

# Scoping Review of Workplace Mental Health and Well-being Programs in Higher Education Institutions

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**Objective:** The study aimed to conduct a scoping review of stressors in higher education institutions (HEIs), exacerbated by the COVID-19 pandemic, and to identify successful interventions. **Methods:** We reviewed 79 studies published between January 2020 and January 2023. **Results:** Stressors were organized into psychosocial, organizational, and environmental categories. They included high job demand/low control, work/personal life imbalance, pressure to publish, lack of resources, low perceived organizational support, and fear of infection. Interventions included providing back-up childcare, employee assistance programs, financial well-being resources, paid medical leave, flexible work arrangements, greater transparency in decision making, leadership development, and adaptive physical space design. **Conclusions:** Mental health and well-being interventions directed at faculty and staff in HEIs are needed given the many stressors faced by this workforce. Several interventions are highlighted in the literature, but most are speculative regarding their impact, given the limited number of outcome studies.

**Keywords:** workplace mental health, well-being, academic institutions, health and well-being, mental health, workplace, higher education, scoping review

Support of mental health and well-being of workers has emerged as a key priority for employers, including those engaged in higher education. Higher education institutions (HEIs) have faced added pressures recently, from the COVID-19 pandemic, and social, financial, and political challenges. This paper reviews these stressors across psychosocial, organizational, and environmental factors that affect HEIs and identifies interventions put in place to address them.

The mental health crisis among college and graduate students has been widely discussed and continues to be a concern worldwide, with extensive research and reviews dedicated to the topic.<sup>1-4</sup> However, little emphasis has been placed on the needs of faculty and staff in higher education, despite an understanding of the unique nature of their work, a need to address their own mental health and well-being needs, and an acknowledgment of their role in supporting the mental health and well-being of students.

This review discusses both needs and best practices associated with the mental health and well-being of faculty and staff at HEIs. The

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## CME Learning Objectives

After completing this enduring educational activity, the learner will be better able to:

- Discuss psychosocial, organizational, and environmental stressors specific to higher education institutions (HEIs).
- Recognize the disparate impacts of the stressors faced by faculty and staff in HEIs.
- Identify effective psychosocial, organizational, and environmental interventions to improve mental health and well-being in HEIs.

paper uncovers the various sources of distress, anxiety, depression, burn-out, disengagement, and unhealthy physical and mental health conditions. Furthermore, we aim to uncover effective HEI interventions to address those stressors.

## METHODS

A scoping review was conducted to analyze the landscape of mental health and well-being interventions directed at faculty and staff in graduate and undergraduate settings within HEIs, published, or in press, between January 2020 and January 2023, the time when stressful conditions were exacerbated due to the COVID-19 pandemic. To identify relevant studies, systematic methods were used to search the literature, using electronic databases (PsycInfo, Scopus, PubMed) with combinations of the following key words/search terms: mental health, higher education, well-being, well-being, faculty, and staff.

We uncovered 514 studies in our review, after deleting duplicates. Of those, we excluded any that were unavailable in English; clearly unrelated to the topic; solely focused on students' stresses and interventions; focused on higher education institutions in healthcare, such as nursing and medical schools (because of the increased demands on healthcare providers at that time); gray literature that just included magazine articles and blog entries, focused on workforces outside higher education; and outside of our designated timeframe. This resulted in 79 articles.

In addition to our literature review on stressors and interventions, we reviewed institutional websites and reports from 10 HEIs and inventoried their well-being offerings.

## RESULTS

### Stressors Specific to Higher Education Institutions

Faculty and staff at HEIs reported experiencing greater rates of anxiety and depression than the general population prior to the COVID-19 pandemic, with one study finding self-reported rates of anxiety at 31.6%, compared to 18.3% in the general population, and rates of depression at 7.8%, compared to 5.8% in the general population.<sup>5</sup> Measures of anxiety and depression continued to be higher for faculty than for the general public during the pandemic,<sup>6</sup> and staff reported experiencing even greater levels of anxiety and depression than faculty members (eg, 9.7% of staff screened positive for depression,

compared to 4.4% of faculty; 25.1% of staff screened positive for anxiety, compared to 17.8% of faculty).<sup>7</sup>

Prior to the COVID-19 pandemic, faculty and staff reported rising levels of stress primarily due to high workload, insufficient support and resources, effort-reward imbalances, and lack of control or involvement in decision making. These stressors resulted in poor physical and mental health, burnout, and increased dissatisfaction with their jobs.<sup>7–10</sup> In addition, faculty and staff in HEIs were faced with increasing pressure to publish, more competition, lower job security, added scrutiny, and the demand of adjusting to organizational politics.<sup>8,11–13</sup> These stressors impacted faculty and staff differently based on the organizational culture of their HEI.<sup>14</sup> Stressors and their impact also differed based on demographics, such as race, gender, ethnicity, and sexual orientation.<sup>15–17</sup>

The COVID-19 pandemic exacerbated existing stressors among students enrolled in HEIs which further affected the HEI workforce.<sup>15,18–21</sup> Faculty and staff were impacted by lockdowns that required adjustment of their instructional activities, research efforts, and normal operations—in particular, rushing to migrate to online teaching without adequate preparation and support.<sup>22</sup> Saw et al examined COVID-19 pandemic stressors among university faculty and found that lack of readiness for online teaching had a significant impact on mental health, with a greater impact on female faculty.<sup>23</sup> Also mentioned was the lack of support from information technology staff, including the lack of training for online teaching.<sup>22</sup> Smaller institutions, and those that focused more on teaching than research, bore a heavier burden in the move to online because they were less exposed to that modality prepandemic.<sup>22</sup> Many classroom teachers often placed a higher value on intimate in-person instruction and were therefore less comfortable with the use of online tools.<sup>22</sup>

There were added pressures placed on HEI faculty and staff related to establishing work-life balance, having to manage their dependents' schooling and household needs, as well as the uncertainty about one's own and family members' health while navigating through the COVID-19 pandemic. Additionally, faculty and staff were often tasked with managing the health and safety of their students. From an environmental perspective, additional stress was experienced because of concerns about infection spread, especially for those who became ill and feared spreading infection to their families.<sup>7</sup> In many cases, it was recommended that HEIs become more business-oriented or "marketized," especially when in-person student attendance fell, and this resulted in greater demands on faculty and staff's time<sup>6,8</sup> (see Table 1).

## Disparate Impacts

Stressors and their impacts differed based on demographics such as race, gender, ethnicity, and sexual orientation, with females and minority groups being particularly affected.<sup>15–17</sup> Weyandt et al surveyed faculty at two HEIs early in the COVID-19 pandemic and noted the differential impact on women, likely due to traditional family demands and the competing demand of face-to-face interactions with management.<sup>15</sup> Some researchers discussed the additional strain on communities of

**TABLE 2.** Common Interventions Directed at Psychosocial Health in HEI Well-being Programs

- Animal-assisted interventions
- Back-up childcare
- Employee assistance programs
- Enhanced access to mental health services at low/no cost and at parity with physical health
- Financial well-being resources
- Mental health first aid training
- Nutrition counseling
- Paid time off
- Stress-management, depression, anxiety, and other counseling support
- Subsidized or discounted gym memberships
- Traditional health and well-being programs (eg, health education, yoga, massage, yoga, meditation, physical activity offerings, resiliency, and mindfulness training)
- Wellness subsidies

color disproportionately represented in the oft-neglected HEI staff community. Arday and Jones conducted interviews and focus groups and found there was a "pandemic within a pandemic," with many Black faculty and staff having to manage through what they called a "Black Tax" of "having to work harder to obtain similar opportunities."<sup>24</sup>

The COVID-19 pandemic also coincided with what was termed a "sudden interest" in racism, triggered by the tragic murder of George Floyd.<sup>24</sup> This increased attention paid to disparities based on race and racial violence further perpetuated trauma and intensified emotional burdens on impacted communities.<sup>24–26</sup> Cho and Brassfield also noted a greater impact on staff because staff were often an "afterthought," with less attention and resources devoted to their well-being than that of faculty.<sup>26</sup>

## Interventions

### Psychosocial Interventions

In our review, we found several proposed interventions aimed at improving the psychosocial domains of mental health and well-being for those working in HEIs. A summary of common psychosocial interventions is shown as Table 2. Below, we highlight several common promising practices.

Mindfulness programs were addressed in several studies. Weyandt et al found that higher levels of mindfulness practices were correlated with lower self-reported rates of stress, anxiety, and depression among faculty members.<sup>15</sup> Ohadomere and Ogamba similarly recommended mindfulness programs as part of a comprehensive approach to HEI programming.<sup>9</sup> Other HEI initiatives included skills-building lectures and activities to enhance mental resiliency and coping, such as mindfulness, deep breathing, journaling, and gratitude activities.<sup>7</sup> Melnyk at Ohio State University stated, "Research indicates that these skills and practices can improve one's mental and physical health" and advises that such programs should be embedded within a wellness culture.<sup>7</sup>

Some studies examined the impact of developing "emotional intelligence" among HEI managers. Emotional intelligence is defined by Coleman et al as "the ability to accurately diagnose and monitor both one's own feelings and those of others, before utilizing this information to guide one's thinking and actions to manage this relationship to a desired outcome."<sup>12</sup> The authors surveyed faculty and staff at one HEI regarding well-being factors and the "emotional intelligence" of managers of faculty and staff and concluded that well-being was higher when the managers exhibited higher levels of "emotional intelligence." Furthermore, the *perception* of the manager's "emotional intelligence" was more important than the actual level of emotional intelligence.<sup>12</sup>

Cooke et al reviewed 47 articles involving animal-assisted interventions implemented in HEI settings, although many of the studies included in the review were student-focused. The studies primarily

**TABLE 1.** Stressors Experienced by Faculty and Staff at HEIs

<b>Psychosocial stressors</b>
• Job demands, feeling overburdened, workload
• Work/personal life imbalance
<b>Organizational stressors</b>
• Pressure to publish
• Lack of job control and decision making
• Lack of resources and perceived organizational support
• Politics and additional scrutiny
• Stigma and lack of mental health support
• Pastoral care responsibilities
<b>Environmental stressors</b>
• Limited access to quality space in which to work and collaborate, including outdoor space allowing for physical activity
• Infection concerns

**TABLE 3.** Common Interventions Directed at Organizational Health in HEI Well-being Programs

- Connecting siloed units
- Continued self-assessments to understand needs and effectiveness
- Dedicated communication strategies for well-being initiatives, especially by leadership
- Dedicated connection and networking time for faculty and staff, including dedicated writing workshops
- Flexible work support
- Greater transparency in pay, promotion, and organizational decision making
- Healthy food options
- High level support and accountability for well-being initiatives, including dedicated budgeting and oversight
- Leadership development training
- Limiting online meetings
- Mental health literacy training for managers
- Removing abusive anonymous student feedback
- Providing support for supervisors managing challenging situations
- Wellness ambassadors
- Wellness challenges/games

involved therapy dog visitation to classrooms and other settings. This review noted positive impacts on stress, anxiety, and mood for students, faculty, and staff.<sup>27</sup>

### Organizational Interventions

A summary of common organizational interventions included in HEI mental health and well-being programs is shown as Table 3.

The most common organizational intervention recommended was soliciting feedback from faculty and staff on their respective stressors and ways to address them.<sup>7</sup> For example, Naidoo-Chetty and du Plessis interviewed HEI faculty about job demands and resource conflicts to understand the stressors HEI faculty faced, and consequently recommended better supervisory oversight and alignment of work demands with available resources.<sup>11</sup> While generic recommendations were offered, specific solutions or implementation approaches were not addressed. However, interventions may be perceived to be more effective when HEI senior leaders solicit feedback from faculty and staff and tailor interventions appropriate to such feedback.<sup>9,28</sup>

Leadership and management of faculty and staff were also addressed in other reviews. A review by Torres et al found correlation between time management behaviors and lower perceived stress, which led to the recommendation for such training at HEIs.<sup>29</sup> Kershaw et al studied the relationship between well-being and the length of web-based platform meetings at HEIs and recommended web-based meetings be capped at 1 hour because higher rates of well-being were associated with shorter meeting times.<sup>30</sup>

Heffernan and others reviewed the impact of anonymous student feedback and noted that abusive comments were becoming more common (with one survey finding 59% of academics receiving abusive feedback), which, in turn, created strain on faculty, with a disparate impact on women and marginalized groups.<sup>31,32</sup> Accordingly, the authors recommended removing open-ended comments from anonymous student evaluations, or, at least, removing abusive comments, and not using those negative comments for promotion or tenure decisions.<sup>32</sup>

Implementing family-friendly programming to address excessive strain arising from commonly reported work-family conflict was also commonly recommended.<sup>33</sup> However, specifics on how to do so, for example, whether to involve family members in well-being offerings like yoga, or whether to offer more remote work options, were lacking.

### Environmental Interventions

While there was less discussion about environmental interventions employed by HEIs related to mental health and well-being programs,

some common environmental interventions employed by HEIs are shown in Table 4.

Environmental interventions often focus on adjusting physical space to enhance work productivity and employee well-being.<sup>34</sup> According to Agg and Khimji, following construction WELL Building Standards (a certification schema for both existing and new buildings), which includes installing high-quality ventilation or noise absorption systems are recommended interventions for HEIs so as to minimize exposure to hazards.<sup>34</sup> The authors stressed the importance of communicating clearly and consistently about the quality of environmental forces affected by physical space to instill confidence that these spaces are safe and healthy along with the well-being benefits from such design (“user perception should be considered during design”).<sup>34</sup> Other studies found that physical activity and time spent outdoors were correlated with well-being, which, again, led to recommendations for interventions enabling greater opportunities for access to outdoor space and increased physical activity.<sup>35</sup> One review assessed this option in a university setting but found it marginally effective in the short-term.<sup>36</sup>

From a worker safety perspective, increased attention is needed to address indoor ventilation controls for aerosol and droplet transmission from SARS-CoV-2 and other respiratory viruses, especially when considering building renovations in school settings.<sup>37,38</sup> However, other than this, and discussions on the impact to well-being from open, contemplative, and greener spaces, there is limited discussion of how safety concerns and appropriate mitigation can be addressed within HEIs (eg, traffic, crime, infections, indoor air quality) and surrounding community.

### Case Study Examples

In addition to our scoping review on stressors and interventions, we examined 10 HEI well-being offerings representing a cross-section of institutions to identify common themes, unique designs, and best practices. Common elements included physical and mental health education; exercise programs; yoga instruction; meditation opportunities; easy access to employee assistance programs; flexible work arrangements; and efforts to destigmatize mental illness (see Table, Supplemental Digital Content 1, <http://links.lww.com/JOM/B540>, which lists the reviewed case studies).<sup>39-48</sup> Examples of three universities’ interventions aimed at improving workers’ mental health and well-being are briefly discussed below.

Stanford University launched a well-being initiative in 2013, referred to as *Contemplation by Design*, focused on the need to establish contemplative spaces suitable for activities such as prayer, yoga, and meditation.<sup>49</sup> Stanford’s evidence-based design of its physical spaces was intended to create a “pause from high levels of productivity and innovation to experience multifaceted, transformational learning, and develop skills to support sustainable, whole-hearted, ethical, purposeful engagement in all areas of research, teaching, learning, and services.”<sup>49</sup> While available to students, faculty, and staff, it was designed to benefit the broader community, recognizing the value of such investment. The University received positive feedback from its employees, students, and community members largely focused on increased engagement in contemplative practices and the benefits therefrom.<sup>49</sup>

**TABLE 4.** Common Interventions Directed at Environmental Health Included in HEI Well-being Programs

- Bike and walking paths
- Building design eliciting greater productivity and connection, with open spaces for social engagement, informal mentoring, and contemplative practices—coupled with communication about the intended benefit of improving well-being in such spaces
- Ergonomic assessments
- Tobacco-free areas

Purdue University's *Steps to Leaps* program incorporated a variety of interventions, such as training in financial literacy, mental health first aid, and leadership. McCuskey and Zhang provided a self-evaluation of the program and recommended effective communication, branding, incorporating existing programs under the larger initiative's umbrella, and embedding continuous analyses of data (not reported) to improve the program.<sup>50</sup>

Trinity College Dublin's program was built on a large-scale Health Promoting University model, based on the Okanagan Charter, and informed by the World Health Organization's policy.<sup>51</sup> The "setting-based" model requires that health promotion be embedded throughout the culture of the university through physical, organizational, and social contexts. Aspects of the program included a building design to encourage increased exercise, physical and mental health education offerings, mental health promotion campaigns, and healthy food options. Some of the environmentally focused efforts included limiting smoking areas on campus, creating more bike parking, and creating "point of decision prompts" to encourage stair use. Still in its infancy, the program faces challenges, including long-term financial and political support from university leadership and the need for outcomes evaluation.<sup>51</sup>

## DISCUSSION

The mental health and well-being stressors affecting staff and faculty at HEIs, especially since the COVID-19 pandemic began in 2020, are multifaceted. The need for effective and evidence-based interventions encompassing psychosocial, organizational, and environmental domains is well-founded.

Previous reviews of HEI well-being programs identified common themes. Stressors impacting the HEI workforce include work-life imbalance, excessive job demands with few resources, pressure to publish, organizational politics, additional pastoral care responsibilities to the student body, and decreased access to high-quality space in which to work.

Interventions to improve mental health and well-being occur at the individual, organizational, and environmental level. Individually focused solutions include mindfulness activities, physical exercise, time spent outdoors, time management training, and mental health education and support programming. Organizational interventions include better structuring of work demands to align with resources, improved work-life balance policies, and improved communications from management.<sup>9,28</sup> Environmental initiatives are generally centered on designing purpose-built spaces and minimizing environmental hazards.

Of the interventions reviewed, participants most valued "engagement with senior-level institutional leaders to position student and employee well-being as an institutional priority."<sup>28</sup> The demonstration of organizational commitment to employee mental health and well-being was considered foundational for effective programs, policies, and environmental supports.

"Perceived organizational support," knowing that employee health and well-being matters to organization leaders, was also considered fundamental to faculty and staff well-being.<sup>14,21</sup> Individually focused interventions are less likely to be effective unless supported by leaders and managers. As described by Melnyk et al,<sup>7</sup> a wellness culture exists "when employees believe that their place of work has a vested interest in their well-being, that their work environment prioritizes their health and wellness, and that their leaders engage with the promotion of and participation in health and wellness activities."<sup>7</sup> Melnyk et al reinforced the importance of organizational support in a study of nursing faculty and staff that found significant correlation between a wellness culture and well-being outcomes.<sup>52</sup>

The interventions with the greatest promise have yet to be assessed across multiple HEIs. At a minimum, impactful interventions should foster community engagement, include greater transparency in communications, provide mental health support through enhanced

employee assistance program and other benefit programs, offer additional opportunities for social engagement, and provide more encouraging physical space in which to work and connect with others. While organizations may have made deliberate efforts to address stressors at an individual level, more attention needs to be paid to organizational and environmental factors affecting employee mental health and well-being and must foster a management-led culture of well-being.<sup>9</sup>

## LIMITATIONS AND RESEARCH GAPS

Our review was limited geographically. Expanding the review to include studies outside the US may uncover other common stressors and interventions from other countries, although one would need to further assess whether these are generalizable beyond their institutions and countries.

Most of the studies included in our review involved little or no evaluation of the interventions that were proposed or implemented. Process evaluations were undertaken for some interventions, but the general absence of measurement for outcomes limits our study's ability to point to best practices.<sup>6,9,28,51,53</sup>

Additionally, throughout the literature, the concept of well-being was not uniformly defined nor operationalized, which makes it difficult to evaluate HEI efforts to address the issue.<sup>28</sup> Furthermore, while the literature highlighted differential stressors based on demographics and roles, and the need for tailored solutions, there was very little discussion on how to address those differential stressors and inequities.

These gaps in the literature highlight the need for HEIs to collaborate on defining well-being, developing strategies to measure outcomes for their respective institutions, and implementing evidence-based practices.

## CONCLUSIONS

While the pandemic shined a spotlight on the importance of mental health and well-being within HEIs, concerns were largely discussed within the context of fostering a healthy environment for students, and there remains a substantial gap in the literature on faculty and staff.<sup>16</sup> This review explored the value of a multipronged psychosocial, organizational, and environmental framework to address the unique stressors faced by faculty and staff at HEIs, especially in light of the COVID-19 pandemic and its aftermath.

The recommendations discussed in the literature are largely based on anecdotal evidence, and few interventions have been comprehensively evaluated. However, several promising practices stand out. For instance, Jayman et al found that several universities endorsed a Mental Health at Work Commitment framework consisting of six core standards:

- (1) *Prioritize mental health in the workplace by developing and delivering a systematic program of activity*—all staff contribute to creating a "living" wellbeing document which is regularly reviewed;
- (2) *Proactively ensure work design and organizational culture drive positive mental health outcomes*—nurturing a positive wellbeing culture and a healthy work/life balance instead of "always-on" working patterns;
- (3) *Appoint a board-level lead*—securing senior buy-in and commitment to an open culture, raising awareness, challenging stigma, and highlighting available support;
- (4) *Increase organizational confidence and capability*—raising the mental health literacy of all staff, and crucially training line managers to recognize difficulties and offer appropriate support;
- (5) *Provide mental health tools and support*—ensuring staff are aware of various resources and the tailored support they can access; and
- (6) *Increase transparency and accountability through internal and external reporting*—allowing any gaps to be identified and procedures compared against those of other institutions, specifically for the noncompetitive purposes of sharing good practice.<sup>6</sup>

Effective programming requires decision-makers to listen to their constituencies when contemplating a set of proposed solutions.<sup>11,25,26</sup> This reinforces the importance of eliciting feedback from the HEI community at all levels, tailoring interventions, and continuously monitoring and adjusting, as needed. Most importantly, interventions will only be successful if HEIs establish a culture of health and well-being across the entire population within the institution.

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