an internationally-recognized approach to supporting the health and wellness of those at post-secondary institutions. This work was inspired by the Ottawa Charter for Health Promotion (World Health Organization, 1986) and became a focus with the Okanagan Charter (2015). Affecting health promotion within the university setting involves a systems-based approach (Dooris, 2022) and includes the efforts of all those on campus. However, Canadian universities have had difficulties applying health promotion effectively (Squires & London, 2023). Mount Royal University (MRU) was one of the first Okanagan Charter signees and is an HPU leader in Canada. Mount Royal University's (2023) strategic plan indicates direction and goals for the institution, which communicate the importance of well-being throughout. As a result, faculties reflect these goals in their specific strategic plans as well (e.g., Mount Royal University, 2019). However, what is unclear is how departments are achieving these goals and how students are affected in classes.

Methods:
An interpretivist/constructivist philosophical orientation (Creswell, 2003) was used for this work, alongside Bronfenbrenner's (1979) ecological systems theory and nested systems (i.e., the individual, micro-, meso-, exo-, and macro-levels). This is a Scholarship of Teaching and Learning (Felten, 2013) project that involved working to understand student experiences of an undergraduate course that was redesigned using a health promotion lens. Students were recruited to be part of a focus group that was recorded and transcribed. Data were analyzed using Braun & Clarke's (2019) reflexive thematic analysis.

Results:
Preliminary results include three overarching themes developed from the focus group data. Overarching themes include living wellness, assignment design, and in-class activities.

Conclusion:
The work described here involves a focus on the microsystem – where students and health promotion meet in classrooms. Strategies used in this health promotion course redesign have potential for interdisciplinary application. Sharing this emerging research focused on the microsystem can foster HPU sustainability across systems and system levels. Furthermore, this work can inspire faculty at various universities worldwide and by doing so affect the Okanagan Charter's Call to Action 2, which involves leading locally and collaborating globally (2015, p. 8).

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“Ten years of anti-smoking/vaping programs at Deakin University - a story of whole-of-university health promotion and collaboration.”

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The issue

Smoking and vaping behaviours are often witnessed among Australian university students. Although smoking among this cohort and more broadly across the country has been steadily declining (Department of Health 2018), we have recently seen an increase in vaping among young people in Australia (ever use a vape among 18-24 rose from 26% in 2019 to 49% in 2022/2023) (AIHW 2024). This has resulted in over 10 years of smoking/vaping health promotion programs at Deakin University.

Policy and Practice

The implementation of a smoke-free cultural change program that not only included Deakin’s community but engaged all university communities in the State (9 universities in Victoria Australia). The program aimed to reduce the harms of smoking and change the culture of smoking on campus, with tailored strategies to support students and staff. In recent years an additional program has been introduced to tackle the issue of vaping among our university cohort, particularly our student cohorts. Data from 765 enrolled students (31% male; 43% aged 18-20 and 32% aged 21-24) at Deakin university who participated in an online survey in May 2024 indicated 52% had “ever vaped”. Deakin University and three other universities in the state of Victoria, Australia, worked collaboratively to lobby for funding and raise awareness about vaping harms to reduce vaping among their student communities.

The two focus points for these programs were:

1. How do we change the culture of smoking and vaping among our diverse cohorts through a whole-of-university approach?
2. How do we ensure equity groups are not stigmatised and we are reducing smoking/vaping harms across all cohorts?

Results

The programs resulted in a 2014 state-wide university ban on smoking and tobacco sales. Vaping policy reform and bans across the State. The on-the-ground initiatives varied across institutions but at Deakin included policy enactment, student-led interventions and capacity building among the community, as well as the establishment of a large whole of university working group with representations from all divisions and faculties to oversee implementation and evaluation.

Lessons and main messages

- The importance, success and efficiency of universities working collaboratively to improve health and wellbeing across the sector.
- A multi-pronged, collaborative and whole-of-university approach with senior buy-in resulted in positive cultural change and a coordinated, sustainable health promotion program.
- Student-led and co-designed health promotion initiatives are the best approach to elevate student voice and implement initiatives that serve student needs.
- Collaboration across the sector and with external health organisations provided sustainable policy and programs and provided stronger relationships to support future health initiatives.

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Shifting the narrative on resilience: A systems approach to post-secondary student mental health and well-being

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Background:
Resilience has been championed as important for mitigating stressors and challenges experienced by students during post-secondary education, as evidenced by the abundance of programs aimed at enhancing student resilience. Despite growing attention to resilience, there continues to be a lack of consensus about the definition or operationalization of the concept. Even less is known about how to foster resilience in the post-secondary context, especially for marginalized or underrepresented students, who are recognized to be at increased risk for negative mental health outcomes during their post-secondary education. This session will highlight results from a recent Canadian study exploring students' perceptions of resilience.

Methods: Thirty-eight post-secondary students of diverse identities (i.e., Indigenous, 2SLGBTQ+, racialized, international students, graduate students and/or male) participated in eight focus groups. Given students' intersectional identities, participants were sorted to maximize participation and representation of each of the demographic variables of interest. We employed reflexive thematic analysis and qualitative description methodology to examine marginalized or underrepresented students' understanding of the construct of resilience.

Results: Participants understood the concept of resilience in diverse ways. While most students initially used popularized language about their individual capability to "bounce back" and "push through," the stories of resilience shared by students reflected an interactive process between personal skills and attitudes and resources available within students' communities, consistent with a social-ecological model of resilience. Resilience was perceived as an active process involving learning and adaptation over time. Participants suggested resilience is dynamic and contextual, whereby resilience in one context and at one point in time did not necessarily determine resilience in another context or at another time. And while many students identified resilience as protective in the post-secondary context, many wished they did not need to experience it and most resented having to draw on resilience in the first place.

Conclusions: Post-secondary institutions are being called to shift from an emphasis on individual student responsibility to a collective and shared responsibility for students' well-being in the face of adversity. Data from this study informed renewal of the university's institutional mental health and well-being strategy.

Co-designing an eating disorder stepped care intervention at a small rural, Canadian university

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Issue:
Eating disorders (EDs) have the second highest mortality rate of all psychiatric disorders and are on the rise globally. University coincides with the average age of ED onset and has a higher prevalence among university students than other demographics. Early detection and intervention can reduce the impact of an ED. University campuses are uniquely positioned to promote early intervention. Students with EDs or disordered eating (DE) may first reach out to someone they trust, which may not be a health care professional. At the University of British Columbia Okanagan Campus (UBCO) there is limited support on-campus for students with DE/ED and no clear pathway to access support.

This project investigated best practices for ED stepped care interventions and uncovered student and campus partner needs. An environmental scan was completed, including campus partner interviews, non-targeted anonymous surveys and one-on-one dialogues with students with lived ED experience. A Community Based Participatory Action Research informed approach and youth-adult partnerships were utilized.

Results:
Preliminary results confirm inadequate on-campus support for DE/ED, lack of resources for on-campus partners to share with students to direct to appropriate care, and need for increased DE/ED awareness and prevention efforts. An increase in DE/ED on campus was anecdotally confirmed, mirroring an upward trend of DE/ED nationally and internationally.

Recommended actions include developing a ED/DE stepped care model for UBCO, considering local and provincial resources, creating an advisory group (including individuals with lived experience) with campus and community partners, ensuring consistent screening processes and identification of red flags amongst on campus clinicians, and developing resources for non-clinical campus partners to support and direct individuals to appropriate care.

Lessons:
Early intervention of EDs can have a profound impact on the outcomes for patients. The utilization of participatory approaches lives up to the Okanagan Charter call to ensure programs are codesigned and invite non-clinical actors into care continuum ensuring health outcomes are considered in all aspects of campus life.

Main Messages:

1) Creating pathways to community programs with supportive clinicians on campus creates a near seamless model of care.
2) Participatory approaches create a sense of agency in clients and clinicians.

Health Promoting University in Italy: first challenges and results of a global approach

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Issue/problem:
In recent years, malaise in the university population is increasing. In Italy, the demand for psychological support in universities increased by more than 20% in 2022. Campus drop-outs, feelings of uncertainty and worry about academic deadlines, lack of social support and inequalities in students have increased.

Description of the problem:
The project 'University for psychological well-being: from prevention to psychological support' aims to promote the well-being of university students, decrease psychological distress, and intercept and intervene early in situations of psychological malaise. The project has been developed according to the Health Promoting University approach. It includes 8 Universities in Italy thanks to the funding of the Ministry of University and Research (Proben project) started in October 2024. The main objectives are to promote: students' individual competencies and resources, such as life skills; positive sociability, sense of belonging to the university and social support; university climate and policies favourable to learning, and personal and professional growth; equitable access to University services that foster psycho-physical well-being. The activities are mainly targeted to groups and individuals most at risk of developing psychological malaise: students off-site, students in university residences, international students, students with specific learning disorders, and individuals with high levels of distress.

Results:
The results are preliminary. During the design and set-up phases, some challenges and first results emerged. The project forced the universities to integrate interventions for explicit distress situations with a broader preventive and health-promoting approach. The Health Promoting University approach guided the project in considering both individual and organizational elements which can influence students' well-being, such as policies, active participation and social opportunities, and university residence contexts. Moreover, a better integration between different policies emerged.

Lessons:
Many initiatives for students' well-being already existed in the universities involved, but they struggled to intercept students with more risk factors and specific needs. Identifying specific at-risk targets allowed us to plan more specific actions and implement an equity-oriented approach.
Main messages: The Health Promoting University approach has been implemented in Italy for the first time. This approach was challenging but guided more complex and global interventions.

Integrating Student Support and Mental Health Services: A Strategy to Enhance Academic Persistence in a Diverse Student Population

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The State University of Campinas (UNICAMP), a prominent public institution in São Paulo, Brazil, serves approximately 38,000 students across 66 undergraduate and 153 postgraduate programs. In 2024, UNICAMP was ranked 351 out of 400 by Times Higher Education, placing it among the top 20% of universities globally and as the second-best in Brazil. Since its establishment in 1966, the university has prioritized the welfare of its community, particularly its students. In response to the needs of its diverse student body, the Student Support Service was initiated in 1975 to provide financial assistance, followed by the establishment of the Mental Health Service in 1987, aimed at supporting undergraduate students. Initially operating separately under the Undergraduate Dean's Office, both services expanded to address the mental health and academic needs of postgraduate students as well.

Recognizing that financial aid alone was insufficient for academic success, the university diversified its support services to include social, academic, and career assistance, as well as mental health consultancy for faculty and staff in cases regarding student mental health issues. In 2022, a significant administrative reform led to the integration of the Mental Health Service into the Student Support Service, emphasizing the unique aspects of student mental health and its connection to student life rather than traditional health services. Subsequently, in 2024, the university administration established a Directory of Student Assistance and Permanence, further consolidating all support services into a comprehensive framework linked directly to the President's Office. This reform enhances the collaborative efforts of academic supervisors, psychologists, psychiatrists, social workers, and other stakeholders, facilitating a more effective support journey for both undergraduate and postgraduate students, as well as support for faculty and staff in issues regarding students. Through these initiatives, UNICAMP reaffirms its commitment to fostering an inclusive and supportive academic environment that addresses the holistic needs of its diverse student population.

Using a peer-to-peer approach to promote students' mental health: experiences of a project at an Austrian university

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Issue
The 2022 Mental Health Barometer [1] found that one in two students rate their mental health as poor. Another study found that two thirds of German students feel exhausted by stress [2]. The Okanagan Charter requires universities to create a healthy living environment and contribute to mental and physical health. An Austrian university has implemented a project to strengthen students' mental health. A peer-to-peer approach was used to create programmes by students for students and thus enable mutual learning. This concept is transferable to other universities.

Project description
The project promoted student health at an Austrian university from February 2023 to July 2024. The main objective was to enhance students' mental health and health literacy. The project aimed to answer the question: "How can mental health be integrated into everyday student life in line with the Okanagan Charter's framework for action using a peer-to-peer approach?". The project implemented various programmes, such as the training of student multipliers, health-related theme weeks and instruction videos for breaks to strengthen recovery skills using a peer-to-peer approach.

Results
135 students participated in the health-related theme weeks and guided breaks, and sixteen student multipliers were trained. Nine people from different degree programmes were trained as mental health first aiders. An estimated 2,000 students were made aware of mental health issues through social media and the university newsletter. A survey at the end of the project showed a high level of satisfaction with the health promotion programmes and a lower sense of urgency to promote student health than in the initial survey.

Lessons
The project initiated changes towards a health-promoting university environment. Information materials and instruction videos for breaks are still available for students and university staff on the learning platform. Additionally, the training of further student multipliers was continued with ten students in autumn 2024.
The project activities and methods are transferable to other universities. The main innovation lies in using the peer-to-peer approach and providing easy access to health-promoting information on an existing learning platform without requiring additional registration.

Main message: An Austrian university improved students' mental health using a peer-to-peer approach by training student multipliers, organising health-related theme weeks and creating instruction videos for breaks.

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Transforming Campus Culture: Cape Cod Community College's Pioneering Approach to Student Well-being

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Issue:
*Co*mmunity college students face unique challenges that impact their mental health and academic success. Traditional support systems often fail to address these interconnected issues comprehensively, leading to fragmented services and barriers to help-seeking behaviors. Cape Cod Community College (CCCC) recognized this gap and implemented an integrated strategy to support student well-being and success. In 2019, the Student Wellness Office opened, followed by appointing the first Chief Wellness Officer at community college level. In January 2024, CCCC became the first U.S. community college to adopt the Okanagan Charter, establishing a framework to embed health and well-being into all policies and services. This initiative integrates mental health support, academic success, and basic needs assistance under a unified strategy. Key components of CCCC's approach includes leadership and governance, a holistic framework, and five focus areas. The college's leadership team actively supports well-being initiatives, incorporating them into the strategic plan and shaping policies accordingly. We also utilizing the Wellness Wheel, Maslow's hierarchy of needs, and data from the Healthy Minds and Hope surveys to inform interventions. Areas of focus include health-embedded policies, supportive environments, community-building, personal development, and wellness-oriented services as described in the Okanagan Charter. Our interventions are data-driven using federal grant funding to enhance early identification of students.

Results:
Preliminary outcomes show increased engagement with support services and reduced stigma around help-seeking behaviors. The college reported a rise in students accessing behavioral health services since 2019, reflecting heightened awareness and trust in campus resources. This integrated approach has led to significant shifts in campus culture, demonstrating the effectiveness of prioritizing mental health as fundamental to overall academic success and well-being.

Lessons:
Adoption of the Okanagan Charter has helped us highlight the importance of addressing mental health, equity, sustainability, and student success as interconnected issues. CCCC's model proves that small two-year colleges can successfully implement the principles of the Okanagan Charter, transforming campus culture through a systems approach.

Messages:
By integrating mental health, academic support, and basic needs assistance, CCCC has created a comprehensive safety net for student success, serving as an exemplar for other institutions seeking to enhance student support services.

Loneliness at German universities: a social-ecological analysis with data from the StudiBiFra study

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Background:
Students are particularly vulnerable to loneliness. This can affect both students' health and their ability to cope with everyday life and their studies. In addition to individual factors, loneliness is also associated with interpersonal and organisational factors. School-based research has identified social inclusion at school, lack of friendships, and low social support as predictors of adolescent loneliness. Using a social-ecological approach, this study examines the extent to which individual, interpersonal, and organisational factors are associated with student loneliness in the university context.

Methods:
We used data from the StudiBiFra study, a cross-sectional survey among higher education students in Germany. Our analysis included a sample of 12,874 students from 7 higher education institutions, collected between May 2022 and March 2023 with the Bielefeld Questionnaire on Study Conditions and Mental Health. Hierarchical logistic regression was used to analyse the associations of individual, interpersonal, and organisational factors with loneliness.

Results:
In their courses of study, 28.2 % of students experienced loneliness. Students who identified as gender diverse (OR=1.69; 95% CI: 1.04-2.73) or male (OR=1.43; 95% CI: 1.26-1.63) and those with a poor subjective overall health state (OR=2.62; 95% CI: 2.26-3.05) were more likely to experience loneliness. As interpersonal factors, positive social relationships between students were negatively associated with loneliness (OR=0.31; 95% CI: 0.29-0.34) and can therefore be considered as a protective factor. Lecturers' support was not an associated factor. At organisational level, weak connectedness to the university was positively associated with loneliness (OR=1.43; 95% CI: 1.23-1.67), meaning that feeling disconnected could be a risk factor. High university engagement (OR=0.90; 95% CI: 0.83-0.97) was negatively associated with loneliness and therefore should be discussed as another protective factor. Students at universities of applied sciences were less likely to feel lonely than those at universities (OR=0.76; 95% CI: 0.63-0.91).

Conclusions:
The findings highlight the importance of individual and organisational level interventions to tackle loneliness at German universities. In addition to targeted interventions to promote social interaction, it is important to develop programmes that foster a sense of belonging to the university and enhance student engagement. Universities should strive to be inclusive, supportive and health-promoting communities.

Fostering participation in student health management at a German university using tailored project organisation and motivational approaches

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Background.

The Okanagan Charter emphasises participatory approaches as a key principle for health promoting universities and colleges [1]. Participation means having a genuine voice in deciding what kind of health-related changes are made and how these changes can help maintain or improve one's health [2]. It contributes to successful and sustainable health promotion [3]. However, motivating students to participate remains challenging [4]. This study explores which motivational and organisational factors are important in students deciding to get involved in student health management (SHM). Additionally, it examines the role of personal and study-related factors in shaping participation motives.

Methods.

Using a mixed-method design, first an exploratory study was conducted to identify supportive factors and obstacles influencing student participation in SHM at Kempten University of Applied Sciences. Nine interviews were conducted and content was qualitatively analysed. The identified factors were subsequently measured in a representative sample (N = 561) using an adapted version of the MORFEN-CS, a questionnaire developed to study voluntary involvement in citizen science projects [5]. The final analysis considered 33 items across six motivational categories (e. g. career) and four aspects of project organisation (e. g. coordination). Additionally, demographic and study-related data as well as the willingness to participate were reported. ANOVAs were used to test differences in students' ratings. Correlations between demographic and study-related data and motives were tested using robust regression analyses.

Results.

80.4 % of students would generally like to participate in SHM. General organisation, coordination, communication and feedback are key factors for participation. The most important motives for students were career and value perceptions ($p < .001$). Regression analyses show that the motives depend on personal and study-related factors. The importance of career orientation, value perception, learning and socio-political responsibility differs significantly between faculties ($p < .05$). Being motivated by learning opportunities is also related to gender, age and year of study ($p < .05$). Other motives differ due to relationship status or secondary employment ($p < .05$).

Conclusion.

This study offers insights into motivational and organisational factors that encourage students' participation in SHM, highlighting how certain motives are more significant for some students than for others. The findings allow SHM stakeholders to tailor project organisation and motivational approaches to different student groups. This can improve participation rates and enhance the likelihood that interventions will be targeted, widely accepted and effective.

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The Orchestra and its instrumentations: Health Promoting Campuses stakeholders' experiences of PA programme development, implementation, and evaluation in the UK and Indonesia

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Background:
Health-promoting campuses (HPC) concepts have been developed to optimise the opportunities of the higher education institution (HEI) as a setting for promoting health behaviours, including physical activity (PA). The Okanagan Charter offers a pathway to becoming HPCs, but stakeholders encounter difficulties implementing it in their varied contexts. To date, no study has explored what factors influence practice in PA programme development, implementation, and evaluation (DIE) in HEIs.

Methods:
We recruited 34 key participants using purposive and snowball sampling from five levels of stakeholders, including decision makers, funders, service coordinators, service providers, and researchers representing four types of UK institutions and three types of Indonesian institutions. Interviews (n=20) and group discussions (n=3) were conducted to explore participants' experiences of promoting PA in their institutions. Data were analysed using the six-stage framework method analysis.

Results:
We identified 12 key factors influencing the DIE of PA programmes in HEI settings across the UK and Indonesia. Themes included funding, high influence actors, lack of evidence base, stakeholder capability, staff availability, PA-friendly environments, and recognition. Themes that were more specific to HEI compared to themes published from other contexts included practitioner-researcher partnerships at all stages of programme DEI, student involvement, practitioner networks, PA promotion paradigms, and an under-one-roof system. In Indonesia, challenges included limited income-generating programs, low student involvement in multidisciplinary subjects, differing PA promotion paradigms, the absence of PA-specific networks, and unoptimised urban planning for PA. In contrast, UK participants emphasised the need for an 'under-one-roof' system. Practical toolkits are needed to complement general HPC frameworks for helping stakeholders develop and implement context-specific programs. Both contexts also revealed limited insight into programme implementation and evaluation, as institutions across countries were still in the early stages of implementing PA programmes.

Conclusions:
The findings of this study can help identify and address challenges faced by HEI stakeholders in developing, implementing, and evaluating PA programmes. The addition of practical toolkits to existing HPC frameworks, including the Okanagan Charter, is needed to help stakeholders develop and implement programmes suited to their institutional contexts.

How does the university environment relate to student's physical activity patterns: findings from the Student Activity and Sports Study Ireland.

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Background:
Identifying factors related to physical activity in university students can aid the development of health promotion interventions, but there is limited research regarding the influence of university environments. This study examined the relationship between level of provision for university environments that aim to promote physical activity and self-reported physical activity patterns of students.

Methods:
An environmental audit tool was completed by universities (n = 28) on the island of Ireland to understand the physical activity opportunities, resources, and supports offered. Students (N= 6951; 50.7% male; 21.51 [5.55] years) completed an online survey, providing responses about their active transport and recreational physical activity behaviours. Two-step cluster analysis was used to identify specific physical activity patterns in students. Binary logistic regressions were used to examine the associations between environmental factors that support physical activity and clustered physical activity patterns, while controlling for gender, age, and university size.

Results:
Five behavioural clusters were identified: Low Active, Active Commuters, Active in University, Active Outside University, and High Active. Universities with a high provision for organizational structures and internal partnerships, indoor facilities, and sport clubs increase the odds of their students being placed in behavioural clusters with greater physical activity engagement. Increased provision of investment and personnel was seen to have a mixed relationship with students' physical activity engagement, highlighting the need to understand where resources are needed and not just increase them.

Conclusions:
It is important for universities to have adequate organizational structures with internal partnerships to understand how resources can be maximized to support physical activity engagement across the whole student population. University campuses hold the potential for increasing student engagement in physical activity, and these findings can help inform campus-wide initiatives that foster active student populations for improving overall long-term health.

Developing a coordinated Canadian post-secondary measurement system: The Canadian campus wellbeing survey/Bien-être sur les campus Canadiens

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Issue/problem:
Interventions that promote health and wellbeing among young adults are needed. Such interventions, however, require measurement tools that support intervention planning, monitoring, and evaluation. The primary purpose of this presentation is to describe the process in developing a Canadian post-secondary health surveillance tool known as the Canadian Campus Wellbeing Survey (CCWS; www.ccws-becc.ca). This process could be applied in other countries seeking to support institutions in health and wellbeing planning and implementation.

Description of the problem:
The long-term goal of the CCWS is to develop a comprehensive surveillance system that enables post-secondary institutional leaders and health services to a) identify population-level estimates of health behavior and wellbeing; b) identify intervention priorities at their institutions; and c) evaluate intervention implementation. Key partners across Canada, including institutional leaders, service providers, and students were consulted in 2018 through a Delphi survey and in-person panel meeting on the need for the CCWS and the priority indicators for measurement at a student level. An expert panel of Canadian researchers in epidemiology was then convened to create the student-level survey instrument that consists of validated measures of positive mental health, and multiple risks and protective factors including school connectedness, social and emotional skills, academic performance, movement behaviours, food security and substance use.

Results (effects/changes):
After piloting of the survey in 2019, the CCWS was made available in 2020 and as of 2025 110 institutions have deployed the survey and over 120,000 students have participated. Evaluations have been conducted identifying how institutions have used the collected data to inform programs and policies related to issues such as food insecurity and substance use. Current initiatives are addressing how the CCWS can support the knowledge mobilization process at institutions. Barriers and facilitators related to an institution's inner setting (e.g., support, resources), processes (e.g., analytical skills, planning), and staff abilities (e.g., capability, opportunity) have been identified as factors impacting CCWS data implementation.

Lessons:
There has been continued national uptake of the CCWS by Canadian institutions reflecting the interest in a mechanism for collecting student health and wellbeing data that supports planning and evaluation.

Main messages:
Developing a national 'home-grown' mechanism for collecting data on the health and wellbeing of post-secondary students is feasible and has been well-received in Canada.

Level and correlates of support among Deakin university students in Australia for a policy to ban vaping on campus where smoking is banned

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Background:
Deakin university was one of the first Australian universities to introduce a smoke-free policy on its campuses, in 2014. Most other Australian universities followed suit and now have a smoke-free policy as part of the health promoting campus initiative. In November 2023, to tackle vaping among young people, Deakin updated its smoke-free policy to include no vaping on campus. Student support of such policy is needed to ensure good compliance although the extent of their acceptance of the campus-wide vaping ban was unclear. This study examined the level and correlates of support for a vape-free campus (VFC) policy among Deakin University students.

Methods:
Data analysed came from 765 currently enrolled students (31% male; 43% aged 18-20 and 32% aged 21-24) at Deakin university who participated in an online survey in May 2024 that assessed their attitudes and behaviours related to smoking and vaping on campus, including VFC policy support. Logistic regression models were used to estimate level and correlates of support for the VFC policy.

Results:
Overall, 84% of the participants supported the VFC policy. Logistic regression results indicated that students who were younger in age (age 18-24 vs 25+: OR=2.98, 95% CI [1.33, 6.69], p = .008), who identified as male or female vs other (male: OR=6.84, 95% CI [1.42, 33.00], p=.017; female: OR=9.22, 95% CI [2.07, 40.99], p=.004), who had never smoked or had quit smoking vs currently smoke (OR=2.81, 95% CI [1.21, 6.51], p = .016), who were worried about vape aerosol exposure (OR=8.88, 95% CI [3.59, 21.96], p < .001), and who preferred to socialise in a vape-free environment (OR=10.87, 95% CI [5.25, 22.52], p<.001) were more supportive, whereas those who lived in on-campus residences (OR=0.26, 95% CI [0.11, 0.65], p = .004) were less supportive, of the VFC policy.

Conclusions:
Support for a policy to ban vaping on campus was high among Deakin students. Raising students' awareness about smoking and vaping harms may further improve their compliance and acceptance of the university-wide ban. Beyond the university, such initiatives could contribute to promoting reduced smoking and vaping and overall healthier lifestyles.

Highlighting Deakin's wellbeing ambassador program in fostering positive wellbeing and study success, resilience and a healthy campus community, through peer support and engagement.

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[1]Deakin University, Melbourne, Australia

Issue/problem:
University life can present significant challenges for students, including academic pressure, social isolation, and mental health struggles. These challenges can negatively impact students' wellbeing, resilience, and academic performance, often leading to increased stress, anxiety, and disengagement. Often students also facing barriers to accessing support services, due to stigma or a lack of awareness. The program helps to normalise conversations about issues often described as "taboo" such as mental health and sexual and reproductive health; and promotes help-seeking behaviours. The Wellbeing Ambassador Program is a scalable and adaptable model that can be implemented in other settings and contexts worldwide. By fostering wellbeing through relatable support, the program can help institutions worldwide build healthier, more resilient student populations, improve academic outcomes, and create more vibrant campus communities.
Through workshops, peer support, and awareness campaigns, the program aims to reduce stigma and encourage students to prioritise their wellbeing throughout their university journey. The initiative is an integral part of Deakin's commitment to supporting student success and holistic development.
Questions:

- What strategies can make wellbeing programs more relatable and accessible to students?
- What barriers prevent students from seeking help, and how can peer support reduce these barriers?
- How can universities increase student participation in health and wellbeing initiatives?

Results (effects/changes):
The program's peer-led approach addresses universal challenges faced by students, such as stigma, shame, stress, anxiety, loneliness, and the need for community connection. It results in students becoming more actively involved in Deakin's health and wellbeing programs and helps students understand how and where to access Deakin's health and wellbeing programs and services.
The program encourages community connections and creates an inclusive and supportive environment where students can thrive.

Lessons/Main messages:

- Peer-led support is highly effective - students are more likely to engage with programs and services when they are championed by peers who understand their experiences; and ambassadors can break down barriers that may prevent students from seeking help or participating in wellbeing initiatives.
- Empowerment leads to innovation - involving students in the design and delivery of health promotion activities brings fresh perspectives and innovative ideas that resonate with the student community.
- Skill development for ambassadors – Ambassadors gain valuable professional and personal development opportunities.

Fostering student health and wellbeing: Deakin University's whole-of-institution health promotion strategy and program.

Melissa Yong[1]
[1]Deakin University, Melbourne, Australia

The Issue/problem:
Challenges faced by many university students due to academic pressures, social isolation, and health and lifestyle changes can negatively impact their academic success, feelings of inclusion, resilience and overall quality of life. With a growing and diverse student population, Deakin University recognises its critical role in fostering a supportive environment that prioritises health and wellbeing alongside academic achievement. In 2019, the institution strategically positioned student health promotion as a key focus of the student experience. Underpinned by the Okanagan Charter for Health Promoting Universities[iv] this enabled diverse and key stakeholders from across the university—including researchers and academics, students and professional staff from a range of university departments to work collaboratively to enhance student health and wellbeing. By combining expertise, aligning initiatives, and fostering shared responsibility, a unified approach was created to minimise duplication, prevent fragmentation, and maximises the impact of health promotion efforts.

Policy and practice
Drawing on insights from research, staff and student input, the three-year Health Promotion Strategic Plan sets five health promotion priorities for the University - mental health and wellbeing, sexual health and wellbeing, healthy eating and active living, alcohol and drugs, and personal safety. This program's approach is an inspiration for other tertiary educational institutions seeking to establish themselves as a Health Promoting University.
Questions:
How can you coordinate stakeholders across a university to work collaboratively on health promotion initiatives to avoid duplication and achieve the best impact for the student community?
How can a Student Health Promotion Strategy enhance collaboration across different departments within the university?

Results (effects/changes):
The Student Health Promotion Strategy has enabled the coordination of stakeholders across a university to work collaboratively on health promotion initiatives. Multi-disciplinary, whole of university committees consisting of representatives from key university departments, faculties, and students meet each trimester to oversee the implementation of annual health promotion action plans. Through clear communication, shared goals, and coordinated actions, the Student Health Promotion Strategy has minimised duplication and maximized impact. Previously siloed wellbeing initiatives, once duplicated across faculties or departments/areas, are now unified and scaled university wide. Examples of these include Deakin's Online Wellbeing Program; THRIVE: wellbeing and study success program; Walk n Talk initiative and Mind Matters Program.

Lessons:
Deakin University's Student Health Promotion Strategy is in place to ensure that the holistic health and wellbeing of the diverse student population is addressed in a coordinated, impactful, and sustainable way. Grounded in evidence-based policy and practice and driven by a deep understanding of the multifaceted nature of student wellbeing, the Deakin Student Health Promotion Program empowers students to lead healthy, balanced lives while pursuing their academic endeavours.

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[i] Barriers and enablers to sexual health service use among university students: a qualitative descriptive study using the Theoretical Domains Framework and COM-B model
Christine Cassidy [1,✉], Andrea Bishop [2], Audrey Steenbeek [1], Donald Langille [3], Ruth Martin-Misener [1], Janet Curran [1]

[ii] Mundie, A., Mullens, A. B., Fein, E. C., Bell, S. F. E., Debattista, J., Ariana, A., … Dean, J. A. (2024). University students' access and use of sexual and reproductive health services in Australia. *Culture, Health & Sexuality*, 1–17. https://doi.org/10.1080/13691058.2024.2410834

[iii] " Centers for Disease Control and Prevention. Sexually transmitted disease surveillance, 2009 " . Available at: http://www.cdc.gov/std/stats09/default.htm(open in a new window). Published 2010. Accessed October 10, 2011

[iv] Okanagan Charter: An international charter for health-promoting universities & colleges. 2015

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[1]University College Dublin, Dublin, Ireland, [2]Atlantic Technical University, Sligo, Ireland

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[1]Mount Royal University, Calgary, Canada

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[1]Singapore University of Social Sciences, Singapore, Singapore, [2]National University of Singapore, Singapore, Singapore, [3]Singapore Management University, Singapore, Singapore, [4]Singapore Institute of Technology, Singapore, Singapore, [5]Nanyang Technological University, Singapore, Singapore

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Transforming Health Professions Education: Leveraging the Okanagan Charter for Innovative Approaches to the Learning Environment

Victor Do[1], Lyn Sonnenberg[2], Jerry Maniate[3]
[1]University of Alberta, Edmonton, Canada, [2]Equity in Health Systems Lab, Ottawa, Canada,
[3]University of Ottawa, Ottawa, Canada

This symposium offers a dynamic opportunity to explore the transformative impact of the Okanagan Charter on health professions education and campus environments. Together, we will dive into the opportunities it unlocks, celebrate the successes it has driven, address the challenges encountered, and chart a course for its future integration in this complex, evolving field. Through a deep exploration of how the Charter's principles can be woven into educational frameworks, we will uncover innovative strategies and best practices to create health-promoting health profession campuses. Participants will be actively engaged in vibrant discussions that highlight real-world applications, share valuable insights from diverse educational settings, and generate actionable steps to advance health and wellbeing across academic communities.
This symposium will include three main presentations:

Abstract 1 - **Challenges and Solutions for Wellbeing and Learning in Health Professions Education.**
Issue/Problem: Health professions education programs at university medical school campuses face significant challenges in promoting wellbeing within their learning environments. Students and educators experience high levels of stress and burnout due to curriculum demands, clinical placements, and the dual pressure of academic excellence and clinical care responsibilities. These challenges highlight the urgent need for systemic interventions to foster a supportive and health-promoting culture in medical education. The findings are relevant for other institutions aiming to enhance wellbeing in similar high-stress academic and professional contexts.

Description of the Problem: This presentation investigates factors contributing to stress and burnout in medical education using qualitative research methods. Data were collected through interviews and focus groups with students, faculty, and administrators across several medical schools. Objectives included identifying key stressors, evaluating current wellbeing initiatives, and exploring their alignment with the Okanagan Charter principles. The project aimed to answer: What systemic changes are needed to promote wellbeing? What barriers exist to implementing effective initiatives?
Results:
Findings indicate the importance of foundational characteristics in the learning environment including respect, open communication, addressing basic needs, health promoting leadership and empowering engagement in developing the learning settings. Despite existing initiatives, such as peer support programs and faculty training on mental health, barriers like institutional inertia and lack of funding hinder their impact. Preliminary data suggest a need for a more integrative approach, embedding wellbeing strategies into all aspects of the curriculum and campus culture.

Lessons: Key lessons include the importance of institutional commitment to wellbeing, the effectiveness of collaborative approaches involving all partners, and the value of aligning policies with Okanagan Charter principles. Recommendations include the importance of health promoting leaders who create a culture of respect, compassion and open communication. It is critical to foster faculty-student partnerships to co-create solutions. These lessons underscore the transferability of these approaches to other settings facing similar challenges.

Main Messages:

1. Embedding wellbeing into the curriculum and culture of medical education is essential to combat stress and burnout.
2. Collaboration across stakeholders drives sustainable and innovative wellbeing solutions.

Abstract 2 - **Applying the Okanagan Charter - How to Adapt the Framework to your own Health Professions Education Context:**

Issue/Problem: Health professions education institutions face growing challenges in fostering wellbeing and community engagement among students, educators, and administrators. The Okanagan Charter offers a framework to promote health in educational settings, yet its adaptation to specific institutional contexts requires careful consideration. Aligning the Charter's principles with existing curricula and policies can address systemic barriers to wellbeing, learning, and community engagement, making this approach valuable for diverse educational contexts globally.

Description of the Problem: This presentation explores how to adapt the Okanagan Charter to health professions education, using case studies from various institutions. Objectives included identifying effective strategies for integrating the Charter's principles into curricula and policies, and evaluating stakeholder collaboration. The project sought to answer: How can the Okanagan Charter be tailored to align with current educational frameworks? What challenges arise during implementation, and how can they be mitigated? Data were collected from institutional documents, interviews, and feedback from faculty, students, and administrators.

Results (Effects/Changes): We present three examples of implementation of the Okanagan Charter in health professions education in Canada, all of which have demonstrated tangible advances in individual wellbeing and the learning environment**.** Successful adaptations included embedding wellbeing into curricula, introducing cross-departmental collaborations on wellbeing efforts, and aligning institutional policies with health-promoting practices. However, challenges such as resistance to change, resource constraints, and the need for sustained commitment were identified. Institutions that prioritized partner collaboration and iterative feedback achieved the most significant progress. These findings demonstrate the potential for scalable, context-sensitive applications of the Okanagan Charter in health professions education.

Lessons: Adapting the Okanagan Charter requires a tailored, participatory approach that considers institutional culture and existing frameworks. Key lessons include the importance of engaging stakeholders at all levels, addressing resistance through transparent communication, and building resource-efficient, scalable strategies. These adaptations highlight the transferability of the Charter's principles to diverse educational settings and emphasize the need for sustained leadership and innovation.

Main Messages:

1. Tailored adaptations of the Okanagan Charter enhance wellbeing and community engagement in health professions education.
2. Collaborative, context-sensitive strategies ensure effective implementation and sustainability of health-promoting practices.

Abstract 3 - Okanagan Charter in Action: Application Nationally to the Medical Education Context

Issue/Problem: Medical learner wellbeing is a pressing issue that has garnered significant attention due to rising rates of burnout and mental health challenges among students and faculty in medical education. The learning environment plays a critical role in shaping the wellbeing of medical learners and is an important area for focused intervention internationally. In Canada, the Culture of Academic Medicine Initiative (CAMi) was established to address these systemic challenges across all Canadian Faculties of Medicine. This initiative centers on promoting the Okanagan Charter's principles and aims to create a health-promoting medical campus culture that fosters equity, diversity, inclusivity,

and Indigenous reconciliation, making it relevant and beneficial for diverse educational settings globally.

Description of the Problem: CAMi began in 2021 and employs a change management approach facilitating a collaborative effort among faculties to prioritize wellbeing. The initiative aims to implement the Okanagan Charter effectively within medical schools in Canada, with specific objectives centered around enhancing the learning environment for faculty and students. We created multiple collaborative working groups amongst all medical schools in Canada as we sought to consider how an innovative national collaborative could improve wellbeing through Okanagan Charter adoption and implementation.

Results (Effects/Changes):
Key achievements include the creation of dynamic working collaboratives, the development of common resources like the Implementation and Audit Tool, and the launch of the Wellbeing Matters webinar series that addresses psychological safety and cultural change. Preliminary data indicate an increase in faculty participation in wellbeing initiatives, with positive feedback regarding the usefulness of resources developed. All 17 medical schools report improvements in the learning environment resulting from CAMi's. The project is working on establishing a continuous improvement and evaluation framework.

Lessons:
The lessons learned from CAMi highlight the importance of collaboration and shared resources in addressing wellbeing in medical schools. This innovation can serve as a blueprint for other countries and settings aiming to enhance medical education wellbeing. This initiative underscores the need for ongoing support and resources to ensure sustainable cultural change. It also demonstrates the broad applicability and positive impact of the Okanagan Charter.

Main Messages:
1. We developed CAMi to foster systemic wellbeing in Canadian medical schools through collaboration and focusing on the learning environment.
2. The Okanagan Charter has broad applicability and can be adopted to many educational contexts

An inclusive systems-based approach to physical activity promotion in a university setting

Cuisle Forde[1], Dr Emer Barrett[1], Dr Aine Kelly[1], Dr Neil Fleming[1], Mr Daniel Twomey[1], Ms Simone Cameron-Coen[1], Ms Sanela Begic
[1]Trinity College Dublin, DUBLIN, Ireland

Symposium abstract:
This symposium, entitled "An Inclusive Systems-Based Approach to Physical Activity Promotion in a University Setting," seeks to explore the multifaceted strategies and experiences that underpin efforts to foster an active and inclusive campus environment. This symposium will include presentations on research, implementation, and the lived experience associated with a variety of efforts to promote physical activity on one urban university campus. Each presentation will highlight how work carried out hinged on a connected approach to health, met a specific need and took a purposefully inclusive approach. In line with the ethos of our work, our proposed panel/speakers include academic researchers, those who teach, operational professional staff, and student perspectives.

Through a series of presentations and discussions, we will delve into how one university, Trinity College Dublin, used an array of connected methods to adopting a systems and settings-based approach to physical activity promotion. We will outline challenges faced and successes achieved on the journey, examining past developments, current initiatives, and future aspirations.

Dr Barrett will share her insights, and data, on creating a supportive and inclusive culture of physical activity particularly emphasising student engagement. Dr Fleming will discuss the role of the university curriculum in physical activity promotion, Mr Twomey will describe the logistics of implementing a targeted “whole student” approach to health as well as data on same. Ms Cameron-Coen will share her lived experience of engaging with physical activity promotion initiatives as a student from a minority group. Dr Forde will introduce and conclude the symposium by mapping where various work strands in this area link and overlap within and beyond the campus.

Key topics will include the role of collaboration across university departments, and external partners in designing and implementing effective changes that reach diverse student populations. Emphasizing the importance of inclusivity, we will present data and address strategies for engaging underrepresented groups, such as international students, and those from low-income backgrounds. We will share lessons learned from our ongoing efforts to leverage the health effects of being physically active for our community, and make physical activity accessible and enjoyable for everyone, regardless of background or experience level. Attendees will gain a comprehensive understanding of our approach to fostering a culture of physical activity that is both inclusive and supportive, with the ultimate goal of creating a healthier and more connected university community. This symposium will inspire participants to consider new approaches and strategies that can be adapted to their own campuses to enhance physical activity engagement and inclusivity.

Abstract 1
Navigating Challenges and Celebrating Successes: Embedding Physical Activity into University Life
Abstract author: Dr Emer Barrett, School of Medicine, Trinity College Dublin,

Background
Many students face challenges transitioning to university. Physical activity (PA) can be neglected in the face of competing priorities from academic, social, and financial demands. How a university views, and promotes PA through its environment, policies and academic practice can be instrumental in supporting students to make PA an integral part of their college life.

This presentation will describe three projects aiming to embed physical activity into different systems of campus life in Trinity College Dublin.

Methods
"Healthy Trinity" is a cross-campus committee composed of nine working groups targeting key areas to support a healthy lifestyle.
The PA group consists of academic staff, operational staff, and students, working collaboratively to increase PA across the campus. PA projects were chosen following student and staff consultation. As Healthy Trinity does not receive college funding, projects which integrated PA into the curriculum and involved students in the design and implementation were prioritised.

Results
Project 1: Results from a cross-sectional survey investigating PA of 141 international students will be presented. Over half (54% (n=76)) of international students were inactive and Asian students were significantly less active than their European and North American peers (p=0.022).
Project 2: A social marketing campaign by Business students informed the design of a series of active break resources. The feasibility of using active breaks during lectures was established by Physiotherapy students as part of their research dissertation. High rates of acceptability (93% (n=99) to 96% (n=102)) and feasibility (80% (n=85) to 96% (n=102)) were found.
Project 3: The development and evaluation of point of decision prompts to encourage stair usage will be presented. Although unsuccessful in promoting increased stair usage (based on 2506 observations over 5 weeks) key learnings regarding environmental considerations will be reported.

Conclusions
This presentation will discuss how a multifaceted approach to PA promotion is required in a complex ecosystem such as a university. Without dedicated funding, it is difficult to implement widescale actions, however, the structure of Healthy Trinity facilitated the collaboration of academic and operational partners enabling the implementation of these low-cost projects. Key enablers, as well as lessons learnt for projects such as those outlined in this presentation will be discussed.

Abstract 2
An analysis of physical activity content across the undergraduate and postgraduate curriculum in Trinity College Dublin
Abstract authors: Aine Kelly & Neil Fleming, Trinity College Dublin

Background
The prevalence of sedentary behaviour across the population is a concern for the health and wellbeing of individuals and society. This concern stems from the evidence base showing that sedentary behaviour and lack of physical activity is associated with increased risk of development of a variety of non-communicable diseases that are life- and health-limiting. Targeted messaging may be a key tool to encourage specific populations to consider their own physical activity and to change behaviours to develop a lifestyle that includes regular physical activity. In this context, delivery of academic material describing the fundamentals of exercise science and the research base underpinning physical activity guidelines, within the framework of academic modules, may be an important tool to promote participation in physical activity and exercise in a student population, independent of meeting module and programme learning outcomes.

Methods
An audit of academic content focussed on physical activity and exercise in the curriculum of undergraduate and postgraduate programmes in Trinity College Dublin was conducted via keyword searches of module titles and descriptors within the university's student administration system, as well as targeted emails to directors of undergraduate and postgraduate teaching and learning in schools across the university.

Results
Physical activity content was largely restricted to those programmes, such as physiotherapy, exercise medicine and physiology, where understanding of exercise and physical activity form a key element of the programme learning outcomes.
Of particular note, however, is the development of a 5 ECTS Elective module, available to the majority of undergraduate students in the university, concentrated on sports and exercise science. This has enabled students, who would not otherwise have access to academic information on sports and exercise science within their registered degree programmes, to complete a module on this theme.

Conclusions
Details of the audit as well as the demographics and academic background of students registered on the Elective module will be presented, along with feedback on their experience of the module and the academic and personal value that resulted from it.

Abstract 3
"Mind Body Boost: Integrating Physical and Mental Well-being for University Students"
Abstract author : Daniel Twomey, Trinity College Dublin,

Issue/Problem
Mental Health and physical health are inextricably linked. Since 2016, student numbers at Trinity College Dublin have increased by 5.2%, while demand for counselling services has risen by nearly 21%. This surge highlights the need for more preventative programs accessible to at-risk students. One method used to address this need was Mind Body Boost. Trinity Sport and Student Counselling Services developed Mind Body Boost (MBB), an Erasmus+ funded initiative addressing poor mental health and low physical activity among students. The program integrates physical and mental well-being in a single intervention, enhancing traditional socially prescribed models. MBB is supported by a network of seven European university partners who face similar challenges.

Description of the Problem

Physical activity interventions in higher education play a vital role in supporting student well-being. MBB leverages these positive health effects offering group-based exercise alongside mental well-being supports to strengthen the connection between mental health and physical fitness. The 6-week program includes an app-based support tool for surveys, data collection, education, and signposting, which is adaptable to other institutions.

Results
Data from questionnaires across the seven partner universities, collected over four years, indicate that:

- Students reported enjoying exercise, exercising with a group and exercising to meet people
- Almost 80% reported a change in health behaviours
- Most participants reported a positive experience of the Mind Body Boost program, with over 90% enjoying it often or always and over 75% feeling part of the group
- Fewer students reported feeling burnt out at the end of the day
- More students reported feeling relaxed when dealing with emotional problems
- More students reported practicing self-compassion

Lessons
MBB has demonstrated the value of a whole-student approach, addressing physical, mental, and social well-being in one comprehensive program. Retention has been the most significant challenge. This issue is currently under investigation as part of broader research being conducted within TCD's School of Education.

Main Messages

MBB exemplifies the impact of a whole-student approach, combining physical, mental, and social well-being into one effective program

Abstract 4

University – a key to education and a physically active lifestyle.

Abstract author: Sanela Begic, Trinity College Dublin.

Issue/Problem

Starting college can bring stress, changes in eating habits and lead students to a more sedentary lifestyle. PhD students heading into their studies are often not aware of the dynamic life PhD brings. They often have to be in multiple locations throughout the day and can easily fall into thinking that they do not have time to keep up with their physical activity.

Description of the problem

I am a full-time PhD student in Trinity College and my work requires me to be in multiple different locations throughout the day. I have to be very systematic in my choices if I want to stay active. Trinity offers gym membership to all students. Unfortunately, this is not present on the campus where I am based so I avail of student memberships rates in a public gym instead. However, the logistical challenge made it difficult to incorporate this form of activity regularly.

While many initiatives to promote health are running in Trinity, they are not equally accessible across campuses. Efforts to promote an active lifestyle on the St. James's campus are primarily related to bicycle facilities. As such there is a need for campuses to be more connected and for smaller locations to be considered.

Results (Effects/Changes)

What was noticeable in the first year of my PhD, and something that my PhD colleagues also comment on, is that when schedules become busier, there is a need to modify activities. While getting to the gym may be possible on some days, when things get busier active transport, cycling or even running, can be the most practical way of staying active.

I have noticed that my peers in Health Sciences are very active and that has led me to being more active too. Many of them use walking, running, or cycling as an efficient way to stay active. Being surrounded by my peers motivated me to start incorporating the same. I started challenging myself to run more and to get involved in competitive sports. The routine I incorporated into my lifestyle is not only bringing more physical activity to my daily practice but making me more grounded and easing my stress levels, particularly through PhD challenges.

Lessons

University is not only for academic achievements but also an environment where sustainable healthier lifestyle can be influenced and shaped by peer support. Something as small as exposure to other students being involved in physical activity can enable students to form healthier lifestyle and provide structure to their routine. These seemingly small incentives can bring many benefits to students and should be incorporated and promoted across universities, especially with online learning, when students save time on commuting, but might spend less time in active travel.

Main message

My lived experience shows that university plays a role in connected thinking for health and wellness and through promoting community culture that encourages physical activity on a daily basis can have lasting and positive effects on students.

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A vast collective mobilization to promote higher education students' Mental Health in Quebec

Benjamin Gallais[1], Catherine Roy-Boulanger, Laura Pelletier, Professor Julie Lane, Félix Guay-Dufour
[1]University Of Quebec In Chicoutimi, Chicoutimi, Canada, [2]University of Quebec, Quebec, Canada, [3]University of Quebec, Quebec, Canada, [4]University of Sherbrooke, Sherbrooke, Canada, [5]University of Sherbrooke, Sherbrooke, Canada

Symposium goals and abstract

Student mental health (SMH) has become a major concern in higher education in Quebec, leading to an unprecedented collective mobilization. Student associations, educational institutions, the Ministry of Higher Education, the Observatory on Student Mental Health in Higher Education (OSMHHE), and the Initiative on Student Mental Health in Higher Education (SMHI) are joining forces to better understand the growing challenges related to SMH and to implement promising actions tailored to the needs of institutions. More specifically, OSMHHE and SMHI, which complement each other in their missions, both contribute to the SMH ecosystemic. Some of their actions are aimed directly at students, when others are aimed to contribute and or support a change of culture in Quebec's higher education campus regarding SMH.

This collective mobilization is promising, but many challenges remain, and the reality of students, often marked by academic stress, social isolation, financial insecurity and other risk factors, underscores the need for constant and renewed commitment. In line with the Ministry of Higher Education's Action Plan on Student Mental Health in Higher Education, these two organizations are dedicated to developing links between research, students, institutions' professionals and decision-makers.

The aim of the symposium is to expose two different actors of this mobilization (OSMHHE and SMHI), including their own missions, actions, and contributions to SMH, as well as their collaboration.

Abstracts individual presentations

***Abstract 1*- The Observatory on Student Mental Health in Higher Education: when research serves concrete changes for real people!**

The Observatory on Student Mental Health in Higher Education (OSMHHE) is funded by the Quebec Research Founds and derives from Quebec Ministry of Higher Education's *Action Plan on Student Mental Health in Higher Education* (APSMHHE, 2021-2026). OSMHHE has the scientific mission to contribute to the advancement and mobilization of knowledge to promote and maintain a culture conducive to student mental health in higher education. With its 26 research axes and 275 members, OSMHHE tackles different dimensions and realities linked to mental health in higher education, enabling a global and interdisciplinary approach. Not only research projects are based on classic research process (*i.e.* gap in the scientific literature), but also based on needs expressed by higher education institutions' employees or students' themselves. In fact, more than fifty students are actively involved in OSMHHE, including as co-leaders of the various axes. OSMHHE has adopted an approach "for and by" students, involving them in its governance and in all its projects. Moreover, OSMHHE supports research in many ways, including with start-up grants, an ongoing review of scientific literature on student mental health, and providing qualified research staff to support members in applying for national funding and writing articles. After a year and a half, more than twenty projects have been funded by OSMHHE. Additionally, in accordance with its mission, OSMHHE develops tools with the cross-cutting objective of supporting institutions' culture of continuous improvement, with a view to ensuring the adjustment and relevance of student mental health practices. These tools take form of practice guides (*e.g.* "Stimulating social ties that support students' mental health", a guide intended for managers and collaborating stakeholders actively involved in implementing the Quebec Ministry of Higher Education's APSMHHE) and kits (*e.g.* "A toolkit for evaluating the impact of training aimed at developing mental health skills", intended for staff members at higher education institutions). Activities are also proposed to support the use of these tools.

Previous, present and on-going research projects and tools developed at OSMHHE will be further presented during the symposium.

***Abstract 2*- The Student Mental Health Initiative for Higher Education: at the heart of the SMH mobilization!**

The Student Mental Health Initiative for Higher Education (SMHI) also derives from the APSMHHE and aims to contribute to student mental health (SMH) as well as to healthy, safe, and caring study environments for the student population in higher education. It works to gather, highlight, and share expertise and knowledge on SMH and to mobilize its ecosystem in Quebec.

For all its mandates, SMHI works with and for the higher education community, including students, student associations, professional staff, practitioners, teaching, technical, and support staff, managers, and any other members of this community. The mobilization approach advocated by SMHI has enabled the development of tools and initiatives aligned with the measures of the PASME, addressing the needs and expectations of the higher education community regarding SMH. SMHI's collaborative network is consulted and actively involved at every stage of its mandates.

Many examples of actions and products developed by SMHI will be presented during the symposium. As an example, ISMÉ launched in March 2024 the *SME Station*, an online hub for information and tools related to SMH in higher education. This site highlights credible content on the subject and provides simplified access to diverse knowledge tailored to the needs of the college and university community. The *SME Station* is designed for both students and institutional staff, aiming to enhance their knowledge and expertise on the issue.

***Abstract 3*- The Quebec National Survey on Student Mental Health in Higher Education: Time for You!**

As of today, in Quebec, there is a lack of scientific data on the mental health of students in higher education. Indeed, the available data are either population-based studies focused on youth, which do not specifically cover the student population, or data on students that primarily address aspects of persistence and academic success rather than mental health.

To fill this gap, and in line with its mission, the Quebec Observatory on Student Mental Health in Higher Education (OSMHHE) has thus developed a national survey aiming to establish a comprehensive portrait of student mental health (SMH) and its evolution over time, to generate sub-population profiles that account for the diversity of student populations, and to assess the need for support, access to, and use of psychosocial support services. The scientific development of the survey questionnaire followed a process of co-development with all OSMHHE members, inspired by the Delphi method and comprised: the creation of a specific conceptual framework for studying and monitoring student mental health in higher education, integrating both existing conceptual models in public health and a review of available scientific literature and grey literature; an iterative process of prioritizing and selecting variables to be studied in the survey; an innovative process for obtaining ethical approvals, carried out in collaboration with the research ethics committee coordinators from nearly 80 educational institutions; and finally, the implementation of a large-scale campaign to promote the survey and positive mental health, in collaboration with student associations and the Student Mental Health Initiative for Higher Education (SMHI).

Ultimately, the survey was conducted from November 4 to 24, 2024, across 77 institutions. Nearly 34,000 students responded to the call. The results will be distributed in a targeted manner. For example, individual reports will be sent to institutions with data specific to their own students (where the data volume allows), compared to the overall sample. Public scientific reports will also be published, along with scientific articles authored by numerous researchers who are members of the OSMHHE.

The presentation will focus on the different innovative and collaborative processes involved in the survey development, as well as on how the results can be useful at all levels of the higher education ecosystem to promote student mental health on campuses.

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Innovative Occupational Therapy service provision on college campuses – universal, targeted and intensive supports for student wellbeing and success

Eithne Hunt[1], Dr. Clodagh Nolan[2], Dr. Samantha Dockray[1], Professor Yvonne Nolan[1], Mr. Declan Treanor[2], Dr. Claire Gleeson[2], Ms. Órla Dineen[2], Dr. Kim Lombard[2], Dr. Elizabeth Heron[2], Kieran Lewis
[1]University College Cork, Cork, Ireland, [2]Trinity College Dublin, Dublin, Ireland

Purpose:
This symposium will showcase the innovative clinical, research and policy work of expert Occupational Therapists around Ireland who are working with their professional body, the Association of Occupational Therapists of Ireland, to consolidate the current position of Occupational Therapy in Higher Education, and to strengthen the potential for Occupational Therapy services to be funded as core services on campuses across the country. The pioneering work presented in this symposium will serve as a vital resource for national and international university senior management, professional services units including student health, access and disability services, teaching, learning and academic support centres, as well as campus buildings and estates' units.

Abstract:
Many universities internationally are committed to widening participation and increasing access to higher education for all. To that end, higher education institutions are establishing Occupational Therapy services to address a range of needs including those of students with physical and sensory disabilities, specific learning difficulties and mental health conditions, as well as neurodiverse students and students from marginalised communities. Occupational Therapists working in the higher education sector also play an important role in improving the learning experience, success and wellbeing of all students. Irish Occupational Therapists are at the forefront of practice and research in the area internationally. This symposium presents a tiered public health model of Occupational Therapy service provision in higher education, showcasing universal, targeted and intensive service innovations supporting 'all', 'some' and 'a few' students. These innovative services are underpinned by doctoral level research in Occupational Therapy, and draw on contemporary theories, frameworks and policies informing best practice in supporting students in higher education.

Title: Healthy brains, healthy behaviours – two novel educational microcredentials for college students, underpinned by occupational therapy, applied psychology and neuroscience (Universal tier/service level: support for 'all' students)
Authors: Dr. Eithne Hunt, Department of Occupational Science and Occupational Therapy, University College Cork, Ireland; Dr. Samantha Dockray, School of Applied Psychology, University College Cork, Ireland; Professor Yvonne Nolan; Department of Anatomy and Neuroscience, University College Cork, Ireland.

Issue/problem:
The median age of all students in higher education in Ireland is 23 and of undergraduate students is 20 years. The majority of students are therefore still adolescents (>24 years), with cognitive, social, emotional and self-regulatory abilities that are still being developed. However, the role of "adult learner" is typically conferred on college students, requiring them to be organised, motivated and largely self-directed in their studies, as well as managing their daily living tasks more independently. This apparent disconnect may in some way explain the increased levels of mental distress being reported by students on campuses around the world. High quality, evidence-informed opportunities for students to learn about brain and body health and how to create daily habits and routines that support physical and emotional wellbeing are needed.

Description of the problem: Novel responses are urgently required to better equip students to succeed in learning and life at university, that complement and extend traditional supports already in place on many campuses. Two such innovations are presented. Your Brainpower is a free, publicly available, online, self-paced digital badge, focusing on harnessing the power and potential of adolescent [age 10 - 24 years] brain and behaviour for enhanced learning, wellbeing, and student success in higher education. It was created by a team of academics and scientists from occupational science and occupational therapy, applied psychology and neuroscience with contributions from students and higher education staff. Everyday Matters – Healthy Habits for University Life® is a novel, free, online, asynchronous, co-curricular digital badge now available to all students at University College Cork. It is underpinned by neuroscience and occupational therapy - the idea that what we say and do every day matters. Participants are empowered to develop habits to support their wellbeing and academic success.

Results: Both programmes are now fully embedded within the university eco-system. Delivery and evaluation data are presented, alongside considerations for further development and wider delivery.

Lessons: Students welcome the opportunity to learn more about their own development, with many wishing they knew this information before coming to college. Making scientifically robust information available in accessible and engaging formats is critical to maintain engagement and support behaviour change.

Main messages:

1. The majority of college students are adolescents and are still developing their capacities to self-regulate emotions and behaviour.
2. Educational programmes about brain development and healthy habits are valuable universal programmes to support all students to live well and learn well at college.

Title: The TCD Sense Project – developing sensory inclusive campuses and resources (Universal tier/service level: support for 'all' students)

Authors: Dr Kieran Lewis, disAbility Service, Trinity College Dublin, Ireland; Declan Treanor, disAbility Service, Trinity College Dublin, Ireland; Dr Clodagh Nolan, Discipline of Occupational Therapy, Trinity College Dublin, Ireland.

Issue: The importance of inclusive practices in higher education has gained prominence in recent years, with a specific emphasis upon the need to create inclusive environments for neurodivergent students. Trinity College Dublin recognised the challenges posed by sensory issues in its bustling campus environment, leading to the initiation of the TCD Sense Project.

Description: Over the past five years, Trinity staff and students have collaborated on a multifaceted approach including:

1. Personalised Support (Specialist Occupational Therapy Sensory Assessment, tailored sensory-based reasonable accommodations).
2. Enhanced Physical Spaces (Sensory-friendly indoor and outdoor spaces across Trinity, Review of Exam Venues)
3. Student and Staff Awareness and Training (Sensory Mapping, Workshops, & Social Media Campaigns)
4. Research & Partnerships (Collaboration with Academic departments; Student partnership and collaboration)

Results: Specialist Sensory Support: 1,164 students have engaged with an Occupational Therapist over period 2022/23 and 2023/24; with 25% of these students focusing upon managing sensory environments.

Development of Sensory-Friendly Spaces: Currently over 150 social, study, and quiet spaces across Trinity's campuses, used by hundreds of students daily. Additionally, outdoor spaces including a sensory trail in the Trinity Botanical Gardens. Students using low-distraction sensory exam venues has increased from 376 in 2021/22 to 652 in 2023/24.
Sensory Mapping: The TCD Sense Map provides detailed, customisable information about sensory-friendly spaces, and has become the primary map used by students in Trinity with over 13,000 unique visitors this academic year. Paid Neurodivergent interns have co-created and delivered social media campaigns and in-person training.
Research and Student Collaboration: Published research in the British Journal of Occupational Therapy and various conferences.

Lessons: Occupational Therapy input is essential in effective sensory design of college campuses and spaces.
Providing high quality information / maps enables students to navigate the sensory environments of college campuses.
Sensory-friendly spaces of different kinds (e.g., social, study, respite and outdoor) are needed and heavily utilised when available.
Co-design and co-creation are key to successful and cost-effective implementation and utilisation.

Main messages:

1. By embedding sensory-friendly design principles throughout the campus, Trinity College Dublin has adopted a whole-campus approach based upon Universal Design to ensure inclusivity for all students.
2. Universal Design in college campuses must go beyond the provision of quiet rooms / sensory spaces.

Title: The development of a wellness toolbox for practice education (Universal tier/service level: support for 'all' students)
Authors: Dr. Claire Gleeson, Discipline of Occupational Therapy, Trinity College Dublin, Ireland; Dr. Clodagh Nolan, Discipline of Occupational Therapy, Trinity College Dublin, Ireland; Dr. Kieran Lewis, disAbility Service, Trinity College Dublin, Ireland.

Background: Students entering health science courses come from diverse backgrounds including disability, navigating not only the responsibilities of adult learning but also grapple with the difficulties of the clinical learning environment. This can result in complex demands and pose challenges to their health and wellbeing. Primary prevention and promotion of positive mental health is essential to student success (HEA, 2020) and programmes to support the wellbeing of students are critical to achieving this. A wellness toolbox was developed that could be incorporated into practice education (professional placement) preparation curricula across the Health and Social Care Professions enabling students to self-manage their health and wellbeing. By embedding health and wellbeing into the practice education curriculum, students not only gain knowledge but also develop essential life skills and resilience to navigate the complex placement environment effectively.

Method: A three-stage approach was used to develop this toolbox and embed it in the curriculum which incorporated a literature search (stage 1), the development of the tool (stage 2) and an implementation evaluation (stage 3).

Results: This paper will present the steps that the informed the development of a wellness toolbox along with presenting the toolbox itself. An evaluation of the implementation including challenges and strengths of the toolbox will also be discussed.

Conclusion: This paper extends the ongoing efforts in preparing students for placement, integrating personalized health and wellness into the curriculum, by using a strengths-based education approach, focusing on identifying and nurturing students' awareness of their abilities which are applicable to the

placement experience. This is an innovative approach to supporting positive mental health and wellbeing, as well as building resilience in the student population from a curriculum design perspective.

Title: Cookery 101 – An Occupational Therapy approach to foster connection and life skills amongst first years in student accommodation through cookery (Targeted tier/service level: support for 'some' students)

Authors: Dr Kieran Lewis, disAbility Service, Trinity College Dublin, Ireland; Órla Dineen, disAbility Service, Trinity College Dublin, Ireland.

Issue: Starting university is often the first time that students live away from home and their existing social networks. Literature has consistently identified this as a time when changes occur in diet, physical activity, sleep patterns, alcohol consumption and patterns of socialisation (Wengreen and Moncur, 2009; Conley et al., 2014). Young adults have identified lack of time, knowledge and skills to plan, shop, prepare and cook healthy foods as key barriers to healthy eating (Munt et al., 2015).

Description: Cookery 101 is an inclusive 6-week programme, co-facilitated by an Occupational Therapist from the disAbility Service, an external catering chef, a 2nd year Occupational Therapy student and members of the Junior Common Room Welfare Team (2nd year students who take on a pastoral role in Trinity Accommodation).
Every Monday, there was a demonstration of a recipe in the student canteen. Students would then cook the meals themselves in small groups in their apartments, before returning to the canteen for the full group of 30 to eat together.
Students paid a €20 deposit which was returned if they attended the programme. All ingredients were provided through student service funding. Resources with recipes, shopping and cooking tips were provided to all attendees.

Results: An average of 29 students attended the group. Students fed back positively with many placing a strong emphasis on making new friendships through doing something productive: *'Making friends and having a task to do together. I don't like just talking I want to be doing more than one thing.'* Students reported developing new life skills and confidence: *'I liked that we could try the ideal recipe and the commentary and explanation as well as suggestions for how to alter the recipes for variation or if you are missing ingredients'.*

Lessons: Students highly valued this programme for social connection and development of life skills. The active participation, promotion and attendance of the Junior Common Room Welfare Team was a clear factor in increased engagement.

Main messages:

1. Bringing programmes such as Cookery 101 into student accommodation facilities leads to very positive engagement.
2. Occupational Therapy has a role to play in developing health promoting approaches such as Cookery 101.

Title: Clinical utility of Trinity Student Occupational Performance Profile (TSOPP) (Intensive tier/service level: support for 'a few' students)

Authors: Dr. Kim Lombard, Discipline of Occupational Therapy, Trinity College Dublin, Ireland; Dr. Clodagh Nolan, Discipline of Occupational Therapy, Trinity College Dublin, Ireland; Dr. Elizabeth Heron; Department of Psychiatry, Trinity College Dublin, Ireland.

Background: The Trinity Student Profile is a self-report measure of occupational performance difficulties, developed in response to the increasing numbers of students with disabilities and mental health difficulties in universities in Ireland. In 2011, the tool was piloted using Classical Test Theory, in 2014 it underwent changes following a service audit (eTSP) and in 2023 Rasch analysis was used to further refine the psychometric properties of the tool. The 2014 version of the eTSP was the version

being used in practice in 3 universities at the time this research was being conducted. Although changes were made to the tool, no research had been conducted to determine the impact these changes had on using the tool in practice.

Methods: A two-stage embedded research design approach was used. Stage One refined the psychometric properties of the 'Identifying Needs' section using Rasch analysis. Stage Two examined the clinical utility and face validity of the refined tool through focus groups with Occupational Therapists. The focus of this paper is on the outcomes from stage 2.

Results: Two themes were identified from the analysis of the 1st focus group. Occupational therapists experienced strengths ('Theme 1: How the eTSP supports a student-centred assessment process') and challenges (by 'Theme 2: Getting lost in translation – challenges with the 2014 version following the clinical audit') in implementing the 2014 version of the eTSP in practice. Two further themes were identified in the follow up focus group, Theme 3: Rasch analysis refinements improved the clinical utility/face validity of Part '3 – Identifying Needs' and Theme 4: Needs to improve clinical utility/face validity of other parts of the tool.

Conclusion: A strength of the eTSP was that it demonstrated the ability to capture data that aligned with the Recovery Model enabling a strengths-based and individualised approach to assessment. Challenges with the aspects of the tool that were either omitted or introduced during the translation process to Excel format affected how it was used in practice. Retraining in 2023 version resulted in a further refinement of the tool and subsequent re-branding to the Trinity Student Occupational Performance Profile (TSOPP).

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Strategies in promoting health and well-being: the challenge of Mexican universities.

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Abstract Symposium.
Over the past two decades, the Mexican Network of Health Promoting Universities (RMUPS) has consolidated a strategy to unite institutions engaged in the international movement for Health Promotion, aligning with guidelines set forth by international agreements and local policies. These efforts have enabled the assessment of actions to address the diverse needs arising from dynamics involving the entire university community. This symposium aims to share experiences that address current needs stemming from psychosocial conditions, adopting a salutogenic approach while contributing to the 2030 Agenda.

The first part will reflect on mental health promotion as a strategy to combat social isolation among freshmen students through an activity designed to address loneliness and foster support networks. The goal is for students to understand the importance of establishing meaningful relationships and to identify protective factors to navigate challenges presented in universitary life. The second part highlights advancements in health promotion through physical activity in Mexican universities. It emphasizes that educating this population on healthy lifestyles extends beyond physical activity to addressing structural barriers related to participant motivation and proper planning, ensuring the long-term feasibility of physical activity programs.

Additionally, the symposium will present actions undertaken within the framework of the Lifestyle and Self-Care Program, primarily aimed at addressing students identified with Psychoactive Substance Use (PSU). This program seeks to align student behaviors with institutional regulations while promoting life skills and academic success within the university.

The challenges faced by RMUPS member universities will also be contextualized through monitoring conducted during 2023–2024. Findings reveal that most institutions sell junk food and sugary drinks on campus, creating a complex scenario for promoting healthy eating habits. This situation is further complicated by 2024 regulations imposing stricter requirements on the sale of ultra-processed foods within university settings.Finally, the symposium underscores the importance of continuous training for those responsible for Healthy Lifestyle and Wellness Programs. The training aimed to consolidate the theoretical foundation of individuals coordinating and supporting program activities. The results, as expressed by participants, were highly satisfactory both professionally and personally, fostering dialogue to overcome theoretical and methodological limitations and enabling impactful contributions to the university community.

Title:Promotion of mental health: a way to face social isolation in college students.
Author: Patricia Páez Manjarrez. Coordinator of the Student Development Center. CETYS University. Camino Microondas Trinidad

Abstract 1. This work showcases an activity designed to address loneliness and foster the building of support networks among freshmen college students. The main goal of the activity was for students to understand the importance of maintaining meaningful relationships in their academic environment and to become familiar with protective factors that can help them face the challenges of university

life. Additionally, practical tools were provided to strengthen social interaction and interpersonal connections.

Social isolation is a growing global phenomenon with serious consequences for health and well-being (WHO, 2023). In the university context, having a strong support network is fundamental to overcoming the academic and personal challenges that students may face. Recent research highlights that support networks are a strong strategy for achieving academic success and promoting student inclusion. A robust support system can also serve as an effective strategy to address avoidant behaviors and reduce the risk of social isolation. (De León Bujanos, Pérez Tovar, and González Vázquez, 2024; López Borregos and Urrego Posada, 2024).

The intervention was qualitative, utilizing a focus group to explore their experiences and perceptions regarding the building of support networks. The results revealed that, although students recognize the importance of establishing meaningful connections, many face barriers such as shyness, a lack of social skills, and fear of rejection. Nevertheless, the activity provided a safe space for dialogue and reflection, fostering the creation of initial bonds and offering practical strategies to maintain healthy relationships.

This experience underscores the need to implement programs that promote mutual support and strengthen interpersonal skills, considering that college life involves academic, social and emotional challenges, building support networks contributes to individual well-being, positively impacts academic performance and integration into the university community.

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Title: Advancing Health Promotion Through Physical Activity at Institutes for Higher Learning in Mexico: The RMUPS experience.

Author: Mtro. Jason Miguel Aragon. Director of Healthy University--University of Montemorelos.

Abstract 2.

Universities represent an important context for health promotion and ultimately for improving population health. In Mexico, the Health Promoting Universities (HPU) movement highlights the importance of a holistic approach that focuses on the integration of health promotion into policies, curricula, and culture of the campus to promote physical, mental, and social health (Dooris, 2001; RIUPS 2023). This abstract explains the contribution of healthy campuses, physical activity promotion, and salutogenic approaches as three opportunities for transforming health promotion within universities.

The RMUPS(Health Promotion Universities Network of Mexico) initiatives have centered on interinstitutional strategies for the promotion of physical activity, in line with the World Health Organization's Global Action Plan on Physical Activity 2018–2030, which urges the endeavors to provide a conducive and safe environment among communities to encourage an active lifestyle. These strategies align with the promotion of infrastructure (for example, pedestrianized zones, gyms, and green areas), the embedding of physical activity in the academic curriculum, and proposing alliances with local authorities and the population (RMUPS, 2023).

These efforts draw on the salutogenic model that sees health in terms of resources and factors that promote health. More university campuses are recognizing the necessity of improving and creating environments that promote physical activity, such as increasing safety, accessibility, and community

engagement. Initiatives like cross-institutional partnerships or all-inclusive recreational programs serve to overcome health equity hurdles in participation from people of various socioeconomic origins (Martínez-Riera et. al, 2018; Nuñez-Rocha et. al, 2018).

Educating the population at these universities about healthy lifestyles is not limited to physical activity alone. This includes tackling structural obstacles, motivating participants, and creating evidence-based planning that ensures long-term viability. These actions also correspond to larger agendas worldwide, like the United Nations Sustainable Development Goals (SDGs), comprising health, education, and equity (RIUPS, 2023).

Combining health promotion models, physical activity promotion, and salutogenic perspective, universities in Mexico are leading a comprehensive strategy that puts them at the forefront of global health. This presentation aims to showcase successful initiatives, interdisciplinary collaborations, measurable impact, and a replicable model for

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Title: Attention to the Consumption of Psychoactive Substances: Lifestyle and Self-Care Program (EVA Program, by its in Spanish)

Author: Dr. Guillermo Jacobo Baca. Director of the UANL University Health Center Avenida Madero and Gonzalitos

Abstract 3.

This document outlines the actions carried out under the Lifestyle and Self-Care Program, whose primary objective is to address students identified with the consumption of Psychoactive Substances (PAS) through intervention, guidance, and psychological support strategies. This program aims not only to align students' behaviors with the university's regulations but also to promote life skills and academic success within the institution.

The consumption of PAS represents a major public health and social issue. Addressing this issue in educational settings generates a positive social impact by fostering prevention, early intervention, and risk reduction.

The program includes the following stages and strategies:

Case Identification and Categorization: An initial assessment is conducted to identify students showing signs of PAS consumption. The type of behavior (experimental use, recurrence, or abuse) is categorized to determine the level of intervention. Drug testing is performed with the consent of students and their guardians to confirm or rule out consumption.

Personalized Intervention: Experimental use (first occurrence): Guidance and psychological support are provided to prevent future risk behaviors.

Recurrence or abuse: Students are referred to specialized institutions for comprehensive treatment.

Staff Training: To strengthen program actions, 355 psychologists and psychology personnel from High School and Higher Education units were trained in prevention, intervention, and risk reduction related to PAS consumption.

Follow-Up and Consent: All interventions are carried out with the informed consent of students and their parents or guardians, ensuring an ethical and respectful approach.
From August to December 2023 and January to June 2024, the program served the institution's 220,000 students across 29 high schools and 26 faculties. It applied the POSIT screening test and directly addressed 94 students who tested positive for drug use, providing practical tools to cope with risk situations and promoting psychological and social well-being.

This program emphasizes the need for adequate physical spaces and trained personnel to address such issues, ensuring a scientific approach focused on risk and harm reduction.

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Title:Challenges of Health Promotion in an Obesogenic Environment
Author: Mtra. María Soledad Villarreal. Nutrition and Gastronomy Coordinator. La Salle University Cancun.

Abstract 4.
In Mexico, the primary causes of mortality and morbidity are associated with high consumption of ultra-processed foods. 10.4 million students aged 12 to 19 are obese, with this age group demonstrating the lowest fruit and vegetable consumption. The National Health and Nutrition Survey indicates that during the 2021-2022 period, less than 30% of children and adolescents and 49% of adults consumed vegetables. Adolescents represented the demographic with the lowest percentage of fruit consumers (39%) (Gaona-Pineda et al., 2023).

A monitoring study conducted across six universities within the University Network for Health Promotion (RMUPS) during 2023-2024 revealed that the majority of institutions sell ultra-processed foods and sugary beverages within their facilities. This circumstance complicates the implementation of new regulations issued in September 2024 regarding the sale of these products in university settings.

Within this context, Universidad La Salle Cancún implemented a Health Promotion and Sustainability Committee, employing a "One Health" approach. This strategy was developed after identifying that the community demonstrates greater interest in environmental and animal health, thereby rendering awareness of nutrition and consumption issues more feasible.

Risk factors for adopting inappropriate dietary habits were identified as: limited time between classes for food consumption, the more economical pricing of junk food compared to healthy alternatives, accessibility of ultra-processed food vending machines, the presence of industrialized food advertising, and the absence of nutritional guidelines in university dining concessions.

The problem was addressed through an ecological impact perspective, focusing on waste generation and its effects on flora and fauna resulting from junk food and beverage consumption. Implemented strategies included: promoting reusable water containers, plastic collection campaigns, mangrove

zone cleaning, guidelines for providing unpackaged food during coffee breaks and events, and low-cost healthy cooking workshops.
Given the characteristics of the university community, the One Health approach garnered greater acceptance by addressing environmental improvement comprehensively.

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Title: The Importance of Continuous Training for Coordinators of the University Program for Healthy Lifestyles and Wellness

Author: Mtro. Antonio Jiménez Luna, general director, Unipac, Pacific University Center.

Abstract 5

The main objective of the activity was to strengthen the theoretical foundation for participants involved in coordinating and supporting the University Program for Healthy Lifestyles and Wellness at UNIPAC - Pacific University Center. The lack of theoretical consensus and operational resources frequently renders actions from a preventive and biomedical perspective, thereby limiting the comprehensive approach intended through health promotion.

Therefore, strenghtening the professional competencies of those executing health and wellness management roles is indispensable (Arroyo, 2009; Dempsey, Battel-Kirk y Barry, 2011; Gallardo, 2024), a critical element emphasized since the Ottawa Conference (1986), which declared that health professionals should receive continuous training in health promotion to effectively implement strategies within their communities.

Throughout nineteen synchronous sessions of the diploma course "Healthy Lifestyles and Wellness: Community Commitment" delivered by the Mexican Network of Health Promoting Universities, participants successfully implemented fourteen learning activities that enabled the practical application of concepts and methodologies shared by national and international experts.

In post-training interviews, the five participants revealed that they initially did not comprehend the magnitude and scope of the topics to be addressed. They acknowledged that their understanding of health-promoting universities was initially ambiguous. Moreover, they considered the covered topics extremely beneficial both personally and professionally, recognizing that learning and understanding concepts such as salutogenesis, health assets, sustainability, and sustainable development objectives are vital for broadening perspectives.

Furthermore, they argued that the newly acquired tools and methodologies unequivocally facilitate deconstruction, enabling a comprehensive approach to topics including nutrition, physical activity, life skills, mental health, and human rights perspectives. These approaches contribute to developing strategies that genuinely promote health and enable conscious, transformative participation within the university community.

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Analysing Food Habits, Dietary Behaviours, and Lifestyles in Universities in the EU: Trends, Challenges and Interventions

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Symposium goals and abstract

Promoting health in the university community, both among students and staff, is essential to creating an environment conducive to learning and personal development. Physical and mental health directly impacts academic and work performance, as well as the quality of life of all members of the community. Initiatives that promote healthy habits, emotional well-being and social support not only contribute to reducing stress and anxiety, but also strengthen cohesion and a sense of belonging. By investing in the comprehensive health of the university community, the potential of each individual is enhanced, productivity is improved, and a more inclusive and supportive environment is created. Ultimately, a healthy community is a more resilient community, capable of facing challenges and achieving its goals effectively.

Following the Okanagan chapter, research into university students' habits and behaviours is crucial for designing effective interventions aimed at promoting healthy lifestyle behaviors. University years are a pivotal time in a young person's life, often marked by significant changes in routines, responsibilities, and social environments. This period can significantly influence long-term health outcomes, making it essential to understand students' behaviors, such as physical activity, nutrition, sleep, mental health, and substance use.

This symposium aims to present students' health-related habits and behaviours from different universities and to identify common health challenges, risk factors, and areas where interventions could have the greatest impact. Understanding these habits and behaviours also helps in tailoring interventions to be more relevant and effective. Within the symposium, two targeted interventions based on behaviour change theory to improve dietary habits and behaviours in university students will be presented.

Abstracts

- **Abstract 1**: Health and Lifestyle habits survey in Catalan Universities Network: A Comprehensive Survey of Students and Staff, Spain.
- **Abstract 2:** Health and Sustainable Diets in UOC university community: Behavioral Profiles and Predictive Models from a Virtual Survey, Spain.
- **Abstract 3**: Co-creating a social media culinary intervention for Catalan university students using Social Cognitive Theory to improve diet quality and cooking self-efficacy, Spain.
- **Abstract 4:** Sustainable and healthy dietary behaviours of university students in Ireland: Insights from the UCD PLAN'EAT Living Lab
- **Abstract 5:** A novel personalised nutrition intervention with tailored behavioural support to promote legume consumption in university students.

Abstract 1.

Title: Health and Lifestyle habits survey in Catalan Universities Network: A Comprehensive Survey of Students and Staff, Spain.

Authors: Barbara Pilar González-Serrano[1], Alba Pardo Fernández*[1,2], Maria Pilar Giner[1], Alicia Aguilar-Martínez[3,] Laura Esquius[4], Paula Sol Ventura[1,5], Marina Bosque Prous[4], Anna Bach-Faig[1,3]

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Background
The evidence points to universities as an ideal environment for promoting a healthy lifestyle. Within the framework of the Healthy Universities Network of Catalonia. A university survey was designed to identify the health status and lifestyle health related habits of both students (Bachelor's, Postgraduate/Master's and PhD) and university staff at the Universities of Catalonia.

Methods
The data were obtained from a self-administered, online and anonymous survey based on a previously validated questionnaire. It consists of 6 blocks: demographic data, health status and quality of life, physical activity level (PA), sedentary behavior, diet habits, sleep, consumption of psychoactive substances, mental health and emotional well-being.

A student sample of 11,297 participants was obtained (63.7% women; 82%, undergraduate students) with a predominant age between 17 and 24 years. Regarding the university working community, a sample of 5,824 participants (64.1% women) was obtained with a predominant age range of 46 to 55 years.

Results
Both the student and working communities have a good to excellent self-perceived health. Women have more emotional distress and men have a higher rate of overweight and obesity. 40% in both samples consider themselves to have poor sleep quality. The majority comply with the recommendations for PA, but there is a high rate of sedentary lifestyle.

At the dietary level, although both communities declare that they mostly follow diets rich in plants (mediterranean, vegan, vegetarian or flexivegetarian), they do not comply with Mediterranean Dietary pattern. It is necessary to increase the consumption of vegetables, fruits, legumes, nuts and fish as well as reduce the consumption of processed meat, snacks, pastries and precooked foods.

The risk of emotional distress is related to multiple factors. People with an unhealthy diet, unhealthy weight, low PA level or poor sleep quality are at greater risk of emotional distress.

Conclusions
University community of Catalonia reported good health self-perception. However , the results show the need to implement multiple interventions. Promoting healthy eating, reducing sedentary lifestyles, and improving mental health and sleep in the university community is essential for the overall well-being of students and workers.

These practices not only promote better academic and work performance, but also contribute to disease prevention and strengthening emotional health. Promoting healthy habits creates a more positive and collaborative environment, where everyone can thrive. Ultimately, investing in these areas is key to building a stronger, more resilient, and more balanced university community.

Abstract 2.

Title: Health and Sustainable Diets in UOC university community: Behavioral Profiles and Predictive Models from a Virtual Survey

Authors: Maria Pilar Giner [1], Barbara Pilar González-Serrano [2], Alba Pardo Fernández[2,3], Alicia Aguilar-Martínez[1], Laura Esquius[4], Paula Sol Ventura[2,5], Marina Bosque Prous[4] and Anna Bach-Faig

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Abstract

Background

Dietary habits have a direct impact not only on people's health but also on the health of the planet. To employ strategies to promote health and sustainable diets, it is necessary to know the behavioral profiles of the population. This study aimed to analyze the different individual and contextual factors related to health among a virtual university community.

Methods

Data were obtained from a self-administered, online, and anonymous survey based on a previously validated questionnaire. Using the self-reported answers related to nutrition and in accordance with the National Guidelines of Catalonia on Nutrition, a healthy and sustainable index was created to score the patterns and was subsequently included in the analysis

Results

A sample of 2,113 students and 538 university staff members completed a self-administered questionnaire, in which we characterized sustainable dietary profiles linked to physical activity and emotional well-being. Most individuals in both populations demonstrated a strong perception of healthy eating habits, with 80% reporting a plant-rich diet. However, the population as a whole exhibited lower consumption of legumes, vegetables, whole grains, and fruits, according to the National Nutrition Guidelines of Catalonia, resulting in low overall adherence to Mediterranean and other plant-based diets. This low consumption contrasts with the excess of processed foods frequently consumed by both students and active staff. Our results indicate good adherence to physical activity (PA) in both populations, where the number of hours spent sitting per day is inversely proportional to the level of PA. Furthermore, a higher level of PA was associated with better adherence to dietary recommendations and a positive score on our healthy and sustainable index.

Conclusions

Universities have the potential to become environments that foster healthy and sustainable lifestyles, bridging the gap between knowledge and practice. To achieve this, it is important to implement strategies at the university to promote healthy and sustainable diets, along with mindfulness activities during work and class time. The survey is intended to be repeated annually or biannually to monitor lifestyles and evaluate the interventions implemented, in order to apply different strategies if necessary for the better health of the university population

Abstract 3.

Title: Co-creating a social media culinary intervention for Catalan university students using Social Cognitive Theory to improve diet quality and cooking self-efficacy, Spain.

Authors: Patricia Jurado-Gonzalez[1], F. Xavier Medina[2], Alba Martínez-Garcia[3], Anna Bach-Faig[4]

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Abstract

Background

University students often experience lifestyle changes that negatively impact their dietary habits, increasing the risk of chronic diseases. This study explores the barriers and motivators influencing healthy eating and home cooking among university students in Catalonia and co-create targeted solutions through behavioral science research and intervention design.

Methods

Using a mixed-methods approach, the first phase identified key factors influencing healthy eating and home cooking using the Social Ecological Model. While previous studies in other countries highlighted time constraints as the main barrier, our findings revealed low motivation for healthy eating, peer pressure, and limited cooking self-efficacy as the primary challenges.

To address these barriers, we co-created a one-month social media-based culinary intervention guided by Social Cognitive Theory (SCT), Self-Determination Theory, and a participatory design approach. The process engaged university students, culinary influencers, and social marketing experts through formative research, co-development workshops, and iterative prototype testing. The process involved university students, culinary influencers, and social marketing experts through formative research, co-development workshops, and iterative prototype testing. Delivered via TikTok and Instagram, the intervention featured short, engaging videos with affordable recipes, meal-planning tips, and relatable peer-led content. It addressed core student needs: community, through peer influence and positive social norms; control, by fostering autonomy and empowerment; and purpose, through the development of cooking self-efficacy.

The intervention's impact was evaluated using the MEDLIFE diet quality index and a validated cooking self-efficacy questionnaire.

Results

Results demonstrated significant improvements in participants' cooking self-efficacy and diet quality, with increased interest in nutrient-dense foods such as legumes.

Conclusions

This study highlights the critical role of addressing motivation and cooking self-efficacy in overcoming dietary challenges among university students. By leveraging engaging, peer-led, and behavior change theory-based content on social media, the intervention offers a scalable and effective model for promoting behavior change and improving diet quality. These findings provide a foundation for

designing context-specific interventions to foster healthier eating habits and support long-term health outcomes in young adults.

Abstract 4.

Title: Sustainable and healthy dietary behaviours of university students in Ireland: Insights from the UCD PLAN'EAT Living Lab

Authors: Lauren D. Devine[1], Patrick S. Elliott[1], Michael F. O'Neill[1], Abbie M. Horgan[1], Eileen R. Gibney[1], Aifric M. O'Sullivan[1]

Affiliation: [1]UCD Institute of Food and Health, School of Agriculture and Food Science, University College Dublin, Belfield, Dublin 4, Ireland

Abstract

Background

The complexity of modifying dietary behaviours is well established (1). When considering how best to achieve positive dietary change towards sustainable and healthy dietary behaviours (SHDBs), the university setting has shown promise, providing substantial access to a wide range of young adults who are gaining increasing independence and autonomy with respect to their dietary choices (2). As part of the University College Dublin (UCD) PLAN'EAT Living Lab (LL) (3), this study aimed to explore Irish university students' health and lifestyle practices, dietary behaviours and dietary intakes.

Methods

The UCD PLAN'EAT LL is a two-year study (February 2024-September 2026), with the aim to co-create, implement and evaluate a series of interventions to support UCD students' transition towards more SHDBs. Young, healthy UCD students (aged 18-30 years) are currently being recruited to the UCD PLAN'EAT LL, with the aim to recruit 500 students. At LL baseline, participants are invited to complete a demographic, health, lifestyle and dietary behaviour questionnaire and up to three 24-hour dietary recalls via an online dietary recall tool, Foodbook24. Statistical analysis was conducted using SPSS (v.29) and R (v.4.3.1).

Results

On average, participants currently enrolled in the LL (n=150) were aged 22 years (range 18-30 years), with 78% female (n=117) and 22% male (n=33). Participants were recruited across undergraduate (61%; n=91), postgraduate/master (29%; n=43) and PhD (9%; n=14) levels, with a minority of participants undertaking alternate courses (1%; n=2). Several barriers and enablers to consuming key food groups that contribute to a sustainable and healthy diet (increased fruit and vegetables; increased legume consumption; reduced meat intakes; decreased high fat, sugar and salt (HFSS) foods) were identified.

Conclusions

Analysis is ongoing and the results will be updated to include data from the full student cohort enrolled in the UCD PLAN'EAT LL. This study will provide an insight into university students' current health and lifestyle status, dietary behaviours and dietary intakes. These findings will aid in informing the design of tailored dietary interventions to be delivered within the UCD PLAN'EAT LL to help support university students' transition towards more SHDBs.

Abstract 5.

Title: A novel personalised nutrition intervention with tailored behavioural support to promote legume consumption in university students.

Authors: Patrick S. Elliott[1], Lauren D. Devine[1], Eileen R. Gibney[1], Aifric M. O'Sullivan[1]

Affiliation: [1]UCD Institute of Food and Health, School of Agriculture and Food Science, University College Dublin, Belfield, Dublin 4, Ireland

Abstract

Background and objectives
Personalised nutrition (PN) interventions have primarily focused on biological differences to generate PN advice. Such advice is purported to cause greater changes in dietary behaviour relative to generic dietary advice. However, evidence on the effect of PN interventions on dietary behaviour change is mixed, particularly when behavioural support is balanced between intervention and control groups. As populations must move towards eating sustainable and healthy diets (SHDs), PN interventions that provide tailored behavioural support may enhance the consumption of less commonly eaten foods central to SHDs, such as legumes. This feasibility trial sought to test the efficacy, feasibility, and acceptability of a novel PN intervention incorporating tailored behavioural support for improving legume intakes in young, healthy university students.

Methods
Young, healthy university students (aged 18–30 years) were recruited from the UCD PLAN'EAT Living Lab. Intervention development was guided by the Behaviour Change Wheel. Intervention group participants received a PN intervention plus tailored behavioural support based on their primary self-selected barrier to legume consumption. Control group participants received a PN intervention without tailored behavioural support. At baseline, participants completed ≥2 24-hour dietary recalls, received a PN report detailing a recommendation to improve their legume intake, and underwent an in-person diet counselling session with a nutritionist. After ~4 weeks, participants completed ≥2 24-hour dietary recalls. Change in legume intake was measured using analysis of covariance. All data analysis was conducted using R (v.4.3.1).

Results
A total of 59 students were randomised to a control or intervention group (*n*=57 entered the trial; *n*=41 female; *n*=16 male). Of those randomised to the intervention group, 14 (50%) selected 'lack of convenience' as their top barrier to eating more legumes, whereas 7 (25%) reported 'lack of cooking skills' and 7 (25%) reported 'lack of habit'. Preliminary results suggest that legume intakes have improved in both the control and intervention groups.

Conclusions
Results will help to shed light on the efficacy of tailoring behavioural support to individuals within PN interventions and will guide the development of a larger trial focused on promoting SHDs in UCD PLAN'EAT Living Lab participants.

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Advancing Student Mental Health: National Standards, Institutional Implementation, and Continuous Improvement

Meaghan Blake[4], Sandra Koppert[2], Sherry Sawatzky-Dyck[5], Jennifer Thannhauser[3], Janine Robb[1], Sandra Yuen[1], Leah State[6], marija Padjen, Bindia Darshan
[1]University of Toronto, [2]Mental Health Commission Canada, [3]University of Calgary, [4]John Abbott College , [5]Brandon University, [6]Humber

1. **Opening & National Context**
    - Janine Robb: The creation and foundation of the Standard ~ 5min
        - Ideation, committee representation, work
    - Sandra Koppert (MHCC): The journey of the Standard from release to implementation ~ 10 min
2. **Institutional Implementation: Challenges & Successes**
    - Survey on Z2003 Use by BP-Net – Sandra Yuen ~ 5 min
    - Humber College + Brandon University + John Abbott College (Sherry Sawatzky-Dyck, Meaghan Blake, Leah State) ~ 10 min each
3. **Evaluation & Continuous Improvement**
    - University of Calgary (Jennifer Thannhauser) – *Institutional Specific* | ~ 10 min
    - CICMH (Marija Padjen) – *Cross Institutional* | ~ 10 min
4. **Panel Discussion & Q&A**
    - Jennifer, Sandra. Y, Sherry, Leah, Bindia, Meaghan, Marija moderated by Sandra. K

Symposium Abstract
The mental health and well-being of post-secondary students are critical to fostering a resilient and thriving academic environment. In response to growing concerns about student mental health, Canada introduced the world's first National Standard for Mental Health and Well-Being for Post-Secondary Students. This symposium will explore the Standard's journey from development to institutional implementation and ongoing evaluation. Through national and institutional perspectives, participants will gain insights into the successes, challenges, and evolving strategies for embedding mental health initiatives in post-secondary institutions. The session will conclude with a panel discussion and Q&A, encouraging dialogue on best practices and future directions.

Presentation 1: Opening & National Context

- Janine Robb The creation and foundational principles of the National Standard. She will discuss the collaborative efforts of post-secondary leaders, students, policymakers, and mental health advocates in shaping this first-of-its-kind framework.
- Sandra Koppert (MHCC) The journey of the Standard from release to implementation. She will highlight lessons learned, institutional priorities, and findings from national engagement efforts.

Presentation 2: Institutional Implementation: Challenges & Successes

- Sandra Yuen (BP-Net) (5 min): National survey results on the use of the National Standard (Z2003) across institutions, highlighting common barriers and enablers.
- Institutional Case Studies
    - Humber College (Leah State): How Humber integrated the Standard into its Campus Well-being Strategy, focusing on institutional collaboration and student engagement.
    - Brandon University (Sherry Sawatzky-Dyck): Challenges and successes faced by a small, rural university in adopting the Standard, including its alignment with Truth and Reconciliation initiatives.

- John Abbott College (Meaghan Blake): The experience of implementing the Standard in Quebec's CEGEP system, balancing national and provincial frameworks to support student well-being.

Presentation 3: Evaluation & Continuous Improvement

- University of Calgary (Jennifer Thannhauser) Developing a principles-focused evaluation framework to measure the Standard's impact and drive continuous institutional learning.
- Centre for Innovation in Campus Mental Health (CICMH) (Marija Padjen): Cross-institutional strategies for sustaining mental health initiatives, best practices for collaboration, and provincial support systems.

Learning Objectives:

By the end of this symposium, participants will:

1. Understand the development and national implementation of the National Standard for Mental Health and Well-Being for Post-Secondary Students.
2. Gain insights into institutional challenges and successes in adopting and integrating the Standard within diverse post-secondary environments.
3. Learn about evaluation frameworks and collaborative strategies that enhance the sustainability of mental health initiatives.
4. Engage in a collaborative discussion on best practices and future directions for student mental health and well-being.
5.

This symposium will offer a comprehensive perspective—from national leadership to institutional implementation—on fostering a mentally healthy and resilient post-secondary student population.

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Higher education environment, health-related behaviours and students´ health: What can we learn from student surveys?

Christiane Stock[1], Prof. Ronni M Greenwood[2], Mrs. Aoife Noonan[2], Mrs. Jennifer Lehnchen[1], Dr. Katherina Heinrichs[1]
[1]Charité - Universitätsmedizin Berlin, Berlin, Germany, [2]University of Limerick, Limerick, Ireland

Symposium goals and abstract

Identifying aspects of the higher education environment and in health-related behaviours (HRBs) that impact students' health is essential for fostering well-being, academic success, and resilience. It allows institutions to address inequities, create supportive systems, and fulfil their responsibility to promote a positive and inclusive student experience. This symposium will highlight successful tools to assess relevant factors in the higher education environment and in HRBs of students and their detailed and specific relationships with health outcomes. The symposium will explore which aspects of the higher education environment (e. g. study conditions) and of HRBs should have priority for intervention. The research presented is based on data collected in a collaborative project between Charité Berlin and Bielefeld University funded by the German Statutory Accident Assurance at 13 higher education institutions in Germany (*N*=24,533) and on four years of data gathered and analysed from a student sample in Ireland (*N*=3,221). Moreover, the symposium will present and discuss the experiences of stakeholders with conducting needs assessment surveys – collected from 29 stakeholder interviews. Together with participants, we will discuss practical measures and effective strategies to successfully address intervention priorities in a moderated group discussion. Aims and objectives of the symposium are:

- To get insights into which aspects of the higher education environment and of their HRBs have high impact on students' mental health and well-being
- To learn about practical facilitators and barriers for conducting successful student surveys to measure HPU progress

Our symposium serves as a collaborative platform to discuss strategies to improve the higher education environment as well as students´ HRBs while setting focus on areas that impact students' mental health and well-being most. By presenting current research, we aim to highlight the significance of the topic and foster meaningful dialogue. Participants will engage in a moderated discussion. This format promotes shared learning and practical idea exchange, helping participants identify actionable steps for implementation at their own institutions.

Research Abstract 1

The StudiBiFra tool to identify action priorities and to measure HPU success for student mental well-being

Authors: Jennifer Lehnchen[1], Katherina Heinrichs[1], Julia Burian[2], Zita Deptolla[2], Christiane Stock[1]
[1] Charité – Universitätsmedizin Berlin, corporate member of Freie Universität Berlin and Humboldt-Universität zu Berlin, Institute of Health and Nursing Science, Augustenburger Platz 1, 13353 Berlin, Germany
[2] Bielefeld University, Health Management, Universitätsstr. 25, 33615 Bielefeld, Germany

Background: Study conditions at German universities are receiving increasing attention regards their impact on health. Therefore, this study aims to explore students' perspectives on study conditions and identify areas requiring action, as well as to examine the relationship between study conditions and students' mental health.

Methods: The cross-sectional StudiBiFra study collected data from 24,533 students across 13 universities in Germany between June 2021 and March 2023, utilizing the "Bielefeld Questionnaire on Study Conditions and Mental Health". Students evaluated 22 domains of study conditions, rated

the urgency of needs for action, and completed four mental health scales (general wellbeing, depressive symptoms, cognitive stress symptoms, exhaustion). Group differences were analysed using t-tests and ANOVAs, while linear regression models assessed the association between satisfaction with study conditions and mental health outcomes.

Results: Students expressed the highest satisfaction and lowest perceived need for action in areas such as thesis supervision, university culture, and the quality of students´ cooperation. Conversely, the lowest satisfaction and highest needs for action were reported in final-year support, time requirements, examinations and academic achievements, and career prospects. Overall, greater satisfaction with study conditions was significantly associated with better mental health. The strongest links to mental health were observed in domains related to examinations and academic achievements, time requirements, fit of course content/ competency development, and quality of students' cooperation.

Conclusion: The findings highlight the moderate to strong influence of study conditions on students' mental health. Addressing key areas through evidence-based, institutional preventive measures is essential for fostering sustainable improvements in students' mental well-being.

Research Abstract 2

Prevalence of health-related behaviours and associated factors in university students in Ireland: Four-year repeated cross-sectional study.

Authors: Aoife Noonan [1,2,3]; Audrey Tierney [1,2,5]; Catherine Norton [1,2,3,4]; Kwok NG[2,3]; Catherine B. Woods [1,2,3]

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[5] *School of Allied Health, University of Limerick, Limerick, Ireland V94 T9PX*

Background: Transitioning to higher education (HE) has been highlighted as a critical time to embed positive health-related behaviours (HRBs). However, there has been a long-standing association between student-life and risk-taking. This study aimed to (i) identify the prevalence of HRBs over-time in cohorts of HE students in Ireland, (ii) establish an overall health index and analyse the health-related status of HE students and associated factors based on this index, (iii) explore student perspectives towards public health interventions.

Methods: Using an anonymous, repeated measures, cross-sectional study design, four years of data were gathered and analysed from a student sample (*N*(final)=3221). A series of Pearson´s chi-square, t-tests and one-way ANOVA tests followed by linear regression analysis were performed to determine the individual and combined associations between participant characteristics and health scores.

Results: There were notable unfavourable patterns over time in all HRBs, except tobacco use, which indicated a declining trend. Factors associated with lower health index scores included identifying as female, living at home, higher socio-economic status, studying in the arts humanities and social sciences field, and having a higher body mass index (BMI). Most students reported they would avail of an intervention on drug use (78.1%, 95% CI: 0.77 to 0.80), alcohol consumption (75.7%, 95% CI:0.74 to 0.77), tobacco use (67.3%, 95% CI:0.66 to 0.69) and mental health (65.4%, 95% CI: 0.64 to 0.67) if they felt that they needed to.

Conclusions: This study demonstrates a clear rationale for providing health-enhancing behavioural interventions for students in HE settings. Outcomes may be of interest to educationalists, policymakers, and health-promotion experts.

Research Abstract 3

Experiences with using the StudiBiFra tool at German universities: Results from a qualitative study with stakeholders

Authors: Katherina Heinrichs[1], Jennifer Lehnchen[1], Zita Deptolla2, Christiane Stock[2]

[1] Charité – Universitätsmedizin Berlin, corporate member of Freie Universität Berlin and Humboldt-Universität zu Berlin, Institute of Health and Nursing Science, Augustenburger Platz 1, 13353 Berlin, Germany

[2] Bielefeld University, Health Management, Universitätsstr. 25, 33615 Bielefeld, Germany

Background: To promote students' mental health, regular data assessment is essential. While conducting surveys among students, stakeholders at universities face a great variety of challenges. This qualitative study aims at identifying these challenges as well as success factors in order to eventually create a "roadmap" with tips and advice for future surveys with the "Bielefeld Questionnaire on Study Conditions and Mental Health".

Methods: Problem-centered interviews were conducted with stakeholders (including involved students) at universities where surveys with the "Bielefeld Questionnaire on Study Conditions and Mental Health" were conducted. The interview guide comprised questions about the different stages of the survey and focused on challenges and success factors. After transcription, we completed a template analysis.

Results: In total, 24 interviews with 29 participants were conducted. The identified themes include aspects concerning a) preparing the survey, e.g., characteristics of the university, applying for ethical approval, or integrating all (mutual or competing) interests, b) conducting it, e.g., time and personnel resources (adequate or limited) or dealing with low response rates, and c) organising following processes, e.g., communicating and contextualising the results or setting up a sustainable student health management.

Conclusion: Surveys to assess students' health represent a crucial step in health promotion and, consequentially, organisational development/study programme development at universities. They come along with certain challenges and success factors which must be considered when preparing and conducting such a survey as well as organising the following processes to improve students' health. To facilitate this, we plan to develop the abovementioned roadmap. Furthermore, universities need to acknowledge the responsibility when it comes to students' mental health promotion.

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A Whole System Approach to Student Wellbeing, moving beyond 1%

Jessica Surdey[1], Deirdre Byrne[2], Daniel Guigui[1], Pamela Kelly[1], Denise McGrath[1], Niamh Nestor[1], Colleen Doyle[1], Holly Dignam[1], Gráinne Bannigan[1], sara ponce[1], Francesca Pignoloni[1], Gabriela Martinez Sainz[1], Aoife Keogh[1]
[1]University College Dublin, Dublin, Ireland, [2]Atlantic Technical University, Sligo, Ireland

Symposium goals and abstract: This symposium aims to inspire higher education leaders and educators to prioritise student mental health within academic settings and offers insights into fostering a culture that nurtures academic success, positive mental health and personal flourishing.

It is well documented that over the past decade mental health problems have increased within the young adult population globally (Dooley, et al., 2019; Union of Students in Ireland, 2019; Auerbach, et al., 2018). The numbers of students seeking mental health support has increased and demand for institutional student support services exceeds supply (Flynn, et al., 2022; AHEAD, 2019). The concern for student wellbeing is gaining interest but the need for preventative, system based, whole of institution approaches to tackle this crisis, and the transformation of student wellbeing has yet to be realised (Duignan, et al, 2022).

The wellbeing of the whole student population must be considered from a whole system approach. In Ireland wellbeing is incorporated into primary and post primary school curriculum, though rarely assessed. Higher education institutions in Ireland place a considerable emphasis on the health and wellbeing of their students, as highlighted by the development of a National Student Mental Health and Suicide Prevention Framework policy.
Though, it is seldom found as a mandatory subject in higher education (approximately 1.3 percent of students take a wellbeing class) and no reference was found to personal wellbeing as a stand-alone subject in the 40 HEI websites or prospectus available to the public (Surdey & Byrne, 2024).

To truly reach the whole student body, wellbeing needs to move from policy into required learning spaces, embedded across the curriculum. Wellbeing knowledge can help students to realise their personal strengths, provide them with coping strategies when faced with adversity, and enable them to perform well not just in college but beyond. Now a whole system approach to wellbeing needs to be central to the development of student success strategies and to the design and implementation of embedded wellbeing content for sustainable student success. Wellbeing has become a key graduate attribute desired by employers but to develop creative wellbeing content those delivering it will require adequate resourcing, supported by HEI leadership and input from students to ensure that wellbeing knowledge and skills are recognised and valued components to help them achieve student success. Embedding wellbeing across the curriculum has massive potential, economic and social benefits to wider society.

Introduction – The presentations in this symposium will cover innovative ways in which wellbeing can be universally embedded within the higher education curriculum to reach more students, improving lifelong outcomes.

Presentation 1: Ways, Means, Opportunities & Challenges to Embedding Wellbeing in Curriculum
Authors: Deirdre Byrne, deirdre.byrne@atu.ie, Jessica Surdey, jessica.surdey@ucd.ie

Abstract: Wellbeing is integral to health. The organisations and systems where people live, learn and work can positively or negatively impact on their wellbeing. Evidence shows that some everyday factors of higher education can increase the risk to students experiencing wellbeing deficit such as: academic pressures; exam and assignment stress; transitions in and out of higher education; financial

burdens; managing jobs and academic work; social and cultural pressures and geopolitical concerns (Fox, et al., 2020).

To explore current and emerging practice of embedding wellbeing in the curriculum both nationally and internationally, we conducted a scoping literature review that searched for empirically supported models of practice, initiatives, outcomes, and resources. To capture the current practice nationally HEI websites were scanned for reference to embedded wellbeing content and those discoveries were followed up by semi-structured interviews with the staff who had direct experience of embedded wellbeing content, as well as holding discussion groups with student representatives to explore embedding wellbeing from the student's perspective.

Findings of the scoping review showed that there is a dearth of literature on embedding wellbeing across the curriculum in higher education. The examination of HEI websites and prospectuses in Ireland found few publicly available examples of wellbeing embedded in the curricula. A critical review and analysis of the international literature and our national exemplars reveal there are gaps in evidence-based wellbeing curriculum practices.

In the small number of HEIs delivering wellbeing embedded in the curriculum both internationally and nationally, some of the common opportunities, challenges, themes, and resources found are:

- Modes of incorporating wellbeing is into curricula are through classes that are mandatory, elective, or curricular infusion.
- The most effective wellbeing content applies skills, concepts and assignments to students' selves, their life and chosen discipline.
- Institutions that offer these classes have leadership champions that believe in the benefit of curricular approaches to wellbeing.
- Collaboration between academic departments and student services/wellbeing subject experts to develop content enables institutions to overcome resource limitations and make scalable.

Presentation 2: An Embedded Educational Wellbeing Module for Veterinary Medicine Students
Authors: Dr Pamela Kelly, Dr Niamh Nestor, Holly Dignam, Jessica Surdey,

Abstract: In response to concerns raised in a 2022 report commissioned by the Veterinary Council of Ireland regarding mental health and wellbeing within the veterinary profession, and recognising the growing stressors faced by students, we collaborated with researchers and government agencies to develop a pilot wellbeing programme. This initiative, which integrates evidence-based practices, was introduced into the first year veterinary medicine professionalism curriculum. The aim was to promote mental, emotional, and physical health among the UCD students, equipping them with essential skills for self-care and holistic wellbeing. Additionally, it is supported by the implementation in UCD of the HEA National Student Mental Health and Suicide Prevention Framework (2020) in Ireland. Through this interactive session, participants will see sample activities and discuss the programme's impact on student wellbeing. Attendees will also review results data of analysis of surveys conducted with students both before and after completing the programme.

Presentation 3: Concept & Toolkit 'Teaching for Sustainable Wellbeing in Higher Education'
Authors: Daniel Guigui, Francesca Pignoloni,
Gabriela Martinez Sainz, Sara Ponce, Aoife Keogh, Jessica Surdey,

Abstract: Sustainable wellbeing combines the concepts of individual and community well-being with sustainability, addressing the need to balance human development, ecological sustainability, and social equity. This approach involves understanding human needs, capabilities, and happiness within the context of a sustainable society. It emphasises the interconnectedness of human and environmental systems, advocating for a holistic perspective that recognises the relational dimensions of human interactions and our connection to nature. This presentation will explore how attendees can incorporate sustainable wellbeing in Higher Education and share some of the toolkit's

key components, including exercises and resilience-building techniques, and they will be invited to co-create similar educational activities for their own contexts.

Presentation 4: Elective Modules Designed for Student Wellbeing & Flourishing
Authors: Denise McGrath, Jessica Surdey, Gráinne Bannigan, Daniel Guigui, Colleen Doyle,

Abstract: Two large open wellbeing electives have been made available to all students at University College Dublin Ireland.
"Sort Your Life Out & Thrive" was developed as part of the wider FLOURISH project by Insight Research Ireland Centre for Data Analytics at UCD. The module teaches students about various topics related to health & well-being and supports them in developing practical skills such as goal-setting, time-management and personal reflection fostering self-knowledge.
"Human Learning" focuses on developing core competencies for effective learning, wellbeing, personal growth and coping with stress, to equip students with lifelong skills for learning, working and being well.
Both modules are taught by engaging with online materials like recorded lectures, readings, videos, and attending weekly in-person interactive practicals with a variety of activities both individually and in small groups. They are assessed with assignments that provide students the opportunity to focus on their personal wellbeing goals, tracking data and progress in areas of their choice (e.g. emotional wellbeing, study habits, time management, exercise). Student outcomes and results will be shared as well as resources for wellbeing module development.

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Exploring System Levels of Post-Secondary Health Promotion in Canada: Lessons From the Microsystem to the Macrosystem

Lisa Taylor[1], Breda Eubank, Jerry Maniate, Victor Do, Melissa Potwarka, Kelly Skinner, Paola Gamboa
[1]Mount Royal University, Calgary, Canada

Symposium Goals and Abstract

Session Description: This symposium involves using an ecological, systems-thinking lens (Bronfenbrenner, 1979) to describe Canadian researchers' experiences of adopting the Okanagan Charter (2015), specific to context, and the work being done to foster sustainability. This involves the post-secondary ecosystem of health promotion and the many system levels involved, which include the microsystem (e.g., classrooms), mesosystem (e.g., the microsystems of department and faculty), exosystem (e.g., university-wide efforts such as strategic and academic plans), and macrosystem (e.g., social structures and norms in place). The symposium will predominantly focus on the experiences of Canadian researchers to date (i.e., policy and practice within institutions) as well as describe emerging research across various faculties and departments (e.g., medicine, education, health and physical education). The significance of this work lies in the experiences and research involved to understand and meaningfully apply health promotion in post-secondary contexts. Sharing the experiences of Canadian colleagues can offer perspective and spark ideas for international colleagues.

Aims and Objectives: This symposium will discuss experiences regarding post-secondary health promotion implementation and research at the microsystem, mesosystem, exosystem, and macrosystem levels (Bronfenbrenner, 1979) and by doing so, inspire transferability and sustainability of health promoting work globally. Additionally, the aim of this symposium is to facilitate a conversation among those presenting and those attending regarding how the Okanagan Charter calls to action are implemented across system levels within various university settings. These objectives involve recognizing that sharing ideas to bridge system gaps specific to context can be transferable and inspire action to bridge system gaps in other university contexts, globally.

Participant Engagement: In preparation for this symposium proposal, the authors discussed the importance of *living* health promotion within the symposium; meaning, the experiences and voices of the audience members are equally valued, as part of this work, and the global community dedicated to actioning the Okanagan Charter's calls to action. Therefore, while the symposium will involve presentations by the authors, audience members will be involved in a collective discussion regarding bridging the gaps between system levels. The intention is to highlight experience and inspire transferability to context globally.

Session Format/Structure: Within the 85 minute symposium, the authors have planned the following format: a short welcome with introductions; 30–50 minutes of mini-presentations by the symposium authors, sharing unique contexts, experiences, and research; 25–45 minutes of panel discussion with the audience (including pre-planned questions related to successes and challenges, enablers for health promotion, identifying impact, and ideas moving forward); a short closing. This format allows the authors to share their experiences (i.e., policy and practices) and research at their respective Canadian institutions, as well as meaningfully engage the audience in a globally-informed conversation to inspire health promotion action and sustainability.

Bringing Post-Secondary Health Promotion to the Classroom: Focus on the Microsystem
Authors: Lisa Taylor & Breda Eubank Mount Royal University, Calgary

Background: Health Promoting Universities (HPU) is an internationally recognized approach to supporting the health and wellness of those at post-secondary institutions. This work was inspired by the Ottawa Charter for Health Promotion (World Health Organization, 1986) and became a focus with the Okanagan Charter (2015). Affecting health promotion within the university setting involves a systems-based approach (Dooris, 2022) and includes the efforts of all those on campus. However, Canadian universities have had difficulties applying health promotion effectively (Squires & London, 2023).
Mount Royal University (MRU) was one of the first Okanagan Charter signees and is a HPU leader in Canada. Mount Royal University's (2023) strategic plan indicates direction and goals for the institution, which communicate the importance of well-being throughout. As a result, faculties reflect these goals in their specific strategic plans as well (e.g., Mount Royal University, 2019). However, what is unclear is how departments are achieving these goals and how students are affected in classes.

Experiences and Research: An interpretivist/constructivist philosophical orientation (Creswell, 2003) was used for this work, alongside Bronfenbrenner's (1979) ecological systems theory and nested systems (i.e., the individual, micro-, meso-, exo-, and macro-levels). While this presentation will predominantly involve the policy and practice at MRU to date, it also includes research that is emerging; in particular, a Scholarship of Teaching and Learning (Felten, 2013) project that involved interpreting student experiences of intentionally designed, health promotion-oriented classroom activities (e.g., icebreakers) and assignments (e.g., regular journaling) through a focus group. Data were analyzed using Braun & Clarke's (2019) reflexive thematic analysis; themes were developed from the focus group transcript.

Conclusion: Bridging the gaps of system levels is a struggle of health promoting universities across Canada. The work described here involves a focus on the microsystem – where students and health promotion meet in classrooms. Sharing the work done at MRU to date as well as this emerging research focused on the microsystem can inspire faculty at various universities worldwide and affect the Okanagan Charter's Call to Action 2, which involves leading locally and collaborating globally (2015, p. 8).

Creating an Ecosystem Where Everyone Can Thrive and Belong: Lessons from the Mesosystem and Macrosystem Levels

Author: Jerry M. Maniate, University of Ottawa

Background: The health system, as defined by the World Health Organization, as: "(i) all the activities whose primary purpose is to promote, restore and/or maintain health (World Health Organization, 2000); (ii) the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health" (World Health Organization, n. d.). As such, the health system includes institutions such as hospitals, clinics, and laboratories, but also higher education institutions that provide educational programming for health professional learners, and support for health professionals who serve as faculty members, preceptors, and teachers.

Experiences and Research: As both the health system and higher education system co-exists in many of our larger health care institutions, such as academic health sciences centres, and as such there is a need to reconcile the tripartite mandate that exists - clinical care, research, and education. This is particularly challenging when the pressures of clinical care, and even research can pinch the educational mandate leading to strained environments where learners and even faculty members struggle to thrive. Additional strains associated with space constraints, budgets, and faculty member burnout and moral stress compound the challenge. Addressing these particular challenges will require interventions and utilization of levers at both the meso and macro level (Bronfenbrenner, 1979). As such, the culture of a department (meso level), as shaped by authentic leadership,

supportive policies, psychological safety and accountability through spaces for critical dialogue, and functional physical infrastructure, when coupled with those at the macro level (institution-wide) can create an ecosystem where both learner and faculty experiences are optimized for thriving, growth, enjoyment, and belonging.

Conclusion: Implementing the Okanagan Charter at the meso level within institutions will require intentional strategies to ensure the voices of diverse constituents are authentically included to promote a sense of belonging for all. This is particularly important given the impact of local culture, contexts, and leadership. Within the health system, institutions and organizations (operating at the macro level) are unique in that they are simultaneously a space for learning (for health professionals learners), working (for health professionals who are clinicians, faculty members, researchers, etc.), and receiving care (for patients and their loved ones), and as such special attention must be paid to ensure these interests are not competing but rather working together towards a shared mission.

Transforming Learning Environments: Implementing the Okanagan Charter to Advance Learner Wellbeing at the Exosystem level
Author: Dr. Victor Do, University of Alberta

Background: One critical aspect of Okanagan Charter (2015) implementation aims to address significant learner wellbeing issues by fostering supportive educational environments at an exosystem level (Bronfenbrenner, 1979). Learner wellbeing is a growing concern across various educational settings, particularly in health professions education, where stress and burnout are prevalent. We seek to create systemic changes that enhance the broader learning environment, promoting holistic well-being and academic success. The focus on an exosystem-level approach is vital to ensuring sustainability and scalability across diverse contexts and countries.

Experiences and Research: To address these challenges, systemic interventions have been deployed across health professions education settings in Canada. Key initiatives include forming committees dedicated to enhancing the learning environment, implementing health-promoting policies, and research processes focused on the learning environment. These committees work collaboratively (including across institutions) to identify systemic barriers, develop innovative strategies, and ensure the alignment of institutional practices with the Okanagan Charter's principles. The objectives are to create inclusive, supportive environments that prioritize learner well-being and promote institutional culture change. The initiative seeks to answer critical questions: How do systemic interventions influence learner wellbeing? What are the measurable impacts of these policies and practices on the educational ecosystem?
Implementation at participating institutions demonstrates improved perceptions of the learning environment among students and faculty. Committees have successfully implemented health-promoting policies, such as those enhancing access to mental health resources and creating more inclusive learning spaces. Feedback indicates reduced stigma around discussing wellbeing and increased collaboration between stakeholders. Additionally, institutional changes have fostered greater alignment between educational practices and the holistic well-being goals of the Okanagan Charter.

Conclusion: Key lessons include the importance of multi-partner engagement in driving systemic change and the necessity of tailoring interventions to specific institutional contexts (Do et al., 2023). Establishing dedicated committees is pivotal in bridging gaps between policy and practice, ensuring accountability and momentum. These learnings can be used to increase scalability of this approach, offering a blueprint for other educational systems seeking to adopt health-promoting frameworks. Innovations, such as embedding wellbeing metrics into institutional assessments are also essential for sustainable change. Implementing the Okanagan Charter at the exosystem level is critical for longer term improvements in learner wellbeing.

The Social Organization of Teaching at the Macrosystem Level: Universal Design for Learning and Wellbeing at the University of Waterloo

Author: Melissa Potwarka & Kelly Skinner, University of Waterloo

Background: The transformative vision of the Okanagan Charter calls for higher education institutions to embed wellbeing into all facets of operations, culture, and academic mandates to improve the health of the university community (Suárez-Reyes et al., 2019). The Okanagan Charter takes a whole-systems approach to wellbeing; to create the conditions or settings that enable health through learning, working and living environments. Identifying successful entry points for integrating wellbeing into the core business of the institution is essential for progressing this work.
At the University of Waterloo, a Community of Practice (CoP) was established to support a whole-systems approach to wellbeing in the learning environment, using the pedagogical framework of Universal Design for Learning (UDL). The intention of UDL is to create more responsive and equitable learning environments that account for student variability and diverse needs through proactive and intentional instructional design (Dolmage, 2017; Mcguire et al., 2006). There remains limited research that investigates the work of teaching with UDL, and how it supports both instructor and student wellbeing. This SSHRC funded research project attempts to address this gap by examining: a) institutional mechanisms that facilitate collaboration between instructors and academic support units; and b) how these mechanisms support UDL.

Experiences and Research: Data collected through semi-structured interviews with CoP members (i.e., instructors and instructional support staff) were analyzed to investigate their everyday lived experiences related to instruction. The theory and ontology of Institutional Ethnography (IE) guided the methods of inquiry. IE is situated within a critical paradigm and was created by feminist sociologist, Dorothy Smith. Institutional Ethnography methods of inquiry keep people situated within their context, while focusing on aspects of the institution that are relevant to their experiences (Kearney et al., 2018; Smith, 2005). As such, these data provide insight on the macrosystem of Bronfenbrenner's (1979) ecological systems theory and how it socially organizes the work of teaching.

Conclusion: The findings will contribute to our theoretical understanding of taking a whole-systems approach to wellbeing in learning environments. In practice, it will offer recommendations for higher education institutions to consider when actioning their commitments to the Okanagan Charter.

How Inclusive Excellence can Serve as an Enabler to Implementing the Okanagan Charter: Lessons at the Macrosystem Level

Author: Paola Ardiles Gamboa, Simon Fraser University

Background: Universities and colleges across North America increasingly recognize equity, diversity, and inclusion (EDI) as critical to academic excellence and institutional success. EDI initiatives address historical and systemic injustices, including colonialism and racism, and challenge inequities embedded within the macrosystem level (Ahmed, 2012; Bronfenbrenner, 1979; Dei, 2017). Despite its transformative potential, EDI work often generates fatigue and burnout among practitioners, exacerbated by systemic resistance to change in postsecondary institutions (Truong et al., 2021).

Inclusive excellence offers a powerful framework for embedding EDI into institutional missions, aligning with the Okanagan Charter's call to promote health and well-being. By dismantling systemic barriers, fostering belonging, and ensuring equitable resource access, inclusive excellence strengthens the connection between EDI and well-being, emphasizing the critical role of inclusion in fostering thriving academic environments.

Experience and Research: A case study at Simon Fraser University (SFU) which designed an Equity, Diversity, and Inclusion Community of Practice (EDI CoPr) exemplifies inclusive excellence by fostering a supportive and collaborative learning environment for EDI practitioners. This initiative prioritizes well-being, relationship-building, and shared action planning, breaking institutional silos to address systemic challenges. The EDI CoPr cultivates a culture of care, offering a safe space to address practitioner fatigue while advancing systemic change.

Conclusion: SFU's implementation of inclusive excellence through the EDI CoPr demonstrates the interplay between EDI and well-being as drivers of institutional health. By embedding inclusive excellence into higher education systems, universities can align with the Okanagan Charter's vision to promote health and well-being while addressing systemic inequities. This presentation showcases SFU's experience as a case study, offering actionable insights for integrating EDI and well-being into institutional policies and practices. Inclusive excellence is not only central to academic excellence but is also a foundational enabler of sustainable health-promoting systems in higher education.

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A Holistic Approach to Campus Well-Being: Findings and Lessons from Institutes of Higher Learning in Singapore

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Symposium Goals and Abstract

Enhancing student well-being, in particular mental well-being, has become a focus in many Institutes of Higher Learning in Singapore, especially after Covid-19. In a recent nationwide youth mental health survey conducted by the Singapore's Institute of Mental Health, nearly a third of young people aged 15 to 35 reported having experienced severe or very severe symptoms of depression, anxiety or stress. Stressors for youths in Singapore include excessive social media usage, cyberbullying or online harassment, sleep deprivation, pressure to achieve results both academically and professionally, and the lack of genuine social support and connections.

In July 2021, all the six autonomous universities (AUs) in Singapore came together to form an Inter-AU Community of Practice on Student Wellbeing, with the aim of sharing research and best practices amongst the local universities. In this symposium, five of the AUs will present and share their frameworks, practices, findings and lessons that help to promote student wellbeing in their respective campuses, contributing critical knowledge, practices and support structures to the entire ecosystem in enhancing youth wellbeing in Singapore.

Abstract 1

Title: Whole-of-Organisation (WOO) Approach to Wellbeing – How Does It Work? Lessons Learnt Through the Lens of an Asian University

Problem

In 2020, the National University of Singapore (NUS) Mental Health Task Force uncovered significant levels of mental distress among staff and students with multiple barriers cited to access mental health resources and services.

Interventions

The NUS Health and Wellbeing unit (HWB) was subsequently set up in 2020 and strategically housed under the "Office of the President" to spearhead wellbeing initiatives, including the signature mental health destigmatisation campaign, to improve resource awareness and drive a culture of psychological safety and empathy for staff and students. Most innovatively, we invested in social media advertising to boost social media posts on services to our staff and students. Strategically, WellNUS mental health framework was developed to systematically identify and close policy gaps to improve wellbeing of staff and students through close collaborations with system owners and stakeholders. In 2024, a Chief Wellbeing Officer (CWO) was appointed to demonstrate unwavering commitment towards wellbeing agenda, a rare appointment in higher education space. Serial assessments were conducted annually between 2021 to 2024 to assess the impact the programmes had on staff and student wellbeing

Results
In 2021, our per-post campaign survey (n-2577) indicated that PHQ-2 score, Personal Stigma Score and Social Distancing scores improved among staff and students. In 2022, we invested in a social media platform to drive our campaign, garnering 4.6 million impressions, 64,357 engagement and 9,057 likes.
We obtained 6048 responses from the survey. 57.3% of respondents were aware of the campaign. From these, 70% reported to know more about mental health and stigma, 73.3% to be more aware of NUS resources available, 53.3% to be more likely to use those services, and 76.5% to be more willing to support a peer struggling with mental health conditions. Our follow-up Wellbeing Survey among staff in 2023 (n=3468) and 2024 showed a positive relationship between departmental outreach and employee engagement, and between workplace relationships and psychological safety. All results were statistically significant.

Conclusion
Our results concluded that a systematic whole-of-university approach to wellbeing proved to be effective in reducing mental health stigma and promoting a psychologically safe space for staff and students.

Abstract 2
Title: Envisioning a healthy campus to support health and well-being of university students

Background: Promoting the health and well-being of students has been shown to be directly linked to their academic performance and success. Several studies have reported a high incidence of mental health conditions among university students that range from depression, anxiety, stress, and others. Following the COVID-19 pandemic, increased attention is now placed on addressing mental health issues among younger adults. There is an urgency to adopt a broader culture of health and well-being on campus to help students in need, but also to put in preventive measures to benefit the wider student population.

Objectives: The purpose of this study is to describe and understand the context of healthy campus within the Singapore Institute of Technology (SIT) student population across the different cohorts. The specific aims are to:
(1) Describe and examine the extent of health and well-being in the student population.
(2) Identify the associated factors that can impact health and well-being.

Methods: A prospective cohort survey is conducted on the SIT student population across 2 consecutive academic years. Participants are recruited based on the following inclusion criteria: i) SIT students who are 19 years and older, ii) be able to make written informed consent independently, and iii) undergraduate and post-graduate students enrolled in SIT. Institutional
Board Review approval is sought prior to the start of data collection. The survey consists of the following parts: a) demographic information, b) general health survey, c) mental health assessment, d) health seeking behavior, e) general lifestyle behavior, f) resilience, g) social cohesion and connectedness, attitudes towards disability and social inclusion, h) nutrition, i) sleep and exercise.

Significance of study: The study is ongoing, and findings will be presented at a later time. This study lays the groundwork to examine the health and well-being of the student population. We address a significant gap that can potentially inform University student affairs policy, aiming to enhance the student experience through the promotion of healthy habits and practices. Additionally, the implications extend beyond the campus, as students may be catalysts for change within the broader community context.

Abstract 3

Title: Preliminary Findings from Efforts to Foster a Resilient Student Community at the Singapore Management University

According to research, there is a mutually reducing relationship between resilience and mental ill-being, such as depression, anxiety and negative emotions. Concomitantly, the mutually enhancing relationship between resilience and positive mental health has also been established. Resilience has been shown to be positively correlated with positive indicators of mental health, such as life satisfaction, subjective well-being, and positive emotions. The presenter will share preliminary findings from the whole-of-university approach adopted by the Singapore Management University (SMU) to embed holistic wellbeing into the fabric of the university. Aligned to the ethos of a Health Promoting Campus, the objective is to reduce risk factors and enhance protective factors through fostering a resilient student community. In so doing, we help students find their footing to succeed, engendering sustainable pathways to a life of flourishing.

Abstract 4

Title: Empowering Student Success and Wellbeing: Conceptualization and Practices

The holistic success of a student is inextricably linked to the mental health and wellbeing of the student. Applying the principles of positive psychology and strengths-based approach to student development, the presenter will share how the Singapore University of Social Sciences (SUSS), established since 2017 as the youngest autonomous university, designs and delivers various curriculum programmes and initiatives to help students acquire and practice the knowledge and skills critical for their wellbeing. As a student journeys through the university life cycle from a freshman transiting from high school to a senior stepping into his/her first career at the workplace, and then becoming an alumni who is likely to pivot between multiple careers over the next 50 years with different life challenges, SUSS aims to nurture an ecosystem that allows students and alumni to find **C**onnections, cultivate **A**wareness, develop **R**esilience and be **E**mpowered (**CARE**) to grow positively in the 4 key well-being domains of mental & emotional, physical, intellectual & occupational, and social.

Abstract 5

Title: All for health: Is there a place for technology towards mental health for all?

The Nanyang Technological University (NTU) Singapore is home to over 45,000 students and staff, equivalent to the size of a township. The relatively large community population presents diverse needs and vulnerabilities which can range from those doing well to those requiring specialist care and treatment. While providing support and treatment to those who are unwell or recovering remains vital, it is equally important for health to be created for our members in the very environment they live, work and study, outside the clinical setting. To do so, specialist centres and central offices would longer be sufficient. The community itself needs to become the critical support resource for the community, and technology can play a crucial role.

At this presentation, you will hear about how NTU builds up its wellbeing community, capability and capacity. In particular, you will learn how technology (including AI) has been deployed to scale wellbeing services to the student and staff population as well as to enhance the support capability of the community, moving NTU towards its wellbeing vision of “Everyone a wellbeing change-maker”.

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Restorative practices and the health-promoting universities movement in the United States

Gina Abrams[1], Paula Swinford[2], Raphael Florestal-Kevelier[3], Kelly Gorman[4]
[1]International Institute for Restorative Practices Graduate School, Bethlehem, United States, [2]University of Southern California, Los Angeles, United States, [3]University of Illinois Chicago, Chicago, United States, [4]University of Albany, Albany, United States

Session Description:
This session features a panel presentation of U.S. health promotion leaders participating in the Restorative Practices in Higher Education Learning Collaborative. Restorative practices is a field that studies how to strengthen relationships between individuals and social connections within communities. Presenters will provide a primer on the discipline, built on principles and processes supporting engagement, encouraging dialogue, addressing conflict, and repairing harm. Restorative practices is well-aligned with the Okanagan Charter's call for a positive, proactive approach and social and environmental interventions that sustain norms, values, and processes influencing the life of the community. Presenters will describe how they use restorative practices to influence culture change at their institutions and provide examples of the impacts of their efforts. They will also explain how it is being used to advance the health-promoting university movement in the U.S. Attendees will consider opportunities to use restorative practices in their own settings and professional practice.

Aims and objectives of session:
Participants will be able to describe restorative practices theory, principles, and processes; describe how college health leaders have used restorative practices to influence culture change and develop community on their campuses; and evaluate how to strengthen relationships and social connections in their own settings and professional practice.

Participant Engagement Approach:
Participants will be asked to reflect on and discuss how they engage with others, how they can be more intentional, and how restorative practices can help further their campus health goals.

Session format/structure:
1. Mini-lecture/primer on restorative practices (10 minutes)
2. Panel presentation (case studies) on the use of restorative practices on campus and in the U.S. health-promoting universities movement (50 minutes)
    - The compelling "why"
    - Influence and impact
    - Looking back/looking ahead
3. Participant engagement/reflection/paired discussion on how they engage with others, how they can be more intentional, and how restorative practices can help further their campus health goals (20 minutes)
4. Q&A (10 minutes)

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Live HealthSmart Alabama: Leading health promotion action from classroom to community

Dr. Lemeshia Agee Chambers[University of Alabama at Birmingham], **Greg Parsons**[University of Alabama at Birmingham], Mona Fouad[University of Alabama at Birmingham]
[1]University of Alabama at Birmingham, Birmingham, United States

Session Description
The University of Alabama at Birmingham is committed to promoting health and well-being on campus and across our state. In this session we'll share how we are offering students real-world applications in their courses while improving the health of both students and citizens. Live HealthSmart Alabama (LHSA) aims to make good health simple. Our daily lives are framed by policies, systems, and environments, which can support or limit health choices. At LHSA, students, staff, and faculty are working with local community leaders to create a plan and identify resources. We provide access to healthy food via our Mobile Market, we deliver health screenings into neighborhoods and connect residents with referrals and resources such as health coaches. We make improvements in the built environment through sidewalk installation, natural enhancement via trees/native flora, and lighting and safety evaluations. LHSA is a case study of the Okanagan Charter aspirations brought to life.

Aims and Objectives of Session
Through LHSA's "playbook"—a compilation of information gathered from decades of research and serving the community--this session will illustrate how a university can work with individuals in a community to change policies, systems, and built environments in support of health. Participants will be provided examples of how

- faculty can embed health into a School of Business curriculum
- students may gain real-world experience in an academic medical center, while serving their community; and
- Okanagan Charter principles for action can all be illustrated in a single initiative

Participants will leave with implementation ideas for their university and communities.

Participant Engagement Approach: This workshop will consist of

- Lecture/ presentation of LHSA as a case study/example of OC principles in action
- Audience questions to allow clarification, further explanation and examples, and feedback from panelists based on research and experience examples
- Breakout sessions and Design Thinking
    - **Small Group Discussions**: Divide participants into small groups to discuss their challenges related to health and community improvement.
    - **Design Thinking:** Engage participants in brainstorming sessions to come up with innovative solutions for their communities, things they can imagine doing right now at their campuses

Session Format/Structure (max 100 words):

- LHSA as Exemplar of the Okanagan Charter --Dr. Mona Fouad, Principal Investigator.
- The LHSA Demonstration Zone Playbook: outlines the "playbook" for demonstration zones, with special emphasis on how LHSA works with students, staff, faculty, community partners, and the people who live, work and play there to improve the policies, systems and environments in support of health.) --Dr. Lemeshia Chambers, LHSA Operations Director
- The Built Environment: salutogenic strategies to embed health --Greg Parsons, Architect and Chief Facilities Officer

- Design Thinking Breakout sessions-- participants will discuss their challenges and innovate strategies and solutions for their communities

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Using Co-Design to Create Effective Mental Health Workshops and Programs for Post-Secondary Campuses

Lynn Armstrong[1], Emma Bruce[1]
[1]McMaster University, Hamilton, Canada

Session Description :
This workshop will showcase our success in using co-design in programming and guide participants on engaging stakeholders to create effective programs. Co-design prioritizes user experience in identifying needs and creating solutions. Based on a two-year project with over 200 graduate students, we will discuss leveraging their experiences for unexpected solutions and the importance of embracing ambiguity. Our findings led to a second-level workshop on mental health and social-emotional skills.

Workshop Design: Through practical exercises, we will explore co-design principles in health services, focusing on youth mental health. Participants will apply co-design tools, including building personas, experience mapping, developing "how might we" questions, and prototyping. Audience members will reflect on applying co-design in their settings and engaging young adults, staff, and faculty to support creative thinking and innovative solutions.

Aims and objectives of session:

1. An understanding of the unique mental health needs and priorities at post-secondary institutions
2. How to apply co-design principles and processes to case scenarios and reflect on the implications and opportunities of co-design to address mental health and well-being for youth.

Participant Engagement Approach :
Our session will be highly interactive, engaging participants through practical exercises and co-design tools. We will showcase our success in using co-design and guide participants on applying these principles.

Activities include developing "how might we" questions, prototyping solutions, and discussing evaluation methods. Participants will reflect on applying co-design in their contexts and engaging young adults, staff, and faculty. By leveraging graduate student experiences, we will demonstrate how embracing ambiguity leads to effective solutions. The session provides hands-on experience with co-design tools, fostering an interactive and collaborative learning environment.
Overall, our session will provide hands-on experience with co-design tools and processes, fostering an interactive and collaborative learning environment.

Session format/structure:
The workshop will start with a presentation on co-design principles and their successful implementation in our programming and research, highlighting real-world examples. Afterward, participants will engage in an interactive session, using profiles to practice co-design with stakeholders. We will explore co-design's versatility across all program stages, ensuring user feedback is integral. The workshop encourages active participation and reflection, with opportunities for questions and experience sharing. By the end, participants will understand co-design comprehensively and have practical tools to foster innovation and collaboration in their projects.

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Inclusive Student Driven Community-Building through the Intersection of Arts, Dialogue and Wellness

Michelle Brownrigg[1], Vanessa Treasure, Alanna Coulson
[1]University Of Toronto - Hart House, Toronto, Canada

Session Description
This session will highlight Hart House, a student and community-facing cultural and wellness centre at the University of Toronto in Canada. It will illustrate programs created for, by, and with students to foster experiential learning and enhance overall student experience, all within a lens of inclusivity and a focus on student well being.
Specific examples of access and outreach initiatives; dialogue and expression programs; theatre, visual and performing arts; and physical activity and wellness initiatives will be shared. These are grounded in an integrated holistic model, focusing program impacts on community-building and individual student development to support well-being and academic success.
Hart House collaborates with numerous campus and community partners to this end, and bring together students, staff, faculty, alumni and community in the implementation of these initiatives.

Aims and Objectives of Session.
Postsecondary institutions express increasing concern with the pressures experienced by students that impact their mental health and overall well being, their academic performance, and their capacity to attend and complete post-secondary. These concerns have been elevated in post-covid closures environments that still manifest increased isolation among students, greater disconnection across differences, and shifting tides with respect issues of equity identity, dialogue and protest.

The Learning Objectives of the session will be to share examples and engage with session participants in discussion on:

- Impact of integrated arts, dialogue and wellness initiatives
- Impact of student leadership programming
- Reflection on dialogue across difference

Participant Engagement Approach
Hart House is a student centre for exploration and community-building through the arts, dialogue and wellness, supporting University of Toronto students to be resilient individuals, compassionate leaders, and engaged citizens.
This session will engage active discussion through sharing of key programs examples, framing key questions on how these approaches foster student well-being, asking participants to share their own experiences. Program examples will include the Global Commons which linked students across the globe in real-time international dialogue; the Talking Walls visual art installations that consider social issues; the Well Being Collective initiatives that centre the experiences of Indigenous and Racialized students.

Session Format/Structure
The session will begin with an initial framing question to participants on student engagement with respect to sense of belonging, which research demonstrates as a core component of student success and well-being. Then some background on Hart House as a student and community centre will be shared for context, followed by sharing 2-3 program examples in arts, dialogue and wellness, with a facilitative discussion question for participants in relation to each group of examples to actively engage the group in discussion. The program examples will include visuals and video segments to help animate the discussion.

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Positive Leadership: Why It Matters for Health Promoting Campuses

Laura Bryan[1]
[1]University Of Kentucky, Lexington, United States

Session Description
Effective and supportive leaders are necessary for building health promoting campuses. For this workshop, positive leadership will be offered as an approach for cultivating campus cultures with faculty, staff, student health and wellness as priorities. Positive leaders use evidenced-based strategies from the science of positive organizational psychology and scholarship to empower individuals and institutions to thrive. During this session, we will review and discuss a framework consisting of four components: positive culture and climate, positive relationships, positive communication, and positive meaning. Workshop participants will also practice positive workplace strategies and positively energizing leadership virtues. Successful positive leaders who believe in the Okanagan Charter are essential for the future of health promoting campuses.

Aims and Objectives
Upon completion of this workshop, participants will take away the following:
*An understanding of the positive leadership approach for cultivating institutional cultures.
*The knowledge of why positive leadership is important for health promoting campuses.
*An understanding of how positive leaders can be beneficial for health promoting campuses.
*The skills to implement key strategies of positive leadership for cultivating campus cultures where faculty, staff, and students can thrive.

Participant Engagement
This highly active workshop will include multiple opportunities for participants to engage with the content and with others. Participants will interact by engaging in small group discussions and practicing positive workplace strategies with other participants.

Session format/structure
The workshop will begin with an overview of positive organizational psychology and scholarship with a focus on the positive leadership approach. Empirical research that supports this approach and strategies will also be reviewed and discussed. Most of the research will entail interactions by the participants as they discuss questions and practice various strategies.

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World Café event: #ReimagingUni

Nova Corcoran[1], Joseph Sunday[1]
[1]University Of South Wales, Pontypridd , United Kingdom

Session Description
The Okanagan Charter (ICHPUC, 2015) encourages universities to transform health in current and future societies through health promotion action. This action can contribute to the well-being of people and places. But what does this transformed university look like? How do we embed health into universities and lead health promotion when what a university is, and what a university will become, is uncertain? In times of uncertainty, creative and collaborative approaches are essential to reimagining universities as spaces where health and well-being are central to their mission.
This is a participatory, practical hands-on workshop for anyone passionate about the transformative power of universities as hubs for health, innovation and community. It uses a world café style method to explore the experiences and ideas of people embedded in universities. Participants will work to co-create what a thriving, health-promoting university of the future could look like.

Aims and objectives of session

- Participations will engage, talk, discuss, write and debate with other participations through group activities.
- Participants will discuss and record ideas to co-create what a thriving, health-promoting university of the future could look like.

Participant Engagement Approach.
A world café is a social event with a focused discussion that encourages all participants to talk with each other about set questions, capture these thoughts on paper, and formulate group-based ideas or solutions. Participants will be seated in groups at tables, and moved to new tables/groups at various points in the structured discussion. The ethos of the world café is to create an environment like a café where people feel relaxed and comfortable to discuss set questions with others.
Background café music helps create ambiance.

Enabling Systemic Change: Building Capacity for Health-Promoting Campus Communities Through Service Design

Sterling Crowe[1]
[1]Humber College, Toronto, Canada

Session Description

This interactive workshop explores how systems thinking and service design can transform campus environments to better promote health and wellbeing. Participants will learn how to identify and modify systemic barriers that inhibit health promotion while building organizational capacity for positive change. The session introduces practical tools from human-centered design and change management frameworks, demonstrating their application in creating more integrated, health-promoting campus services. Drawing from successful case studies, participants will explore how to enable conditions for sustainable health promotion through strategic service redesign and collaborative approaches.

Aims and objectives of session

Participants will:

- Identify systemic factors that influence campus health promotion
- Learn to apply service design principles to enhance health-promoting services and initiatives
- Develop strategies for building organizational capacity for sustainable health promotion
- Gain practical tools for leading transformative change in their campus contexts
- Create action plans for implementing health-promoting service improvements

Participant Engagement Approach

The workshop employs a highly interactive approach including:

- Small group activities for service mapping and analysis
- Guided exercises in identifying systemic barriers and opportunities
- Collaborative problem-solving using real campus scenarios
- Peer learning through shared experiences and solutions
- Interactive digital tools for real-time feedback and idea generation

Session format/structure

1. Introduction to systems thinking and health promotion (20 minutes)
2. Interactive service mapping exercise (15 minutes)
3. Tool demonstration and practice (25 minutes)
4. Small group action planning (15 minutes)
5. Sharing insights and next steps (15 minutes)

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The CRAWL Project - Campus' Role as Actors in Walkable and Liveable Communities

Lorraine D'Arcy[1], Leo McConnell[1], Dr Eoin McGillicuddy[1], Dr Vivien Corona Ramirez[1], Ms Coren Gallagher[2], Ms Eugina Thompson
[1]Technological University Dublin, Dublin, Ireland, [2]Office of the Planning Regulator , Dublin, Ireland

Session Description: Since the 1960s in Ireland, development patterns changed to a more suburban car-based approach for street and neighbourhood design. As we moved to this more suburban design, our university campuses followed suit and now we have challenges that include the physical and social health of students. With TU Dublin's campuses spread across urban and suburban environments over three local authority regions, CRAWL will provide key insights into the different challenges and opportunities faced by each campuses' unique circumstances when delivering for walkability and liveability using a Living Lab approach. Finding opportunities to improve the walkability and liveability of suburban campuses can have transferability of good practice to other suburban campus settings including employment and healthcare.

Aims and Objectives of Session: The workshop session aims to facilitate an interdisciplinary discussion with participants around the challenges of delivering for walkability and liveability in different campus settings, with opportunities to share lived experiences and learnings. Discussions based on lived experiences will open up a new network for participants of this workshop for collaboration, helping to avoid siloed work practices when delivering for walkability and liveability in the future.

Participant Engagement Approach: The roundtable discussion session will begin with forming a basis of what the CRAWL project is, along with an overview of the aims of the session. Participants will be faced with prompts to guide discussions and facilitate the sharing of lived experiences.

Session Format/Structure: Each participant will first be requested to introduce themselves. The CRAWL Research Team will then provide an overview of the project. Participants will then be presented with prompts to guide a discussion of their lived experiences in delivering for walkability and liveability.

Developing a self-evaluation tool to support implementation of Health Promoting Campuses – pragmatic 'lessons learnt' from Ireland

Catherine Darker[1], Ms Martina Mullin, Dr Andrea Bickerdike, Professor Catherine Woods, Dr Susan Calnan, Professor Emeritus Mark Dooris, Ms Caroline Mahon
[1]Trinity College Dublin, Trinity College Dublin , Ireland

Session Description:
This workshop offers international delegates valuable insights into developing self-evaluation tools for health-promoting campuses, using Ireland's Healthy Campus Self-Evaluation Tool and Repository as an in-depth case study. It will outline the multi-phase development process, including an international review of existing tools, stakeholder-driven co-creation and iterative prototyping. Participants will also learn about the challenges encountered by the development team and how these were addressed, offering practical insights for their own planning. By highlighting key considerations—such as aligning with global health frameworks, engaging diverse stakeholders, and balancing standardisation with institutional flexibility—the workshop provides a clear roadmap for creating adaptable tools tailored to diverse institutional and cultural contexts. Through this session, participants will gain actionable strategies and practical examples to design, implement, and refine tools that promote a whole-campus approach to health and wellbeing, fostering sustainable, impactful health-promoting practices in higher education institutions worldwide.

Aims and Objectives:
This session equips participants with a clear understanding of the processes involved in developing a pragmatic self-evaluation tool for use across health-promoting campuses; using the diverse Irish higher education context as a case study. Participants will explore practical strategies for designing tools that are adaptable to diverse institutional and cultural contexts, aligned with global health promotion frameworks.

Takeaways:
Attendees will gain actionable insights of key stages of tool development, from stakeholder engagement, prototyping and implementation. They will gain practical ideas and resources to initiate or enhance similar evaluation tools in their own settings, fostering sustainable health-promoting practices.

Participant Engagement Approach:
Attendees will engage in small group discussions to reflect on the applicability of the Irish development process to their own contexts. A live, interactive demonstration of the Irish Healthy Campus Self-Evaluation Tool will allow participants to explore its features and functionality, followed by a Q&A session. Participants will collaborate in an activity, supported by facilitators from the Irish Healthy Campus Tool development project to identify key domains and indicators relevant to their institutions, fostering shared learning and exchange of ideas. Feedback from the audience will be collected to inform their own tool development efforts.

Session Format/Structure:
1. Introduction & Ice Breaker (20 minutes): Facilitators' introductions; engage participants in an ice-breaker.
2. Context (10 minutes): Overview of health promotion in Ireland.
3. Tool Development (10 minutes): Objectives, context, and importance of self-evaluation in health-promoting campuses.
4. Presentation (20 minutes): Development of the Irish Healthy Campus Self-Evaluation Tool, including benchmarking and design.
5. Demonstration (15 minutes): Walkthrough of the Tool's architecture and repository.

6. Group Activity (60 minutes): Identifying relevant domains and indicators.
7. Feedback (20 minutes): Reflections from groups.
8. Lessons Learnt (10 minutes): Challenges, strategies, and adaptability.
9. Panel Q&A (15 minutes): Discussion/wrap-up.

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The Creation and Evolution of Regional Health Promoting Campuses Networks

Chris Dawe[1], Dr. Alaka Chandak, Caroline Mahon
[1]University Of Houston and U.S. Health Promoting Campuses Network, Houston, United States

Session Description

In this session we will provide an overview of the creation and evolution of three Health Promoting Campus Networks: United States, India and Ireland. Each of these regional networks is at different stages of development, shaped by different contexts in their respective countries, and implementing different resources and governance approaches. We'll cover the strengths of each Network as well as current challenges, discussing "Where from, what next, and where to?" for sustainable collective impact in supporting Health Promoting Campuses. Participants will have an opportunity to learn from our experiences and explore innovative opportunities for mobilizing the Okanagan Charter's second call to action: leading health promotion action and collaboration locally and globally.

Aims and Objectives of session

- Understand and explore different examples of the evolution of Health Promoting Campus Networks across three diverse regions (United States, India, and Ireland)
- Discuss current strengths, barriers, challenges, and lessons learned for each network's journey.
- Identify opportunities beyond current network practices, to facilitate greater change and impact on wellbeing for people, place, and planet.

Participant Engagement Approach

There will be opportunities for audience questions for the presenters, large group discussion about the materials presented, and opportunities for knowledge sharing and feedback that build on the shared learning.

Session format/structure

- Introduction
- "Where From?" - Presentation from each of the three presenters on their regional network examples including processes, approaches, strengths, challenges, and lessons learned
- Facilitated discussion about where participants' networks are currently at
- "What Next, Where To?" - Opportunities and future outlook for the three networks and other similar ones around the world
- Q & A and large group discussion
- Conclusion

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Exploring the potential role of faculty in integrating mental health and well-being supports in university curriculum: Identifying potential barriers and resistance.

Mary Alice DiFilippo[1], Dr. Kim Dean[2]
[1]Arcadia University Counseling Services & Alcohol and Other Drug Program, ground floor Heinz Hall Office #38, United States, [2]Arcadia University, Glenside, United States

Session Description
The presenters will share research findings about university faculty perceptions of their current and potential role in supporting student wellness in the context of their classroom practice. Data suggests that instructors across all disciplines are experiencing concern about students in their class; they are moderately to very comfortable in feeling prepared to recognize students struggling with mental health and well-being and are somewhat receptive to receiving additional training in student well-being and mental health support. Facilitators will lead a discussion about relevant classroom practices and potential levers for integrating skills related to mental wellness, social-emotional skills and resilience into the higher education curriculum. Presenters will address sources of resistance from university faculty and strategies responsively designed to address those sources.

Aims and Objectives of Session
- Understanding of University Faculty perceptions about their role in supporting student wellness in the context of their classroom practice.
- Strategies for supporting faculty and university staff in their role as members of the wholistic student wel-lbeing team
- Awareness of potential levers for integrating skills related to mental wellness, problem-solving, and coping into the higher education curriculum.
- Knowledge about sources of resistance in undertaking innovations in the university curriculum and faculty roles related to student life and wellbeing skills
- Articulate the evolution of Universal proactive Social Emotional Learning and its expansion into Higher Education.

Participant Engagement Approach
Research findings will be shared in the context of participant reflection and sharing of their own campus environments. The session will include several opportunities for small group discussions relating to resistance and barriers faculty and health promoting campus professionals face in taking on shared ownership of student mental health, social-emotional competence, and well-being. Participants will engage in application of the analysis of resistance in considering various approaches to enacting innovative approaches on campus and in university classrooms.

Session format/structure
The 45 minute workshop session will be an interactive session grounded by a powerpoint presentation sharing research findings, frameworks for managing changing roles and expectations and common sources of resistance. Each section of the presentation will include small group discussion, application of concepts discussed to their own campus contexts, and a debrief session for the larger group. Approximately hals for the workshop will consist of attendee interaction within their small groups/pairs.

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A Decade of Impact at UBC: Lessons Learned from Implementing the Okanagan Charter University-wide through UBC Wellbeing

Matt Dolf[1], Joan Bottorff[1], Adam Charania[1], Casey Hamilton[1], Noorjean Hassam[1], Melissa Feddersen[1], Mandy MacRae[1], Natasha Malloff[1]
[1]Ubc, Vancouver, Canada

Session Description
Formed in 2014, UBC Wellbeing has been a collaborative, university-wide initiative to embed health and wellbeing into all aspects of university culture and life. This initaitive brought together our Vancouver and Okanagan campuses and engaged students, faculty, staff, and leaders to create a shared vision where health and wellbeing are prioritized. A defining moment came in 2015 when UBC's Okanagan campus co-hosted the International Health Promoting Universities Conference, culminating in the creation of the Okanagan Charter: An International Charter for Health Promoting Universities & Colleges.
Marking a decade of impact, this session explores UBC's lessons learned in implementing the Okanagan Charter across its campuses for its diverse community. Participants will learn about initiatives supporting students, faculty, and staff at all levels of the institution and how to create a culture of collaborative leadership. Through interactive discussions, attendees will share ideas, reflect on challenges, and exchange strategies to foster health and wellbeing promoting campus communities.

Aims and Objectives of Session

- Explore UBC's collaborative approach to embedding the Okanagan Charter across all levels of the university system.
- Learn about initiatives advancing health and wellbeing for students, faculty, and staff across UBC's multiple campuses and organizational levels.
- Identify key enablers and barriers to implementing the Okanagan Charter within the Canadian post-secondary context.
- Engage in meaningful dialogue with other campuses to gain perspectives and tangible actions to promote health and wellbeing in diverse institutional settings.

Participant Engagement Approach
This session will engage participants through brief presentations and interactive small-group discussions. Following a brief overview from each co-presenter, participants will join themed breakout tables for facilitated dialogue. Each table will focus on aspects of activating the Okanagan Charter and its principles/calls to action within their context. Facilitators will guide conversations with and encourage participants to share their experiences and learn from others. Participants will leave with a better understanding of how to implement the Okanagan Charter on their campuses while building relationships with other participants.

Session Format/Structure
Proposed time: 90 minutes

- Introduction (5 min): Welcome participants and share objectives and format of the session.
- Presentations (20 min): 4 x 5-minute presentations, sharing a snapshot of implementation in various units within the university and how they collaborate to promote health and wellbeing system-wide
- Small group discussions (45 min): Participants choose discussion tables, each hosted by 1-2 co-presenters. Discussions foster connections and encourage reflection on individual and collective practices.

- Report-back and reflections (20 min): Tables share back highlights and reflections to benefit from perspectives at each table.

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Centering diversity and inclusion in student mental health

Paul Galvinhill[1], Adriana DiPasquale[1]
[1]College of the Holy Cross, Worcester, United States

Session Description:
As campuses continue to adopt the Health Promoting Campus initiative, it is crucial that our commitment to include all students is demonstrated. In this workshop, the facilitators will share the importance of understanding the distinction between mental health and wellbeing, why it's crucial to have a specific section for mental health in the overall health promoting initiative, the importance of understanding the history of mental health related to traditionally underrepresented and marginalized students, and strategies for improving the mental health support for these students (APA, 2017; IAAP and IUPsyS, 2008; IACS, 2023; Perzichilli, 2020; Smith, 2019). Participants will have the opportunity to learn about strategies for improving policies and procedures, the importance of outreach and communication, and ways to incorporate cultural humility into all facets of mental health support on campus. Special attention will be on using an ethically-informed perspective to support this focus on diversity and inclusion.

Aims and Objectives of Session:
Participants will learn the difference between mental health and wellbeing and how these distinctions are important for providing effective mental health support. Participants will be able to identify two strategies that they can implement on their campus focused on supporting the mental health of students with attention to multicultural factors.

Participant Engagement Approach:
The facilitators will blend informative presentations with experiential activities to create an interactive workshop and keep participants actively engaged. Participants will have the opportunity to engage in individual reflection, discussion within a dyad, discussion within a small group, and discussion within the larger group.

Session Format/Structure:
The workshop will be structured to include presentation to provide statistics and foundational principles, individual reflection, small group discussion, and large group discussion.

Okanagan Charter Implementation: Senior Leader Perspectives

John Jones III[1], Dr. John R. Jones, III[1], Dr. Martino Harmon[2], Trish Cellemme[3], Danita Brown Young, Tim Miller
[1]University Of Alabama At Birmingham, Birmingham, United States, [2]University of Michigan, Ann Arbor, United States, [3]Russell Sage College, Troy, United States, [4]University at Albany, Albany, United States

Session Description
Adopting the Okanagan Charter is one small step toward realizing the two action items and 8 key principles for action outlined within it. From this moderated panel of senior campus leaders participants will hear from those who are in various stages of implementation. Panelists will address why they pursued adoption, what barriers they experienced and how it is impacting the socio-ecological, and physical campus. They will also answer questions from the audience, sharing their lessons learned and their wisdom and advice for those who are considering adoption.

Aims and Objectives of Session
Participants will understand the experience of senior leaders whose campuses have adopted the charter. They will leave with a number of strategies and case examples of how to shape culture and create health on campus.

Participant Engagement Approach
This moderated panel will provide some general perspectives in response to the initial questions posed but will allow half of the session for participant questions to four very seasoned higher education leaders, all who directly report to the president and are in campuses who have are engaged HPUs in the US.

Session Format/Structure This moderated panel will begin with introductions of the panelists. Then each panelist will be asked to respond to two of the six questions before opening up to the audience for questions.

1. What do you see as a benefit of adopting?
2. How did you overcome barriers to adopting?
3. How does/has adoption created more collaborative opportunities?
4. What is one way you are promoting a culture of care?
5. How has adopting assisted you in centering the perspectives of students?
6. Tell us about an unexpected benefit or challenge of adopting?

Senior Student Affairs Officers: Centering Wellbeing in Planning and Action

John Jones III[1], Dr. John R Jones, III[1], Dr. Luoluo Hong[2], W. Rochelle Calhoun[3], Dr. Karnell McConnell-Black[4], Dr. Vernon Hurte[5]
[1]University Of Alabama At Birmingham, Birmingham, United States, [2]Georgia Institute of Technology, Atlanta, United States, [3]Princeton University , Princeton, United States, [4]Reed College, Portland, United States, [5]Towson University , Towson, United States

Session Description Senior Student Affairs Officers (SSAOs) play a crucial and influential role on campus. As student advocates on the President's cabinet, they oversee residential and dining programs, campus recreation, medical and mental health services, health promotion, as well as a broad range of co-curricular programs including but not limited to leadership development, student conduct and ethics, belonging initiatives, student activities. Their management of contracts, facilities, and resources significantly shapes campus culture and climate. SSAOs contribute to the master plan for the built environment and bear significant responsibility for student success; they hold substantial power to influence policy and practices. In this interactive workshop, five SSAOs from North America will discuss how they are promoting the concepts within the Okanagan Charter on their campuses.

Aims and Objectives of Session
Participants will understand how SSAOs can utilize and have advanced the Charter's action items and key principles for action on campus and within their sphere of influence. Panelists will share examples of how they are promoting health and wellbeing on campus in person, place and planet. Participants will have the opportunity to consult with higher education leaders on how to center wellbeing in their work and advance the charter and its concepts on their campus.

Participant Engagement Approach After brief introductions from the panel, participants will be broken into breakout groups with each being assigned a SSAO. SSAOs will share their experiences with the Charter and how they are using it to inform their work and on campus within these small groups before returning to the larger group for summary reports out and final thoughts.

Session Format/Structure
This workshop will begin with introductions of the five SSAO panelists. (5 minutes) Then participants will be broken into breakout groups for discussion with their SSAO. (20 minutes) Then panelists will return to the stage and a member from each breakout will share a summary of lessons learned. (10 minutes) Last, each SSAO will have one minute each for final thoughts.

Creating University Environments That Facilitate Healthy Relationships and Well-being

Leo Lambert[1], Anu Räisänen[2], Brad Moore[3]
[1]Elon University, Burlington, United States, [2]Elon University, Elon, United States, [3]Elon University, Elon, United States

Session Description
This interactive workshop will spotlight Elon University as a case-example institution that has intentionally centered relationship-rich education and well-being as defining features of its student-centered culture. (Elon is recognized as the #1 university in the United States for undergraduate teaching and as a national leader in experiential and engaged learning.) The workshop will also illustrate how the physical campus (the build environment and 600-acre grounds designated a botanical garden) plays a crucial role in fostering human relationships and well-being. For groundwork, the presenters will describe four interlocking, relationship-rich principles that guide institutional cultures in fostering environments leading to student success (Felten and Lambert, 2020). They will also briefly outline the HealthEU initiative, which aims to assist all community members in integrating six dimensions of well-being into their daily lives. Participants will then connect these principles and dimensions of well-being to planning environments and programs on their own campuses.

Aims and objectives of the session
Participants will develop an understanding of: 1) how centering student learning, success and well-being in strategic planning can lead to transformative change; 2) how *everyone* on campus can play a role in shaping a culture valuing human relationships, high-quality teaching and well-being; 3) how campus environments facilitate welcome, belonging, identity, spontaneous "mentoring conversations," inspiring teaching, and a culture of care and respect; and 4) how this work, done authentically, is a long-play, not a quick fix. Participants will be asked to reflect on their own campus experiences and leave the workshop with a list of take-aways for adoption/adaption.

Participant Engagement Approach
We will first present the case study to ensure there is a common understanding of the principles of relationship-rich education and the dimensions of a comprehensive Well-being initiative. We will then illustrate how the built and natural environment can facilitate relationships and Well-being. Next, we will have 30 minutes of small group conversations to analyze and critique the case study. What did you learn that might be applicable in your campus context? What excited you? What are you doubtful about? We will conclude with a full-group conversation to debrief and create a list of actionable items that participants can take home.

Session format/structure
In this 90-minute session, we will reserve two-thirds of our time for audience interaction. It will be incumbent on the three presenters to offer the case example in an efficient and compelling manner. The structure of the session is:

1. Case study (including introducing the principles of relationship-rich education and six dimensions of Well-being). (30 minutes)
2. Small group discussions at round tables with guiding questions. Each table will identify a reporter to offer up short highlights of the table discussions to the full group. (30 minutes)
3. Large group summary of major themes, conclusions, and takeaways. (30 minutes)

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Lessons learned from a decade of research on the Okanagan Charter: how leading campuses are using systems approaches in health promotion

Chad London, Vicki Squires[2], Matt Dolf[3], Chris Dawe[4], Guy Faulkner[3], Carlie Pagens[2]
[1]Mount Royal University (MRU), [2]University of Saskatchewan , [3]University of British Columbia (UBC), [4]University of Houston,

Session Description
In this workshop, the interdisciplinary and international team of researchers will outline what has been accomplished in advancing Health Promoting Campus (HPC) research over the past decade before sharing what we have discovered so far in our research examining the policies and practices of 6 leading HPCs, chosen from among signatories of the Okanagan Charter across Canada, the United States and the United Kingdom. From over 40 Interviews of campus leaders including senior leaders, practitioners, and researchers, we will highlight key themes, strengths of each campus and the challenges that they have encountered in designing, implementing and sustaining health promotion initiatives on their campuses. By sharing the stories of these leading campuses, we will provide useful strategies for all participants to consider in their health promotion journeys, before concluding with a discussion about where HPC research needs to move in the future to enhance the wellbeing of individuals and communities.

Aims and objectives of session.
By the end of the session, participants will:

- Be familiar with the research conducted in the last decade on the Okanagan Charter and Health Promoting Campuses;
- be able to identify at least 10 key processes that leading campuses implement;
- explore differences and similarities among leading campuses and their HPC approaches; and
- explore and share the health promotion experiences of their campuses with that of leading campuses.

Participant Engagement Approach
This workshop will include an overview of research conducted in the last decade on the Okanagan Charter and Health Promoting Campuses. The session will include short presentations on our current research of leading campuses and our findings, with several opportunities for participants to talk to their colleagues at the table about how our findings resonate with their experiences in health promotion on their campuses. Main ideas will be jotted down at each table and we will have large group sharing after each table discussion.

Session format/structure

1. Introductions, session overview, objectives. At each table, participants introduce themselves (5 minutes)
2. Summary of research conducted in the last decade on the Okanagan Charter and Health Promoting Campuses (15 minutes)
3. Describe leading campuses research methodology and methods, including decisions regarding samples, ethics considerations and data collection (15 minutes)
4. Highlight the strengths of particular campuses and discuss the similarities and differences among the sample; table discussion and reporting back (20 minutes)
5. Describe the challenges noted by the 6 campuses; table discussion and reporting back (15 minutes)
6. Identify next steps that participants from the 6 campuses described, and the future HPC research that is needed; table discussion and reporting back (15 minutes)
7. Highlight key takeaways, Q & A, wrap up (5 minutes)

Bridging the Gap: Collaborative Strategies for Communicating with Impact

Mandy MacRae[1], Holliday Sara
[1]University of British Columbia, Vancouver, Canada

Session Description

Effective communication plays an important role in bridging gaps, sharing successes, and fostering connections across diverse audiences in the health-promoting campuses movement. While stories can inspire momentum for change, it's essential that these narratives and messages are developed collaboratively and shared in inclusive and accessible ways that recognize the efforts of teams and cultivate a shared commitment to advance health promotion action. This interactive session explores practical strategies to align messaging, support meaningful collaboration, and create a shared sense of purpose and "why". Participants will engage in peer-led discussions and leave with tips to enhance communication practices that support diverse and inclusive campus communities.

Aims and objectives of session

- Equip participants with practical tips to enhance communication and engagement skills for health promotion
- Build connections within a global network to foster ongoing shared learnings
- Inspire participants to include inclusive and accessible practices in storytelling, event planning, and engagement.

Participant Engagement Approach

The session will use a World Café style, encouraging participants to engage in small-group discussions on key topics related to communications and engagement in health promotion. Facilitators will help guide participants through scenarios and questions, fostering a collaborative environment where ideas are shared and connections are made. Attendees can circulate among tables, contributing to and learning from diverse perspectives.

Session format/structure The workshop will be structured around multiple discussion tables, each focusing on a theme or question (e.g. maximizing marketing and email tools, accessible language, inclusive storytelling, community collaboration). Facilitators at each table will help guide conversations, encouraging active engagement. Participants will rotate between tables to explore all topics and maximize learning opportunities.

- If possible, we will ask participants in advance to suggest topics of interest to help tailor the session to the participant's needs.

Collective impact theory at work: A partnership between sustainability, grounds, well-being, faculty, & students.

Hannah Monbleau[1], Kevin Block[2], Nicole Kelly[3], Jasmina Burek[4], Richard Yeager[5], Joy Winbourne[6], Alana Smith[7], Mars Orfanos[8]
[1]University of Massachusetts Lowell, Lowell, United States, [2]University of Massachusetts Lowell, Lowell, United States, [3]University of Massachusetts Lowell, Lowell, United States, [4]University of Massachusetts Lowell, Lowell, United States, [5]University of Massachusetts Lowell, Lowell, United States, [6]University of Massachusetts Lowell, Lowell, United States, [7]University of Massachusetts Lowell, Lowell, United States, [8]University of Massachusetts Lowell, Lowell, United States

Session Description:
This session will explore how UMass Lowell's Grounds, Sustainability, and Well-being Offices, along with faculty and students, have leveraged partnerships to advance both human and planetary health on our campus. By collaborating across disciplines, our campus has become a Level II Arboretum and developed programs to address complex environmental challenges, all while promoting student well-being and engagement. Participants will learn about all our collaborative initiatives, including our rooftop garden, greenhouse, and campus hope garden, ending with a case study on urban green infrastructure, focusing on the integration of academic research, physical space, community connections, and benefits of food forest as a model for sustainable practices and community engagement. It will focus on the integration of academic research, physical space, and community connections to foster holistic sustainability initiatives on campus.

Aims and objectives of session:

- Explore how UMass Lowell has leveraged partnerships to enhance campus health and environment.
- Learn about a sustainable, collaborative model for achieving the Okanagan Charter's key principles on campus.
- Understand how academic research, grounds, sustainability, and well-being goals can and should overlap.
- Participate in a thought-provoking brainstorming session, leaving with a tangible idea for creating a sustainable eco-system that enhances human and planetary health on their campus.

Participant Engagement Approach:
We plan to utilize several models for participant engagement. Interactive polls will be woven throughout the presentation to keep the audience engaged and interacting in real-time. We are also planning to present the audience with a case study of our biggest collaborative project to date, our permaculture food forest, and encourage the audience to reflect in a group setting and utilize our ideas to brainstorm a similar model they can replicate on their campus. We plan to end the session with an audience Q & A.

Session format/structure:
Our session will be a 45-minute presentation and will include about 35 minutes of lecture-based presentation (about 5 minutes per campus partner) and a 10-minute question and answer session.

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Creating a healthier campus community by integrating community, wellness, and health-promotion into curriculum design.

Kelly Morrison[1], Mica Hughes-Harrell[1]
[1]University of Alabama at Birmingham , Birmingham, United States

Session Description:
This session explores strategies for embedding health, wellness, and health-promotion into curriculum design at the individual course and broader institutional levels. We review four courses that incorporate health in different ways. Two courses, a stress management seminar for Honors College students and a peer-advocate health-promotion course, are explicitly student health-focused and use participatory approaches and community-building strategies to amplify their impact. Two other courses, health communication campaigns and an introduction to interpersonal communication and relationships, are not inherently student health-focused but are intentionally designed to embed student health-related concepts.

This session highlights pedagogical frameworks that foster supportive communities and participatory approaches, enabling students to influence campus culture as peer advocates, health campaign designers, and promoters of health information. The session also emphasizes the health benefits of interpersonal connections and relationships. Lastly, we discuss strategies for incorporating health topics into a university core curriculum to foster a campus-wide culture of well-being.

Aims and objectives of session:
This session will address multiple objectives. One goal is to broaden participants' understanding of how health can be promoted on a campus at both the individual course curriculum and at the broader university curriculum level. Another goal is to emphasize the importance of, and strategies for, embedding health not only in courses where it is the primary focus but also in courses that are not explicitly health related. Finally, we will provide participants with a pedagogical toolbox for incorporating wellness themes and creating connection and supportive communities into classrooms and campus initiatives.

Participant Engagement Approach:
This session will focus on audience engagement and participation throughout the workshop. We will begin with small table discussions of the perceived challenges our students face impacting their health, and then open the topic to broader discussion. We will discuss examples of how we weave health into our courses and campus resources and have participants brainstorm more suggestions. Finally, participants will critically assess a particular university level core curriculum example for its strengths and weaknesses and provide suggestions for ways that we can embed health into our courses, curriculum, and resources on our campuses.

Session format/structure:
We plan on using an active presentation/discussion seminar style format for our workshop. We will engage in small group table-talk, large group discussion, presentation to the large group, small group critiques of example curriculum, and large group brainstorming. We hope for lively debate, open exchange of ideas, and leveraging the collective experiences and knowledge of the participants to craft pathways to build health into our curriculums and onto our campuses.

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A workshop on Healthy Campus driving change on the Commercial Determinants of Health through the Okanagan Charter, with a focus on tobacco and ultra-processed foods

Martina Mullin[1], Prof Norah Campbell[2], Ms. Janis Morrisey[3], Ms Caroline Mahon[4]
[1]Trinity College Dublin, Dublin, Ireland, [2]Trinity College Dublin, Dublin, Ireland, [3]Health Promotion Alliance Ireland, Dublin, Ireland, Northern Ireland, [4]Higher Education Authority, Dublin, Ireland

Session Description

This workshop will explore how the Okanagan Charter can mobilise universities to apply the lessons learned from tobacco and alcohol control to the Commercial Determinants of Health (CDOH), particularly ultra-processed foods (UPFs).

The Okanagan Charter tasks universities to lead health promotion both locally and globally with a shared aspiration to strengthen the ecological, social and economic sustainability of our communities and wider society. At this ten-year anniversary of the Charter and 39 years after the Ottawa Charter, the world faces existential biodiversity and climate crises with concurrent human health crises like obesity and undernutrition. These crises arise in the context of the UN SDGs calling for governments to engage constructively with the private sector – with the exception of the Tobacco Industry. This workshop will explore the role of universities, the public sector and NGOs in extending this Tobacco Industry Exceptionalism, in particular to the UPF industry.

Aims and Objectives

An understanding of CDOH which are the private sector activities that affect people's health, directly or indirectly, positively or negatively. Will include a general introduction to the World Health Organization recognised harmful commodity industries: tobacco; alcohol; ultra-processed foods; and fossil fuels.

1. An understanding of article 5.3 of the Framework Convention on Tobacco Control (FCTC) and how alliances between universities, other public sector bodies and NGOs could apply a similar measure to UPFs.
2. A plan for using the Okanagan Charter to make changes in universities in their own country, that would support change in public sector and NGO activities.

Participant Engagement Approach

Participants eased into the session by sharing Irish foods as prompt for telling food stories from their countries.
Complex topics presented simply and specifically to not overwhelm participants:
Commercial Determinants of Health - Presented generally, then focused on tobacco, UPFs.
Okanagan Charter – Presented generally, then focused on Calls to Action 2.1 and 2.3.
Framework Convention on Tobacco Control - Only focused on article 5.3 which aims to "Protect public health policies from commercial and other vested interests of the tobacco industry."
Games will be used to engage participants in imagining a world where the Okanagan Charter has mobilised society.

Session format/structure

Please describe how you wish to structure your 3 hour session.

1. Ice-breaker(15mins): Eat Irish food. Share food stories.
2. Presentation(30mins): Introduce CDOH - tobacco, alcohol, UPFs and fossil fuels. Describe Irish experience of limiting alcohol and tobacco industries.
3. Workshop(30mins): Examine Okanagan Charter, particularly Actions 2.1 and 2.3 and relate them to CDOH in their country.
4. Presentation(15mins): Present article 5.3 of the FCTC.
5. Game(50mins): Imagine article 5.3 of the FCTC has been applied through the Okanagan Charter to UPFs in universities in participants' country. How would that look for NGOs, government, universities, others?
6. Game(30mins): Design roles required to apply FCTC to UPFs in participants' country.
7. Closing(10mins)

Reconnect using your Creative Brain for More Purposeful, Productive and Sustainable use of Digital Technology

Dr Oonagh O'Brien[1]
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Session Description

Research in MTU and generally suggests that students' overuse of digital technology for distraction is directly linked to reduced wellbeing. Reconnect is a workshop developed to address the issue. Participants reflect on research evidence and a real-world case study on the links between digital technology use and wellbeing. The science of habits is used to promote creative brain habits that can align digital technology use which aligns with purpose and values.
The workshop was developed in a multi-disciplinary collaboration, with contributions from the student body and experts in psychology, computer science, business, and teaching and learning. The workshop has been delivered to over 500 students in MTU with 90% of participants' feedback indicating an anticipated positive effect on their use of digital technology and their wellbeing. The workshop is embedded in the MTU and Ingenium European university curriculum as a foundational component of a 5 ECTS Digital Wellbeing module.

Aims and objectives of session

Participants will take away

- Knowledge of the research on digital technology use and links to wellbeing
- Awareness of the impact of digital technology habits on wellbeing
- Ability to use the science of habits to redesign a habit to support wellbeing
- The impact of a shared creative brain activity as an alternative to digital technology use.
- An overview of the Ingenium Digital Wellbeing program which enables more productive, purposeful and sustainable digital technology use.
- An understanding of the positive impact of embedding a Digital Wellbeing program in the curriculum in their own organisation.

Participant Engagement Approach

- The workshop uses coaching facilitation to ensure participants lead.
- Mentimeter is used in exercises to enable active contributions potentially anonymous, easy and engaging
- Team based learning
    - in a "Drawing" exercise to highlight the benefits of shared creativity
    - In a serious game on ethics to generate debate and recognise stakeholder interests and positions.
    - In an exercise to create potential plan for integration of Digital Wellbeing initiatives into their own organisation.4
- Peer group discussions

Session format/structure

- Introduction & Overview (30mins) :
    - Research on links between Wellbeing and Digital Technology Use.
    - Reflective Discussion on digital technology use, using Mentimeter for real-time engagement.
- Science of habits (10mins)
    - Introduction of Tiny Habit (pomodoro)
- Team-Based Drawing Exercise (15mins):
    - Collaborative creative drawing exercise
- Break (10mins)

- Presentation on Real life Ethical Issues and their impact in Digital Technology (20mins)
- FutureYou™ Team-Based Ethics (20mins):
    - Serious Game - teams represent different stakeholder in technological ethical dilemma and negotiation a solution
- Interactive Strategy Session (15mins):
    - Discussion on digital wellbeing strategies
    - Outline of resources available to share

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Building inclusive and healthy campuses: The role of discrimination and loneliness on student wellbeing and academic achievement in German higher education

Laura Pilz González[1], Vanessa Wenig[1], Jennifer Lehnchen[1], Zita Deptolla[2], Dr. Katherina Heinrichs[1], Prof. Dr. Christiane Stock[1]
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Session description
Drawing on the 'Study Conditions and Mental Health of Students' (StudiBiFra) project, this workshop addresses the pressing issues of discrimination and loneliness among university students in Germany and their health and academic implications, while illustrating practical applications within student health-promoting programmes. Following a brief introduction, the session will explore how perceived discrimination is associated with students' mental health and experiences of loneliness, and how these factors relate to their academic performance and identification with their university. In addition, we will explore the role of loneliness as a potential moderator in the relationship between discrimination and these academic outcomes. By highlighting the health consequences of these challenges, the session aims to provide insights into how universities can foster more inclusive and supportive environments that enhance student well-being and academic achievement. With participants, we will discuss practical measures and effective strategies institutions can adopt to support a healthier, more inclusive campus culture.

Aims and objectives of session
The session raises awareness of how discrimination and loneliness shape students' health, academic achievement and sense of university belonging. Participants will gain insights into the ways these factors intersect, influencing students' overall university experience. Through a collaborative discussion, we will share lessons learned, possibly best practice examples and examine strategies to address these issues. By the end of the session, participants will understand the importance of a supportive campus environment and will leave with actionable ideas that can be implemented at their institutions to promote inclusivity, enhance student well-being and strengthen students' sense of belonging and academic achievement.

Participant engagement approach
Our workshop provides a collaborative discussion platform focusing on strategies for health-promoting inclusive student health management. We will present current research to underline the importance of the topic and to encourage dialogue. Using a World Café format, participants will engage in guided discussions with the opportunity to openly explore issues. We will also discuss our university's student health promotion programme as a case study to explore how research data can be effectively used to develop targeted health initiatives. This interactive setting will encourage shared learning and practical sharing of ideas, enabling participants to consider actionable steps for their own institutions.

Session format/structure

The 45-minute workshop will begin with a presentation of current research on discrimination, loneliness and its impact on student health and academic achievement. Following a Q&A session, we will present our student health management programme and how we are addressing these issues. Using a World Café format, participants will explore key issues such as what has been done at other universities, lessons learned, barriers and facilitators, participatory approaches and key stakeholders. The session will conclude with group presentations to share insights and a summary of key findings, fostering a comprehensive exchange of ideas and strategies.

Perspectives from Critical Theories: Diving into the complexities that impact our collective approach to health promoting campuses

Melissa Potwarka[1], Samantha Fowler, Robin Metcalfe
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Session Description

The Okanagan Charter provides a transformative vision for higher education institutions to contribute to a more just future. While it names the need to advance inclusion, equity, and social justice, it does not speak to the institutional and systemic barriers constraining this work. Canada's higher education systems are rooted in colonialism and beholden to neoliberalism (Ahmed, 2012; Came & Tudor, 2020). Through this framework our institutions reproduce ableism, sexism, racism, and classism: ruling relations that socially organize our day-to-day work and fundamentally impact wellbeing (Devault, 2021; Smith, 2005).

The facilitators will share perspectives on how critical queer theory, critical disability theory, and the critical ontology of institutional ethnography resist these relations and compel alternatives for the future of the Okanagan Charter (Dolmage, 2017; Price, 2024; Smith, 2005; Smith & Griffith, 2022; West, 2010). Participants will contribute to translating theory, to the research and practices of health promoting universities (Berbary, 2020).

Aims and objectives of session

Participants will leave the workshop with a deeper understanding of how intersectional theories, including critical queer theory, critical disability theory, and critical institutional ethnography, can advance the Okanagan Charter to support the transformation of wellness at higher education institutions. Participants will contribute to discussions that explore how higher education practitioners of the Okanagan Charter can re-envision how we center and amplify voices, reimagine higher education systems, and equip each other to turn theory into practice and thought into action.

Participant Engagement Approach

Participants will have the opportunity to make meaning of the information presented through a reflective practice of think-pair-share. Participants will be prompted to reflect on how they make meaning of the information presented in relation to their relationship with the Okanagan Charter and perspectives on health promoting university. This will be followed by a facilitated design thinking activity that will be used to understand how these learnings can be meaningfully integrated into future research and practice related to health promoting universities.

Session format/structure

This 90-minute workshops will include the following:

- Welcome and introductions (10 min)
- Presentation: Overview of critical ontologies (20 min)
- Reflective practice: Think – pair – share (20 min)
- Design thinking for the future: facilitated activity (30 min)
- Wrap-up and call to action (10 min)

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University-level data-driven policy analysis: Applying the 8-fold framework to student wellness

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Session Description
This workshop introduces a practical approach for transforming student wellness survey data into actionable policy recommendations using the 8-Fold Policy Analysis Framework. Designed for administrators, faculty, and researchers in higher education, this session will guide participants in applying this methodology to address pressing health challenges. Participants will learn how to identify key markers for intervention, define problems grounded in evidence, and engage stakeholders in the development of policy alternatives. Emphasis will be placed on adapting evaluation criteria—such as cost, feasibility, and equity—to the unique needs of their institutions. Through interactive activities, case studies and group discussions, participants will practice applying the framework to explore potential interventions, evaluate trade-offs, and develop a clear pathway for action. By the end of the session, attendees will have the tools to translate their own data into informed, impactful policies that promote health equity and student success.

Aims and Objectives of the Session
Participants will leave the session equipped with a clear understanding of the 8-Fold Framework and its application to data driven policy analysis using artifacts such as student wellness survey results. They will gain tools to identify actionable insights, engage stakeholders, and develop tailored policy recommendations for their institutions. The session emphasizes practical, equity-focused strategies that align with Health Promoting University goals.

Participant Engagement Approach
The workshop will include interactive components such as group discussions, case study analysis, and collaborative activities where participants apply the framework to sample data. Attendees will also have opportunities to share experiences, brainstorm solutions, and discuss barriers and facilitators at their institutions, fostering peer-to-peer learning and collaboration.

Session Format/Structure
The session will begin with a brief overview of the 8-Fold Framework and its application to student wellness data, showcased by a case study from UAB. Participants will then engage in hands-on exercises to practice each step of the framework. The session concludes with a group discussion on translating this methodology into their institutional contexts, ensuring actionable takeaways.

Essential Management and Leadership Practices of Health Promoting University Leaders: Insights from the First US Health Promoting University and the Development of an International Perspective

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Session Description
Health Promoting University (HPU) leaders and their supporting cast of senior administrators must perform two fundamental tasks – create and communicate a guiding vision and create and shape the organizational culture. While university leaders and administrators engage in numerous distinctive activities, vision and culture set into motion the organization's distinct activities and determine the nature of the task environment. This workshop presents ten essential practices of university leaders in developing and sustaining a health promoting university vision and culture. These practices were developed drawing upon 1) Dooris, et. al. (2021), 2) the management and leadership literature, and 3) experiences of the session organizers in launching, developing, and sustaining an HPU vision and culture in the first US Health Promoting University. The workshop will examine and discuss these practices with the intent of developing an international HPU leadership perspective and providing the basis for a subsequent study of effective HPU leadership practices.

Aims and Objectives of Session
Participants will take away a better understanding of effective senior-level HPU leadership characteristics and whole system approaches as well as daily management and leadership tasks and practices necessary to evolve their campus culture from a traditional university environment to an HPU focused culture. In addition, through a facilitated discussion workshop, participants will provide input into the development of an international HPU leadership perspective as the basis for a broader study of effective HPU leadership approaches and behaviors.

Participant Engagement Approach
As a discussion and participation starter, session organizers will begin the session by making a ten-minute presentation concerning HPU leadership practices developed from the HPU and leadership literature and their experiences in launching, developing, and sustaining an HPU at the first US Health Promoting University. After the presentation, workshop participants will engage in a facilitated open discussion of HPU leadership practices at their institutions and consider the relevance and effectiveness of the presented HPU leadership behaviors. A tentative list of effective leadership behaviors will be summarized.

Session Format/Structure
The session will begin with a presentation (Ginter) of prescribed and observed effective leadership behaviors followed by facilitated discussion (Kennedy) and recording (Reed) of participants experiences, perspectives, past research, and leadership models. The session facilitators will record new ideas and recommendations for development of a consensus list of effective leadership behaviors to be tested by a later international study.

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Stumbling blocks and stepping stones: Canadian journeys in adopting and activating the Charter

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Session Description

Discover the diverse experiences of eight Canadian post-secondary institutions as they navigate adopting and activating the Okanagan Charter. In this dynamic workshop, representatives from colleges and universities of varying sizes and contexts will share candid stories of success, challenges, and lessons learned. Explore the barriers they faced, from resource limitations to institutional resistance, and the enablers that helped propel their efforts forward. Through interactive small-group discussions, participants will have the opportunity to engage directly with these institutions, exchange insights, and gain practical strategies to advance health and well-being on their own campuses. Whether your institution is just beginning its journey or seeking ways to overcome obstacles, this session offers valuable inspiration and actionable ideas to turn stumbling blocks into stepping stones.

Aims and objectives of session

To identify diverse enablers and barriers in the implementation of Okanagan Charter in post-secondary institutions in Canadian context;
To engage in dialogue with peers and gain new perspectives on challenges and opportunities in promoting health and wellbeing at our respective institutions;
To gain practical skills to support institution wide implementation of the Okanagan Charter;
To strengthen a shared commitment to advancing health-promoting campuses, recognizing the importance of collective action in driving systemic change.

Participant Engagement Approach

This session will engage participants through storytelling and interactive small-group discussions. After dynamic presentations from eight institutions, participants will select themed breakout tables for facilitated discussions. Each table will focus on aspects of activating the Okanagan Charter, such as overcoming barriers, leveraging enablers, or engaging stakeholders. Facilitators will guide conversations with reflective questions and activities, encouraging attendees to share experiences and learn from others. Participants will leave with practical strategies, actionable insights, and a network of peers to support ongoing efforts.

Session format/structure -

Proposed structure: 90 minutes

- Introduction (5 minutes)
    - Welcome participants and provide a brief context for the session.
    - Outline session objectives, emphasizing collaboration, shared responsibility and knowledge exchange.
- Storytelling (35 minutes)
    - 8 x 4 minutes max presentations, using storytelling approach - share snapshot of institutional context and one major success or challenge per institution

- Small group discussions (45 minutes)
    - 2 rounds of 20 minutes - participants choose one discussion table, hosted by 1 of 8 institutions
    - Discussions foster connections, encourage reflection on individual and collective practices, and affirm the shared responsibility to collaborate for campus well-being.

Embedding Holistic Wellbeing into the Fabric of the University Through Fostering A Resilient Student & Staff Community

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Session Description
According to many empirical research studies, there is a mutually reducing relationship between resilience and mental ill-being, such as depression, anxiety and negative emotions. Concomitantly, the mutually enhancing relationship between resilience and positive mental health has also been established. Resilience has been shown to be positively correlated with positive indicators of mental health, such as life satisfaction, subjective well-being, and positive emotions. The presenter will share the whole-of-university approach (including programme design) adopted to embed holistic wellbeing into the fabric of the university, aligned to the ethos of a Health Promoting Campus. Through fostering a resilient student and staff community, this upstream approach aims to reduce risk factors and enhance protective factors. In so doing, we help students and staff find their footing to succeed, engendering sustainable pathways to a life of flourishing.

Aims and objectives of session
The presenter will share the whole-of-university approach adopted to embed holistic wellbeing into the fabric of the university, aligned to the ethos of a Health Promoting Campus. This program highlights the importance of adopting a coherent whole-of-university approach towards health promotion - from establishing a framework that guides actions, to designing programmes that operationalise the framework.

At the end of the session, participants will be able to:

- Explain how resilience can contribute to holistic wellbeing that is sustainable
- Describe how holistic wellbeing can be embedded through a whole-of-university approach
- Apply relevant strategies towards operationalising campus health promotion activities.

Participant Engagement Approach
Audience members will be engaged through the following:

- Participation in an online quiz check-in, allowing audience members to start the session with a common baseline understanding of the topic
- Case study illustration, peppered with pictures and actual examples of tried-and-tested programmes and initiatives
- Small group discussions, affording interaction with fellow audience members to reflect, distil and share insights
- Opportunities for Question and Answer

Session format/structure
The proposed session structure is as follows:
1. Introduction and session objectives (5 min)
2. Participant check-in (Woo-clap online quiz) and establishing participants' learning needs (10 min)
3. Unpacking the SMU Resilience Framework (10 min)
4. Embedding holistic wellbeing into the fabric of the university: Illustrations of health promotion programmes and initiatives for both students and staff (15 min)
5. Small Group Discussion & Reflection: What is my key takeaway? / Question & Answer (15 min)

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Moving from commitment to impact: learnings from a U.S. national network on using structured, action-oriented, data-driven, changemaking methods in pursuit of equitable wellbeing

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Session Description

Large-scale transformational change is hard, and many efforts fall to achieve improvement. Despite significant investments in student mental health, wellbeing, and the Health Promoting Campuses movement in the United States, poor outcomes and equity gaps persist, underscoring the imperative for a profound shift in approach. Achieving improved student wellbeing requires institutions to fundamentally change how they innovate, improve, and adapt to the evolving needs, strengths, priorities, and values of students, institutions, and society. This session introduces the Action Network for Equitable Wellbeing (ANEW) and its Changemaking Pathways for Better Outcomes—a structured, intentional, and data-driven approach focused on learning through action. Drawing on insights from ANEW's national US-based network and the Wellbeing Improvement Survey for Higher Education Settings (WISHES), presenters will share methods to accelerate progress toward the Okanagan Charter's vision. Attendees will gain practical tools, key learnings, and participate in a fun activity to collaboratively address a data-driven aim.

Aims and objectives of session

Participants will leave this session with an introduction to improvement science, human centered design, and innovation methods and how they have been applied in higher education settings using the Action Network for Equitable Wellbeing (ANEW)'s Changemaking Pathway to Better Outcomes to improve equitable student wellbeing in the United States. Participants will contemplate how these approaches can augment their efforts to adopt and advance the Okanagan Charter's calls to action and address persistent equity gaps. Through interactive activities, they will experience collaborative problem-solving and leave with ideas on how to apply these strategies in their own contexts.

Participant Engagement Approach

We will facilitate an interactive, experiential learning activity that involves coins and participants working together to achieve a data-driven aim. This activity enables participants to experience new ways of problem-solving and creating change that can be applied to their campus work to address the calls to action in the Okanagan Charter. Additionally, we will leave time for discussion and Q&A.

Session format/structure

30 minutes (lecture): introduce the Action Network for Equitable Wellbeing, its Guided Changemaking Pathways to Better Outcomes, and how these Changemaking Pathways can help universities realize the Okanagan Charter's calls to action.

- 20 minutes (lecture): showcase case examples from several institutions
- 20 minutes (interactive): experiential learning activity that involves participants working together to achieve a data-driven aim
- 20 minutes (interactive): discussion and Q&A

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Activating a strategic whole-of-university health promoting campus approach

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Session Description
This workshop aims to engage those interested in planning and implementing health promotion across their campuses. In this active workshop participants will be introduced to "A Checklist for Implementing Health Promotion within Universities", a tool to support whole-of-university health promotion. They will be provided the opportunity to explore the key steps in creating and implementing a settings-based health promoting strategy that considers the complexities of organisational change. This tool will reveal opportunities, potential barriers, assist to identify champions, resource capacity and alignment with their university's overarching vision. The tool is accessible to any person ready to engage their university in the implementation of the Okanagan Charter and other internationally renowned health promoting university frameworks.
Research from three continents will be presented to provide context for the tool and future research to support health promotion across the sector. Participants will examine barriers and facilitators that have emerged from different social and cultural backgrounds through case studies and country examples, allowing them to observe scenarios similar to or different from their own situations.

Aims and objectives of session
For over a decade the UK has led the Healthy Universities movement with comprehensive resources and a Self-Review Tool to support universities to undertake health promotion across their campuses (Healthy Universities 2024). More recently other countries have initiated the development of tools that support the nuances of their country's needs (HEA 2024, Taylor 2020). The tool we are utilising in this workshop aims to serve all health promoters globally to engage in a whole-of-university approach no matter their role within the setting. Participants will walk away with a clear plan for implementing health promotion within their setting. The tool will allow them to consider who they may need to engage, opportunities available, data and funding available and strategies to ensure sustainable outcomes. Barriers and facilitators from different country examples will also raise awareness of the need for adaptation, paving the way for culturally and country-specific frameworks that foster relevant and impactful goals. Moreover, this tool will clarify the theoretical context of the process, indicate how it should be implemented, yet the country examples will aim to spark creative ideas about what can be done, encouraging discussion based on participants' own examples.

Participant Engagement Approach
Participants will work through their individual guide along with collaborative interaction in small groups. This will allow them to uncover how their university is placed to progress with their health promotion strategy. Our team will work the room and assist participants where required. We will provide participants time to discuss their planning with other participants.
We will also ask participants at the end of the session to provide feedback on the workshop and its usefulness.

Session format/structure

Barriers and facilitators encountered during health promotion attempts will be illustrated through examples from different countries and contexts. This will provide a foundation for understanding the components of the tool. Participants will then be given guided time to work through the tool and develop a plan specific to their setting. They will be given time to present their plans, including any potential barriers and solutions can be workshopped. Participants will be able to focus on whatever is a current priority at their university, for example engaging senior executives to implement a whole-of-university health promotion strategy or roll out a comprehensive mental health promotion program. The workshop is accessible to anyone who wants to engage with health promotion at their university.

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Promoting wellbeing through the university built environment

Sue Wilbraham, Emma Jones, Michael Priestley

Session Description

The impact of the university built environment on the mental health and wellbeing of staff and students is increasingly recognised as a key feature of the health promoting campus. Environmental psychology demonstrates how the university environment shapes the way students and staff think, feel and behave; for example impacting their physical activity, social interactions and cognitive attention. Built environment can be designed to consider these factors when planning the presence (or absence) of green space, the configuration of offices and study areas, and the provision of catering, sports and other facilities.

Drawing upon UK-wide empirical research from surveys and focus groups conducted during 2024 in collaboration with the charity Student Minds, this workshop explores how universities can support the mental health and wellbeing of both staff and students by optimising the university built environment. The workshop will discuss key findings and recommendations from the project, asking attendees to consider how these can be implemented across university campuses.

Aims and objectives of session

The overall aim of this session is to engage participants in exploring the inter-relationship between the university built environment and mental health and wellbeing.

Objectives for participants include:

- Identifying key aspects of the university built environment which impact upon mental health and wellbeing.
- Engaging in mental, physical and artistic explorations which analyse and evaluate the inter-relationship between the university built environment and mental health and wellbeing.
- Exploring subjectivity and differentiation in findings, such as groups who have different needs from the built environment.
- Discussing how the organisers' research findings and the workshop's exploration can be taken forward and implemented practically at the participants' own universities.

Participant Engagement Approach

The session is designed to be both cognitively and physically interactive (whilst acknowledging any accessibility needs on the part of participants). Participants will create a physical 'map' to reflect upon the challenges and opportunities from the organisers' findings.

Key methods of participation include verbal contributions, written contributions, artistic contributions (clay models, stories, drawings, images, yarn), physical exploration and digital contributions (Padlet, voting in polls, images).

Session format/structure

Welcome/ interactive warm-up activity delegates introduce themselves and describe their built environment, together building a virtual map (20mins)

- Summary of key themes/recommendations from research by presenters - using powerpoint and interactive polls (20mins)

- Small group discussions based on findings:
    - *What:* Describe the perfect campus. Create a map of the 'Campus of the future' using either physical materials or padlet
    - Options for delegates to use writing (physical or digital)/images/modelling/physical exploration (40mins).
    - *So What:* Whole group plenary - Why are these features important in campus design?
    - *Now what?* discussion of next steps, adding individual 'pledge postcards' to take home (10mins)