

Glossary of Terms for the Student Mental Health Project

October 2023

The Student Mental Health Project is an Office for Students (OfS) funded project that aims to help higher education providers develop their student mental health interventions. The project has developed a [Student Mental Health Evidence Hub](#), a free resource consisting of an evidence-based toolkit, evaluation guidance, examples of practice and the results of our sector engagement and student panel work.

The project was led by The Centre for Transforming Access and Student Outcomes in Higher Education (TASO) as part of a consortium with What Works Wellbeing, SMaRteN, Student Minds and AMOSSHE, the Student Services Organisation.

Term	Definition
Mental Health	<p>TASO defines mental health in accordance with the definition outlined by the World Health Organisation (WHO):</p> <p>‘Mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community.[...] Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes.’ (World Health Organization, 2022)</p>
Wellbeing	<p>We use the definition set by one of our consortium partners, What Works Wellbeing:</p> <p>‘Wellbeing, put simply, is about ‘how we are doing’ as individuals, communities and as a nation and how sustainable this is for the future.</p> <p>We define wellbeing as having 10 broad dimensions which have been shown to matter most to people in the UK as identified through a national debate. The dimensions are: the natural environment, personal wellbeing, our relationships, health, what we do, where we live, personal finance, the economy, education and skills and governance.</p> <p>Personal wellbeing is a particularly important dimension which we define as how satisfied we are with our lives, our sense that what we do in life is worthwhile, our day to day emotional experiences</p>

	<p>(happiness and anxiety) and our wider mental wellbeing.’ (What Works Wellbeing, n.d.)</p> <p>It is important to note the difference between wellbeing and mental health. Wellbeing is not simply the absence of mental illness and nor are mental health symptoms necessarily an indicator of poor wellbeing. As UUK’s <i>Stepchange, Mentally Healthy Universities</i> guidance points out, ‘[w]ellbeing includes wider physical, social and economic experience’ (Pury and Dicks, 2021:p.8).</p>
Mental Health Difficulties	<p>TASO’s preferred language is to refer to 'mental health difficulties', as opposed to mental health 'problems', 'issues', 'struggles', 'challenges', 'disorders' or 'conditions'.</p> <p>The use of the term 'difficulties' in relation to mental health implies barriers to maintaining one’s mental health. As a non-clinical term, it is accessible and holds within its remit both those that have a clinical diagnosis and those that do not.</p> <p>This approach is more appropriate for this project as it favours everyday language as opposed to medicalised language. It is a term recommended by the British Psychological Society, stipulating that its use is a way of moving away from the ‘disease’ model of mental illness (Division Division of Clinical Psychology Beyond Functional Psychiatric Diagnosis Committee, 2014).</p> <p>While there are diagnoses in the Diagnostic and Statistical Manual of Mental Disorders (DSM) that are named 'disorders', using it as a broad term in reference to mental health is unhelpful and implies merely abnormality. However, the term 'disorder' can be used in reference to specific clinical disorders if it is appropriate to name them such as 'anxiety disorder' or 'emotionally unstable personality disorder'.</p> <p>Alternative Phrasing</p> <p>'Poor mental health'</p>
Mental Distress	<p>In accordance with recommendations by the British Psychological Society, the use of the term 'mental distress' is preferred, particularly in cases in which it may not be clear whether a person has received a clinical diagnosis (British Psychological Society, 2022).</p> <p>This helps to move away from the biomedical model of mental health as it focuses more on the emotional experience of the individual rather than the diagnosis.</p>
Mental Illness	<p>In cases in which there is reasonable cause to specify that a person’s experience of poor mental health is clinically diagnosed, TASO suggests using the term 'mental illness'. This is in accordance with the definition of terms as outlined by the Student Mental Health Charter.</p>

	<p>‘Mental illness will be taken to mean a condition and experience, involving thoughts, feelings, symptoms and/or behaviours, that causes distress and reduces functioning, impacting negatively on an individual’s day to day experience, and which may receive or be eligible to receive a clinical diagnosis’. (Hughes & Spanner, 2019:p.9).</p>
Severe Mental Illness (SMI)	<p>While maintaining a broadly non-clinical approach to discussing mental health, there may be instances where it is important to distinguish between ‘severe mental illness’ and other mental health difficulties.</p> <p>When referring to mental health difficulties that are enduring, involve a high level of psychological distress and affect a person’s ability to live their day-to-day life for an extended period of time, TASO recommends using the term ‘severe mental illness’. These are often considered but not limited to, difficulties that are on the psychotic spectrum of disorders, personality disorders, eating disorders and trauma-related disorders. It is important to note that depression and anxiety, while being widely experienced by a larger percentage of the population, can still be experienced as complex mental health difficulties.</p> <p>Within the NHS, severe mental illness (SMI) is a term that is helpful to differentiate experiences of mental illness in order to provide additional psychological and physical therapies and legal support. The NHS sometimes also refers to SMI as ‘serious mental illness’, a term that is also adopted by Student Minds in the Student Mental Health Charter. Though both are acceptable, TASO recommends the use of ‘severe mental illness’ for clarity.</p> <p>Alternative Phrasing</p> <p>Alternative phrasing which may be appropriate in non-clinical contexts is ‘complex mental health difficulties’ or ‘complex needs’. Referring to these disorders as ‘complex’ encapsulates the experience that many mental health difficulties can be co-occurring and that the separation of symptoms as outlined by diagnostic practice does not always accurately reflect a person’s emotional experience.</p>
Living with ...	<p>TASO will refer to individuals experiencing mental health difficulties as people ‘living with’ a mental health difficulty or clinically diagnosed illness. For example, we encourage saying ‘students living with depression’ rather than ‘depressed students’ or ‘having depression’.</p> <p>This maintains a neutral person-centred approach that reduces the stigma surrounding mental health. It focuses on the individual rather than defining them by a symptom or illness.</p> <p>This phrasing also avoids the use of phrases which are not neutral and imply a degree of victimisation such as ‘struggling with’ or ‘suffering from’ a mental health difficulty (Mental Health Foundation, 2022).</p>
Died by suicide	<p>In accordance to guidance outlined by Samaritans, in referring to suicide, TASO will use language that is sensitive and non-judgemental.</p>

	<p>Using 'died by suicide', as opposed to 'committed suicide', avoids the implication of wrong-doing (Samaritans, n.d.).</p> <p>Following Samaritans media guidelines, TASO will also avoid references to suicide in dramatic headlines and strong terms such as 'suicide epidemic' or 'crisis' (Samaritans, 2020).</p> <p>Alternative Phrasing</p> <p>Other acceptable phrases include 'take one's own life', 'suicide attempt', 'completed suicide', 'person at risk of suicide'.</p>
Recovery	<p>TASO will use the word 'recovery' in reference to personal recovery, which is subjective and can mean different things to different people. Under this definition, recovery does not have to necessarily live symptom free. For some people, recovery can mean managing mental health difficulties well in order to build resilience and to live a meaningful life.</p> <p>This definition of recovery is in line with a more person-centred approach and acknowledges the possible differences in people's experiences (Rethink Mental Illness, n.d.).</p>
Intervention	<p>TASO recommends the use of 'intervention' to denote programmes directly engaging with students in order to support their mental health, wellbeing or longer-term student outcomes (retention, progression, awarding). This involves programmes that have a clear set of goals and strategies that help to improve some aspect of mental health or wellbeing. These can be preventative programmes or more treatment based programmes.</p> <p>These can include psychological interventions such as counselling, peer support programmes, recreational activities, physical activity, active and passive psychoeducation and settings based programmes, infrastructural and intersystem collaboration programmes. A typology of mental health interventions is provided in the Toolkit.</p>
Prevention and Postvention	<p>Prevention interventions refer to those that work towards raising awareness and promoting good mental health, or work in a targeted way to support those that are considered at risk of their mental health deteriorating.</p> <p>Postvention interventions refer to interventions that aim to support people who are bereaved following a loved one or member of the community dying by suicide.</p>

	<p>These definitions are widely accepted in the mental health sector, though they may not be immediately obvious to those outside of it (Survivors of Bereavement by Suicide, n.d.).</p>
<p>Positive or negative affect</p>	<p>Positive and negative affects refer to the two dimensions of our affective states as set out in Bradburn’s model of wellbeing (1969). An affect refers to an emotional state, expression, trait or a mood. Affective responses with a positive valence such as joy and enthusiasm are considered positive affects, while those with a negative valence such as fear or anxiety are considered negative affects. Many studies, particularly those drawing on positive psychology, refer to positive and negative affect as indicators of general wellbeing.</p>

References

- Bradburn, N. M. (1969). *The Structure of Psychological Well-Being*. Oxford: Aldine.
- Division of Clinical Psychology Beyond Functional Psychiatric Diagnosis Committee. (2014) *Guidelines on Language in Relation to Functional Psychiatric Diagnosis*. British Psychological Society (BPS), <https://lassemattila.com/wp20/wp-content/uploads/2022/02/2015-Guidelines-on-Language-in-Relation-to-Functional-Psychiatric-Diagnosis-BPS.pdf> [Accessed 2 November 2022].
- Hughes, G. & Spanner, L. (2019). *The University Mental Health Charter*. Leeds: Student Minds. https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/191208_umhc_artwork.pdf [Accessed 2 November 2022].
- NHS England. (n.d.) *Community mental health services*. <https://www.england.nhs.uk/mental-health/adults/cmhs/>. [Accessed 2 November 2022].
- Mental Health Foundation. (2022) *Talking about mental health*. <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/talking-about-mental-health>. [Accessed 2 November 2022].
- Pury, J., de, and Dicks, A. (2021) *Stepchange, Mentally Healthy Universities*, Universities UK. <https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-07/uuk-stepchange-mhu.pdf#page=12> [Accessed 3 November 2022]
- Rethink Mental Illness. (n.d.) *Recovery and mental illness*. <https://www.rethink.org/advice-and-information/living-with-mental-illness/treatment-and-support/recovery-and-mental-illness/> [Accessed 2 November 2022].
- Samaritans. (n.d.) *Handling the media, Suicide in schools, Step by Step Samaritans*. <https://www.samaritans.org/how-we-can-help/schools/step-step/step-step-resources/handling-media/>. [Accessed 2 November 2022].
- Samaritans. (2020) *Media Guidelines for Reporting Suicide*. <https://www.samaritans.org/about-samaritans/media-guidelines/media-guidelines-reporting-suicide/> [Accessed 2 November 2022].
- Sampson, K., Priestley, M., Dodd, A. L., Broglia, E., Wykes, T., Robotham, D., Tyrrell, K., Ortega Vega, M. and Byrom, N. C. (2022) 'Key questions: research priorities for student mental health,' *BJPsych Open*. Cambridge University Press, 8(3), e90. DOI: [10.1192/bjo.2022.61](https://doi.org/10.1192/bjo.2022.61)
- Survivors of Bereavement by Suicide. (n.d.) *Postvention, Survivors of Bereavement by Suicide*. <https://uksobs.org/for-professionals/postvention/>. [Accessed 2 November 2022].
- What Works Wellbeing. (n.d.) *What is wellbeing?* <https://whatworkswellbeing.org/about-wellbeing/what-is-wellbeing/>. [Accessed 1 November 2022].
- World Health Organization (WHO). (2022) *Mental health: strengthening our response*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>. [Accessed 1 November 2022].
- Worsley, J., Pennington, A. and Corcoran, R. (2020) 'What interventions improve college and university students' mental health and wellbeing? A review of review-level evidence'. What Works Wellbeing. <https://whatworkswellbeing.org/resources/student-mental-health-review-of-reviews/> [Accessed 2 November 2022].