

Towards an understanding of student stress and mental health in the studio classroom: A lecturer's changing role in a modern society.

¹Tara Winters and ²Barbara Snook

¹Elam School of Fine Arts, The University of Auckland, Auckland, Aotearoa New Zealand

²Dance Studies, The University of Auckland, Auckland, Aotearoa New Zealand

ABSTRACT

Recent discussions as creative arts academics have brought about a realisation that our roles have changed when it comes to supporting students in our courses. It appears that student stress and mental illness is becoming more the norm than the exception. When we questioned our expertise to research students' mental health issues, we concluded that it was the responsibility of all of us who teach, and determined our need to communicate the issues. Our respective areas of study at the University of Auckland's Creative Arts and Industries, are Fine Arts and Dance. This article focuses on how we recognise students who are struggling and what we do in our respective departments to assist students. Research that examines the escalating problem of stress and mental health amongst students is discussed alongside our study.

KEYWORDS

creative arts education; student mental health and wellbeing; studio pedagogy.

INTRODUCTION

This investigation aims to open-up a much-needed exchange amongst creative arts professionals working at the coal face of teaching a generation of university students who, according to the American Psychological Association (2018) experience more stress and are less able to manage it than any other generation. Daniel and Johnstone (2017) propose that higher education providers should revisit their curricula to place a greater emphasis on the mental strength that graduates will require as they transition towards a career in the creative industries. Mental health is one of the world's largest health problems. In Aotearoa New Zealand, youth suicide rates are some of the worst in the OECD (OECD, 2017). According to a Health and Health Research report in New Zealand (2018) mental illness is one of the major causes of health loss in Aotearoa New Zealand, with one in five people experiencing mental illness each year. The report states that young people (aged 15-24 years) and young adults (aged 25-44 years) are "particularly affected" (35) and that there are inequalities in mental health outcomes between different genders, generations, ethnic and socioeconomic groups. Māori adults "twice as likely as non- Māori to report a high or very high probability of having an anxiety or depressive disorder. The overall burden of mental health problems for Pacific

people is double that of the overall population” (HHRNZ, 2018, 34).

This research study is part of a longer-term commitment to more inclusive teaching practices that specifically address the mental health and wellbeing of students in studio classrooms. As teaching staff, we have experienced first-hand the increasing numbers of students who experience mental health challenges and have seen how this affects their learning. We have also observed some thoughtful initiatives from staff in response to this pedagogical challenge. We are mindful of the particular demands of a creative arts learning environment and have sought in our research to be cognisant of the anxiety associated with some of its core teaching practices. As concerned academics, we are attempting to raise a discussion, to share some thinking, and to continue to develop strategies that may facilitate student health and wellbeing in creative arts subjects.

We use the global term ‘wellbeing’ to refer to the mental health and wellness of students in a general sense as well as employing other terms that are more specifically linked to the context of particular discussions that follow. The majority of the student populations across both departments are school leavers aged between 18 and 25.

THE CONTEXT

It doesn’t take much to scratch the surface and uncover some serious problems in our studio classes. It seems to us that the majority of our students are dealing with more than just the pressures of university study. Depression and anxiety amongst young people seem to have reached epidemic proportions. Hidaka (2013) states:

The growing burden of chronic diseases, which arise from an evolutionary mismatch between past human environments and modern-day living, may be central to rising rates of depression. Modern populations are increasingly overfed, malnourished, sedentary, sunlight-deficient, sleep-deprived, and socially-isolated. These changes in lifestyle each contribute to poor physical health and affect the incidence and treatment of depression. (p. 1)

We wouldn’t argue with that but dance students are generally not socially isolated. The nature of dance results in year groups becoming tight supportive units. Our dance students are certainly not sedentary and many of them are quite careful about healthy eating. So what is going on? Students have historically been sleep-deprived, sunlight-deficient and malnourished. Why is the incidence of depression and anxiety rising so rapidly?

Our students are in some ways advantaged because they engage in artistic expression, but what they do need is specific information regarding the development of resilience. This is an area that warrants further investigation. Tertiary educators and their students require practical advice that will assist in dealing with mental health issues. Current research on resilience in education emphasises the importance of lecturers being important in creating a supportive community (Farquhar, Kamei and Vidarthi, 2017; Holdsworth, Turner and Scott-Young, 2018). We believe that the nature of our small populations within our respective arts faculties are already providing nurturing communities.

More and more students are transitioning genders and this is happening at an earlier age. The adolescent developmental period is difficult enough without the added pressures that accompany a gender transition. This difficult journey must push students beyond their limits at times. Hannigan, Grima-Farrell and Wardman (2019) discuss creative arts therapy and cite Addison (2003) who makes a point that “Artwork created by a transgendered client may make

sense only through understanding transgenderism” (p.776). Our teaching in dance and fine arts, while sometimes therapeutic, is not geared toward therapy, and not all teaching staff would be expected to have a thorough understanding of transgenderism. Many students travel from other countries to pursue their studies and their feelings of isolation could be amplified. Being faced with a new set of basic values and beliefs, international students are “continually challenged to accommodate themselves to a variety of cultural differences” (Mori, 2000, p. 137). Ross, Cleland and Macleod (2006) examined the relationship between student debt, mental health and academic performance. They stated:

Students who worried about money had higher debts and performed less well than their peers in degree examinations. Some of these students were also highlighted as having mental health problems. This implies that a proportion of students may be under-performing and suffering adverse mental health because of debt. (p. 11)

The percentage of young people experiencing certain types of mental health disorders has risen significantly over the past decade according to research published by the American Psychological Association (2019). One study suggests this shift may be due in part to rise of digital media (Twenge et al., 2019). While digital media may assist in communication, for some young people it may also be used as an avoidance of emotional experiences. Hoge, Bickham & Cantor (2017) state:

Emotional regulation is an important skill that is developed in childhood and adolescence because individuals learn to handle and cope with strong emotions by experiencing them and developing internal regulatory processes. Psychological theory has widely acknowledged that emotional regulation is an essential component of mental health. (p. 77)

This research is interesting in that it addresses a more recent societal development affecting students. The other stressors discussed here have been around for some time and do not appear to account for the more recent substantial increase in student mental health issues.

While these factors provide some possible explanations, the reasons why mental health issues are spiraling out of control is a complex problem that is beyond the scope of this paper. What we share here are the results of a localised research study which aims to open a dialogue, and offers the candid experiences of staff on the ground in a creative arts faculty working to create a supportive environment responsive to the mental wellbeing needs of our students.

METHODOLOGY

This qualitative research employs a constructivist methodology to uncover the participants’ reality of dealing with student issues of stress and mental illness. Mills, Bonner & Francis (2006) state that:

To ensure a strong research design, researchers must choose a research paradigm that is congruent with their beliefs about the nature of reality. Consciously subjecting such beliefs to an ontological interrogation in the first instance will illuminate the epistemological and methodological possibilities that are available. (p. 26)

A constructivist methodology supports our ontological focus in dealing with the changes in student behaviour regarding stress and mental illness. We have collected data from research participants and established different categories so that we may better understand specific findings. Pouliot (2007) claims that the “social construction of knowledge” is an epistemological claim and that, “reality is constructed” as an ontological claim (p. 364). We have adopted both the epistemological and ontological styles of reasoning in our research.

Our research examines change in this current project and a constructivist methodology allows a clear platform from which to observe the process of change. Fox (2001) lists constructivist views as follows:

- (1) Knowledge is an active process
- (2) Knowledge is constructed rather than innate or passively absorbed
- (3) Knowledge is invented, not discovered
- (4) All knowledge is personal and idiosyncratic
- (5) All knowledge is socially constructed
- (6) Learning is essentially a process of making sense of the world
- (7) Effective learning requires meaningful, open-ended, challenging problems for the learner to solve. (p. 24)

We acknowledge the personal and idiosyncratic nature of our research, it is an active social construction, and we are very aware of the nature of the challenging problems we are addressing.

Ten teaching academics from across the two departments of Fine Arts and Dance at the University of Auckland’s Creative Arts and Industries were interviewed. A semi-structured format was used to ask a series of open-ended questions about their experience with student mental health and well-being in the studio classroom, allowing for discussion to develop and for follow up questions to be asked to gain a more in-depth understanding of responses.

All interviews were audio recorded and transcribed in order to analyse emerging themes arising from the lecturers’ narratives (Clandinin Pushor and Orr, 2007). The multiple lenses provided a detailed examination of personal experiences that had formed individual understandings and resultant strategies to support students. While some common themes emerged, it was evident that individual personalities had developed personal and unique practices.

This study was approved by The University of Auckland Human Participants Ethics Committee (#022515) on 04 April 2019 until 04 April 2022. All participants provided written informed consent. In accepting that all knowledge is invented and not discovered, we were aware of the need to value the importance of a deep analysis of the data presented.

CREATIVE EDUCATION

The stresses that come with learning in a particular discipline specific environment can be described as academic anxiety or ‘academic shock’ (Sovic, 2008) and can refer to the distinctive system of teaching and learning in that subject area. Grant (2010) reports that “while all students face stress, mental-health professionals say art students face particular, and particularly intense kinds of stress that their peers in many other scholastic situations don’t” (p. 1). Presentation and performance, long class contact hours, personal transformation and artistic development bring stresses not always common in other areas of study. Dance students working on group choreography may be required to work after-hours or during

weekends in intense situations. The public critique, colloquially known as ‘the crit’, common in fine art, design, and architecture is a creative arts education staple that both students and staff find challenging. The name alone can cause panic. Students are expected to present and perform in these often “emotionally charged face-to-face meetings where verbal criticism, both negative and positive, takes place in front of an audience” (Day, 2013, p. 1). Few other subjects are based so heavily on self-examination and personal exposure, and as Day (2013) notes: “This psychodynamic of being looked at and observed whilst being critiqued - praised or criticised - is quite dramatic” (p. 9).

In a study that explored how stress is experienced by international students in the creative arts at the University of the Arts, London, (Sovic, 2008) reported that many of the most common causes of stress among international students are also experienced by home students, noting that “Group work, presentations and the crit are singled out in particular by the bench-mark group of UK students interviewed” (p. 149).

Of course, many of the experiences that students encounter as part of their creative arts education can also positively impact mental health and wellbeing. The experiential manner in which the creative arts engage in major themes of meaning-making, value, identity and self-actualisation can offer unique support for emotional growth and mental well-being. Creative arts processes can bridge inner and outer worlds, grounding personal insight in concrete forms through visual arts, music, drama and dance. Meaning-making can be a cathartic experience. The construction of ‘comprehension’ from an individual’s experience into concrete form can be a route for making sense of the world. Morgan (2002) explains:

Creative processes require experiential approaches and it is this that allows an expanding exploration of self. When applied to mental health promotion the deepening will occur in relation to a growing understanding of Haurora [*Māori philosophy of health and wellbeing*]. Their universality as exhibited by their language of symbols is what enables them to bridge social, racial and economic barriers. (p. 5)

While creative education can support mental health and well-being in positive ways, what we seek to address in this research is a focus on the mental well-being of students concerning the situations they find challenging and stressful in our teaching context; those experiences that cause them ‘academic shock’ (Sovic, 2008). We also acknowledge the responsibility of our creative arts faculty in addressing the rising situation of declining mental health in our society as part of their pedagogical work.

OUR PERSONAL APPROACHES TO ACKNOWLEDGING STUDENTS’ NEEDS

In fine arts and dance studio classrooms, we are involved in a good deal of group work. Helping to make people feel welcome, safe and connected as a community, even when we know each other well, is a way of creating well-being. At the beginning of critique sessions in Fine Arts with a situation of high anxiety, time is spent ‘checking-in’. Similar to the idea of a check-in board that a school teacher might use to let students express how they are feeling, Tara offers students the opportunity to indicate how prepared they are feeling on that day to receive critical feedback. Without disclosing any detail, this allows the whole group to be aware of how others are feeling at that particular time. We can then use this information to be mindful of what kind of feedback is appropriate, and how we articulate that feedback.

Simply being on the lookout for those students who might need to be asked ‘are you ok?’ can also make a difference. It could be the first time someone has been asked that in a while.

Students can be quite isolated in their life outside of university for all kinds of reasons, and may simply not have had the opportunity to share their feelings, or even to recognise that they are feeling stressed or are unwell. In one recent case, asking this simple question led to a situation where a staff member was able to help a student discover a significant medical issue they had previously been unaware of.

In Dance Studies, Barbara conducts meditation sessions with students. Reflections are always an important part of these sessions and it is easy to recognise the central part that meditation sessions play in bonding, sharing, and the development of confidence. She also incorporates an activity called a Love Wash. Students take feelings of self-worth with them as they leave the room. Everyone sits in a circle, and one person is chosen to have the first turn. That person may not speak. One at a time, each person in the circle tells the person having the turn what they like about them. Nobody else can chip in. The power of listening and being listened to is so great that the tributes become very powerful and students share their emotions. A great deal of group bonding takes place.

Barbara also looks for signs that someone might be struggling and makes time to speak with them following the lesson. She makes herself available to speak with students, listening and supporting them wherever possible. Where necessary she will guide them to health professionals. In a recent interaction with a student suffering from extreme stress, many hours were spent with the student face to face. Phone calls were made, emails sent, extensions given, and the student was assisted in accessing the University counselling service. The counselling service was unfortunately unsatisfactory for the student as there was a waiting time involved and then when she returned for a second appointment, she was given to a different counsellor and she felt she needed to start again, when she was feeling too fragile to go back to the beginning. This student ended up withdrawing from the programme, which in her case seemed to be the right decision for her at that time. Barbara felt that she and other members of staff had done all they could to support the student, who was ultimately able to make her own decision knowing the amount of support that was available to her from all staff and students in the department.

FINDINGS

When interviewing staff from dance studies, people commented on how mental wellbeing had become a bigger and bigger issue over the time they had been teaching. All participants pointed to the importance of being available to students especially outside of teaching time as a way of supporting mental wellbeing. One participant stated:

Setting up a vibe right from the start about communication and that I'm really into that – just come and talk to me, just come and have a chat, and then I know what's going on and we can sort something out together.

Lecturers noted that for Māori students, *kanohi ki te kanohi* (meeting face to face) and *whānau-centred* (family-centered) responses, was particularly important, as these are a fundamental part of *tikanga Māori* (values). One lecturer explained that:

culturally for a lot of Māori and Pacifica students having that personal contact is crucial, and this is my own experience too; it's fundamental that we get these personal relationships.

Staff commented on the challenges of trying to help students while not being qualified health professionals themselves. Many of the people interviewed recounted specific situations

involving students in situations of mental distress that they had found extremely challenging. One lecturer noted:

it's part of that kind of haziness, because obviously, we are not all qualified to deal with any of that, yet we are managing a lot of it by being there at the time, so that's really hard.

Many of the participants noted how important it was to provide students with information about support services such as counselling, with one lecturer commenting that it was also important to "actually talk to them about these services, to say that it's not this 'special thing', it's a thing that everyone goes to... once they realise that going to counselling is 'just normal' then it's fine." One person pointed out extreme frustration with accessing university counselling services saying:

they make it practically impossible to access the services and its extraordinarily frustrating, so is actually of no use, currently, unless you are extremely patient. If you're wanting to commit suicide, or to self-harm or to cry, you're not going to wait three days for that counselling appointment.

Many of the lecturers interviewed said they didn't have specific tasks or tick-boxes in terms of supporting mental well-being while in the classroom. Support for mental wellbeing in this context was explained as being more implicit, through mannerisms and leading by example, using respectful language, eye contact, tone of voice and body language. In relation to this one lecturer noted:

All the little things, concrete and not so concrete, set the tone for wellness and acceptance, like how you set up the classroom in a circle or in straight lines, how the qualities of safety and wellbeing are expressed and articulated in your eyes, in your touch and in your laughter.

The use of humour came up often. Getting students laughing was described as a great way to get them to 'let go' at the beginning of a class and to create a safe space for different kinds of behaviours.

Mindfulness and meditation were raised by most participants. Ten minutes of mindfulness at the beginning of a class was noted as an explicit strategy for mental wellbeing in the classroom that had received very positive feedback from students. Several people also commented that they "knew staff regularly used it" but had themselves moved away from it. One participant described mindfulness as "a bit of a corporate cliché that has been used to reinforce dominant modes of capitalism." Several other lecturers expressed similar views noting it as "a bit of a formula" and "a band-aid fix." Another lecturer talked about how they preferred not to engage in guided meditation sessions that sat "outside the form" but that person was still interested in the stress-relieving benefits of meditation. They use exercises that sit more within a dance practice but that tap into some of those benefits, for example, "five minutes to just drop into sensation and move in your own space, listening to your own body— a self-nourishing practice." Similarly, another participant who had moved away from mindfulness talked about the need for mindfulness to have deeper integration and stronger links to the class so that it doesn't seem like,

a random moment at the beginning or end of a class that is too easily compartmentalised... Threading more breathing and bodily scanning exercises

throughout the class as moments to ‘drop back into’ where we are at right now, connected to the work we are doing.

One participant talked about the importance of open discussions about grades with students and to practice non-violent forms of feedback as part of supporting wellbeing in academia. Assessments are stressful for students. One lecturer noted it was important for students’ mental wellbeing to sometimes question some of the things of the institution that are potentially colonising or maybe violent, and to disentangle grades from being valued as a person. Another lecturer noted that particular groups of students, including Māori, Pacifica and international students, were often disadvantaged by the cultural norms of a white, western academic system and this was a source of mental stress. Tight timeframes and deadlines, and not being able to give students the time they need to work through things were given as examples in this regard. The lecturer noted:

We have our kind of pakeha (European New Zealanders) institutional time that’s very finite, and we are paid to just do certain things, but our students in our fields usually need more time, and it needs the time it takes rather than the time that we are allotted... the more ‘pakeha’ the student usually the easier they cope in this system and the less pakeha the students are, the less they seem to cope in our system and that’s where I think the follow-up and support from us is so important.

When interviewing staff from Fine Arts, one participant stated: “I’ve always said, somewhat darkly, that if you can’t have mental health problems in contemporary society at art school, where can you have them?” He and other participants talked openly about what they deal with on an almost daily basis regarding the mental health of their students. In art it can be quite a solitary experience should you choose to make it so. Another participant stated: “I have students bursting into tears on an extremely regular basis. That’s at the lower end of a mental distress situation, then there’s another end which is psychosis.”

An academic described a particular case where a student had suffered a psychotic episode off-site and was making phone calls to her. She stated:

If I hadn’t have acted, nobody would have acted and the student was definitely talking about stuff that was dangerous without a doubt. In the end I felt really good about how I handled it, but, there was a huge conflict, particularly on that day, and we need to be very clear about that, for anyone who has been engaged with the mental health service, and a lot of our students will have been, we need to know how to get to the end of the chain because it took the whole day.

Another lecturer made a breakthrough with a student who had extreme psychological issues by taking the time to explain the student’s need to see a counsellor in a different manner than he had been doing. He had been imploring this student to seek professional help but realised that he needed to use a different approach. He turned to a different strategy that the student understood:

Well you know my role is to help you develop your art practice. I’m not qualified to be a counsellor, although I can support you and talk with some of these matters, sort of at a fairly non-expert level, absolutely non-expert level, and I can’t do what a counsellor can do and I really think that it would be a good idea if you go and see one. After that the student started to take a bit of responsibility for himself and realised that this term I wasn’t going to be the person to fix everything for him, that he needed to compartmentalise some of the complexities in his life.

JACE Vol 14, No 2 (2020): re-siting studio practices

DISCUSSION

Our research has not attempted to solve any problems. What we have contributed is a candid account of our own and our colleagues lived experience in support of continued dialogue and academic development. What was revealed through our interviews was the critical role teaching staff play in supporting and promoting a culture of wellbeing and inclusivity, and the changing role of the lecturer in modern society. The staff we interviewed signaled a steady increase in managing students suffering from mental distress in recent years and there also seems to be more disclosure from students upfront. These challenges ranged from ordinarily stressful situations to serious psychological crises.

Many of the approaches and pedagogies that staff referred to as supporting the mental health and well-being of students were simply examples of good teaching, including creating safe and inclusive physical and psychological learning environments. But some strategies discussed seemed to mark a more particular focus on pedagogies designed to foster mental well-being. These included specifically making conversations about wellbeing and mental health an everyday feature of studio class discussion; placing well-being at the centre of a creative practice pedagogy; a critical eye in regard to practising non-racist and non-violent teaching and learning approaches; practical responses to the particular learner dimensions of Māori and Pasifika students, and actively looking for and recognising the signs of mental stress in students, noting that recognising is not diagnosing. All participants were working closely alongside health professionals, particularly counsellors, to provide continued and individualised support.

Across our respective departments we also have in common a special commitment to our Māori students. The impacts of colonisation in Aotearoa (New Zealand) has “interrupted and disrupted the intergenerational transmission of Tikanga (protocols), reo (language) and Mātauranga Māori (Māori knowledge), impacting on whanau (extended family), hapu (sub-tribes) and iwi (tribes)” (Pihama et al., 2018, p. 249). These impacts are experienced in complex ways and effect the cultural, spiritual, emotional and physical wellbeing of people (Pihama et al., 2018). In our study, interviewees consistently emphasised the cultural and pastoral aspects of the studio-learning journey as significant and talked about targeted support they implemented for Māori and Pasifika students in their studio classrooms.

It was also apparent from our interviews that there is a need for more research and clearer guidelines on how staff should deal with situations arising from mental health problems. Staff observed that lecturers were often the first, and seemingly preferred option for students when seeking guidance for mental wellbeing issues, especially in studio courses where students often develop close relationships with their tutors/lecturers. Many staff also talked about responding with support for students by making academic accommodations such as deferring studio assignments, giving extensions and awarding aggregate grades. Students may be disadvantaged by their mental health problems, and measures such as these were part of providing fair and equitable opportunities for success to all students.

In acknowledging how the tertiary staff manages student mental health issues, and how each individual's support is different, what has been drawn from this study is that it comes down to professionals engaged in good teaching and in the pedagogical development necessary to work with the diverse student cohorts we meet. Perhaps we need to talk about the issues less and report more on the practical strategies in the hope of developing tools for staff to access when promoting student resilience and good health?

CONCLUSION

In a document titled *An Overview of Health Issues for Performing and Visual Arts Students* the USA Council for Arts Accrediting Associations notes that “Administrators and teachers in arts units cannot and must not attempt to serve as health professionals, but they can maintain a basic understanding of health maintenance issues sufficient to inform their work as teachers and mentors” (NASAD, 2009, p. 1). We are not psychologists; we are just trying to provide an environment where students can thrive. It seems entirely reasonable to expect that lecturers maintain a basic understanding of mental wellbeing as part of creating safe, inclusive learning communities. But what does this look like? How do we help students without overstepping the boundaries of our roles?

Canadian professor Di Placito-De Rango proposes a “re-conceptualized understanding of the postsecondary instructor – as one who not only creates, delivers, and/or facilitates academic curriculum, but who can also support the well-being of students” (2017, p. 284). It is made clear that this does not imply that teachers bear responsibility for providing therapeutic interventions but become a kind of “first-line responder” (p. 286). This requires training and upskilling, supported by our line-managers and by Universities at an organisational level. The New Zealand Government’s suicide prevention strategy 2019-2029 states that:

Supporting frontline staff and community members to undertake suicide prevention training and cultural safety training will help ensure the delivery of quality services. This training needs to be accessible and shared across communities and the health, social, education and justice systems – not just within mental health services. (p. 21)

In Aotearoa New Zealand various opportunities for this kind of training exist, including an increasing number of in-house workshops and professional development courses within Universities. Open-to-all suicide prevention training programmes provide evidence-formed training, described as clinically safe and culturally responsive ‘first-aid’ type community training. ‘Lifekeepers’ and ‘Mana Akiaki’ (Lifekeepers for Māori) are two such examples. The Ministry of Education offers a free professional learning programme in mental health and wellbeing for secondary and tertiary staff. The Mental Health Foundation of New Zealand (Mauri tū mauri ora) and St John New Zealand (a charitable organisation providing healthcare services to the New Zealand public) both offer mental health first aid training courses. In 2018 the New Zealand government announced that supporting students’ mental health will be a compulsory part of teacher training in Aotearoa New Zealand.

Support for student mental health and wellbeing is everyone’s responsibility. Reeves (2019) notes:

All staff across the institution have an important part to play in supporting student’s mental health. It can sometimes (wrongly) be assumed that it is only the specialist services who should be undertaking this work; however, the university duty of care to individual students around mental health is not confined to specialist staff only; rather, all staff have a duty of care to offer appropriate and reasonable support to students in the context of their particular role. (p. 190-191).

Teaching staff have always been an important part of student support in higher education. Continuing academic development must address the crucial role of academic staff concerning student mental health and wellbeing, in both their pastoral care and teaching responsibilities

(Caleb & Barden 2019). As lecturers and supervisors it is our job to make sure the students in our classes get the guidance and help that they need. Local training where information is contextualised to particular situations can be particularly effective. Tara recently participated in a workshop for PHD supervisors at The University of Auckland titled 'Supporting Student Mental Health and Well-being: A Supervisors Toolbox'. It was excellent. It answered her questions about when and how to check-in with students and provided some practical examples of what to say. The facilitator talked about knowing the warning signs and introduced the idea of collecting 'datapoints' on students so that you are able to notice a deterioration. The topic of attending to your own wellbeing when trying to help someone else was also addressed.

As Houghton (2019) noted: "If the wellbeing of all students is to be supported, it is important to consider it in relation to both the content of curricula and the process of teaching, learning and assessment activities" (p. 128). As the world becomes a more complex place to navigate our graduates need a multifarious set of skills, abilities and dispositions to take into that world, including skills in mental resilience. Next steps to consider are more formal curricula responses that integrate this learning within every discipline. Within the Dance Studies programme, a 'Safe Dance Practice' course is offered to students including curriculum topics that deal with stress, alongside physical and social wellbeing. This curriculum approach addresses our concerns in a formal setting, rather than relying only on the strategies applied by individual lecturers. It is usual for dance programmes to include 'Safe Dance Practice', as a course of study, and while historically this course has focussed on safe physical practice, the inclusion of stress and wellbeing is not a big step to take. We suggest that where possible, such elements are built into formal curriculum settings where the importance of such knowledge is recognised.

The facilitation of learning has shifted. It seems that the role of the lecturer in a modern society struggling with mental health represents a remarkable opportunity to integrate mental health and wellbeing into teaching and learning both at a course level and an individual 'first-responder' level. Many readers will be familiar with the kinds of invisible labour that currently goes into supporting our students with issues related to mental health and wellbeing and other pastoral care matters. In making the suggestions we have, we are cognisant of the time needed for this on top of an already busy academic load and we call for managers and senior university staff to acknowledge this in structuring contracts and developing academic workloads.

REFERENCES

Addison, D., (2003) Art therapy with gay, lesbian, bisexual and transgendered clients. In S. Hogan (Ed.), *Gender issues in art therapy*. London, Jessica Kingley Publishers, 53-67.

American Psychological Association. (2019, March 15). Mental health issues increased significantly in young adults over last decade: Shift may be due in part to rise of digital media, study suggests. *ScienceDaily*.
www.sciencedaily.com/releases/2019/03/190315110908.htm

American Psychological Association (2018). Stress in America: Generation Z. Stress in America Survey. <https://www.apa.org/news/press/releases/stress/2018/stress-gen-z.pdf>

- Caleb, R., Barden, N. (Eds). (2019). *Student Mental Health and Wellbeing in Higher Education: A practical guide*. London: Sage Publications Ltd.
- Catalano, R., Haggerty, K., Oesterle, S., Fleming, C., & Hawkins, D. (2004). The importance of bonding to school for healthy development: Findings from the social development research group. *Journal of School Health*, 74 (7), 252-261.
- Day, P. (2013). The art group crit. How do you make a firing squad less scary? *Journal of Learning Development in Higher Education*, 5.
<http://arts.brighton.ac.uk/projects/networks/issue-18-july-2012/the-art-group-crit-how-do-you-make-a-firing-squad-less-scary>
- Di Placito-De Rango, M.L. (2018). Situating the post-secondary instructor in a supportive role for the mental health and well-being of students. *International Journal of Mental Health Addiction* 16, 284-290. doi.org/10.1007/s11469-017-9740-4.
- Farquhar, J., Kamei, R., Vidyarthi, A., (2017) Strategies for enhancing medical student resilience: student and faculty member perspectives, *International Journal of Medical Education*, 8:9, 1-6, DOI: 105116/ijme.5a46.1ccc
- Fox, R. (2004). Constructivism examined. *Oxford Review of Education* 27(1), 23-25.
- Grant, D. (2010). Art Students Mental Health: A complicated picture. *The chronicle of Higher Education*, accessed on May 15, 2019 <http://chronicle.com/blogs/arts/arts-students-mental-health-a-complicated-picture/27923>
- Hannigan, S., Grima-Farrell, C., Wardman, N., (2019) Drawing on creative arts therapy approaches to enhance inclusive school cultures and student wellbeing, *Issues in Educational Research*, 29:3, 756-773.
- HHRNZ (Health and Health Research in New Zealand). (2018). *Background paper for the inaugural meeting of the development group*. Auckland, New Zealand: Ministry of Health.
- Holdsworth, S., Turner, M., Scott-Young, C., (2017) ...Not drowning, waving, Resilience and university: a student perspective, *Studies in Higher Education*, 43:11, 1837-1853, DOI: 10.1080/03075079.2017.1284193
- Hidaka, B.H. (2012). Depression as a disease of modernity: Explanations for increasing prevalence. *Journal of Affective Disorders*, 140, 205-214.
doi.org/10.1016/j.jad.2011.12.036
- Hoge, E., Bickham, D., & Cantor, J. (2017). Digital Media, anxiety and depression in children. *American Academy of Paediatrics*, 140 (Supplement 2) 76-80.
[doi:10.1016/j.rser.2008.05.001](https://doi.org/10.1016/j.rser.2008.05.001)
- Houghton, A.M. (2019). Academic and departmental support. In R. Caleb, and N. Barden, Eds), *Student Mental Health and Wellbeing in Higher Education: A practical guide* (pp. 125-144). London: Sage Publications Ltd.

- Kei Te Pai Report. (2019). *Report on Student Mental Health in Aotearoa, New Zealand* Union of Students' Associations.
[https://gallery.mailchimp.com/b109fde7924adea2d9afaa28d/files/ad0db517-d37f-4075-9984-6236b5838f0d/Kei Te Pai Mental Health Report Main .pdf](https://gallery.mailchimp.com/b109fde7924adea2d9afaa28d/files/ad0db517-d37f-4075-9984-6236b5838f0d/Kei_Te_Pai_Mental_Health_Report_Main_.pdf)
- Mills, J., Bonner, A., & Francis, K. (2006). The development of Constructivist Grounded Theory. *International Journal of Qualitative Methods, (IJQM)* 5 (1), 25-35., University of Alberta, International Institute for Qualitative Methodology, Alberta Canada.
- Ministry of Health. (2019). *Every Life Matters – He Tapu te Oranga o ia tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand*, Wellington: Ministry of Health.
<https://www.health.govt.nz/publication/every-life-matters-he-tapu-te-oranga-o-ia-tangata-suicide-prevention-strategy-2019-2029-and-suicide>
- Morgan, P. (2002). *The potential of Creative Arts as a Medium for mental health promotion in schools: An exploration of meaning-making, belonging and identity using creative processes*, [Mental Health Resource] Auckland: Mental Health Foundation of New Zealand. http://www.mentalhealth.org.nz/get-help/resources/search/?topic=25&topic_only=1
- Mori, S. (2000). Addressing the mental health concerns of international students. *Journal of Counselling and Development*, 78, 137-144.
- NASAD (National Associations of Schools of Art & Design). (2009). *An Overview of Health Issues for Performing and Visual Arts Students' Council of Arts Accrediting Associations*, Virginia, USA Council of Arts Accrediting Associations.
- OECD (Organisation for Economic Cooperation and Development). (2017). *OECD Family Database*. <http://www.oecd.org/els/family/database.htm>
- Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College students: Mental health problems and treatment considerations. *Academy of Psychiatry* (39), 503-511.
- Pihama, L., Reynolds, P., Smith, C., Reid, J., Tuhiwai Smith, L., & Te Nana, R. (2014). Positioning Historical Trauma Theory within Aotearoa New Zealand. *Alternative*, 10 (3). doi:[10.1177/117718011401000304](https://doi.org/10.1177/117718011401000304)
- Pouliot, V. (2007). Subjectivism: Toward a constructivist methodology. *International Studies Quarterly*, 51, 359-384.
- Reeves, A. (2019). Supporting Staff: Creating the conditions for confident support. In Caleb, R., & Barden, N. (Eds), *Student Mental Health and Wellbeing in Higher Education: A practical guide* (pp. 190-206). London: Sage Publications Ltd.
- Robotham, D., & Julian, C. (2006). Stress and the Higher Education Student: A critical review of the literature. *Journal of Further and Higher Education*, 30(2), 107-117.
- Ross, S., Cleland, J., & Macleod, M. (2006). Stress, debt and undergraduate medical student performance. *Medical Education* 40(6), 584-589.

- Sovic, S. (2008). Coping with stress: The perspective of international students, Art, Design and Communication in higher education. *Intellect* 6(3), 145-158.
doi.org/10.1386/adch.6.3.145_1
- Twenge, J., Cooper, M., Joiner, A., Duffey, M., & Binau, S. (2019). Age, period and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005-2019. *Journal of Abnormal Psychology* 128(3), 185-199.
- Westefeld, J., Button, C., Haley, J., Kettmann, J., Sandil, R., & Tallman, B. (2006). College student suicide: A Call to Action. *Death Studies*. Published online
<https://doi.org/10.1080/07481180600887130>