

## REFLECTIVE PRACTICE

# Campus Mental Health Revisited

Linda Eskell Blokland\* & Hanlé Kirkcaldy\*\*

### *Abstract*

*This conceptual, reflective article explores recent innovations in mental health service provision at a large urban, residential university in South Africa during the COVID-19 pandemic. Prior to the pandemic, mental health services at this university were generally offered through face-to-face consultations, with secondary offerings in the form of well-being workshops at student residences and faculty houses. The need for mental health support was acute during the pandemic, placing great pressure on service provision. At the same time, however, everyone – that is, all staff and students – were working remotely as campuses had been closed under national lockdown. In this context, it was necessary to connect students to mental health services while they were studying remotely during the various phases of lockdown and to revisit the conventional and possibly largely reactive model of mental health service provision. Innovation in the promotion and provision of mental health services and products at this university, including through corporate partnerships and the responsible use of automation and technology, helped to achieve market penetration and widespread utilisation of services. In addition, ethical considerations; the factors inhibiting and supporting change; and the sustainability of the efforts undertaken during this period had to be addressed. Drawing lessons from the experience at this university, it is recommended that, while there will always be a place for conventional mental health service offerings, it may be time to expand the model permanently on modern campus environments, where there is a need for a caring community; committed leadership; the development of resilience in the student body; and the building of personal strengths in individuals.*

### *Keywords*

*caring campus, mental health support, pandemic, student counselling, university*

### *Introduction*

In March 2020, the South African government instituted a national lockdown in response to the global spread of COVID-19. Under the lockdown, staff and students at a large urban residential university were instructed that they should work from home wherever possible, and all contact classes were suspended for students. Over the

\* Dr Linda Eskell Blokland is a clinical psychologist in private practice. She is also the chairperson of the Clinical Psychology Forum. Email: linda.blokland@gmail.com. ORCID: 0000-0003-2840-4720.

\*\* Dr Hanlé Kirkcaldy is a clinical psychologist and the head of the Student Counselling Unit in the Department of Student Affairs of the University of Pretoria. Email: hanle.kirkcaldy@up.ac.za. ORCID: 0000-0001-9797-2655.

next 18 months, the national and international landscape changed continuously, as the university, the country, and the world, had to respond and adjust to the profound impacts of the global pandemic.

### *Conventional Mental Health Service Delivery on University Campuses*

Students experience unique demands and challenges while at university. They may need to adjust to a new phase of life, while experiencing significant neuro-psycho-social development, and possibly encountering adverse and stressful life events. The experience can damage students' wellness and jeopardise their mental health (Eskell Blokland, 2019; Gruttadaro & Crudo, 2012; Newman & Newman, 1984). In South Africa, students are exposed to mental health problems such as suicidality, depression, and anxiety due to pervasive systemic disadvantages in the society (Bantjes et al., 2019). The difficulties they may encounter include financial and economic insecurities; historical, societal and educational disadvantages; and exposure to personal loss, crime, and trauma (Eloff & Graham, 2020; Setlofane, 2019).

Student counselling and development (SCD) services and programmes on university campuses play an important role in helping students respond to the mental health and development challenges they face. These services assist students in reaching their primary objective at university, namely academic success. Important organisational strategic goals of any university, including student success and throughput, are enhanced through the professional support functions delivered by SCD service units. The inputs delivered by these units include psychotherapeutic and counselling support for students for a wide variety of conditions and presenting problems. In addition to such counselling services, other support may include academic and remedial interventions; career assessments and guidance; trauma interventions; assessments for concessions related to students with disabilities; interventions in conjunction with disciplinary and transformation committees; and management of psychological emergencies such as psychoses or other acute syndromes. In addition, workshops and group interventions targeting specific topics of importance to the student population, such as relationship and conflict management; anxiety and stress management; and lifestyle-related themes, are regularly provided.

These services are usually delivered in a conventional walk-in clinic set-up, where students request services and are offered appointments in a physical, on-campus location. A variety of service providers, including psychologists; counsellors; peer helpers; and psychology interns or master's students, are generally involved in the delivery of these services.

### *Theoretical and Conceptual Frameworks in Student Counselling and Development*

The conceptual frameworks underpinning the delivery of SCD services may derive from a number of theories, including systems theory frameworks such as Bronfenbrenner's ecological systems (1981); and wellness models (Witmer & Sweeney, 1992).

### **Systems framework**

A systems framework focuses on the individual student in relation to various ecologically relevant contexts which can be visually represented as concentric circles expanding from the student, who is in the centre (Beekman, 2012). The student stands in relation to all the systems in his/her/their world, the parts influencing the whole, and vice-versa. As such, the contexts are bilaterally permeable, with the external context influencing all the narrower contexts, and with each sub-system comprising a valuable part of the bigger or whole system.

The first context closest to the student (the microsystem) could be conceptualised as those structures with which the student has direct contact – these include the immediate university environment such as is found on campus, namely the administrative structures; the academic faculties; the lectures and lecturers; the university staff; the residence environments; and the student bodies, including sport and cultural societies (Beekman, 2012). The microsystem context also includes relationships with fellow students in the immediate environment. The next context (the mesosystem) includes interaction with the broader community; inter-university activities; the university's culture and position in relation to other institutions; the geographical location of the institution; and the influence and role of the media or mass media on the student (Beekman, 2012). The broader context of the exosystem includes settings that can bear on the individual with greater or lesser intensity (Bronfenbrenner, 1981), such as family and extended family structures; the community whence the student came; cultural settings; and economic status and occurrences (Beekman, 2012). Then, the macrosystem implies the larger society; governmental regulations; and policy or legal changes; while the global system implies events and occurrences in the even broader, global environment. These systems may have strong influences on individual (student) life in direct or indirect ways (Bronfenbrenner, 1981).

### **Wellness theory**

Models based on wellness theory focus on holistic individual development and emphasise salutogenic factors – that is, they focus on strengths and enabling and health rather than adopting a pathogenic paradigm which has a remedial or reactive focus (Witmer & Sweeney, 1992). Under this model, the focus is on the student as an individual, and the main concern is to enhance the student's strengths and resilience. This approach emphasises optimal well-being in various life spheres, including the emotional, physical, mental-health, environmental, occupational and spiritual spheres. It asserts that balance in these areas leads to the best outcome for the individual (Van Lingen, 2012). Thus, students are viewed in a holistic way considering their multiple facets and needs as individuals. Students are encouraged to attend to and regulate the various spheres of their lives, which may be depicted in the form a wheel of wellness, in a proactive way (Witmer & Sweeney, 1992).

Wellness approaches vary, but mainly delineate a number of areas of life, such as spirituality; self-regulation; work; friendships; and love, to which the individual should attend. Various positive characteristics are associated with each of these areas. For instance, efforts at self-regulation may entail cultivating a sense of self-worth; self-control; realistic and logical beliefs; spontaneity and emotional responsiveness; intellectual engagement; problem solving and creativity; a sense of humour; and physical care and fitness (Witmer & Sweeney, 1992). Wellness theory can be readily applied in support of student development and success. A well student with an optimal lifestyle; positive relationships; self-efficacy; and the capacity for stress management and emotional control, stands a better chance of academic success (Horton & Snyder, 2009; Morris-Paxton et al., 2017). In relation to mental health, positive psychological approaches may deploy a wellness frame of reference to focus on developing and building individual and group strengths, resilience and mental assets, and foster the creation of meaning and authentic happiness (Seligman, 2002; Wissing et al., 2014). In its focus on the individual student, wellness theory can also foster acknowledgement of the diversity of the student population, encapsulating dimensions such as culture, spirituality, gender, sexual orientation and economic factors, among others.<sup>1</sup>

### *Mental Health Impacts of COVID-19*

The mental health impacts of the COVID-19 pandemic have been profound. Symptoms of anxiety, depression and stress have been commonly reported (Rajkumar, 2020; Hunt et al., 2021; Taylor, 2019). Researchers have discussed how students have reported fear and worry about their own health and those of their loved ones; concentration difficulties; sleep disturbances; a lack of socialising opportunities under lockdown; and anxiety in relation to academic success (Changwon et al., 2020). In a survey study evaluating a group of 5,074 South African students, it was reported that students experienced high levels of depression and anxiety and scored low on the mental health continuum during lockdown (Visser & Law-Van Wyk, 2021). These students were not only worried that they or their families would contract COVID-19, but experienced difficulties because they could not attend class. Difficulties came in the form of a variety of challenges such as unreliable internet access, family dynamics in the home, lack of peer contact and support, and low confidence with regard to self-study. Students complained that home life was not conducive to focus and concentration. Some students found themselves struggling with distressing domestic events. In addition, they reported feeling vulnerable and as if their lives were on hold. Some were victims of crime and gender-based violence during lockdown (Visser & Law-Van Wyk, 2021).

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1 For an overview of both the systems framework theory and wellness theory models as applied to the SCD arena, see Van Lingen (2012) and Beekman (2012).

### *The Impact of COVID-19 on Student Counselling and Development Services*

The disruption produced by the global pandemic highlighted shortcomings in the traditional conceptualisation of mental health support systems and service provision, and posed challenges to psychotherapists working in the field, both globally and locally (McBeath et al., 2020; Nguse & Wassenaar, 2021). Campus mental health services had to respond to the increased demand and changing needs (Abrams, 2022). The interactions of the various sub-systems in which students function were placed under pressure and the homeostasis of these systems was threatened. The usual close and supportive structures within the student-life microsystem fell away because of forced campus closures during lockdown and were replaced with elements of a mesosystem which were not optimally geared to support student life and adjustment. Macro and global system elements curbed individual freedoms and choices.

According to Erikson's (1968) seminal theory of human development, the optimal psycho-social outcome in the development phase of students is to find a sense of belonging – that is, intimacy, as opposed to isolation. One could speculate that the impact of the protective lockdown measures, and the resulting microsystem restrictions felt by individuals in this life phase, would have been immense. This psycho-social developmental phase, as discussed earlier, would have been impacted severely by the lockdown procedures, as students were forced to isolate from their peers. Students were obliged to focus on survival and adaptation, rather than on thriving. This put students at risk of academic failure and mental ill health.

In response to the threat posed by the lockdown measures adopted to manage the pandemic, universities sought to redesign their academic programmes to address student needs under the circumstances of the “new normal”. They were also required to adopt urgent measures to create a new psychological equilibrium for students, promoting and protecting their wellness under lockdown. To this end, services had to be delivered into a number of shifting spheres and systems in new ways.

### *Change and Innovation*

Responding to the imperative to adapt the ways in which student counselling and development services should be provided, the Student Counselling Unit at one of South Africa's large residential universities implemented changes in its service provision in three main areas: the use of online modes of work; the establishment of new mental-health offerings to meet the student clients' evolving needs; and the utilisation of internal and external partnerships.

### **Moving online**

As soon as the closure of campuses was considered by the university's management, the Student Counselling Unit at this university transferred its operations to a virtual office space, which implied that the provision of all resources and official documentation and

the management of the practice would now have to be undertaken via the internet. Given the sensitive nature of the work being undertaken in the unit, it was necessary to address a range of security issues around this move to the internet and to source student/client consent for the new virtual form of service provision. A virtual campaign was launched to inform the student body of the continued availability of mental health services. This campaign was conducted via email; articles and announcements on the university's website and on the unit's own microsite; advertisements on social media platforms; and more conventional methods such as posters and flyers. Client consent forms were updated to inform clients about the provision of telehealth services, outlining the relative benefits and risks associated with working online.

Synchronous and video-supported platforms were chosen as the preferred channels for undertaking therapeutic work, since these offered better compliance with the guidelines that had been issued in March 2020 by the Health Professions Council of South Africa (HPCSA). The aim was to ensure that contact with students would remain professional and would resemble conventional "sessions" as closely possible. Text messaging, telephone calls, and emails were used to make and cancel appointments and to facilitate referrals. A centralised email address was created for students seeking to access the services and make service requests. The hope was that the relative ease of access offered by email communication might encourage students to continue using the service while at home or off campus. The view was, since academic content was already being provided via a number of online platforms, the students were already adept at using these modalities of communication. In addition, it was hoped that the new online form of provision would offer the added benefit of removing a number of the existing barriers to seeking mental health treatment; barriers presented by factors such as stigma, and time and schedule constraints.

Staff training in the new system was seen as a priority. Various meetings and workshops were held at which the professional expectations of telehealth services were discussed with staff. Staff were encouraged to attend webinars on these topics to enrich the knowledge base at the university's Student Counselling Unit. The understanding was that the professionals in the unit had to broaden the scope of what it meant to be a mental healthcare provider and expand their technological capabilities in providing mental health care services.

### **Matching the mental health products on offer to student-client needs**

As the months progressed and the lockdown continued, it became clear that additional mental health services and materials were needed to support the mental health of students. The service demands grew, although not all students wanted or needed individual therapy. An internal re-organisation and further diversification of services were required. A stepped-care approach in the mode of the United Kingdom's (UK's) improving access to psychological therapies (IAPT) approach (Clark, 2018), was adopted as a way of providing a more optimal use of resources.

IAPT was developed in the UK as a means of reaching a greater number of patients with more effective evidence-based treatments. A stepped-care approach to treatment in mental health is intrinsic to the IAPT system. Stepped-care entails three tiers of treatment (OCD-UK, 2018). Step 1 is the assessment and recognition of a psychological problem. Step 2 provides a low-intensity service for mild to moderate disorders. Step 3 moves to a high intensity service for severe cases. While in South Africa the triaging of patients is currently in place as an aspect of primary, secondary, and tertiary healthcare, there is a dearth of professional support for those in need of a lower level of service in the field of mental health care. For example, under the traditional model of SCD service-provision, every student seeking help is generally referred to a formal in-person service, such as with a professional psychologist or registered counsellor or in the form of a group intervention (Mair, 2021).

Identifying the gap in service provision at the lower level, the Student Counselling Unit at the university which is the subject of this article embarked on a number of changes to its service model in line with the stepped-care approach, which entailed the adoption of a number of new approaches, which are discussed below.

#### *Tiering the cases among the professionals*

The SCU sought to reserve high-intensity professional services for the more acute cases, such as when students presented with severe depression; suicidality; and/or severe anxiety disorders. Such cases were allocated to the more senior qualified psychologists, working within their scope of practice. Milder and more moderate problems were allocated to interns working under supervision, or, if it was deemed appropriate, students would be referred to a self-help or peer-support group.

#### *Lower-intensity interventions*

Lower-intensity interventions took a number of forms. These included webinars; podcasts; social media messaging; posters; and the use of other media to present information. These interventions were designed and implemented by the staff at the SCU and, as such, fell within the microsystemic environment of student life on campus.

In the absence of face-to-face workshops under lockdown, students became increasingly isolated and demoralised. In response, the SCU designed and presented a series of interactive webinars responding to particular challenges raised by students in their communications with the unit which students were able to attend from wherever they were based. The topics addressed by these webinars included time management during lockdown; managing online examinations and exam stress; effective study methods; and studying in the home-environment. In addition, a series of podcasts was produced on topics such as combatting anxiety and depression; building resilience; creating a routine with online learning and self-compassion; thinking traps; relational well-being; and how to live a healthy lifestyle. These podcasts became popular, even attracting attention from beyond South Africa.

Social media messaging was deployed at appropriate moments. For example, wishing students well with tests during test week, and acknowledging student events and days of national celebration. Posters and other media provided information on similar topics were produced.

A peer support group project established in 2019 took on greater significance, allowing students to connect with one another on a regular basis via a monitored, online format.

All the information and messages that were disseminated provided a link to the SCU and its services, including information on how to make contact. Information was also placed on the SCU's own website.

The content that was produced as part of the new, increased emphasis on the development of online self-help resources addressed the stressors experienced during the lockdown period, but also the expected difficulties and topics that students would normally encounter. In this regard, topics such as gender-based violence; substance abuse; managing anxiety and depression; and developing one's own study style were not neglected. The podcasts proved to be an innovative, exciting way of conveying a range of messages related to student life, resilience and coping with mental health difficulties. The ease of access of the various online materials, as well as their relevance to the student experience, were crucial to the success of this initiative.

## **Leveraging partnerships**

### *Leveraging external partnerships*

Various external partnerships within the mesosystemic environment of the students' lives were expanded in an effort to support and engage the students. Some of these are discussed below.

The South African Depression and Anxiety Group (SADAG) ([www.sadag.org](http://www.sadag.org)), has been a mental health partner with the large urban residential university which is the subject of this reflective article for several years. They provide a 24-hour crisis and counselling line to assist students, especially students experiencing crises after hours. When the demand for mental health services increased during the COVID-19 pandemic at this large urban residential university, the service provided by SADAG became especially important in helping to manage the additional load. The process that was followed was that, after initial contact with a SADAG counsellor, more serious cases were referred back to the SCU at this university for higher intensity professional treatment. Meanwhile, SADAG also arranged and supported peer support group processes, including by training student group leaders on a regular basis, and sitting in at each group meeting to monitor the process.

Other partners engaged by the large urban residential university included sexual health organisations; Alcoholics Anonymous; Narcotics Anonymous; and Sex Addicts Anonymous. These organisations provided materials on the topics in which they had expertise and also presented talks via the university student radio station on request. Students were informed of the existence of these organisations and how they could help.



In addition, psychiatric service providers within the community assisted where they could, providing medication as necessary. Local clinics opened their doors to help students presenting with psychiatric problems at a time when public health services were over-stretched by COVID-19 cases.

### *Leveraging internal partnerships*

Resources and support for the SCU at the university which is the subject of this article were made available from within the microsystemic environment of the university itself. Collaboration with a number of internal stakeholders who were already playing an important part in assisting students with their well-being was strengthened. These stakeholders included faculty staff members seeking information about identifying students at risk and where to seek help for them. In this regard, although the primary function of faculty student advisors at this university is to assist students with their academic problems, many of these staff members can also notice potential serious issues and refer students who may be at risk for further psychological help. The SCU at the university engaged these faculty stakeholders through training and conversations.

Residence affairs staff can also play a significant role in protecting, helping, and referring students with mental health issues. These staff are well-placed to detect problems at an early stage; point the student in the direction of the appropriate help; and assist with continued care. In addition, staff at the university residences cooperate closely with SADAG in relation to the use of the 24-hour careline and in promoting peer-support structures within the residences.

Other service units, including the Centre for the Study of Aids and Gender (CSA&G); the Transformation Office; and security services at the university also engaged in addressing students' problems and were able to connect students with the SCU at the university and the services provided by the unit.

In addition, student organisations such as the Student Representative Council (SRC) and a Student Wellbeing Committee at the university played an important role in attending to student problems, particularly in terms of rapidly identifying how negative events on campus could contribute to student distress. These student bodies, which are generally active on social media, can be useful allies in promoting student well-being.

During the COVID-19 lockdown, the SCU at the university received significant political and financial support for its efforts to deliver its services in new ways from the executive structures at the institution, including the director of student affairs and the vice-principal of student life.

### *Leveraging partnerships to deploy new technologies*

In coordination with the university's information technology (IT) department and external service providers, the SCU at the university developed a chatbot in early 2021. This artificial intelligence resource provided materials and content to assist students in taking a stronger self-help approach to their own well-being. The chatbot, which was available only to registered students, focused initially on a number of specified mental

health issues while taking an overall well-being approach to mental health. It provided information, questionnaires, self-help exercises, and links to online videos and other external resources.

### *Gaps in Campus Mental Health-Service Provision*

At the exosystemic level, the relative unavailability of psychiatric services for students in need has represented a serious gap in mental health-service provision on campus for a long time. For example, while psychologists within the SCU at the university which is the subject of this article are able to diagnose serious mental health conditions, they find it difficult to secure the appropriate medication for students due to financial and access constraints. In response and given the significance of students as a vulnerable local population, management noted that future consideration should be given to the possibility of a partnership of university clinics with the provincial Department of Health. Meanwhile, however, students tend to avoid attending public service-provider institutions which anyway cannot meet their needs in a timely manner. This has led to continual crisis management on campus. In this regard, if university campuses were to become sites for public clinics, as has been proposed, many of the crises that emerge after delays in treatment may be nipped in the bud.

Similarly, the various mental health initiatives promoted by Higher Health<sup>2</sup> may be more effectively deployed if it were acknowledged that universities may be best-placed to implement these at a local level.

In line with the IAPT approach and the understanding that there is a need for mental health information to be communicated more widely, units such as the SCU could benefit from the services of registered counsellors, who would be able to assist with the initial screening of clients; provide counselling; and promote mental-health projects within their scope of practice.

### *Reflections*

Some initial, tentative conclusions may be drawn on the effectiveness of the new approach in providing mental health services to students which was adopted under lockdown at the university which is the subject of this reflection.

There was some confusion about the purpose of the new mental-health chatbot introduced by the SCU at the university, although it was accessed by many students after it was launched. Several students complained that the chatbot was not responding to their specific questions and indicated that they had been expecting greater engagement from the bot in relation to their needs – rather than seeing it for what it was, namely a device for providing mental-health information. In this regard, the communications campaign to promote the chatbot could have provided greater clarity on its actual purpose and function. At the same time, plans are in place to expand the functionality of

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2 Higher Health is a government organisation that aims to promote comprehensive student well-being across all campuses of tertiary institutions in South Africa, as a supplement to academic programmes.

the chatbot, although such technological innovation is expensive and time-consuming and would necessitate extensive private-sector engagement.

More generally, efforts to promote the mental health resources and services on offer were not entirely effective. For example, the SCU at the university was told on a number of occasions that some students appeared to have no knowledge of the mental health services that were available to them at the university. In addition, some students seemed reluctant to make use of the online mental health services that were made available, viewing the provision of virtual forms of assistance as less than adequate.

### *Recommendations*

Given the global context, in which mental health and general health services are increasingly being provided virtually, thought should be given in future as to how students and staff may be helped to acclimatise to virtual services as an adjunct to conventional face-to-face modalities.

The various platforms for providing mental health and wellness support should be promoted and provided in line with the demand. In this regard, the incorporation of a hybrid approach to mental health service delivery, under which online and face-to-face services are blended, as well as the establishment of a tiered approach, under which the needs for particular kinds of services are matched with what is on offer, can lead to the provision of effective, equitable mental health services.

Throughout the lockdown period it became clear that mental health and wellness could not be the sole responsibility of a unit such as SCU. Wellness promotion and resilience-building should be an institutional objective, and an aspect of campus culture. It must involve students at the grassroots level, as well as all the faculties; the professional- and administrative-support units; and the university's leadership.

Looking to the future, the need to teach the hidden curriculum of life- and self-management to the next generation of students may be imperative if the next pandemic is to be survived.

Under lockdown at the university, it became clear that the mental health and well-being of students was not something that could be addressed through the provision of conventional counselling services. An innovative, holistic and comprehensive approach was required to provide adequate services.

In addition, the delivery of appropriate services depended on self-responsibility for well-being among students with the support of staff. In this regard, there should be greater acknowledgment of the benefits to be derived from confronting the stigma attached to mental health issues and talking about these issues more openly.

Benchmarking at other university counselling centres and further research should be undertaken to provide greater clarity on how best these centres can serve their student populations. In this regard, it is noteworthy that the current generation of students is generally at ease with digital content and digital platforms, while also appreciating the benefits of congruent human interaction. In this regard, institutions need to collect data through surveys, focus groups, and anonymised information via service platforms to

ensure that appropriate forms of professional support are made available in answer to the actual mental health needs of student populations.

The adoption of a wellness model and a stepped-care approach within a systems framework proved of great use to the Student Counselling Unit at the university which is the subject of this reflective article, enabling a more optimal use of resources in an exosystemic environment characterised by a paucity of resources for promoting mental health. This reflection and its lessons are provided here for the potential benefit of other higher education institutions facing similar challenges.

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