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"Welfare Is Everybody's Responsibility"—or No One's?: On the (Im)possibilities of Mental Health First Aid in the Neoliberal University

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Abstract

The neoliberal university, by commodifying and individualising learning, teaching and research, has been linked to growing mental health issues and presents many challenges for delivering adequate mental health services. We use concepts of critical geographies, including mutual aid, as a framework to explore the potential of Mental Health First Aid (MHFA) as a 'care-full' intervention within the neoliberal university environment. Through a case study of MHFA-trained staff at a research-intensive university in the United Kingdom, we analyse the tension MHFA holds of being instrumentalised by the neoliberal university while also holding potential as a care-full tool for mutual aid. Our analysis demonstrates that many university staff were keen to contribute to MHFA, highlighting the potential for such collective

schemes to achieve support and uptake. At the same time, it became evident that uncertainty with role boundaries and the delegation of responsibility for welfare in the campus environment created confusion about the role of MHFA and revealed a tension between commitments to cultivating an ethic of care whilst resisting a neoliberal individualisation of responsibility. We conclude that, despite this potential, MHFA, in our empirical case study, is limited by its role boundaries and risks becoming a neoliberal problem itself. Yet, MHFA could open up advantageous responses to neoliberal challenges if framed and implemented effectively, with a clear focus on building care-full communities and valuing mutual aid.

Keywords

neoliberal university, mental health, mental health first aid, mutual aid, higher education, neoliberalism

Introduction

Amidst a broader context of inadequate mental health service provision in many parts of the world (World Health Organisation 2019), Mental Health First Aid (MHFA) is a program gaining traction internationally to train non-specialists in responding to mental health issues in a variety of contexts. The program provides training in nearly 30 countries across the world, including the USA, Canada, the UK, Australia, India, and Germany and has been adapted as well as rigorously evaluated to ensure successful international uptake (MHFA International 2022). This uptake includes university environments, where MHFA has been increasingly engaged as a way for universities to widen the scope of campus mental health support "beyond specialist mental health services" (Kitchener and Jorm 2008, 60) and to cope with scarce resources (Meyerhoff, Johnson and Braun 2011, 485-486). This enables a range of university staff, including academic staff, to take on a 'first responder' role with regards to mental health.

In this article, we examine the potential and pitfalls of MHFA, considering its capacity as both an antidote to the mental health consequences of the neoliberal university and as a neoliberal response. To do this, we explore the perspectives of staff, across academic and non-academic job roles, trained in MHFA at a research-intensive university in the UK. Grounded in the lived experience of staff, we ask: can MFHA contribute to a care-full university? We begin below by developing a conceptual framework for situating our research, drawing on concepts from critical geographies of mental health to conceptualise neoliberalism and its impact on mental health and higher education. We then move on to describe our methods, before presenting the results of our thematic analysis, which trace the radically transformative (im)possibilities of MFHA within the neoliberal university context. Given the growing ubiquity of MHFA approaches, especially in the institution from which we write, we believe it is incumbent on critical geographers and care-full educators to examine the possibilities and limits that exist in-against-and-beyond this increasingly dominant approach. Ultimately, we conclude that while MHFA may be capable of cultivating communities of care and is a worthwhile site of intervention, more is needed. Such communities of care, while necessary, are insufficient if we wish to transform the neoliberal university, a transformation that requires us to build and practice mutual aid.

University Mental Health Geographies: McMindfulness or Mutual Aid?

Recent work in mental health geography has featured a significantly reflexive turn, turning inwards to explore universities as 'anxiety machines' (Hall 2014), with detailed studies focusing on North American institutions (Mullings et al. 2016; Mullings et al. 2021; Peake and England 2019; Peake and Mullings 2016, 2019). A key tenet of this work is that poor mental health is not simply an unfortunate consequence of the neoliberal academy, but in fact central to its functioning. Through the creation of an incessant audit culture and the constant ranking of both staff and students, unrealistic expectations demanding individuals to be super-ableist (Hawkins 2019) or perform 'alpha-heroism' (Horton 2020) have become normalised. What is more, the very creation of these outlandish demands becomes a form of 'soft governance', forcing people to strive constantly for the impossible and thus creating a Sisyphean state of individualised uncertainty and inferiority (Berg et al. 2016). The expectation is increasingly that academic staff have to "simultaneously inhabit multiple subject positions as researcher, educator, collaborator, worker, and activist, and to manage and survive our increasing economic precarity" (Todd 2020, 483). Such challenges are exacerbated for multiply minoritised groups who not only endure structural discrimination but also face pressure to occupy additional subject positions. For these groups, even everyday existence in the academy becomes a form of resistance (Johnson et al. 2018; cf. Emejulu and Sobande 2019). But this relentless form of embodied resistance is incredibly draining (Johnson 2020), creating extra pressure to comply, assimilate, and acquiesce (Maclean 2016), and thus becomes an extremely vicious cycle.

To make matters worse, expectations of staff rarely prioritise support for colleagues and students, with this important work falling outside of the dominant metric culture. Consequently, such work comes without workload allocation and formal recognition, meaning that a commitment to fostering a culture of care can ironically increase stress and anxiety and, in fact, hinder career progression in the super-ableist academy. As ever, women and people of colour are disproportionately impacted here, carrying more of the supportive burden for staff and students, which has significant physical and mental consequences (Mountz et al. 2015). However, while this behaviour is expected from some groups, and often dismissed as unremarkable, research has shown that white male academics who show even a passing interest in supporting others receive disproportionate praise (Hawkins 2019). The value of this work, therefore, is its effort to move beyond bio-medical models to show how universities have become structural drivers of unwellness (Mullings et al. 2016; Tucker and Horton 2019); sites that, drawing on critical disability studies, clearly (re)produce 'neoliberal-ableism' (Goodley and Lawthom 2019; Goodley et al. 2014) and govern through 'neuroliberal' means that repeatedly force academics into becoming anxiously and neurotically entrepreneurial (Jones and Whittle 2021).

This is not to say that universities themselves have not responded to this challenge. As Peake and England (2019) note, there is a growing body of mental health-oriented information and support at institutional and disciplinary levels. These responses, however, tend to be quite individualising, often rooted in troubling discourses of 'resilience' that ignore and even obscure the structural causes of mental ill health (Simard-Gagnon 2016). Most obvious here are mindfulness techniques which, despite their radical and geographical potential (see Asker 2022), have become an industry. Far from enacting significant, radical changes, this brand of 'McMindfulness' (Purser 2019) can support and strengthen

neoliberalism, imploring people to invest in their own wellbeing and become their best entrepreneurial self. In the same vein, we have seen widespread co-option of previously radical concepts like 'self-care' (Lorde 1988), which are now almost entirely shorn of their Black feminist roots (Spicer 2019) and, returning to the culture of metrics that underpin the 'neuroliberal' university. In the UK we have even witnessed a mental health league table that ranked universities by the 'quality' of their mental health provision[1]. Roundly critiqued by the mental health charity Student Minds (as we show below Student Minds are central to MHFA in UK higher education) for its lack of robust methodology and arbitrary rankings, even if the specific issues with this league table are resolved it remains unclear how the mental health challenges created by/in the neoliberal university can be solved through more neoliberal processes that fetishise metrics. Neoliberalism has an incredible ability to co-opt, commodify, and individualise, so much so that even well-meaning discussions of academic 'failure' can become new terrains on which to compete (Clare 2019), and so while the academy may be a site of unwellness, the response to this is not to uncritically embrace mainstream and often pernicious 'wellness' discourses.

Collective endeavours are thus central to truly radical responses to the mental health crises consuming universities. Fundamentally, efforts must build lines of solidarity not just between staff, but also *between* staff and students (Puawai Collective 2019). Returning to Todd (2020), although the neoliberal academy forces us to inhabit multiple subject positions, it also opens up multiple fronts for shared experiences and with it the potential for unexpected solidarity among conventionally vertical relations (e.g., staff and students). This can be understood through the lens of developing our capacity for 'mutual aid', an approach that, with its focus on solidarity and horizontalism, is entirely antithetical to neoliberalism (Spade 2020b). With its radical history going back to anarchist geographer Piotr Kropotkin (1902), mutual aid is finally being re-examined geographically (Mould et al. 2022; Springer 2013, 2020), especially with regard to more recent community responses to the COVID-19 pandemic (Spade, 2020a) and other forms of post-disaster support (Firth 2022). Furthermore, research has also shown the value of mutual aid and self-help groups in improving mental health (Hyde 2012; Seebohm et al. 2013). Given the severity of the mental health crises sweeping universities it is therefore by no means hyperbolic to view mental health interventions through the lens of disaster response.[2]

The concept of mutual aid has also been specifically applied to the university context. For instance, first published in 1984 Eric Midwinter's edited collection 'Mutual Aid Universities' examines how higher education needs to be imagined otherwise and be much more attentive to lifelong learning. While Shaw (2023) and Latz (2023) have looked, respectively, at further education and community colleges as sites which can, and in fact need

[1] This can be accessed at www.wearehumen.org/uni/

[2] What is more, the university context should never be isolated from wider societal issues and the polycrises that impact so many. Students are, of course, not immune from housing issues, cost of living challenges, or the intersections of racism, misogyny, disablism or transphobia. In fact, in 2021, the Office for National Statistics showed that the 37% of UK first-year students experiencing depression was 25% higher than the average for 16-29 year olds (ONS 2021). While these data should be contextualised in their position at the height of the pandemic and it should be noted that not all students are between 16-29, they do highlight an important and worrying trend.

to, incubate mutual aid through progressive forms of pedagogy. Yet, less work focuses on more 'traditional' forms of higher education, such as the one from which we write, a gap this paper hopes to fill. One exception to this, however, is the work of Mimi Khúc whose powerful idea of 'writing while adjunct' (Khúc 2023) emphasises how the racialised political economy of the neuroliberal university drives structural marginalisation and 'unwellness' (Khúc 2021, 2024). Faced by this conjunctural crisis we not only need mutual aid in universities more than ever, but, as Khúc argues, it must also be framed within explicitly decolonial approaches. Ultimately, as both longstanding and recent waves of student and staff mobilisations across the world have shown, campuses are therefore underexamined as incubators of 'abolitionist praxis' (Davis and Fayter 2021).

As we argue in this paper, a critical and transformative MHFA seeks to build on communities of care by developing collective capacity for mutual aid that transects traditional university hierarchies. This *can be* a truly radical approach that creates a 'care-full' environment (Hawkins 2019; Puawai Collective 2019), inspired by feminist demands for collective forms of slow mentoring (Caretta and Faria 2020). Focusing on radical care ethics (Wood et al. 2020) helps build a supportive, emotional commons within which the potential for us all to live, work, and resist together resides (Henry 2018). But a word of caution is needed. While MHFA may have the potential to build something antithetical to neoliberalism, as with mindfulness, wellness, and self-care, the scope for co-option is great, especially as it can retain a 'vertical' staff-student relationship, grounded in a form of service delivery. MHFA's ability to successfully push back against, rather than (re)produce, the neuroliberal university therefore lies, we argue, in its ability to build mutual aid out of communities of care. Our analysis explores this very tension, considering the extent to which MHFA programmes can create institutional space for more radical change.

Situating Mental Health First Aid in the Neoliberal University

The MHFA program was originally developed in 2000 by Betty Kitchener and Anthony Jorm in Australia in response to an urgent need for the public to have better knowledge of mental illness, alongside an awareness of how to respond in a mental health crisis (Kitchener and Jorm 2008). Since its original development, the model of MHFA as a form of early intervention has been adopted in countries worldwide (MHFA International 2020). MHFA came to England in 2007 as part of a collective national approach to eliminate stigma surrounding mental health (MHFA England 2022) and was recognised as an advantageous way of emphasising parity between mental and physical health. The main objective of the training is to create a firm belief within communities that anyone can talk about mental health freely and access support when necessary (MHFA England 2022). The training provides "basic mental health care skills to people", to allow friends, family or colleagues to be givers of primary intervention care before seeking further support from mental health professionals (Kitchener and Jorm 2008, 60). Two types of MHFA training in England are Adult MHFA and Higher Education MHFA, the latter of which this study focusses on. The Adult 2-day course qualifies attendants as mental health first aiders by providing them with an in-depth understanding of mental health issues and the skills to reassure and signpost someone in distress. The Higher Education 1-day course, which was developed with the aforementioned mental health charity Student Minds, qualifies people as mental health first aid champions, meaning they have a deeper understanding of issues relating to university staff and student mental health (Mental Health First Aid England 2020). By virtue of the MHFA program

originally being developed by scholars in Australia, a considerable amount of empirical research has been conducted regarding the effectiveness of the program in Australia. Our study broadens the geographical scope of empirical research on MHFA by looking at a university context in the UK. Further, the majority of MHFA examples in the UK are 'grey literature', mainly case studies reported on the MHFA England website, which highlights the need for peer-reviewed evidence on this increasingly-adopted program in the UK context.

The premise for MHFA as a form of community care is that it may be effective because encouragement from within one's own social network (Kitchener and Jorm 2008, 55) is more likely to lead people to seek professional support. We emphasise here that the MHFA program should not be seen as a substitute for professional care, but rather as a method of directing and channelling those in need to appropriate points of care and cultivating a wider culture of care. This is something to be extremely mindful of, as we will discuss later, the boundary between a first point of call and professional care can easily become blurred, as caring roles can be difficult to distinguish in practice.

In the UK, case studies are regularly published on the Mental Health First Aid England website. For example, King's College London has trained over 650 staff since 2015. They state that the courses bring staff together in a place where they can speak openly about mental health. However, it is important to note that neoliberal ideas still permeate, as King's College London made a business case for funding the training, claiming that MHFA could help reduce the number of students dropping out and reduce staff absences, thereby saving the university money (Mental Health First Aid England 2018). This further supports concerns that MHFA can easily become a tool of neoliberalism if not employed with clear direction and boundaries. Another example is from the University of Sunderland, which launched its MHFA training in 2010. They identified MHFA as a valuable way to increase awareness of mental health issues and to reduce stigma, empowering people to talk about their mental health. This highlights the importance of a service like MHFA being visible and accessible to those who need it (Mental Health First Aid England 2017). In contrast to the aforementioned examples, to the best of our knowledge, the post-secondary institution we focus on here did not publicly announce the intentions behind engaging MFHA as a campus initiative. Instead, as our research indicates, MHFA was rolled out quietly, and knowledge of the programme was mainly shared amongst trained staff members. This raises an important question about how MHFA was implemented and understood within the university community. As illustrated above, there is a gap in the literature, whereby MHFA as a first-responder mechanism in the UK has not been addressed, either empirically or in the context of neoliberalism nor specifically within the neoliberal university. Our study addresses this gap by examining community perceptions of how MHFA functions in the neoliberal context of UK higher education through the perspectives of MHFA-trained university staff.

Methods

To explore how MHFA functions in practice within the university mental health landscape, we employed qualitative methods to focus in-depth on practitioner (i.e., people trained in MHFA) perspectives in the university setting. In order to answer our research question, 'Can MFHA contribute to a care-full university?', we sought early contact with a Senior Mental Health Advisor at the university to discuss potential research around the topic of MHFA. Dialogue with this key stakeholder was used to inform the development of our

interview guide to address aspects of MHFA most pertinent within the local community. This was important as we hoped to provide meaningful results which could be used to shed light on how the MHFA scheme at the university worked in practice, with the hope of providing insights for future university mental health initiatives. Ethical approval for this research was obtained from the University of Nottingham School of Geography ethics committee.

Semi-structured interviews were conducted by the lead author from August 2019 to October 2019. Recruitment was supported by a gatekeeper, a professional development officer at the university, who disseminated the study invitation email to the network of MHFA-trained staff at the university. The number of responses from staff expressing interest in participating in an interview was exceptional and, in and of itself, revealed the importance and relevance of our research topic, with over 50 staff volunteering to participate. This also underscored that our research question spoke to real concerns and issues. Due to the time frame of our study, a total of 24 interviews were conducted with a range of staff members from different job families who met our inclusion criteria, which included academic staff with teaching responsibilities (n=10), including professors and lecturers, and non-academic staff (n=14) in a range of roles including administrative, managerial, technical, and security. Of the 24 respondents, 33% were men and 67% were women, 19 had completed the 2-day Adult MHFA course, 2 had taken part in the 1-day Higher Education course and 3 were trained in delivering MHFA courses. The majority of training was undertaken by staff members with the goal of supporting students, an intention reflected in our findings. However, some staff members had taken it upon themselves to use MHFA to support their colleagues, despite this not being explicitly outlined in the training.[3] At the time of data collection, there were formal counselling services available to both university students and staff.

The interview guide was structured thematically to explore the experience of MHFA training, skills gained, opinions on how MHFA functions on campus, strengths and limitations, how the program could be improved and awareness of the scheme amongst staff and students. We used semi-structured interviews so that the conversation would remain focussed on the topic of research but be flexible enough to allow "the conversation to flow naturally" (Peters 2017, 112) and participants to bring forward their own ideas. This was important given the range of staff interviewed because their perspectives on the scheme were likely to vary. The rationale for gaining a range of staff perspectives was to ensure our data would be reflective of the network of MHFA-trained staff within the university. Interviews were audio recorded, with the permission of each respondent, allowing us to "focus fully on the interaction" (Longhurst 2016, 110) and build rapport with participants, which was important given the sensitive nature of mental health. This research project used multiple interview modalities to accommodate the preferences and practicalities of each participant, with some interviews conducted via Skype or telephone, although the majority were face-to-face. Interviews ranged in length from 17 to 47 minutes, averaging 29 minutes. All interviews were transcribed verbatim, and pseudonyms were used to protect anonymity.

Analysis was led by the lead author (AK) with guidance and input from the second co-author (SEC). We employed an inductive approach as outlined by Auerbach and Silverstein (2003) to focus on uncovering the complexity of the data (Peters 2017). The lead author

[3] It is perhaps in these intra-staff interactions that truly horizontal forms of mutual aid can be more easily built, recognising the inherent power relations and verticality of staff-student relationships.

engaged in an iterative process, first reviewing each transcript and highlighting repeating ideas, then using phrases from the participants to express each idea. Next, relationships amongst repeating ideas were identified to group them into themes, illustrated in Figure 1.[4]

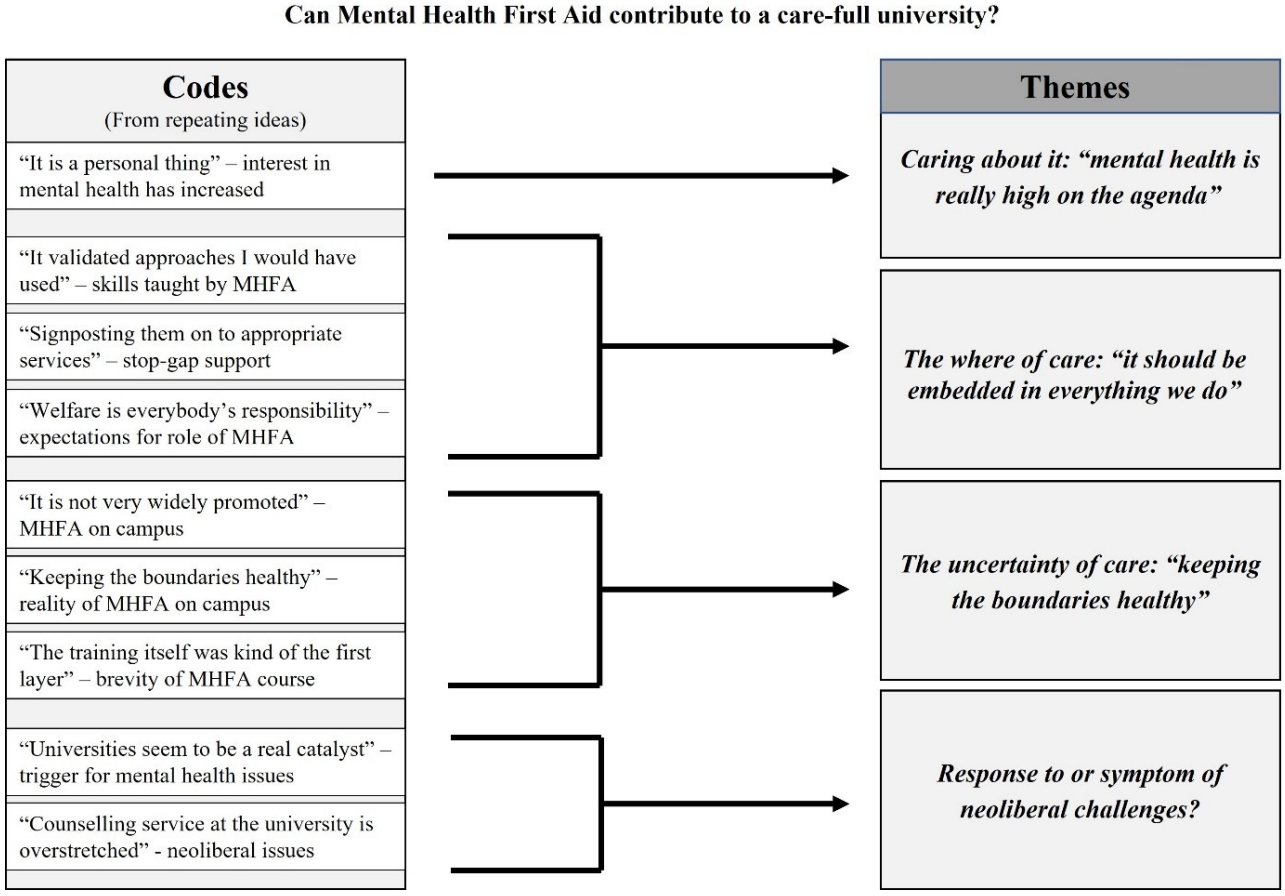

Figure 1. Overview of analysis framework to explore the potential of Mental Health First Aid to contribute to a care-full university

Results: Care in the community or something else?

In this section, we present and discuss the results of our analysis and the four key themes we identified. Together, these themes illustrate how MHFA *offers* care-full possibilities to tackle some of the neoliberal challenges faced by university communities in the UK today, but staff perspectives reveal that this potential is not fully realisable in practice.

[4] A brief word on positionality can help contextualise the analysis that follows. Led by a student as the first author, with their former dissertation supervisor and lecturer as second and third authors respectively, this paper is itself an attempt to foster more horizontal and care-full relationships, especially as the non-student authors themselves have lived experience of mental illness. What is more, while one academic author has not undertaken any MHFA training, the other is trained as an MHFA trainer having completed multiple multi-day courses from providers both inside and outside the academy. This, alongside the student perspective offered by the first author, affords us an important perspective for analysing the potentials and limits that exist in-against-and-beyond MHFA.

Caring about it: "mental health is really high on the agenda"

This theme articulates how growing perceptions of the importance of mental health and personally caring about mental health shape staff engagement with MHFA. The conceptualisation of community care relies on a caring community in which people look out for one another (Parr and Philo 2003). Mental health is becoming a collective concern as conversations about mental health are becoming increasingly normalised with national campaigns such as 'Britain Get Talking' which encourages people to use deep and meaningful conversation to support their mental wellbeing and stay connected (ITV 2021). This campaign focused on building relationships between families and friends, so that conversation around mental health became more personal, natural and ultimately a part of everyday life, a concept which those who undertook MHFA training already had a personal connection with. Richard, for example, a lecturer, remarked that "I have had a long interest in sort of the mental health and welfare side of things for students... and then throughout my PhD I was also doing lots of student support work, working very closely with a number of students, so students with eating disorders, students with stress, anxiety, depression, the usual sort of 'bundle' of things which sometimes get presented, so it's been a very long time that I have had an interest in this". Richard's reflection exemplifies the personal interest that generally motivates staff members to undertake MHFA training, as well as the caring nature of those who already have a moral dedication to helping others. Similarly, Conor, in administration, pointed to the importance of having a personal connection and genuinely wanting to volunteer rather than being pressured to become MHFA trained. He commented that "it is a personal thing; you have got to have a certain connection with it or want to do it." This current of personal caring threaded through many of the reasons respondents identified for deciding to participate in MHFA training. This aligns with what Kitchener and Jorm identify as "recent contact with a person having a mental health problem" (Kitchener and Jorm 2002, 5) which motivated them to increase their knowledge and skills around mental health.

Interviewees also noted that mental health was not only talked about more with reduced stigma around the topic, but it was taken more seriously than previously. Tracy, an academic member of staff, noted that "I know that mental health is really high on the agenda," pointing to an increased awareness of mental health and a heightened sense of importance for dealing with mental health issues. The 'agenda' referred to denotes a new priority which has been given to mental health on campus, with a motivation to start making changes to what currently is in place. Likewise, Alan, another academic, noted that "there has been much more of an emergence of mental health on a national agenda, particularly with young people and students, but socially it has become less stigmatised, and people are a lot more open to think about their mental health if not to discuss it". This highlights the changing landscape, both nationally and on a more local scale within the university, about how people think about mental health, most importantly that the taboo around mental health has diminished, leaving room for more open and honest discussions. Peake and Mullings (2016, 254) raise this same issue in terms of a shifting landscape of understanding over the years, whereby "there is now a general public willingness to talk about [mentally distressing issues in academia]."

This aspect about personal caring is important because of the significant role that increased awareness plays in promoting and implementing effective community care for mental health issues. Concern for mental health is followed by willingness to achieve change, whereby a sense of 'compassionate justice' (Gleeson and Kearns 2001) is awoken in people.

Broad social support is arguably necessary for the success of community-based mental health care services (Gleeson and Kearns 2001, 63). MHFA can only function if people volunteer to become mental health first aiders and this willingness predominantly comes from the increased attention being drawn to mental health issues. Growing concern for mental health has ultimately led to a 're-moralisation' of landscapes of care (Gleeson and Kearns 2001), acknowledging that mental health care must take into consideration the diverse interests and needs of both service users and care providers. Understanding how landscapes of care have been re-moralised is necessary, as the environment is argued to be a key aspect of mental health recovery (Parr and Davidson 2010). People are now not only more aware of mental health issues; they are also keen to help, therefore, strategies which rely on "enhanced social support" (Jorm and Kitchener 2011, 812), are more likely to succeed. There are concerns, however, as personal caring is a double-edged sword (Hawkins, 2019). Staff with their own experiences of mental health difficulties are often those who offer the most support to others, but, as mentioned above, this can come at a cost. Hidden workloads can often impede not only wellbeing but also potentially career growth and job security, a problem that is especially acute for minoritised staff and those on fixed-term contracts (Clare et al. 2024). In the metricised, neoliberal academy, the consistently undervalued nature of this labour almost rewards a lack of care – after all, staff who are deemed unapproachable have more time for research and other activities that employers value.

The where of care: "it should be embedded in everything we do"

For MHFA to be an effective form of mutual aid, responsibility must fall on everyone in the community to recognise and respond to mental health issues. This theme highlights how important it is to frame MHFA and its primary objectives as a contemporary form of mutual aid. Fundamentally, MHFA training courses extend responsibility beyond professionals by providing skills to the whole community to enable "earlier recognition and treatment" (Jorm and Kitchener 2011, 812). However, it became clear in the university studied, that perceptions of welfare responsibilities and the reality of welfare responsibilities differed significantly. Interviewees spoke of discrepancies between where responsibility for welfare should be delegated within a university setting and where it (actually) lay. Notably, many posited that anyone who encounters students should be responsible for their welfare because welfare is part of their job role, as Kirsty (managerial staff), noted "I think it should be embedded in everything we do". Likewise, academic staff member Sophia stated, "I strongly feel that anyone with particular welfare and front-line roles…that they have MHFA full training because they are most likely to come across a crisis situation," highlighting the contextual importance intertwined with MHFA. The where of care becomes foundational in deciding who is best placed to have the training, as staff members who maintain consistent and regular contact with students in a welfare sense, are placed at the top of the list for receiving extra training to deal with mental health issues. Those who are most likely to deal with the issues should be prioritised, however this also begs the question of whether MHFA is a supplementary, voluntary program or whether itself becomes part of a paid role within the university, again changing the 'where' of responsibility. The neoliberal reality is that MHFA is a costly resource for the university and training is prioritised for the staff members who are most likely to be first responders to a mental health crisis. Security staff, for example, are the only team for which MHFA training is mandatory because they are responsible for keeping everyone safe on campus, as Ella in operations explained "I have delivered primarily to our security team…they

are often first on call if a student is having acute mental health difficulties." In practice, responsibility can end up falling to a certain group of staff members rather than an entire community, especially when particular student-facing roles make them more likely to encounter a mental health crisis. This situation makes it difficult for MHFA in the neoliberal university to materialise as a form of mutual aid, especially when, for many, MHFA training is viewed through the lens of crisis response, especially in relation to students. While of course important and necessary, it is crucial to extend beyond this and also seek to use the MHFA space to develop more everyday practices and communities of care, as these can be sites from which to build mutual aid.

The neoliberal university can be a challenging environment to recognise mental health problems in individuals. Kirsty mentioned that often students' initial reaction is to withdraw from seeking support: "I had a number of students that would go quiet for long periods of time and I'm just like it's not that they're not struggling, it's just that they're not accessing help right now." It is evident that as a result of neoliberal values, staff and students in higher education are being conceptualised as 'human capital' (Berg et al. 2016). They are reluctant to ask for support, fearing that it will be perceived as weakness in the competitive neoliberal environment. Furthermore, mental health issues are often disguised in academic environments because "stress is a taken-for-granted part of the process of knowledge acquisition" (Peake and Mullings 2016, 263) and therefore it becomes difficult to determine the cause of stress.

A focus on the where of care within the neoliberal environment indicates a real need for effortless and seamless transitions between students asking for support and being given the support they need. Without this, the whole system falls apart. The response advised by MHFA is not ground-breaking, as Daisy, an administrative officer, notes, "It reassured me that everything I knew and had done is what I should be doing". However, a formal system of early recognition and response through mental health first aiders could be an innovative solution for a neoliberal university setting where welfare is often a second thought. Through validating and reinforcing what people already know, MHFA has the potential to strengthen capacity for community care and build mutual aid in the neoliberal university. Through extended responsibility, accurate recognition of mental health challenges and increased awareness of how to respond, MHFA has the potential to effectively promote and implement approaches to mental health that prioritise well-being and integrate into everyone's roles. However, we question whether this alleviates neoliberal institutions of responsibility and shifts the burden onto individuals: is it simply a way to offload responsibility, or could it, with careful instruction, become a successful program that guides people to professional mental health services? We explore this uncertainty further in our next theme.

The uncertainty of care: "keeping the boundaries healthy"

This theme reflects how MHFA has the potential to function as an effective form of mutual aid, but often the reality of the scheme differs from its idealised conceptualisation. In many ways, MHFA should be functioning successfully in the university, as staff experiences of training are positive and the scheme is depicted as a credible response to address growing mental health concerns in the neoliberal university environment. However, the reality is that the training expresses "ideals as to how community mental health should exist in a utopian world" (Brown, Crawford and Darongkamas 2000, 427). In practice, MHFA has produced

uncertainty about role boundaries for mental health first aiders and a sense of confusion about how the scheme should function. This supports debates that argue ideals of community care—which could be extended to mutual aid—have "proved elusive" (Gleeson and Kearns 2001, 62) when applied to real-world settings, a proposition which will further be explored.

Overall, interviewees were impressed with the standard of the MHFA training course at the university, which they felt provided them with valuable skills, especially in the key areas of first aid in mental health crises: "prevention and early intervention" (Jorm et al. 2006, 4). Respondents also noted that MHFA training provided some important messages about mental health, as Kate, a member of professional services staff, commented, "it is ok to ask about suicidal thoughts, there is no health without mental health, recovery is possible and likely…they are really good, clear messages." Immediately following the training, respondents felt motivated and well-equipped to handle mental health issues that might arise. The expectation is that MHFA training will enable 'welfare pluralism' (Milligan 2000) across the university environment, whereby responsibility for the welfare of both staff and students is extended over a wide range of staff. Although, some interviews revealed that the information provided only scratched the surface of a very complex topic, for example, Chloe, an administrative officer, noted that "I came out feeling that the course was barely touching the surface of what we needed to know." Chloe's experience was illustrative of how staff members who were inexperienced with mental health issues had some reservations (Belling et al. 2011) and the training seemed somewhat rudimentary for the role they were taking on. Sentiments about the brevity of the course often emerged regularly during interviews, suggesting that the training perhaps was not as comprehensive as some staff members would like. Daisy, for example, stated that "the training itself was kind of the first layer, so it was brief," implying that the training should be regularly built on and enhanced, rather than just left as a stand-alone program. MHFA does not currently offer follow-up training, and as Julie from operations notes "what they do about updating it, I don't know because if I did the training 10 years ago, at some point I imagine I would need a refresher." It is clear that attendants of the MHFA course feel the need to 'top-up' their knowledge and ensure what they know is correct when providing guidance. This aligns with Jorm and Kitchener's concept of MHFA, which holds that "periodic refresher courses are required to stay current" (Jorm and Kitchener 2011, 812). This early indication of the limited depth of knowledge provided by MHFA training seems to pre-empt one of the key barriers to the scheme functioning effectively: unclear role boundaries which confuse responsibilities as a mental health first aider.

Our research revealed two main barriers to MHFA functioning effectively within a neoliberal university. First, the lack of clarity around role boundaries as a mental health first aider ultimately led to the scheme being rolled back by the university to prevent further confusion, according to our interviewees. Participants discussed how the university was reconsidering formally labelling staff members as MHFA-trained due to questions about where the responsibility for mental health sat formally within the institution. For example, interviewees reported that staff members had been instructed not to wear their MHFA lanyards to avoid drawing attention to the fact that they could support a student in need, due to fear of doing something wrong. It is evident from our discussions with staff that, despite MHFA training making role boundaries explicitly clear, these professional boundaries have proved difficult to maintain in practice. For example, Sara, a researcher, stated that "I think keeping the boundaries healthy, that's the problem…it is very easy to slip into the care-

taking," whereby she expressed concern over how easy it is to take on a much bigger care role than originally intended when supporting a student with mental health issues. Particularly when the staff who volunteer already do so because they care and feel morally invested, as discussed earlier, it becomes difficult for them to distance themselves once they have administered the initial response to a crisis situation. In addition, Adam, a manager, stated that "one of the things we have had to address are people who have done the MHFA course and then gone *'I am now the expert.'*" This comment points to the delicate balance inherent in MHFA between enabling people to support others while staying within the parameters of the types of support they have been trained to give; they must not take on a diagnostic role. This is particularly damaging for the function of MHFA at the university as these blurred boundaries can have negative consequences such as "role strain and role confusion" (Brown, Crawford and Darongkamas 2000, 425). Second, interviewees clarified that the university's rollback of MHFA was not only causing confusion among trained staff, but also negatively impacting awareness of the training programme. MHFA being visible and accessible to those who need it has been identified as crucial to the programme's success (Mental Health First Aid England 2017). Numerous staff highlighted the adverse implications of not promoting MHFA on campus. Richard, a lecturer, stated that "I don't think students have got the faintest [idea]…so I think visibility, it needs work" and Tracy noted that "it is not very widely promoted…I would suspect that they [students] are not aware of…how they would access the service." Evidence that students are largely unaware of this potentially valuable and useful scheme, and without clear strategy and implementation, the program and the staff members who are trained are falling by the wayside. "Ideally, as mental health first aiders, we are visible and we are around so that if somebody is experiencing any issues, we are there, but I don't think that is actually how it functions, at the moment anyway…" (Alice, support staff). This illustrates how the university is experiencing a tension between implementing this new scheme and understanding how to embed it into the neoliberal culture of a post-secondary institution. Although it is interesting to note that a few staff had differing opinions on the advertisement of MHFA at the university, with Adam (managerial staff) observing that "we very intentionally, at the moment, haven't done a lot of centralised promotion of the idea of MHFA". He felt that MHFA is not a separate role or service to be singled out and promoted; it is just another option amidst the wide range of support services already existing and available to students.

Ultimately, this theme shows that in the university studied, MHFA has not been implemented with a clear strategy, so confusion has permeated the scheme, and it has so far struggled to be an effective form of community care and build mutual aid. We argue that in theory, the university should function as a socio-spatially created neighbourhood in which mutual aid through MHFA can materialise. Having said that, this research has demonstrated that, in practice, mental health care, which relies on the community as a whole and not just professionals, can fail to function effectively if role boundaries are not clear.

Response to or symptom of neoliberal challenges?

The political climate of contemporary society plays a substantial role in the emergence of mental health issues, notably those arising as a result of higher education permeated by neoliberalism. Due to decentralisation, encouraged by neoliberal policies, universities tend to "bear most of the burden of care" (Saxena et al. 2007, 880) for their students' mental health welfare. However, they often lack the resources to identify and treat those experiencing

mental health issues. This theme articulates the neoliberal challenges faced by staff at the university studied, before assessing whether MHFA can function as an effective form of mutual aid in response to the neoliberal university environment. We have demonstrated that, with a clear strategy, MHFA has the *potential* to respond to the challenges posed by the neoliberal university. Nevertheless, we cannot ignore the threat that MHFA could eventually become part of a neoliberal response by offloading responsibility to individuals, rather than putting the onus on the institution. This raises the question as to how far MHFA can actually go in countering neoliberal problems in the university environment.

The 'corporatisation' (Meyerhoff, Johnson and Braun 2011) of higher education has stretched students and staff to their limits. We must consider the place-specific factors affecting care (Philo and Wolch 2001) in relation to societal developments, in order to understand how mental health care operates in the localised circumstances of the neoliberal university. Rachel (administrator) states that "I know the counselling service at the university is overstretched, people have very long waiting times to be seen." This evidences the strain neoliberal policies place on university welfare systems (Simard-Gagnon 2016) as governments attempt to solve healthcare issues "through welfare services provided beyond the state, which are thought to involve lower costs, while being effective and innovative" (Macmillan and Townsend 2006, 15). Numerous problems arise as a consequence of this resource strain, as neoliberal governments have assumed that informal caregivers in the community will bear the significant burden for mental health care which cannot be provided by professionals, due to restructuring of health care systems (Milligan 2000). However, as interviews with staff members revealed, there are growing concerns that the university cannot meet the welfare needs of its staff and student population. The counselling service is overstretched and there are fundamental questions raised concerning the notion of an "active citizenship strategy" (Fyfe and Milligan 2003, 402).

There is only so much a voluntary service such as MHFA can do to address the complex welfare needs of staff and students. Especially since neoliberal conditions of competition and individualism often lead to students experiencing higher levels of stress and anxiety at university (The Guardian 2016). Universities become a catalyst for mental health issues because these challenges often develop during adolescence or early adulthood (Jorm 2012), which coincides with the period of their life when they transition to university. Scott, a researcher, contextualised student mental health in terms of "the fact they are moving away, they become independent so they haven't got that support structure, the fact that…a lot of students feel a lot more under pressure…both in terms of financially and in terms of the pressure to succeed." This perhaps suggests a need for more professional services, fully equipped to deal with the plethora of issues students may present during their time at university. The neoliberal drive to 'welfare pluralism' (Milligan 2000) has been problematic because professional mental health care cannot be completely replaced by voluntary, informal care-givers (Milligan and Wiles 2010). The intention of MHFA is to *support* formal services. Therefore, for MHFA to function as an effective form of mutual aid, implementation of the scheme in the neoliberal university must take into consideration the limitations of existing mental health resources and services.

As previously explained, a barrier to MHFA expressed by interviewees was that the university counselling service was already overwhelmed by its current caseloads. When asked about the limitations of MHFA at the university, Kirsty pointed towards using the training more

as a support for professional services, a way to almost triage and prioritise students depending on their needs when she said, "there is so much pressure on the counselling service, for actual support that it almost feels like if MHFA could alleviate some of that, just providing like stop-gap support to students who don't need…counselling or medication." At the same time, it is beyond the scope of MFHA to serve as a stopgap measure. Although, again, this begins to align with neoliberal ideas regarding responsibility for care increasingly shifting towards the public domain (Howson 1998), with less reliance on government-funded health care. We must be careful not to offload responsibility within institutions, rather share it in an organised and structured manner, with clear guidance and direction from those implementing the MHFA scheme. There is also a pertinent equity issue reflected in the gender balance of our interviewees. With 67% of staff interviewed being women, it begs the question as to whether voluntary care work around mental health in academia is falling to women, which is certainly consistent with wider patterns of women academics taking on more service roles than men (Guarino and Bordin 2017; Mountz et al. 2015).

As demonstrated in this theme, neoliberal ideas have presented universities with new challenges regarding mental health care. Not only do they have to consider the familiar challenges associated with students transitioning to university, but they also need to take into account the psychological impact of neoliberal conditions, to create an effective mental health care system in their environment. It is evident from our research, that MHFA has the potential to respond to a number of challenges faced by the neoliberal university, particularly in the form of mutual aid where resource strain could be alleviated if the *whole* community adopted a greater *collective* responsibility for the welfare of staff and students. However, we question whether this ultimately ends up creating a niche form of aid which is absorbed by already stressed staff as invisibilised labour, which is in line with neoliberal tenets and therefore unable to tackle the problems presented by the neoliberal university environment. There are positive aspects of MHFA which could be used to support community wellbeing on campus, but within our current neoliberal system it seems this positive potential cannot be fully realised.

Conclusion

This paper presented an empirical case study of MHFA at a university in the UK focused on the lived experiences of staff trained in MHFA. The aim was to explore the extent to which MHFA can contribute to a more care-full university, drawing out insights from this on-the-ground experience. Our consideration of the care-full possibilities of MHFA was grounded in an optimism that *precisely because of* its dominance as an approach across university environments, there is value in exploring how it can offer up space to carve out more radical forms of care. To further contextualise these results, a useful future line of research would be a discourse analysis to further unpick the narratives deployed by universities around their MHFA programmes.

In our case study, MHFA was not being mobilised as a tool to respond to neoliberal challenges; rather, it slipped into the realm of being a neoliberal response itself as a result of role uncertainty, blurred boundaries, and unclear delegation. There were gaps in practice in terms of program delivery on campus that impeded this potential. One of our participants summed up neoliberal trappings of MHFA when she told us that "the university haven't fully actually come to a plan about how they are going to make use of this resource... [They are]

more concerned about liability than they need to be…if they are advertising that somebody is MHFA trained or putting that out there and something goes wrong" (Kirsty, managerial staff). This underscores the tension between building an ethos of care and mutual aid within a wider neoliberal institutional context that actively removes itself from collective and shared responsibility. Thus, it is important to recognise these flaws in order for MHFA to be implemented under a clear strategy, whereby the university community embraces a shared responsibility for the welfare of both staff and students, something that Student Minds themselves have called for in their updated University Mental Health Charter (see Hughes and Spanner, 2024).

Changing attitudes towards mental health have created an opportunity for MFHA, conceptualised here as a form of mutual aid, to respond to neoliberal challenges, however, it was clear from our research that this potential was not transpiring in reality. In theory, the university should function as a community for MHFA to function within, but this study has shown that in practice blurred role boundaries and a lack of strategy have impeded this potential. We suggest that in a neoliberal university setting, which itself can induce mental health issues (Berg, Huijbens and Gutzon-Larsen 2016), MHFA has potential to hold space for building care-full responses (e.g., mutual aid). In our case study here, however, the transformative potential of MHFA was invariably limited because it was, in practice, implemented as a neoliberal solution. This was the case because, as our results showed, there was a failure to institutionalise MHFA in a way that made it operate as part of the collective campus community infrastructure and ethos; it remained amorphous, fragmented, and misunderstood, resulting in mental health being simultaneously everyone's and no one's responsibility. In order for MHFA to be implemented as a form of radical mutual aid, a clear strategy must be defined to avoid confusion around role boundaries, and it must be emphasised that welfare is not just everyone's responsibility, but that there needs to be institutional responsibility, support, and accountability.

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