

HEA

An tÚdarás um Ard-Oideachas
The Higher Education Authority

Folláine le Chéile **The National Student** **Mental Health and** **Suicide Prevention** **Framework**

Authors

Deirdre Byrne

ORCID: <https://orcid.org/0000-0002-5174-7417>

Jessica Surdey

ORCID: <https://orcid.org/0000-0002-7048-5352>

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1

Introduction and Context

1.1 Background

The National Student Mental Health and Suicide Prevention Framework [NSMHSPF] for Ireland (Fox, et al., 2020) was published by the HEA in 2020. The framework was informed by international evidence that called for an embedded whole-system approach and set out a number of recommendations for the higher education sector. These recommendations were drawn from Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020, the World Health Organization, international suicide prevention best practice and higher education policies.

Over the last six years progress has been made in implementing the NSMHSPF, across all higher education institutions [HEIs] with 56% of actions in the framework reported as having been achieved or being ongoing (HEA, a2025). In 2024, the HEA established a cross-sectoral panel from its Student and Staff Health and Wellbeing Advisory Group to support a review of the NSMHSPF. As part of this review, the HEA analysed data from progress reports submitted by 16 HEIs since 2020, alongside a consultation that involved a number of meetings with relevant stakeholder groups which received 35 submissions from HEIs, organisations, and individuals. Based on this analysis, the review made four key recommendations:

1.

An independent revision of the framework should be commissioned to streamline implementation actions and give more guidance to HEIs.
2.

Meaningful, measurable indicators should be agreed on to monitor and evaluate impact and progress in various areas including: Service provision; Awareness raising initiatives; Training for staff; Interventions for students and at-risk groups.
3.

National Guidance should be developed on: Policy development (e.g. postvention, campus audit); alignment (Healthy Campus & NSMHSPF); Embedding Mental Health Promotion and Wellbeing in the Curriculum
4.

A national approach to links to external services should be established.

This revised framework builds on the original foundations and adds a holistic wellbeing perspective with streamlined themes, assigning clear actions and responsibilities. The Framework is a whole campus, stakeholder based, student centred approach to mental health, wellbeing and suicide prevention. It also provides an implementation and monitoring roadmap to enable HEIs to assess, review, reflect and plan their support for student mental health and wellbeing, which is accompanied by a suite of documents to inform HEI mental health policies; mental health in the curriculum; and resources of international best practice.

Now is a natural time to widen and broaden the Framework to include a holistic preventative approach involving all stakeholders across the higher education community, recognising the needs of students regardless of how they engage with their institution, including on-campus, part-time, blended and distance learners. Feeny, et al., (2025) highlight that whole campus approaches to student mental health in higher education are gaining traction, but implementation remains conceptually fragmented and inconsistent.

Across their scoping review, they identified a shift away from individual-level interventions towards more integrated, preventative, systemic approaches. They also found barriers in definitional ambiguity, limited institutional capacity, poor integration, and the absence of shared frameworks for measuring success. The HEA and Irish higher education institutions are in a unique position to embed student wellbeing across systems on a national level.

The NSMHSPF review highlighted the need for the clarification of roles and responsibilities between the HEA, HEIs and the HSE, together with the development of formal partnership arrangements and referral pathways. The governance, operational and interagency structures required to achieve this fall beyond the remit of this framework. Progressing this

agenda will require a system-wide planning process involving the Department of Further and Higher Education, Research, Innovation and Science, the Department of Health, the HEA, the HSE, higher education institutions and student representatives to develop a shared framework for roles, referral pathways, partnership working and service provision.

1.2 Current Student Issues

Participation in higher education in Ireland continues to expand, with over 60% of school-leavers progressing to third-level study. Currently there are 278,880 students enrolled across the higher education system (HEA, 2026). However, early-stage vulnerability remains significant, with over 33% of first-year students reporting that they have considered withdrawing (HEA, 2023). The HEA completion rates show by 2024 the completion rate of 2019/2020 new entrants was 76.6%. This means that more than 1 in 4 of new entrants who started their studies in 2019/20 had not completed their studies or graduated with an award in that five-year period (HEAa 2026). There is sustained and growing concern regarding high levels of difficulties with young people's mental health and wellbeing, both globally and in Ireland (Eisenberg et al., 2025; UNESCO, 2025; Cullinan et al., 2024; Auerbach et al., 2018; Dooley et al., 2019; Price & Smith, 2019).

Over the past 15 years, international evidence has demonstrated deteriorating mental health among young adults, with these challenges increasingly shaped by structural and socio-economic pressures, including financial insecurity, housing shortages, and the cost-of-living crisis. HEA (b2026) statistics show that the proportion of students registering with disability services for psychological or emotional conditions had almost tripled, rising from 13.3% in 2007/08 to 38.2% in 2024/25. Within the Irish context, though sample sizes in these studies were small, the pressures are acute: half of students report engaging in part-time employment to fund accommodation, with over half indicating that this negatively impacts their educational experience (University of Galway Students' Union, 2025). The Irish Council for International Students found two-thirds of international students reported adverse mental-health effects arising from accommodation difficulties (ICOS, 2023). The *Enhancing Student Engagement and Belonging through Collaborative Partnership Report* (Dooley, et al., 2026) further identifies financial strain and commuting demands as key social determinants influencing student wellbeing.

1.3 A Holistic Wellbeing Approach to Student Mental Health and Suicide Prevention

Throughout this document, the frequently used terms *student mental health* and wellbeing are deliberately distinguished. Mental health is one aspect of wellbeing, it exists on a continuum from good mental health to mental ill health, and throughout the document additional supports are related to mental health difficulties. Wellbeing is understood more broadly as an optimum, positive and enabling state. The World Health Organization (WHO, 2022) defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, to realise their abilities, to learn well and work well, and to contribute to their community." Similarly, wellbeing is described as "a positive state experienced by individuals and societies... a resource for daily life... determined by social, economic, and environmental conditions" (WHO, 2021).

These definitions reflect a shift from a *deficit-oriented* or *pathogenic* model, focused on illness, risk, and intervention, towards an *asset-based* or *salutogenic* approach that emphasises strengths, resilience, and the conditions that support thriving. Dodge et al. (2012) capture this through a seesaw analogy, conceptualising wellbeing as a dynamic balance between life's challenges and the psychological, social, and physical resources available to meet them. Importantly, challenges are normal and unavoidable; wellbeing depends not on their absence, but on access to adequate coping resources.

Within higher education, an over-reliance on a pathogenic model risks framing students primarily in terms of deficits or service needs. While targeted supports remain essential, this approach may overlook wider institutional, social, and environmental factors influencing student success. A salutogenic, asset-based, strengths perspective instead foregrounds protective factors such as belonging, connection, purpose, and coping capacity.

Wellbeing is therefore not peripheral to education; it “is essential in helping students to succeed” (Houghton & Anderson, 2017) and underpins learning itself. As the college years represent a critical developmental period (McLafferty et al., 2018; Laidlaw et al., 2016; Surdey, 2016; Arnett, 2004; Astin, 2004; Grace, 1997; Erikson, 1968), embedding a whole-system approach aligns with the HEA (b2022) Healthy Campus Charter’s emphasis on promoting wellbeing as a shared institutional responsibility.

A higher education campus clearly lends itself to a settings based approach to mental health promotion, wellbeing and suicide prevention. In such a setting, the social-ecological model from Bronfenbrenner’s ecological systems theory of lifespan development offers a framework for understanding how individual human behaviour is influenced by both individuals themselves and by their environment (Bronfenbrenner, 1979). A comprehensive mental health promotion programme within such a framework addresses all the levels of influence: intrapersonal (individual), interpersonal (group, peer, family), institutional/community, and public policy (Cramer & Kapusta, 2017; Langford & DeJong, 2008). Furthermore, the World Health Organisation recommends an integrated multi-level social ecological approach in prevention efforts for any health or disease issue. In this context, a higher education institution is a social-ecological system or a ‘Healthy Place, the physical, social, cultural, digital, and natural settings and environments that shape how people learn, work, play, love, and live’ p.9 (Limerick Framework, 2025).



Figure 1: An ecological perspective on health promotion programmes (adapted from McLeroy et al., 1988)

Whole campus student wellbeing is a system based, institution-wide strategy that seeks to enhance the health, mental health, and wellbeing of the entire university community by embedding wellbeing into leadership and governance, organisational culture, policies, teaching and learning, professional development, support services, working practices, and physical and social environments. A whole system approach recognises the interconnectedness of these elements and their collective impact on wellbeing across the whole population. The *Healthy Campus Charter* (HEA, 2020) nurtures a whole campus culture of wellbeing that goes beyond awareness-raising or discrete programmes to strengthen early identification of students at risk and ensure accessible, high-quality mental-health support across the institution. A campus system-based model aspires to create a learning environment and organisational culture that enhances the health and wellbeing of its community and enables students and staff to thrive.

Universities are not only sites of academic instruction; they are complex social ecosystems whose health directly shapes student wellbeing (Elmer et al., 2020). [What Works Wellbeing](#) in the UK have delivered and supported a number of projects on community wellbeing, highlight key factors that support positive mental health, including strong social networks, a sense of connection, trust and belonging, supportive physical environments, and opportunities for meaningful participation. Embedding these elements within higher education settings further strengthens a whole-campus approach to student wellbeing. Dodds et al. (2025), in their research with university staff, found a supportive and positive university culture encompassed feelings that the university was somewhere they felt proud to work for or study at, with sustainable ambitions and a place in the wider civic community.

We advocate for the use of a Theory of Change as a guiding framework for institutional approaches to student mental health and wellbeing. TASO (Thomson & Khan, 2025), an independent hub for the higher education sector in the UK, suggests that a theory of change is essential in nurturing an institutional culture that supports student mental health and wellbeing. Theory of change supports the design of effective, evidence-based interventions by clearly identifying desired outcomes and how they can be achieved. This approach helps to align stakeholders across the institution, ensuring that leadership, academic staff, support staff, and students work collaboratively within a whole-campus approach. Additionally, it provides a framework for evaluating mental health initiatives, enabling institutions to assess their effectiveness and continuously improve supports. Overall, a theory of change (further guidance on a theory of change is offered in section 3.1) ensures that student mental health strategies are coordinated, transparent, and focused on meaningful outcomes.

1.4 Alignment with National Policy

Improvements in student mental health will only be effective if they are led and supported at a whole-sector level, through coherent national policy and strategy. The Universities UK developed a national advisory group in 2023, similarly the HEA Advisory Group on Student and Staff Health and Wellbeing established in 2024, which is ideally positioned to fulfil this role. This focus is further strengthened through alignment with international benchmarks such as the Limerick Framework and the Okanagan Charter, and national policies including the Healthy Campus Charter, the National Strategy for Higher Education to 2030, the HEA Strategy for Student and Staff Health and Wellbeing, Sharing the Vision, Connecting for Life, and Pathways to Wellbeing. The framework not only aligns with but actively operationalises the principles of the Healthy Campus Framework and the Limerick Framework for Action.

Table 1: National Policy

Connected Policies
The Limerick Framework for Action: Advancing the Global Health Promoting Campuses Agenda (2025). The Framework names ten actions to assist HEIs to execute on the Okanagan Charter's goals, emphasising the interconnectedness of planet, places, and people.
Healthy Campus Charter and Framework (HEA b2022) supports HEIs in promoting the health and wellbeing through the pillars of- 1) Leadership, Strategy and Governance; 2) Campus Environment including Facilities and Services; 3) Campus Culture and Communications; and 4) Personal and Professional Development.
National Strategy for Higher Education to 2030 is a framework that outlines a plan to ensure a high-quality, flexible, and sustainable higher education sector, focusing on improving teaching and learning, developing research, promoting lifelong learning, increasing accessibility, and aligning education with strategic societal needs.
HEA Strategy for Student and Staff Health and Wellbeing identifies four strategic priorities for the next 5 years- Drive a higher education system that supports student and staff wellbeing; Identify national strategic goals for health and wellbeing in higher education; Connect wellbeing to broader strategic goals in higher education; Fund for health and wellbeing across the system.
Pathways to Wellbeing – National Mental Health Promotion Plan a cross-government plan which aims to improve mental health and wellbeing at population level through six objectives and associated actions, three objectives are directly related to HEIs:1: Equip professionals working in early learning and care, primary, post-primary, third level education and voluntary youth & community services to better support the social and emotional development of young people through professional development learning opportunities.2: Improve opportunities for the social and emotional development of young people through universal statutory and non-statutory programmes and supports.4: Promote the benefits of lifelong learning opportunities that support mental health and wellbeing across the life course.
Sharing the Vision: A Mental Health Policy for Everyone 2020–2030, is Ireland's national mental health policy (2020 to 2030), providing a roadmap to improve mental health and wellbeing through a person-centred, recovery-focused approach that strengthens supports and services across the full continuum of care, from promotion and prevention to specialist mental health services
Ireland's National Suicide and Self Harm Reduction Strategy: Connecting for Life 2026-2035 sets out a whole-of-government and whole-of-society approach to achieve a sustained reduction in suicide and self-harm by improving prevention, intervention, postvention, and access to timely, compassionate supports over the next decade.

1.5 Key Stakeholders in the Whole-University

Whole-university wellbeing recognises that mental health and wellbeing are collective responsibilities shared across all areas of institutional life. Rather than situating wellbeing solely within specialist services, this model embeds support, prevention, and promotion in every facet of the student experience. The following section outlines the key stakeholders necessary for the effective implementation of whole-university wellbeing based on ecological systems theory. The individual student is at the centre, the next layers are HEI stakeholders in closest contact like teachers, peers, or student services and outer rings are HEI institutional/community stakeholders that impact students though not often directly.



Figure 2: Key Stakeholders in the Whole-University

Leadership & Governance

Senior leadership sets the strategic tone for the institution's wellbeing agenda. Presidents, provosts, vice presidents, and governing bodies are responsible for prioritising student wellbeing in institutional strategies, ensuring adequate resources, and modelling a culture that values mental health. Their commitment validates wellbeing as a core institutional priority, enabling cross-departmental alignment and accountability.

Academic Staff

Academic staff in learning spaces take a leading role as they may be the first point of contact between the institution and a student. They interact with students regularly and are often the first point of contact, playing a key role in fostering a culture of wellbeing within the academic experience and in identifying early signs of distress or disengagement. All academic staff - heads of school; programme leaders; lecturers; tutors; post graduate teaching assistants; principal investigators and post graduate supervisors - contribute by promoting inclusive and supportive learning environments, designing accessible curricula, and guiding students to services when concerns arise.

Student Services

Professional and administrative services such as counselling services, health centres, disability support, EDI units, academic administration, estates, IT services, admissions, registry, access, examinations, international offices, libraries, careers, residential life, security, sport, catering, and other student-facing functions play a central role in promoting student wellbeing. Their contributions range from delivering direct care and specialist assistance to shaping how students engage with institutional systems, processes, and environments.

Student Counselling Services are a core source of expertise in mental health promotion, prevention, intervention, suicide prevention, consultation, staff development, crisis response, risk assessment, and referral pathways, contributing across all framework themes. Through close collaboration with students, academic and professional staff, healthcare providers, and external agencies, they make a vital contribution to a coordinated approach to institution mental health promotion, suicide prevention, and student wellbeing.

Student services collectively, help to create safe, accessible, and inclusive campus environments that foster resilience, belonging, and healthy lifestyles.

Students

"Students" refers to all higher education learners, including full-time and part-time, online and blended, apprentices, international, postgraduate and undergraduate and 'student groups' like students' unions, peer mentors, class representatives, clubs, and societies are active partners in their mental health and a culture of wellbeing. Student agency is the student's active role in shaping their social, academic, and other experiences on and off campus, ensures active co-creation of student-centred policies, initiatives, belonging/social connection, reducing stigma, and provides valuable insights into the experiences of learners.

While many HEI students thrive some experience greater risks to their mental health and wellbeing and face additional barriers to support. So, "students" also refers to students that experience greater risks including but are not limited to: LGBTQ+ and gender-questioning, those with disabilities, chronic health conditions, neurodivergence, international, ethnic minority, first generation, mature, care-experienced, carers, socioeconomic disadvantaged or other underrepresented backgrounds. Experiences of discrimination, social exclusion, financial pressures, trauma, and reduced access to support can adversely affect wellbeing, engagement, and academic outcomes. Alongside adverse life events, social and economic pressures, risk behaviours like alcohol, substance misuse gambling-related harms, and traumatic experiences can significantly affect student wellbeing and mental health. Domain 1 of Connecting for Life 2026-2035 recognises social

determinants and experiences such as sexual violence, domestic abuse, stalking, harassment, bullying, spiking, bereavement, and other adverse life events can contribute to psychological distress, academic difficulties, self-harm, and increased suicide risk. Inclusive and culturally responsive university environments that promote awareness, early intervention, trauma-informed support, belonging, representation, psychological safety, and social connection are associated with improved wellbeing, retention, and student success.

Community Partners

External community stakeholders and partners such as local mental health services, primary healthcare providers, families, peers, employers, professional organisations, national charities and others play an important role in supporting student wellbeing by extending the resources and expertise available beyond the institution. Through partnerships with local health services, community organisations, employers, and specialist providers, they contribute to a more holistic support system that addresses students' academic, social, and personal needs. These external connections enable access to specialised care, enhance opportunities for engagement and employability, and strengthen students' sense of belonging within the wider community. Together, they complement institutional supports and help create a comprehensive, collaborative approach to promoting student wellbeing.



2

Framework

2.1 Framework Themes

Feedback to the review of the NSMHSPF suggested that the original nine themes be streamlined; these have been consolidated into three. The Framework themes are Leading, Learning, and Nurturing, woven together through a whole campus, student-centred, stakeholder, an actioned approach.



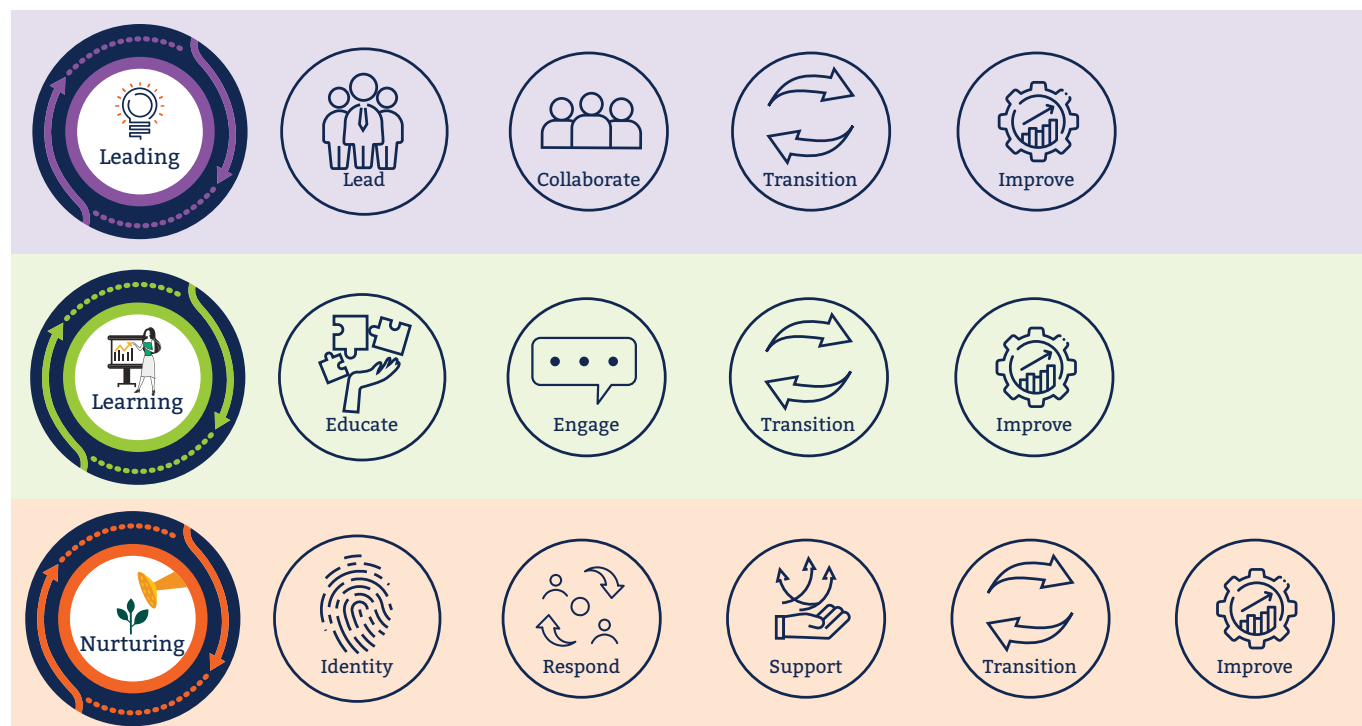
Figure 3: Wellbeing Themes

Leading (Lead and Collaborate) reflects an environment of wellbeing characterised by a whole-campus culture that is collaborative, student-centred, and prioritised as part of core institutional business, championed by leadership and embedded in policy and strategy.

Learning (Educate and Engage) reflects a culture of learning and shared purpose that fosters wellbeing and holistic development, integrating belonging into core learning, everyday practices, and student engagement.

Nurturing (Identify, Respond, Support) reflects a culture of wellbeing support that promotes mental health awareness and student success pathways for all levels of need, including enhanced identification, recognition, and referral processes.

Table 2: Consolidated themes



The themes are discussed in the following sections, each of them including an overview of what the theme is and provide iterative, empirically-based examples of implementation through the lens of the five campus stakeholder groups. The details in the following pages are not meant to be exhaustive or all-encompassing of every possible action a HEI can take within these areas. Our approach to the framework themes allows flexibility and adaptability in our rapidly changing world and grants HEIs the autonomy to address each theme in line with local strategies and priorities. In each theme there are action boxes for HEI's to do, these actions are hyperlinked to corresponding monitoring evaluation and implementation resources. These are also in a separate implementation document.

2.2 Theme 1: Leading



Build a student-centred, collaborative campus where wellbeing is at the heart of all activities.

Student mental health and wellbeing should be a core institutional priority, led by strong leadership and embedded in national, sectoral, and institutional strategies. This requires co-creative, inclusive approaches involving students and staff, alongside strong community partnerships.

Leadership & Governance

Institution leaders are responsible for allocating resources to student wellbeing supports. Evidence consistently shows strong links between mental health difficulties and student non-completion, poorer academic outcomes and reduced progression (Lipson et al., 2022). Supporting student mental health improves retention and academic success, while non-completion carries significant emotional, financial and societal costs (HEA, 2019; OECD, 2023). Non-completion also represents lost income and reputational risk, and an inefficient use of limited educational resources.

Leaders at institutions play a critical role in supporting student mental health and wellbeing across higher education settings. Campus-wide mental health campaigns contribute to normalising conversations about wellbeing, mental health, suicide, and self-harm, while reducing the stigma, shame, and misconceptions that can act as barriers to help-seeking. By making these issues visible and openly discussed, institutions can create environments where students feel safer seeking support, disclosing distress, and accessing appropriate services at an earlier stage.

Action 1.1 HEIs will embed student mental health and wellbeing into all new institutional strategies, plans and KPIs, demonstrating commitment to a whole-system approach to wellbeing

Stakeholder: All HEI Stakeholders		Revised Action
NSMHSPF: LEAD, ENGAGE, IDENTIFY		Healthy Campus: Pillar 3 Campus Culture & Communication
Monitoring/Evaluation Is student mental health and wellbeing a core element of institutional business, that is integrated into strategic plans, policies, messaged through clear and consistent communication emphasising its importance? YES/NO		Evidence Provide evidence of visible commitment to embed wellbeing as a core element of institutional business?
■ The Limerick Framework for Action: Advancing the Global Health Promoting Campuses Agenda  ■ CICMH Mental Health Crisis Response on Campus (p. 19 Policy and Culture Change). ■ Framework for Campus-wide Mental Health Strategies – a digest of ideas from the PSSMH 2013. ■ A Guide to Campus Mental Health Action Planning (p. 19-20 Increase student help-seeking). ■ JED'S Comprehensive Approach to Mental Health Promotion & Suicide Prevention for Universities (p. 21-27 Increase Help-Seeking). ■ The University Mental Health Charter (p. 62-64 Leadership, strategy and policy).		

One example of a strategic approach is the ATU Belong Mental Health Action Plan 2025-2029, which is committed to a whole institution priority that supports and promotes student mental, emotional and social wellbeing through accessible counselling and support services, mental health awareness initiatives, peer support programmes, and the creation of a safe, inclusive, and supportive learning environment. Internationally, an example of a national awareness campaign can be found in the US, Active Minds and the Coalition for Student Wellbeing championed a movement to have crisis line contact details included on the back of every student ID card. This movement served as inspiration for the California Senate Bill 972, which made it mandatory for all schools in the state of California to print a crisis line on student IDs (Active Minds, 2026a). They recently helped introduce the Campus Lifeline Act, a federal bill which seeks to expand the inclusion of crisis lines on student IDs at the national level (Active Minds, 2026b).

A whole-institution approach to improving student mental health is enabled through strategic leadership and prioritisation within each HEI. Cultural and structural change requires strong and engaged leadership at all levels, beginning with governing authorities and senior management (UUK, 2023). Engagement from senior management, academic leadership, professional services, student unions, academic and support staff, and campus services is essential to identifying and removing barriers. Strategic engagement from leadership as suggested by the Jed Foundation in 2021 includes the establishment of a campus mental health committee.

Action 1.2 HEIs will establish a campus mental health and wellbeing task force or committee with representation from leadership, academic staff, student services staff, students and community partners.

Stakeholder: Leadership & Governance

Revised Action

NSMHSPF: LEAD

Healthy Campus: Pillar 1 Leadership, Strategy Governance

Monitoring/Evaluation

Has your institution established a cross-campus student mental health and wellbeing committee? YES/NO

Evidence

Are the following key stakeholders represented on the student mental health and wellbeing committee: Students / Leadership / Academic Staff / Support Staff / Community Partners?

- [A Guide to Campus Mental Health Action Planning](#) (p. 4-7 Building Momentum and Infrastructure)
- [Balancing Safety and Support on Campus: A Guide for Campus Teams](#)

A campus mental health committee can support shared ownership of wellbeing goals and help mobilise diverse expertise and perspectives across campus, reinforcing that student mental health is a collective responsibility. Responsibility for establishing such groups rests with institutional leadership. 81% of Irish HEIs indicated they have formed a 'Mental Health Committee with engagement from all staff' (HEA, 2025).

63% of Irish HEIs indicated the development or revision of comprehensive institutional student mental health policies are in progress (HEA, 2025). As higher education places increasing emphasis on the "whole" student experience, institutions are expected to provide integrated supports that enable students to achieve their academic and personal potential (UUK, 2023). The Limerick Framework for Action calls for:

“HEIs should take a whole-campus approach in integrating health, well-being, and sustainability in their functions and embedding them in their beliefs, goals, structures, events, education, processes, and practices. A “health in all policies” approach is crucial to HEIs’ transformation and to achieving intersectoral impact” p.15.

Action 1.3 HEIs will ensure that mental health and wellbeing strategies are developed and published, or where already established, reviewed and updated regularly, with clear alignment to this framework and defined objectives and measures of progress.

Stakeholder: Leadership & Governance

Revised Action

NSMHSPF: LEAD

Healthy Campus: Pillar 1 Leadership, Strategy Governance

Monitoring/Evaluation

Has your institution got an up to date student mental health and wellbeing strategy that is aligned to with student-care frameworks? YES/NO

Evidence

Please supply the date that the institution student mental health and wellbeing policy was/is due to be published. Please share a link to the institution's mental health/wellbeing policy.

- University of Limerick 'Healthy UL' Framework 
- [Development & Validation Policies, Opportunities, Initiatives, Notable Topics\(POINTS\) Audit Campuses](#)
- [A Guide to Campus Mental Health Action Planning](#) (p. 8-15 Engaging in a Strategic Planning Process)
- [Cornell Mental Health Framework](#)
- [WHO Guidance on mental health policy and strategic action plans](#)
- [JED Framework Developing Institutional Protocols for Acutely Distressed or Suicidal College Student](#)
- [Universities UK Suicide-Safer Universities](#) (p. 15-23 Developing a suicide-safer strategy)
- [UK Department for Education - HE providers' policies practices to support student mental health: Report](#)
- [Policy Approaches to Post-Secondary Student Mental Health: A Scan of Current Practice](#)
- [CICMH Comparing Health and Well-being Frameworks and Guides for Post-secondary Campuses](#)

Institutions could have policies and protocols covering; Duty of Care, Success & Engagement, Fitness to study/practise policies, Leave of Absence, Dignity/respect, Diversity/gender/equality policies, Critical incident policies, student death protocols, and others. The UK University Mental Health Charter (2024) states that more important than the existence of a written document is the 'clear evidence of the strategy shaping day-to-day activity' shaping sustained, positive, cohesive change reflected in the day-to-day operations, processes and behaviours of universities and the whole campus community. HEIs can prioritise student mental health and wellbeing by updating all institutional policies and maintaining a central mental health landing page with clear guidance.

Action 1.4 HEIs will maintain central student mental health and wellbeing resources such as an on-line landing page that provides clear, accessible and up-to-date information on supports, services, and resources

Stakeholder: Leadership & Governance

New Action

NSMHSPF: LEAD, ENGAGE

Healthy Campus: Pillar 1 Leadership, Strategy Governance

Monitoring/Evaluation

Is there a central mental health resource page on your institution's website? YES/NO

Evidence

Provide evidence of student mental health and wellbeing resource page.

- UCD Student Support 
- TCD Supports & Services 
- University of Warwick Wellbeing and Student Support
- University of Melbourne Support and Wellbeing

Academic staff

Academic staff take a leading role as they may be the first point of contact supporting student wellbeing. They contribute to the culture of wellbeing by fostering a healthy academic environment through role modelling wellbeing, self-care, and intentional wellbeing learning design. Academic staff's personal wellbeing directly affects teaching quality, research output, and the overall functioning of institutions. The HEA Strategy for Student and Staff Health & Wellbeing (HEA b2025) aims to support academic and professional staff by embedding wellbeing into workplace culture by creating healthy campuses that support both those who learn and those who work within them.

The way courses, modules, and overall learning are planned, delivered and designed can positively affect student wellbeing. Diverse, interactive, inclusive curricular design, allowing students to connect it with personal/professional goals enables opportunities to collaborate, explore and build on personal strengths, and to develop a wide range of skills, maximise student capability and self-efficacy.

Action 1.5 HEIs will review and enhance curricular design to embed inclusive, engaging and supportive learning practices with student engagement and success monitored annually.

Stakeholder: Academic Staff

New Action

NSMHSPF: ENGAGE, EDUCATE

Healthy Campus: Pillar 4 Personal & Professional Development

Monitoring/Evaluation

Is wellbeing embedded in programme design through encouraging the use of flexible, compassionate pedagogies and by designing manageable and balanced assessment workloads?
YES/NO

Evidence

Provide evidence of how wellbeing is embedded in curricular design.

- Teaching for Holistic Sustainable Wellbeing Higher Education: Toolkit for Educators 
- Ulster University's Wellbeing in the Curriculum Model 
- Advance HE Embedding mental wellbeing in the curriculum: maximising success in higher education (p. 20-25 Promoting mental wellbeing through the curriculum: a focus on process)
- Enhancing Student Mental Wellbeing: A Handbook for Academic Educators (p. 13 Principles for enhancing student mental wellbeing through learning and teaching; p. 15-28 Curriculum Design; p. 41-51 Teaching Strategies)
- Faculty Toolkit: Supporting Student Learning & Success Through Improved Well-being (p. 4 Flexibility; p. 4 Social Connection; p. 5 Optimal Challenge; p. 6 Positive Classroom Culture; p. 8 Instructor Support; p. 9 Inclusivity)
- The University Mental Health Charter (p. 23-30 Domain 1: Learn)
- CICMH Mental health and the learning environment

In Ireland, some academic staff signpost student support services and external supports on syllabi or e-learning platforms such as Brightspace. JED (2022) has developed a [Faculty Guide to Supporting Student Mental Health](#) in the Classroom, where they outline simple steps for all faculty to implement like putting a mental health statement with campus resources in syllabi (see below), signposting to campus resources, encouraging self-care through an activity that models good practice like breathing exercises, and good assessment practices that are continuous, flexible, and include choices.



"If you are feeling stressed, worried, or down during the semester, or if you notice signs of emotional distress in someone else, please feel free to stop by my office or consider reaching out for support. Here are some campus resources:" [list campus resources]. "If you or someone you know needs to talk to someone right now, text START to 741-741 or call 1-800-273-TALK (8255) for a free, confidential conversation with a trained counsellor 24/7."

Student Services

All student support service teams such as counselling, health, disability, financial and careers enhance wellbeing by creating safe, accessible campus environments that support resilience, belonging, and healthy lifestyles.

Action 1.6 HEIs will provide integrated student support services with defined access standards and regular monitoring of uptake and accessibility.

Stakeholder: Student Services		New Action
NSMHSPF: SUPPORT		<i>Healthy Campus: Pillar 2 & 5 Campus Environment & Health Wellbeing Areas</i>
Monitoring/Evaluation Does your HEI provide accessible, high quality, timely services for counselling, health, disability, financial and career supports? YES/NO		Evidence Provide evidence of services offered: including usage, staffing, outcomes, and emerging student needs; do you systematically collect data and feedback from users and non-users of support services and if so show how these insights feed into institutional planning and decision-making.
■ AHEAD Common Supports for Students  ■ HEA Student Finance  ■ A Guide to Campus Mental Health Action Planning (p. 21-22 Increase access to effective services) ■ JED'S Comprehensive Approach to Mental Health Promotion and Suicide Prevention For Colleges and Universities (p. 28-38 Treatment & Crisis Response) ■ The University Mental Health Charter (p. 32-34 Support services) ■ CICMH Accessibility and Accommodations Toolkit		

To deliver genuinely student-centred care, HEIs must move beyond reactive provision and adopt participatory, inclusive approaches. This requires involving students in shaping services, ensuring practitioners remain responsive to student wellbeing needs, their diverse identities, and systematically collecting feedback from both users and non-users of support services. Using data-informed practice by tracking service usage, outcomes, and emerging student needs, like those captured by the SCS database (Howard et al., 2024) and feeding these insights into institutional planning and decision-making are particularly important given persistent barriers to help-seeking, including stigma, low mental health literacy, lack of trust, and structural inequalities affecting vulnerable groups (Bulluss, 2025; Higgins et al., 2021; Quirke et al., 2022; Bignall et al., 2019).

Students

Students themselves have a leadership role, and their voice must be heard at policy level, both nationally and within institutions. Findings from the StudentSurvey.ie continue to provide rich national and institutional data on students' reported engagement with their studies, institution, and how institutional practices support their engagement and wellbeing. The National Student Engagement Programme (NStEP), established by the HEA, QQI and USI, endorses students as partners and co-creators in decision-making. Its ten principles support meaningful engagement with students as collaborators rather than consumers. Aontas na Mac Léinn in Éirinn (AMLÉ), the national students' union in Ireland, remains central in representing student mental health nationally through leadership, advocacy, research and policy engagement, aimed at improving and protecting the lives of students.

Action 1.7 HEIs will embed student partnership in governance by including student representation on key committees and implementing structured feedback mechanisms to support student partnership in decision-making.

Stakeholder: Students		Existing Action
NSMHSPF: LEAD, ENGAGE		Healthy Campus: Pillar 1 Leadership, Strategy Governance
Monitoring/Evaluation Are students actively engaging in institutional governance and feedback processes, do they contribute to decision-making as partners in enhancing the student experience? YES/NO		Evidence Provide evidence of student involvement with institutional governance, feedback and decision making processes.
■ The University Mental Health Charter (p. 65-67 Student voice and participation) ■ Being, Belonging, Becoming Survey		

Community Partners

During term time, the migration of students into towns and cities with HEIs is significant. This population brings many advantages for the local economies because of its spending, the increase in population can also put a strain on services like health, housing and transport.

Action 1.8 HEIs will establish strategic partnerships with external health, community, and support organisations to strengthen the institutional mental health ecosystem

Stakeholder: Community Partners		Revised Action
NSMHSPF: COLLABORATE		Healthy Campus: Pillar 1 Leadership, Strategy Governance
Monitoring/Evaluation Does your institution engage with external partners to support student mental health and wellbeing? YES/NO		Evidence Provide evidence of the community partners you engage with as well as the level of engagement/relationship with the external partners
■ Mental Health Ireland  ■ Jigsaw  ■ Text About It: 50808  ■ Samaritans  ■ Pieta  ■ Aware  ■ CICMH Campus-Community Partnerships		

For example, collaborative initiatives with local authorities, housing providers and community groups to address wider determinants of mental health, including accommodation, financial hardship and social inclusion. As well as partnerships with organisations such as Jigsaw, Mental Health Ireland, Samaritans, Aware, Belong To, Traveller and migrant support organisations, disability services, and local youth and community services. Other examples include collaborative health promotion campaigns, wellbeing programmes and suicide prevention initiatives delivered across campus and community settings. Institutions can also participate in regional mental health and wellbeing networks that bring together education, health and community stakeholders.

2.3 Theme 2: Learning



Create a culture of learning and shared purpose, fostering wellbeing and healthy holistic development.

Student mental health and wellbeing should be a core of learning, belonging and everyday institutional activities, co-created with leadership, students and staff, and strong community partnerships.

Promotion of healthy behaviours can have a significant impact on mental health (WHO, 2005). Mental health promotion efforts on campus can include embedding wellbeing in the curriculum; CPD for all staff (i.e. mental health awareness or gatekeeper trainings); stigma breaking campaigns; tool development for self-care and life-skills (like effective communication, healthy coping, and the importance of positive relationships/ support). International experts, WHO, the Jed Foundation, Orygen and Suicide-Safer Universities have stressed the importance that all staff (including academic, services and operational staff, student officers/leaders) across the whole organisation, should be trained to promote positive mental health and wellbeing. HEI senior management can enable this learning culture across the institution.

Leadership & Governance

The Expert Group Review of the Irish National Framework for Student Success in Higher Education (HEA, 2025) advocates for universities to facilitate holistic student development beyond academic success. In a recent HEA paper on student success, student success is noted to include academic achievement, wellbeing, belonging, agency and the capacity to thrive during and after higher education (Roper, 2025). In the review of the Irish National Framework for Student Success, the Expert Group understands student success as the holistic evolution of an individual, “from mental wellbeing to readiness in their career path to personal goals, all while navigating the difficulties of external pressures from the accommodation crisis to the need to take on employment additional to their studies” (HEA, 2025, p. 10). Belonging and social integration or being part of the institution and the wider campus community are a key protective factor influencing student success, retention, attainment, mental and physical wellbeing, engagement, and professional competence (Allan et al., 2025; Allen et al., 2021; Crawford et al., 2024; Hefner & Eisenberg, 2009; Hughes & Spanner, 2019; Pedler et al., 2022; Van Kessel et al., 2025).

Research emphasises that awareness and mental health literacy training remains essential. Training improves staff capacity to recognise and respond to student mental health needs. Mental Health First Aid (2026) found 40% of staff feel unprepared, though targeted training boosts confidence, reduces stigma, and strengthens support pathways. The USA 2023–24 Healthy Minds Study shows that, despite general comfort discussing mental health, many staff still report unpreparedness and emotional strain, underscoring the need for ongoing training and support for front-line staff.

Action 2.1 HEI leadership will implement and resource an ongoing staff education programme, ensuring all staff have access to training and professional development opportunities.

Stakeholder: Leadership and Governance

New Action

NSMHSPF: LEAD

Healthy Campus: Pillar 1 Leadership, Strategy Governance

Monitoring/Evaluation

Is there a culture that fosters an inclusive, respectful, and supportive campus and is targeted training offered all front facing staff to build confidence, reduce stigma, and enhance help-seeking pathways? YES/NO

Evidence

Provide evidence of mental health awareness and training that is offered to all staff

- [Mental Health First Aid Ireland - Mental Health Awareness Training](#) 
- [Mental Health and Wellbeing in UCD](#) 
- [TU Dublin Workplace Wellbeing](#) 
- [Maynooth University Staff Wellbeing](#) 
- [SUNMENTORS EU Project supports training staff building a holistic approach to support student mental health](#)
- [Enhancing Student Mental Wellbeing: A Handbook for Academic Educators](#) (p. 59-62)
- [Faculty Toolkit: Supporting Student Learning & Success Through Improved Wellbeing](#) (p.12-12)
- [The University Mental Health Charter](#) (p. 43-49 Domain 3: Work)

Academic Staff

Wellbeing should be embedded within the curriculum, as the curriculum is the only guaranteed point of contact between students and institutions, the sole space capable of reaching the entire student body, unlike voluntary support services that reach only those who actively seek help.

Action 2.2 HEIs will integrate evidence-based wellbeing content into curricula across programmes, ensuring all students have the opportunity to develop knowledge and skills.

Stakeholder: Academic Staff

New Action

NSMHSPF: ENGAGE

Healthy Campus: Pillar 4 Personal & Professional Development

Monitoring/Evaluation

Is student wellbeing considered when timetables, courses, modules, and overall learning is designed, delivered and assessed? Are courses and learning experiences designed in ways that actively promote the mental, social, cultural, and academic wellbeing of students? YES/NO

Evidence

Provide evidence of courses and/or learning experiences that actively promote the mental, social, cultural, and academic wellbeing of students currently being used in your institution. (Please include links to evidence if available)

- [Embedding wellbeing across the curriculum in higher education](#) 
- [A Guide to Campus Mental Health Action Planning](#) (p. 17-18 Help students develop life skills)
- [JED'S Comprehensive Approach to Mental Health Promotion & Suicide Prevention for Universities](#) (p.5-9 Develop Life Skills)
- [Creating Conditions for Well-being in Learning Environments](#)
- [AdvanceHE Embedding mental wellbeing in the curriculum: maximising success in higher education](#) (p. 16-19 Section 2: Wellbeing in the curriculum - content and process)
- [Faculty Toolkit: Supporting Student Learning & Success Through Improved Well-being](#) (p. 3)

Research shows wellbeing acts as a protective factor against mental illness (Keyes et al., 2012; Ryff, 2014), curriculum-based interventions prevent depression and anxiety, increase optimism, and equip students with strength-based coping strategies for adversity (Keyes et al., 2012; Hughes, 2020; Seligman, 2009). Despite clear policy directives and the HEA calls to develop “national guidance on Embedding Mental Health Promotion and Wellbeing in the Curriculum” (HEA, 2025 p.50), the sector has lacked practical application of embedding wellbeing in curricula at scale (Bannigan et al., 2025). Moving student success from reactive crisis response to proactive, preventative, whole-of-institution wellbeing requires embedding support within core learning spaces. This approach focuses on promoting wellbeing during key life-stage transitions, where there is strong potential to influence long-term outcomes (Byrne & Surdey, 2021; Surdey & Byrne, 2024; Bannigan et al., 2026; Bannigan, 2026).



Focus on Curricular resource for academic staff to readily implement

The Minding Your Wellbeing programme is a curricular approach that aims to promote mental health and wellbeing through evidence-based practices and skill development. It was introduced by the HSE and UCD into the UCD veterinary medicine professionalism curriculum and has been delivered since Autumn 2023. The module can be delivered as a 3-4 hour session or two 1.5-2 hour sessions. The session content covers self-care, understanding thoughts and emotions, building positive relationships and building resilience, all materials are available here. Each section is delivered with some of the science behind it, a practical activity to explore or apply a skill and take home resources to continue working towards wellbeing. The Module has been evaluated by the National Suicide Research Foundation, which found largely positive results, with the programme generally well received by veterinary students. There was a significant increase in self-care scores post-programme, and the research indicates the need for such an initiative, with a high percentage of participants indicating they experienced a range of common stressors (e.g. exam pressure, anxiety, loneliness, isolation) and did not perceive that they had the adequate skills to cope with these. Most participants stated that they would use the self-care skills and practices learned in the Module in the future.

Example of an embedded curricular well-being module: Sort Your Life Out & Thrive (SYLO). SYLO is an open-elective well-being module available to all UCD students, delivered since Spring 2022. It focuses on the development of holistic wellbeing, personal growth and the capacity to cope with stress, aiming to equip students with lifelong physical, cognitive, emotional and social skills so that they can thrive at university and beyond. It is deployed over the course of an entire semester, with students attending one 2-hour in-person class per week. Content is delivered through a series of seminars, guest speakers, and participatory classroom activities, with an emphasis on open discourse and peer-to-peer discussions. The topics covered throughout the module include personal strengths & values, goal-setting & behaviour change, nutrition, sleep, exercise, emotional regulation & stress management, time-management & procrastination, communication & relationships, positive self-identity, and mental health & wellbeing. An evaluation of the module (Bannigan, 2026) demonstrated that it has a positive impact on students, leading to increased overall well-being, understanding of wellbeing, and ability to manage personal wellbeing. Students in the SYLOT module had significantly higher overall wellbeing scores after taking the module ($M = 75.29$) than before ($M = 71.43$) (Bannigan et al., 2026). This was enabled through the direct application of practical skills that students gained throughout the module as well as an increased understanding of self.

Student Services

Student services staff are uniquely positioned due to their expertise to promote early intervention and prevention to key campus stakeholders by delivering workshops, wellbeing programmes, and providing guidance and support through advice, consultation, and training.

International evidence shows that ongoing continued professional development [CPD] is vital for improved outcomes and safety (Hughes & Spanner, 2019).

Action 2.3 HEIs will facilitate ongoing training and professional development for student service staff in prevention, intervention, screening, crisis response and risk management

Stakeholder: Student Services		Revised Action
NSMHSPF: LEAD, EDUCATE		Healthy Campus: All Pillars
Monitoring/Evaluation Do student support professionals have access to adequate resources and time to upskill in emerging practices in prevention, intervention, consultation, screening, crisis management and responding to risk? YES/NO		Evidence Provide evidence of training provided to student support professionals (title, duration, frequency, type, certification, etc)
■ PCHEI Identifying and Responding to Distressed and at Risk Students ■ ASIST ■ SafeTALK ■ Let's Talk About Suicide ■ Dublin North & North East Recovery College - Course ■ Mental Health First Aid Ireland ■ 4 Mental Health ■ More Feet on the Ground ■ Charlie Waller – E-learning for university staff		

Two types of ongoing training that could be offered to student services staff are mental health awareness training and gatekeeper training.

Mental Health Awareness training

Mental Health Awareness training serves to make individuals more knowledgeable when it comes to recognizing and responding to others in distress. In Ireland, Mental Health First Aid is one of the few licensed providers of such training. They provide courses on how to recognize someone might be struggling with their mental health and how to provide an initial line of support until more appropriate professional support can be found. Mental Health Awareness training can also equip participants with the necessary knowledge and skills to understand their own mental health, how to practice effective self-care, and when/how to seek help. Many students do not know how to get formal support or even that they need support (Remskar et al., 2022). According to a study conducted by Querstret (2019), only 1 in 3 students seek wellbeing support on campus, largely due to the perceived stigma associated with mental health. Introducing Mental Health Awareness training helps to mitigate these barriers, improving knowledge of all on campus.

Gatekeeper Training

Gatekeeper training is recognised as a system-wide preventive approach that can direct those in need to appropriate resources, increase knowledge and build skills within the community (Mitchell et al., 2013; WHO, 2014). There are many different gatekeeper training programmes and most focus on suicide prevention; but many also address common issues such as depression and anxiety (Lipson et al., 2014). In Ireland, the gatekeeper training that is available, commonly used and recommended by the HSE NOSP for community settings includes: ASIST, safeTALK and Let's Talk about Suicide. In 2025 the National Suicide Research Foundation and the HSE National Office for Suicide Prevention developed a Train-the-Trainer programme embedding evidence-based suicide prevention education within undergraduate health and social care curricula (NFTL, 2025) <https://traininghub.nosp.ie/>. There is also a bespoke mental health and suicide prevention programme, designed by PCHEI specifically for HEI staff to help them identify and respond to distressed and at-risk. Introducing Gatekeeper training helps to direct those in need to appropriate resources, improving access to supports of all on campus.

Students

The My World Survey-2 shows that young adults are most likely to use informal sources of support (Dooley et al., 2019: 82). Friends, classmates or roommates are often the first people who identify that a fellow student may be having a mental health problem. Research shows that students are most likely to turn to friends when they need help with emotional and wellbeing problems (Dooley et al., 2019; Karwig et al., 2015). Karwig, et al., (2015: 44) highlight the level of 'responsibility' that is placed on the friend 'having the right information' and importance of 'knowing how to appropriately and adequately support a help-seeker'.

Action 2.4 HEIs will establish and deliver peer support programmes, with uptake and impact on student wellbeing monitored annually.

Stakeholder: Students

New Action

NSMHSPF: ENGAGE

Healthy Campus: Pillar 3: Campus Culture & Communication

Monitoring/Evaluation

Are peer support programmes actively promoted and supported? YES/NO

Evidence

Provide evidence that peer support programmes are: regularly and visibly promoted; students are actively participating; that there is ongoing support beyond initial setup and that impact is measured (reduced isolation, improved wellbeing).

- 3Set How Counselling & Peer-led Services Can Optimise Student Success  (p 54-56 Student Belonging)
- NiteLine 
- Jigsaw 'One Good Friend' Course 
- Peer Support For Student Mental Health – Student Minds
- Peer Support in College Mental Health Initiatives: Learning Peer Support Movement (April 2023)
- Peer Programs in College Student Mental Health: An Essential Approach to Student Well-Being

The Trinity Student-2-Student programme and the University of Limerick Be MindfUL peer support programme are recognised as illustrating effective integration of peer mentoring, peer support and peer learning. Student Minds, the UK's student mental health charity, believe that peer support programmes have the potential to change student mental health. In a systematic review of peer support interventions for student mental health and wellbeing in higher education, three types of peer support were examined: peer-led support groups, peer mentoring and peer learning (Pointon-Haas et al.,

2024). Peer-led support groups offer mutual support around a certain mental health difficulty for the facilitators and those attending, peer mentoring is delivered 1to1 for incoming students to receive support from a higher-year/more experienced student, and peer learning is delivered in groups for academic objectives. The review found that peer learning reduced anxiety and peer mentoring reduced stress levels (Byrom et al, 2021; Pointon-Haas et al, 2024) and indicated that more robust research and evaluation of peer support interventions is needed using standardised measures and terminology. This is an area that would merit development following the establishment of peer support programmes in HEIs.

Community Partners

Partnerships with local health services, community organisations, NGOs, employers, and specialist providers can contribute to a more holistic support system that addresses students’ academic, social, and personal needs. Community Partners can complement institutional supports by offering their expertise through training and education to the campus community promoting student wellbeing.

Action 2.5 HEIs will develop strategic partnerships with local organisations and industry to deliver placements, projects, and mentoring opportunities.	
Stakeholder: Community Partners	Revised Action
NSMHSPF: COLLABORATE	Healthy Campus: Pillar 1: Leadership, Strategy Governance & Pillar 2: Campus Environment
Monitoring/Evaluation	Evidence
Are collaborations with local organisations and industry partners actively established and supported to enhance students’ learning? YES/NO	Provide evidence of formal partnerships and feedback demonstrating ongoing collaboration and positive impact on students’ social integration, development and learning
■ CICMH Campus-Community Partnerships ■ Faculty Toolkit: Supporting Student Learning & Success Through Improved Wellbeing (p. 7 Civic Engagement)	

In Ireland, the HSE in collaboration with the NSRF and a HEI have developed a bespoke wellbeing curriculum for inclusion in veterinary medicine professional development modules (detailed above in the wellbeing curriculum popout). Internationally in the US, Student Minds (2025) offer various programmes – including online training, resources, events, and live workshops – designed to equip those who work with students in higher education with key mental health skills and knowledge in order to provide better support to students (Student Minds, 2025). Similarly in the UK, the Charlie Waller Trust offers colleges with experienced mental health trainers to work closely with staff and leadership to improve their whole-institution approach to wellbeing (Charlie Waller, 2026).

2.4 Theme 3: Nurturing



Develop a campus that nurtures a culture of wellbeing.

HEIs should prioritise mental health awareness to improve early recognition of distress and match the awareness with an open and supportive culture that enables appropriate action co-created with leadership, students and staff, and strong community partnerships.

Awareness enhances identification by allowing staff and students to recognise early signs of difficulty, yet without a supportive environment, this awareness may not translate into meaningful intervention or help-seeking. Research has shown that many staff report feeling unprepared to respond to student needs, highlighting the importance of building confidence, reducing stigma, and strengthening help-seeking pathways (Mental Health First Aid, 2026).

Leadership & Governance

Senior leadership sets the strategic tone for the institution's wellbeing agenda. As noted above, they must model student mental health and wellbeing as a fundamental priority, fostering alignment across departments and ensuring accountability throughout the HEI. Evidence consistently shows that timely access to safe, student-centred, and well-resourced effective care improves outcomes for students experiencing psychological distress, suicide risk, or mental illness (WHO, 2024; 3Set 2022; Stepchange, 2020; JED, 2019). In the international context, guidance such as the UK University Mental Health Charter (Hughes & Spanner, 2019) continues to emphasise the four highlighted four areas:

Action 3.1 HEIs will allocate dedicated funding and infrastructure to support staffing, services, digital supports, and preventative and early intervention initiatives.

Stakeholder: Leadership and Governance

New Action

NSMHSPF: LEAD

Healthy Campus: Pillar 1: Leadership, Strategy Governance & Pillar 2: Campus Environment

Monitoring/Evaluation

Is there effective resource allocation and infrastructure available for preventative and early intervention initiatives for students?
YES/NO

Evidence

Provide evidence of effective resource allocation and infrastructure through dedicated funding streams, targeted staffing supports, and the implementation of digital and school based early intervention programmes designed to identify and respond to student needs at an early stage.

■ USI Health Promotion Strategy (2021-2024) (p. 22-23 Funding of Support Services)

- high-quality services
- risk management
- partnerships and referral pathways
- information-sharing

Leadership is responsible for developing an open and supportive environment playing a crucial role in promoting student mental health and wellbeing by creating conditions where students feel safe, valued, and understood. As outlined in the Healthy Campus Charter and Framework, this is best achieved by adopting a holistic, whole-campus approach.

Inclusive and identity-affirming campus environments play a critical role in supporting student mental health and wellbeing. Research highlights the importance of wellbeing supports that recognise the diverse needs and experiences of students and promote equity, belonging, and psychological safety (Higgins et al., 2021; Quirke et al., 2022; McDermott et al., 2021; Bignall et al., 2019). An intersectional approach that considers factors such as gender, sexuality, ethnicity, socio-economic background, and disability can help ensure that supports are accessible, equitable, and responsive to all students. Together, this evidence reinforces the need for HEIs to embed inclusion and equity within whole-campus approaches to mental health and wellbeing.

Action 3.2 HEIs will implement a whole campus approach to wellbeing, embedding policies, practices, and initiatives that promote equity, belonging, and psychological safety.

Stakeholder: Leadership and Governance

New Action

NSMHSPF: COLLABORATE, ENGAGE, SUPPORT

Healthy Campus: Pillar 1: Leadership, Strategy Governance

Monitoring/Evaluation

Has your HEI adopted a whole-campus approach that promotes equity, belonging, and psychological safety as core elements of student wellbeing? YES/NO

Evidence

Provide evidence of institution-wide strategies, inclusive policies, campus-wide initiatives, and feedback demonstrating active promotion of equity, belonging, and psychologically safe environments for all students.

- CICMH Mental Health Crisis Response on Campus (p. 18 A Whole-Campus Approach to Crisis; p. 25-27 The Effects of Policing on Certain Student Populations)
- CICMH Equity, Diversity & Inclusion Toolkit
- A Guide to Campus Mental Health Action Planning (p. 17 Promote social networks)
- JED'S Comprehensive Approach to Mental Health Promotion & Suicide Prevention for Universities (p10-14 Connectedness)
- The University Mental Health Charter (p. 70-72 Inclusivity and intersectional mental health)
- CICMH Invisible Intersections: A Toolkit on Supporting 2SLGBTQ+ Students on Campus

Academic Staff

As they may be the first point of contact between the institution and a student, academic staff play a key role in fostering a culture of wellbeing within the academic environment. A study conducted by Gulliver et al. (2018), on the mental health training needs of HEI teaching staff, found most staff felt moderately confident in providing students with everyday emotional support, but many (60%) did not feel sufficiently equipped to deal with students with higher mental health needs or heightened distress. Moreover, they can create psychologically safe learning environments by fostering inclusive, respectful, and supportive classrooms, and by normalising open conversations around wellbeing. This environment assists in the development of relationships, a sense of belonging by encouraging student engagement and connection, and by serving as trusted and approachable points of contact. Faculty can help with early identification and referral by recognising signs of distress and guiding students towards appropriate support services.

In terms of response and referral, it is important for academic staff to be aware of their role and responsibilities (Ramluggun et al., 2022). This includes knowing boundaries and what is beyond the scope of their abilities and having

sufficient knowledge to be able to direct students to the appropriate support (Laws & Fiedler, 2012). A study by McAllister et al. (2014) further highlights the importance of not only providing training for academic staff to identify and respond to students in distress, but equally of providing adequate and proportionate acknowledgement of this often-hidden role and workload.

Action 3.3 HEIs will equip academic staff with training, guidance, and clear referral pathways, and recognise this role through workload allocation and support systems.

Stakeholder: Academic Staff		New Action
NSMHSPF: COLLABORATE, ENGAGE, SUPPORT		Healthy Campus: Pillar 4: Personal & Professional Development
Monitoring/Evaluation Do Academic staff who often act as a key first point of contact for student wellbeing engage in ongoing professional development to support students effectively while maintaining appropriate boundaries and referral pathways? YES/NO		Evidence Provide evidence of staff participation in structured wellbeing and mental health training, knowledge and use of established referral pathways, and documented practices showing staff act as initial contacts while maintaining professional boundaries.
■ CICMH Mental Health Crisis Response on Campus (p. 13-17 Recognizing, Responding, Referring and Reflecting on Students in Distress/Crisis; p. 20-22 Ideas for Policy Change) ■ A Guide to Campus Mental Health Action Planning (p. 18-19 Identify students at risk) ■ JED'S Comprehensive Approach to Mental Health Promotion & Suicide Prevention for Universities (p. 15-20 Identify Those At Risk) ■ JED Faculty Guide to Supporting Student Mental Health: How to create a culture of care on campus ■ Enhancing Student Mental Wellbeing: A Handbook for Academic Educators (p. 53-58 Difficult Conversations) ■ Faculty Toolkit: Supporting Student Learning & Success Through Improved Wellbeing (p. 10 Responding To A Student In A Crisis) ■ CICMH Mental Health Crisis Response on Campus (p. 28 Training for Mental Health Crisis Response) ■ Enhancing Student Wellbeing: Resources for Academic Educators		

Student Services

Student support service teams enhance wellbeing by creating safe, accessible, campus-community environments that support resilience, belonging, and healthy lifestyles. They should provide accessible, high-quality services by offering counselling, health, disability, financial, and career supports, ensuring timely access and minimising barriers for students.

Action 3.4 Student services will deliver proactive and early intervention supports across academic, residential, and social settings.

Stakeholder: Student Services

New Action

NSMHSPF: IDENTIFY, SUPPORT

Healthy Campus: Pillar 2: Campus Environment & Pillar 3: Campus Culture & Communication

Monitoring/Evaluation

Do student services deliver proactive, early-intervention supports that address holistic wellbeing using positive psychology to promote resilience, connection, and emotional development?
YES/NO

Evidence

Provide evidence of proactive, early-intervention supports delivered by support services (add title, numbers attended, duration, frequency, type, certification, etc)

- [The University Mental Health Charter](#) (p. 50-60 Domain 4: Live)

Psychological wellbeing is central to the student experience, influencing academic success, emotional resilience, and overall educational outcomes. Consequently, good practice requires the implementation of interventions grounded in contemporary research and policy frameworks. Evidence-based guidelines, such as those developed by National Institute for Health and Care Excellence in the UK, alongside suicide prevention toolkits and youth-focused frameworks like Orygen in Australia, remain essential for guiding practice. Interventions such as the Collaborative Assessment and Management of Suicidality (CAMS) continue to demonstrate effectiveness in reducing suicidal ideation and improving clinical outcomes (Jobes, 2023). Recent research points to mixed but generally promising outcomes for resilience-building, mindfulness, and skills-based interventions in reducing student stress and anxiety (Galante et al., 2021). There is also consistent evidence supporting the effectiveness of mindfulness and cognitive behavioural therapy (CBT)-based approaches in improving mental health outcomes among university students (Firth et al., 2022). High-quality student support requires:

- Strong clinical governance, ethical practice, and qualified, supervised staff.
- Adequate resources to match increasing demand.
- Clear communication and collaboration across disciplines.
- Access to risk assessment pathways and crisis management.
- Data systems to ensure consistent evaluation.

Action 3.5 HEIs will implement and regularly evaluate evidence-based student services and screening programmes to ensure they are effective, responsive to student needs and aligned with best practice.

Stakeholder: Student Services

New Action

NSMHSPF: SUPPORT

Healthy Campus: Pillar 1: Leadership, Governance, Strategy

Monitoring/Evaluation

Has your HEI adopted an integrated service model based on data-informed practice and staff expertise to ensure services are theoretically informed and consistently delivered through training, advice, and capacity building? YES/NO

Evidence

Provide evidence of cross department service coordination, use of service data to inform planning and evaluation, and structured staff training and consultation processes that support consistent, theory informed delivery.

- 3Set How Counselling and Peer-led Services Can Optimise Student Success  (p. 37-41 Targeted, Evidence-Based Interventions; p. 49-52 Improved Quality of Services)
- HSE Best Practice Guidance for Mental Health Services 
- HSE Best Practice Guidance for Suicide Prevention Services 
- The University Mental Health Charter (p. 73-74 Research, innovation and dissemination)
- Code of practice for wellbeing and mental health analytics - Suggesting how education providers can ensure that their use of data to support wellbeing does not create risks for students or staff.
- UMHAN Clinical Governance for Mental Health Services in Higher Education
- Interventions improve university students' mental health and wellbeing? review of review-level evidence

Research shows HEIs worldwide face growing demand, increased acuity, and staff burnout, underscoring the need for aligned service models and sustainable resourcing (Kimberley, et al., 2024), as well as sustainable institutional policies and early-intervention approaches (Fang, et al., 2025). Services should address multidimensional wellbeing needs informed by positive psychology frameworks (Li 2025). UNESCO's 2024 "Supporting the mental health and well-being of higher education students" brief also stresses the need for free, diverse modalities of care, culturally competent staff, and mental health literacy across campus (UNESCO 2024). The Centre for Collegiate Mental Health recognises the clinical load index as a measure of services ability to meet demand as opposed to waiting times, lists and ratios. An example of international Standards for University and College Counseling Services is available from the International Accreditation of Counselling Services. Tools such as the Self-harm: Assessment, Management and Preventing Recurrence (NICE, 2022) advocates a compassionate, person-centred approach to supporting children, young people, and adults who self-harm. The guideline emphasises comprehensive psychosocial assessment, collaborative safety planning, timely follow-up, continuity of care, and interventions that promote recovery and reduce recurrence, while recognising that risk assessment tools should not be used in isolation to predict future self-harm or suicide.



Focus on Suicide prevention, intervention and postvention

HEIs should implement comprehensive, evidence-based critical incident protocols to respond effectively to student mental health crises. These protocols should align with national and international frameworks, including Ireland's National Suicide and Self Harm Reduction Strategy: Connecting for Life 2026-2035, ensuring coordinated prevention, intervention, and postvention across all levels of the institutions need to respond promptly and effectively to critical incidents, minimise harm and support recovery within the campus community and reduce the risk of further mental health crises, including suicide contagion.

Suicide remains a leading cause of death among young people globally, highlighting the need for coordinated institutional responses (World Health Organization, 2025). In Ireland suicide continues to represent a significant cause of mortality, particularly among younger populations. Self-harm is also a major public health concern among young people. In 2024, the NSRF reported peak rates among younger people under 25 years (Joyce, et al., 2025). They also reported a consistent pattern in 2024 for females aged 15–19 years (652 per 100,000). For males, the highest rate was among 25–29-year-olds (373 per 100,000), compared with 20–24-year-olds in the previous two years (around 400 per 100,000). It is important to acknowledge that self-harm is not limited to young people or a passing phase (Samaritans 2025).

Institutions must strengthen policies, staff training, and communication systems to improve both prevention and response to student suicide:

- Develop and maintain a formal Critical Incident Response Plan (CIRP)
 - Ensure clear governance, leadership, and accountability structures
 - Communicate protocols to staff, students, and student representatives
 - Provide regular training in mental health crisis response
- Institutions should implement a tiered model of response to ensure proportional and effective action. This structure supports effective mobilisation of resources and coordination across services.

Suicide Postvention refers to planned responses implemented after a suspected or confirmed suicide, designed to support affected individuals and prevent further harm. Evidence shows that postvention is a critical component of suicide prevention, requiring advance planning, communication, and coordinated mental health supports (Abramson, 2025). HEIs should:

- Establish a postvention plan within the CIRP
- Identify and support individuals affected by proximity (social, psychological, or geographical)
- Provide timely access to counselling and psychological first aid
- Ensure sensitive, accurate, and non-sensational communication

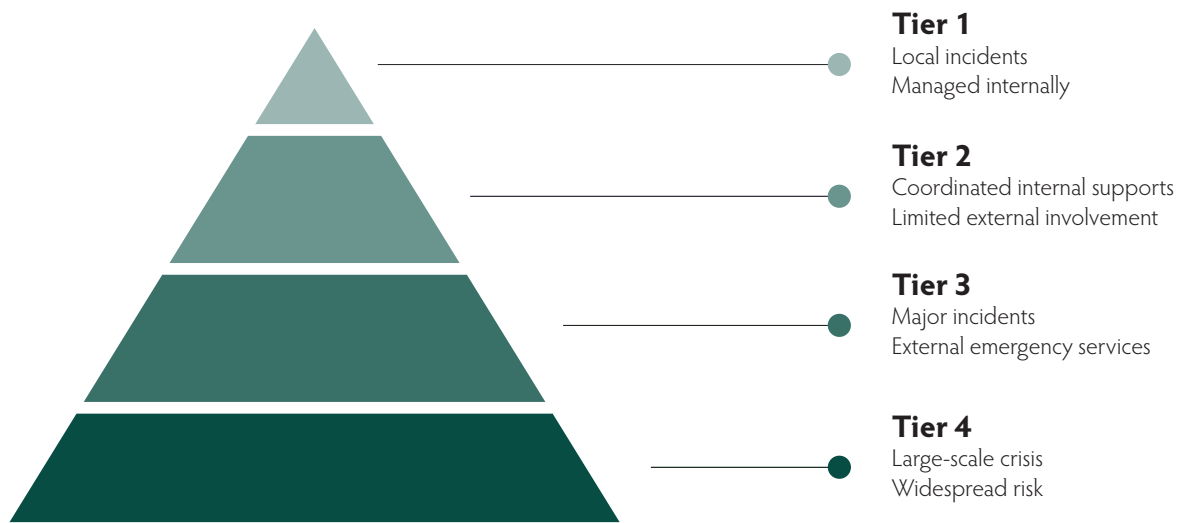


Figure 4: Tiered Response Framework based on Fox, et al., (2020) and Mitchel (2006)

Restricting access to means of suicide is one of the most effective population-level prevention strategies (Hawton et al., 2024). Recent higher education guidance (AMOSSHE, 2024) reinforces that reducing access to lethal means must be integrated into institutional policy and estate management practices. Therefore, HEIs should regularly audit the campus environment with a view to restricting access to lethal means:

- Conduct environmental risk assessments of campus infrastructure
- Limit access to high-risk locations (e.g., rooftops, bridges) and substances
- Implement safety measures such as barriers, controlled access, and safe storage

Each institution must establish a multidisciplinary Critical Incident Response Team (CIRT), that includes senior leadership and designated incident lead; student support and counselling services; student union and student representatives; communications and media representatives; and security and operational staff.

A Death Response Protocol (DRP) should be developed and implemented that supports bereaved families, peers, and staff; ensures culturally sensitive and compassionate engagement; defines notification and communication procedures; and adheres to safe media reporting standards. Poor handling of communication can increase distress and risk of contagion; therefore, trained personnel must manage all external communications. HEIs should avoid memorial practices that may unintentionally glamorise suicide. Structured, time-limited opportunities should be provided for collective grieving. As well as recognition and support for students providing peer support, including training in bereavement awareness.

Ongoing reflection and learning are essential to improving institutional responses and strengthening prevention strategies (Universities UK, 2025). HEIs must monitor, review, and strive for continuous improvement. This can be achieved through serious incident reviews following, regular update of policies in line with emerging evidence, engage key stakeholders in policy development that is aligned with national and international frameworks.

Students

Students and student organisations should become active partners and co-creators of a campus culture that nurtures mental health and wellbeing. Belonging and social support are central to student wellbeing. Students' sense of belonging, being accepted, valued, and connected within their educational environment is strongly associated with improved wellbeing, social interaction and supportive relationships as well as a key determinant of student success (Dooley, et al., 2026; Roper, 2026; Crawford, 2019).

Action 3.6 Student support services will implement structured co-production mechanisms to engage students in designing and evaluating services, ensuring responsiveness to diverse needs and lived experiences.		
Stakeholder: Students		New Action
NSMHSPF: LEAD		Healthy Campus: All Pillars
Monitoring/Evaluation		Evidence
Are students actively involved in co-creating and shaping services to ensure they are responsive, inclusive, and aligned with diverse lived experiences and wellbeing needs? YES/NO		Provide evidence of students as partners, co-creators and collaborators in shaping services processes? (Provide links if available)
■ 3Set How Counselling & Peer-led Services Can Optimise Student Success 🇮🇪 (p43-47 Meet Needs Effectively) ■ Student Voices in development of a whole university approach to mental health wellbeing Student Minds ■ Student Minds Co-producing mental health initiatives with student volunteers ■ Co-creating mental health initiatives with students: Final Report to the Office for Students (2022) ■ Trust Me, I'm a Student: Exploring Co-Production (podcast) ■ VOX Making Co-production Work: People with lived experience need co-production to be authentic & effective ■ The Influence and Participation Toolkit – Mind ■ AdvanceHE Student Needs Framework		

Belonging and connection with an educational environment are particularly important given persistent barriers to help-seeking, including stigma, low mental health literacy, lack of trust, and structural inequalities affecting vulnerable groups (Bulluss 2025; Higgins, et al, 2021; Quirke, et al., 2022; Bignall, et al., 2019). Co-creation initiatives in UK universities show that involving students directly in the design of mental health services leads to more accessible, flexible, and relevant supports, improving engagement and better addressing the needs of vulnerable groups (Gordon et al., 2025). This is evident in the mobile and online tools discussed below and supported by a 2026 report on the Text About It service- 50808 revealed that between June 2020 and June 2025, 135 conversations took place daily (about one every 11 minutes), with peak demand during the late evening and night between 8pm and 2am, indicating young people are significantly more likely to seek support outside of standard service hours.

Students' willingness to discuss wellbeing is shaped by the campus culture and are more likely to seek support when they feel: safe from stigma, confident they will be treated with respect and understanding, and assured that support services are trustworthy. Consistent with Ward et al. (2022), evidence suggests that many Irish students experiencing mental health difficulties do not disclose their needs to their institution, limiting access to timely support and accommodations. The USA Healthy Minds Study (2023–24) similarly reports widespread stress, anxiety and low wellbeing among students, coupled with under-utilisation of available supports especially among marginalised groups. Students who disclose mental-health or wellbeing needs to disability or student-support services tend to receive better continuity of care, earlier accommodations, and more stable academic outcomes. The latest Healthy Minds research shows that a considerable proportion of students experiencing wellbeing difficulties still choose not to disclose them mirroring earlier UK findings that nearly half of students with mental-health conditions do not inform their institution.

Focus on Mobile and online mental health screening

Mobile and online mental-health screening tools often referred to as m-Health or digital mental-health technologies are becoming increasingly central to early identification, self-assessment, and referral pathways for students. m-Health tools are also useful in reaching hard-to-access groups this aligns with current evidence showing multimodal delivery is essential for accessibility and equity (UNESCO, 2024). In the Irish context, TogetherAll offers a range of online clinical mental health self-assessments and provides useful links to relevant resources associated with each assessment. In addition, Text about it 50808 is a free, 24/7 mental health support service that offers immediate, confidential text-based support from trained volunteers to help manage overwhelming feelings, work through problems, and stay safe during a crisis

M-Health tools include apps, web-based assessments, and wearable-sensor linked platforms. A 2025 literature review (Quiram et al., 2025) on remote mental-health screening technologies found that smartphones, wearable devices, and online surveys are increasingly used for real-time assessment of depression, anxiety, stress and risk behaviours. However, it also identifies barriers such as technology access, user engagement, privacy, and integration into clinical pathways.

A study by Tucker et al. (2023), which evaluated an online, anonymous mental-health self-screening tool for graduate students (measuring burnout, depression, anxiety, PTSD, alcohol use, and stress), demonstrated high uptake and identified widespread unmet needs. Over 60% met thresholds for burnout or stress, and more than 30% screened positive for depression. Students also expressed the need for tailored follow-up digital resources based on their screening results.

A 2026 study (Garcia-Ceja et al., 2026) introduced a multimodal dataset combining daily mobile self-reports with wearable sensor data (heart rate variability, sleep, activity, stress biomarkers). This data model demonstrated the feasibility of continuous digital monitoring for stress and anxiety among university students, improving early detection and enabling personalised interventions.

A rapid review of mobile mental-health apps for college students (Choudhury et al., 2023) found that m-Health interventions can significantly improve depression, anxiety, and stress, especially when based on CBT, ACT, or guided meditation and used consistently for 4–8 weeks. However, challenges include digital divide issues, gender differences in engagement, and limited uptake among harder-to-reach groups, echoing earlier concerns raised by JED. It is crucial that digital interventions incorporate students' perspective in their design, implementation, and evaluation, helping improve uptake, enhancing the level and quality of engagement (Bannigan et al., 2024).

JED's ULifeline continues to serve as an important anonymous screening tool, helping students self-evaluate for depression or suicide risk and directing them to institutional supports. Earlier findings noted stronger engagement among women, with marginalised or less help-seeking groups requiring complementary outreach approaches. This aligns with more recent (United Health Care, 2025) data showing persistent disparities in students' help-seeking behaviours, particularly among groups facing stigma or lack of knowledge about available supports.

The Centre for Collegiate Mental Health developed CCAPS-Screen, an online mental health screening tool for college students. It is used to assess common psychological problems experienced by students such as depression, generalized anxiety, social anxiety, academic distress, eating concerns, frustration, family distress, alcohol use, based on data from 488,190 students being treated for mental health disorders at college counselling centres in the US between 2022-2024. Several US colleges have deployed CCAPS-Screen in the context of their own mental health support ecosystem, offering free mental health screening to all of their students.

Community Partners

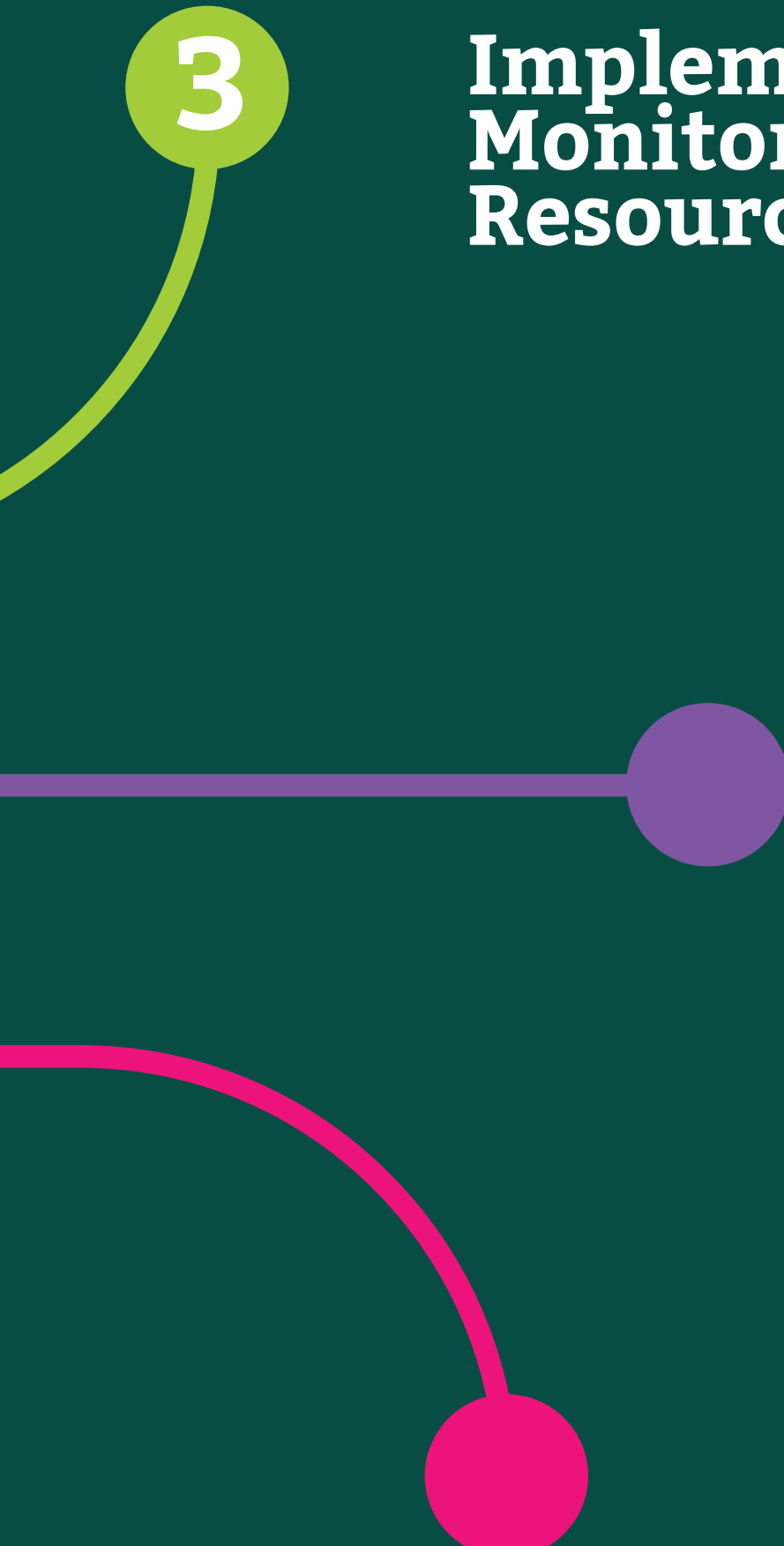
Community partnerships complement institutional supports and help create comprehensive, collaborative approaches to promoting student wellbeing. Supporting student mental health requires strong collaboration between HEIs and local and national mental health services, ensuring clear referral pathways and integrated care (DoH, 2020).

Action 3.7 HEIs will establish partnerships with health services, community organisations, employers, and providers to support students' academic, social, and personal needs.

Stakeholder: Community Partners		Revised Action
NSMHSPF: COLLABORATE		Healthy Campus: Pillar 1: Leadership, Strategy, Governance & Pillar 2 Campus Environment
Monitoring/Evaluation Are partnerships established with local health services, community organisations, employers, and specialist providers to nurture students' academic, social, and personal wellbeing? YES/NO		Evidence Provide evidence of established partnerships with local health services, community organisations, employers, and specialist providers that nurtures students' academic, social, and personal wellbeing
■ USI Health Promotion Strategy (2021-2024)  (p. 5-6 USI Sexual Health / Collaborations and Partnerships; p. 10-11 USI Smoking Cessation / Collaborations and Partnerships; p. 13 USI Physical Health / Collaborations and Partnerships; p. 17-18 USI Mental Health / Collaborations and Partnerships; p. 28 USI Alcohol Harm Reduction / Collaborations and Partnerships; p. 33-34 USI Drug Harm Reduction / Collaborations and Partnerships) ■ TogetherAll  ■ Spunout  ■ Please Talk  ■ SPEQS Supporting Partnerships Between Higher Education and NHS Mental Health Services: A practical toolkit for service managers and practitioners striving to develop partnerships to respond to diverse student mental health needs ■ Minding Our Future: Starting a Conversation About the Support of Student Mental Health ■ CICMH Campus-Community Partnerships ■ The University Mental Health Charter (p. 37-39 External partnerships & pathways) ■ JED Transition of Care Guide		

In 2018 in the UK, the [Minding our Future](#) framework was developed to highlight the gaps and improve the pathways between universities and the NHS. These kinds of partnerships are crucial in order to ensure consistent support for students between term-time and time spent away from campus, as well as consistent, timely and accurate information sharing between external and on-campus support services. Building on evidence from this framework, the Stepchange: Mentally Healthy Universities initiative in the UK outlines the following principles to improve relationships with community partners:

- Create and maintain strategic agreements/relationships with local/national health services to carry out joint needs assessments, integrated services, and improve information sharing.
- Include university populations in local/national healthcare system needs assessments.
- Collaborate with students and staff to co-create and deliver local services.
- Create and maintain positive working relationships between HEI support services and different sections of the healthcare system (e.g. primary/secondary care, emergency care, specialised care etc.)

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3

Implementation, Monitoring, and Resources

3.1 Implementation, Monitoring, and Resources

Why- Importance of Evaluation: Data Collection and Continuous Improvement

Effective student mental health strategies in HEIs depend on robust systems of data collection, monitoring, and evaluation, which enable evidence-based decision-making and continuous improvement. Central to this is a clear theory of change, which articulates how institutional inputs (e.g. resources, policies, programmes) lead to outputs (services delivered), outcomes (improved student wellbeing, engagement, and retention), and ultimately long-term impact (a healthier, more resilient student population). A theory of change provides a structured framework (see figure 4) for linking activity to measurable outcomes, ensuring that evaluation is purposeful, outcomes-focused, and embedded across the whole

Table 3: Theory of Change Template based on TASO (2025)

Situation	What is the current context or situation? What problem is the programme trying to address or resolve?				
Aims	What goal or objective is the programme trying to achieve? What is your solution to the problem? This should be linked to the overarching strategy.				
Inputs	Activities	Outputs	Outcomes	Impact	
Process			Impact		
What are the human, financial and organisational resources required to achieve your desired outcomes? e.g.	→ Outline the interventions you believe (supported by your rationale and assumptions) will bring about your desired change. Activities mobilise your inputs to produce outputs. e.g.	→ What are the results/ deliverables of the activity relevant to the achievement of your outcomes?	→ Short and intermediate-term outcomes which must be in place for your interventions to work & for your long-term goals to be achieved.	→ What is the long-term goal which relates to the 'problem'? What will result from the removal of the problem?	
Rationale & Assumptions	What are your assumptions? Your assumptions explain the contextual underpinnings of the ToC. Assumptions are conditions necessary for the success of the intervention. Your rationale explains why one outcomes is needed to achieve another. Assumptions and rationales (often supported by research) strengthen the plausibility of the theory and the likelihood that its stated goals can be achieve.				

HEIs must develop comprehensive data systems to track key indicators such as student demographics, presenting mental health issues, therapeutic processes, and outcomes. Systematic data monitoring is recognised internationally as essential for improving policy, identifying service gaps, and strengthening evidence-based practice (UNESCO, 2021).

A critical starting point is the baseline needs assessment, which allows institutions to understand the mental health profile of their student population and evaluate existing services and practices. The analysis of both institutional and national datasets such as counselling usage data, clinical load index, student surveys, and wellbeing measures can provide valuable insights into risk and protective factors. Surveys such as the Irish Survey of Student Engagement, Studentsurvey.ie, and the My World studies offer important evidence for planning and service development (Dooley et al., 2019; Higher Education Authority, 2022).

Ongoing monitoring and auditing are equally important. Annual reviews of mental health strategies and interventions allow HEIs to assess their effectiveness, identify emerging trends, and respond proactively. As highlighted by Stepchange (2020), “data drives an integrated, organisation-wide approach to improvement,” reinforcing the need for regular evaluation cycles. These processes should incorporate a wide range of indicators, including student satisfaction, retention rates, counselling outcomes, wellbeing measures, and broader safety indicators (Universities UK, 2020). Continuous data collection enables institutions to move beyond reactive responses toward proactive, preventative approaches to mental health and wellbeing.

Large-scale initiatives such as the Healthy Minds Study (2024) demonstrate the value of comprehensive data in informing institutional planning, identifying priority areas, and guiding resource allocation (Eisenberg et al., 2025). At a national level, the HEA has funded the development of an Irish dataset for counselling services, which represents a significant step toward sector-wide benchmarking and improvement, enabling HEIs to compare outcomes, share best practices, and strengthen overall service provision (HEA, 2025). The Limerick Framework also states the importance of measurable, accountable actions:



“Progress indicates that work on the actions within this Framework have advanced, and the actor undertaking the action is closer to realising the outlined vision than they were at the outset. To drive whole-campus transformation, actions should be measurable, adaptive, and accountable. Measuring progress can take many forms. HPCs are encouraged to define and assess impact in ways that reflect their unique cultural, structural, and contextual realities, recognising that there is no single way to measure impact. When evaluating progress using original research, it is important to consider not only the outcomes but also the journey of inquiry. Continuous qualitative and quantitative data-driven evaluation across the process and outcome domains is an important part of measuring progress on key outcomes.”

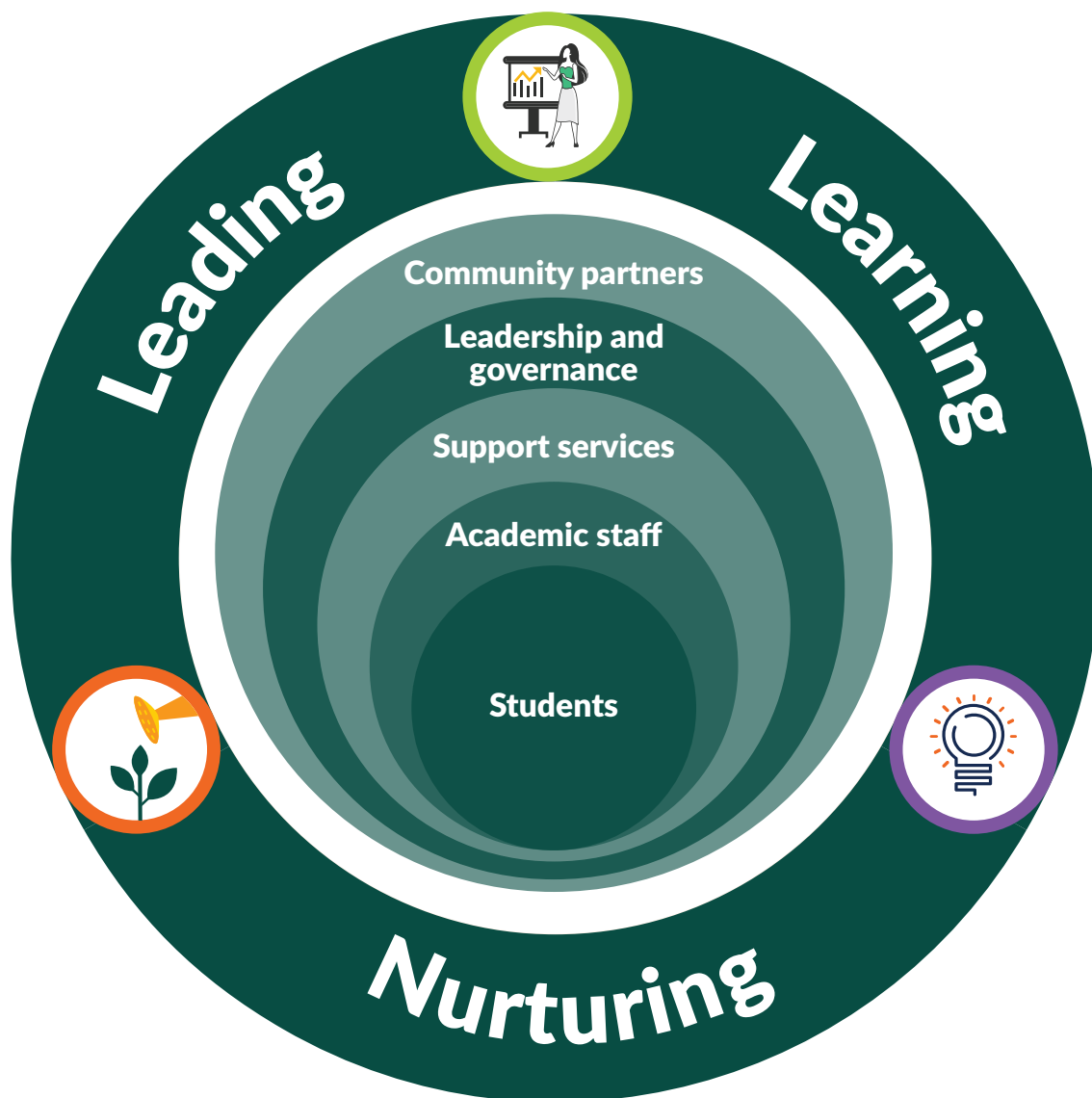
Who & When

A designated senior management representative should lead and be accountable for annual reporting on institutional progress, supported by the campus mental health and wellbeing committee, which includes representation from leadership, academic staff, student services staff, students, and community partners.

What

The themes discussed in the above sections have specific actions for each campus stakeholder group, indicated by the action boxes. The actions are each linked to corresponding monitoring evaluation and implementation resources (which were included above for ease of reading). The associated resources contain some iterative, empirically-based examples of stakeholder implementation. This approach allows flexibility and adaptability in our rapidly changing world and is not based solely on targets but meets HEIs where they are currently at. The monitoring and evaluation tools and analysis of both institutional and national datasets on student wellbeing can provide valuable insights into future areas of focus, improvement and success.

Whole Campus Wellbeing Framework



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Notes

Notes

Notes

The logo for the Higher Education Authority (HEA) consists of the letters 'HEA' in a bold, white, sans-serif font. To the right of the letters is a vertical white line of the same height as the letters.

An tÚdarás um Ard-Oideachas
The Higher Education Authority

Higher Education Authority
3 Shelbourne Buildings
Crampton Avenue
Shelbourne Road
Ballsbridge
D04 C2Y6

Contact

Phone: +353 1 231 7100
Lo-Call Number: 1890 200 637
Fax: +353 1 231 7172
Email: info@hea.ie
www.hea.ie
X @hea_irl