'Be More Resilient': Is UK Higher Education Whitewashing The Reality Of The Mental Health Crisis With Resilience Rhetoric?

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Abstract

This discussion paper considers the use of resilience rhetoric within the higher education sector. Through analysis of resilience definitions and examples from contemporary research and practice in the sector, it argues that the neoliberal concept is being used to whitewash the mental health needs of staff and students.

Introduction

Institutions have needed to face the growing mental health (MH) crisis, something which central government has put considerable emphasis on from a student perspective. Although strategies and approaches are multistranded and complex, one element of note is the rise of resilience rhetoric. Often resilience, or lack of, is used to explain some of the increase in MH needs and has resulted in institutions giving focus to the term, in everything from staff job descriptions, to learning outcomes, policies, self-help resources and wellbeing workshops. Resilience is, of course, a fundamental life skill that institutions can rightly hope that staff and students possess. However, very often those with MH needs have developed excellent resilience, meaning that factors impacting their MH are pushing their resilience to the limit and exceeding what it is possible to cope with. Therefore, what I seek to argue is that all too frequently, the concept of resilience is misunderstood, misappropriated and unsuitably applied currently within Higher Education (HE). Within this discussion, I will consider the neoliberal use of resilience rhetoric and question whether this is used to whitewash over the causes or impact of MH needs for staff and students, and the responsibility to institutions to reduce or remove stressors which impact their communities.

Resilience rhetoric as a neoliberal concept

Resilience rhetoric is a neoliberal concept which sublimates the inability to demonstrate or build resilience within the individual and omits the complex contextual factors which act externally on that individual, and the responsibility of the systems and structures which underpin these to be forgone (Wrench, Garrett & King, 2014; Schwarz 2018; Zembylas, 2021). Problematically, resilience rhetoric is based on a concept which lacks consensus on its definition (Brewer et al., 2019; Zembylas, 2021). Brewer et al. (2019) suggest that resilience is adaptability or capacity to cope in the face of adverse or stressful events; Schwarz (2018, p.532) goes further and frames resilience as the 'positive adaptation' following adversity and even more positively, Duckworth et al. (2007) define it as the 'perseverance and passion for

long term goals'. There is, in all definitions an assumption that adverse or stressful events are routine or reasonable; they are a part of life. This may be true, but like with the wider adoption of resilience rhetoric, this assumption can be co-opted to normalise extremes and, as Ahmed's (2017, p.189) definition articulates, 'resilience is the requirement to take more pressure; such that the pressure can be gradually increased'. This highlights that there is a shifting baseline with regards to what we consider to be adverse. Nandy, Lodh & Tang (2021) align this to the impact of the recent pandemic and other global and local events through which exhaustion is continual without time or space to rebuild. Whereas Schwarz (2018, p.530) argues that the 'growing rates of mental illness are considered to be an inevitable consequence of the oppressive and exploiting economic conditions under capitalism'. Either way, the result is that year on year, our expectations and acceptance of what is adverse due to extreme exceptionality, or what is adverse as part of our everyday existence are converging.

Ideologically, the preservation of an individual's MH and the development of their resilience is their own responsibility and not that of the society or culture which they inhabit (Wrench, Garrett & King, 2014; Nandy, Lodh & Tang, 2021). This would be fine if there were adequate resources to support someone with the motivation to seek their own solutions to their poor mental health, but currently, the average wait time for non-pharmacological interventions is the worst they've ever been, with one-to-one support being almost non-existent under the current NHS (National Health Service) funding. Equally, the notion of resilience as 'grit,' an attribute which reinforces the norms of stressors present in our society (Zembylas, 2021). Duckworth et al. (2007, p.1088) claim that 'whereas disappointment or boredom signals to others that it is time to change trajectory and cut losses, the gritty individual stays the course.'; being able to persevere in the face of adversity is predicated on a notion of freedom which many simply do not have, due to complex socio-economic factors which undermine a single individual's capacity to 'stay the course'. Grit and resilience may be a luxury some cannot afford; notably, the examples given of those who demonstrate grit are those with privilege e.g., educated white men. The neoliberal use of resilience is therefore potentially reductive as it does not consider the wider contextual factors.

The landscape of Mental Health in HE

Prior to, during, and since, the pandemic, there have been increasing instances of staff and students in HE, experiencing MH difficulties and crises. Government research into young people in HE, found that up to a third experience poor MH, often symptomatically experienced as depression and anxiety (Lewis, McClous & Callender, 2021). In recognition of this, the Office for Students (OFS) recently committed to funding initiatives, as well as identifying and sharing good practices, which specifically address mental health among university students (OFS, 2022). This rise is not limited to our student populations, and staff have mirrored this trend, with dramatic increases in referrals for occupational health and counselling (Morrish & Priaulx, 2020). Although these increases predate the pandemic, it has had a significant impact, which has simultaneously affected individuals and institutions (Jisc & Emerge Education, 2021; Nandy, Lodh & Tang, 2021; Zembylas, 2021; Ang et al., 2022). This is not unique to the HE sectors, with numerous NHS Trusts experiencing years of reduction in funding for mental health services, which has resulted in increases to wait

times for, and a reduction in the quality of, non-pharmacological interventions (The Kings' Fund, 2018). As a consequence, this has left staff and students without the resources to manage their health effectively; the government have made explicit their expectation for Higher Education Institutions (HEIs) to address the MH needs of their student populations (Department for Education, 2019) and similarly, Jisc & Emerge Education (2021) recommend in their report that HEIs make MH a 'strategic imperative'. Evidently, HEIs are under increased pressure to take active steps in supporting those with mental health needs and produce tangible results which demonstrate their efficacy of these.

This is also evidenced through the practice of HEIs; a cursory google or search in jobs.ac.uk will identify numerous university resources and job descriptions which demonstrate an institutionally sanctioned value on the notion of resilience (Brewer et al., 2019). The University of Southampton (2022) and the University of Suffolk (2022) both have recent job adverts for senior roles in which resilience is designated as a key attribute of any applicant n their advert and job description, respectively. Similarly, Imperial College London (ICL) links resilience with stress under the auspices of self-help for health and wellbeing, reinforcing what many have already commented on, that the neoliberal approach now adopted as a response to increasing MH and stress is to cite the individual (Imperial College London, n.d. (a)). Equally, in the case of ICL, they also provide staff with a guide on burnout and workplace stressors designed to enable staff to take ownership of their needs, with responsibility on management to respond to these (Imperial College London, n.d. (b)). This at least recognises the myriad of external factors which affect any individual negatively and may result in poor mental health. However, the notion of resilience is framed, these examples serve to highlight the pervasive nature of resilience rhetoric, and how this has become normalised within our educational culture. Moreover, this rhetoric places the responsibility on the individual for developing their resilience, potentially whitewashing over the responsibility of institutions to reduce or remove stressors that contribute negatively to the mental health of staff and students.

Whitewashing Mental Health in HE with resilience rhetoric

In order to redress the MH crises, HE sector has responded with a multitude of strategies and interventions to support both staff and students. One of these, is the concept of resilience. There is a wealth of research from the last twenty years which has sought to develop a theoretical framework for building resilience, metrics by which we can measure the efficacy of resilience interventions and empirically prove the value of resilience in addressing MH (Duckworth et al., 2007; Min, Lee & Chae, 2015; Jisc & Emerge Education, 2021). There is a substantial body of evidence which supports these aims; Sood & Sharma (2020) identified that resilience helps to return one to their 'normal state' and 'enhances' personal wellbeing. Duckworth et al. (2007) claim that resilience is equal if not greater as a predictor of success, and Holdsworth, Turner & Scott-Young (2018) found that resilience was a key factor in maintaining wellbeing throughout university life for students. Similarly, Nandy, Lodh & Tang (2021) found that grit was a precursor to success but failed to examine why a student may not persevere or why they disengage, or identify what makes them stay, and at what cost they persevere to their health or social wellbeing. For example, a student may feel more motivated by an engaging and supportive tutor, whereas a member of staff may feel less motivated by

a line manager who bullies. Furthermore, the self-help approach supported by many in the HE sectors expects reams of efficacy, confidence, and motivation, which due to the power imbalance between students or staff and the institution at large, is untenable for most, and would only be diminished with those experiencing poor MH (de la Fuente et al., 2017). This is further reinforced via HE's frequent use of 'the independent learner' as a paramount goal for graduates. Like with resilience, it is not that this in itself is not a valuable attribute, but again, its ambiguity and neoliberal underpinnings go hand in hand with the misappropriation of resilience rhetoric (Wrench, Garrett & King, 2014; Webster & Rivers, 2019).

Within HE, there are numerous stressors and factors which can adversely affect our staff and students (de la Fuente et al., 2017); but should that make them acceptable? There is a danger that where resilience rhetoric is perpetuated, it implies an expectation for inordinate stressors within the daily routine of working or studying. 'The promotion of resilience tacitly assumes social inequalities to be fixed' (Webster & Rivers, 2019, p.4); the neoliberal concept of resilience gives rise to a striking omission regarding the contextual cultural factors which influence an individual (Zembylas, 2021). Wrench, Garrett & King's (2014) study clearly identifies that the process of transitioning to university can constitute an adverse event, resulting in poor mental health and wellbeing. This would surely then suggest to HEIs that they should take preemptive and proactive measures to examine and reduce the impact transition has, as opposed to expecting individuals to improve their own resilience (Sood & Sharma, 2020; Ang et al., 2022).

Many mental health conditions have fluctuating symptoms and do not adhere to a binary notion of being well or unwell, vulnerable, or resilient (Schwarz, 2018). There will be days where even with severe symptoms, students can study and staff can work, but cannot function in other areas of their lives. Those that burn out or cannot continue to tolerate the levels of stress they are subjected to, either by HE or other forces, are reduced to being inadequate, themselves not able to 'cope'. This also raises important questions about how we include people with mental health conditions within our institutions, and what responsibility we take for our communities' health (Webster & Rivers, 2019). In response to this, studies have attempted to suggest ways in which resilience can be used at an institutional level to build resilience, and in turn, improve mental health (Wrench, Garrett & King, 2014; Min, Lee & Chae, 2015; Holdsworth, Turner & Scott-Young, 2018). Notably, Nandy, Lodh & Tang (2021) call for HEIs to undertake suggests that HEIs review their weaknesses focusing on where practices as both employers and educators impact individuals or cause stress, and are there systemic, cultural, and structural changes, which can be made to reduce or remove these, particularly where these may disproportionately affect certain groups.

Nandy, Lodh & Tang (2021) highlight that recovery models following the pandemic are focused on individuals, and not institutions. However, throughout the pandemic what we have learnt is that health and wellbeing are largely not in the control of a single individual and that actions were taken by governments, such as lockdowns, or the choices by communities, such as mass vaccinations or wearing of PPE (Personal Protective Equipment), demonstrates that the fate of our health and wellbeing is inextricably linked, intertwined, and entrenched within a myriad of connections with the world around us. Why then are mental health

and resilience not considered on the same terms? Schwarz (2018) deploys the analogy of the impact of homophobia on mental health, and looks at the individual experiencing vulnerability, or lack of resilience – as having MH difficulties, we are decontextualising the vulnerability and failing to make systemic change to reduce or remove the stressor. More concerning is that resilience rhetoric can entrench the status quo, even when this oppresses or disadvantages particular groups (Schwarz 2018; Zembylas, 2021). This is supported by Min, Lee & Chae (2015) who found that non-traditional students from widening participation backgrounds were often more resilient; presumably, because they have had to encounter adversity due to social inequalities.

Conclusion

Like its failure to consider a wider context, resilience rhetoric can also fail to address the complexity of mental health. If we begin to stipulate resilience as a core aptitude of staff and students, we risk excluding those who we perceive to lack these qualities, those who fall foul of structural inequalities. This paper has not sought to denigrate the value of resilience in supporting mental health, but rather calls attention to the rise in resilience rhetoric and the deficit neoliberal notion of resilience which places an unfair burden on individuals and is often adopted by HEIs to whitewash over the rising crisis of mental health within their communities. As Jisc & Emerge Education (2021, p.8) articulate, 'inclusivity [is] recognising that people face unequal challenges to their mental health and those may be HE-specific and be personal, cultural or structural', and therefore institutions need to consider how they are taking responsibility for the complex and structural stressors and what actions they are taking to respond to the MH needs of students and staff.

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