COVID-19 and the Changing Higher Education Landscape: The Impact on Academics and Their Well-Being

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Abstract Workers' well-being in the workplace is attributed to productivity, workplace culture, job satisfaction, and work–life balance. The higher education work context is no different, with some evidence that academic staff experience higher levels of occupational stress, mental health issues, and work-related pressures. COVID-19 has added another layer to existing pressure for academic staff. The chapter builds on the ongoing discussion of higher education academics' about the impact of the COVID-19 pandemic on their health and well-being and discusses the need for creating mentally healthy work environments. Adopting a qualitative content analysis method the chapter examines how academics from various universities have contributed to this discussion through their recent publications in *The Conversation* media outlet. These academics' voices present emergent issues and strategic directions in response to the changing higher education landscape and the impacts of the COVID-19 pandemic. The chapter concludes with a rationale for a longitudinal study of the mental health and well-being of academics, providing rich material to influence the development of mentally healthy, supportive, and inclusive working environments.

Keywords Mental health · COVID-19 · Well-being · Higher education

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Introduction

The potential for COVID-19, or coronavirus, to impact overall health and well-being was recognised early in the pandemic (World Health Organisation [WHO], 2020a). In addition to concerns about contracting the virus, unprecedented social isolation and safety measures implemented to curb transmission of the virus have negatively impacted mental health (WHO, 2020b) at an individual and community level. Sudden localised restrictions and lockdowns have resulted in university campus closures, loss of social interaction, economic downturns, financial hardship, lack of job security, and sudden loss of employment (Harris et al., 2020; Lee et al., 2021; Rakhmani et al., 2021).

All Australian higher education institutions suspended face-to-face teaching, switched to fully online delivery for part of the 2020 academic year, and were at different stages of readiness to embrace this change. For many academics, the rapid onset of COVID-19 meant upskilling and adjusting to different forms of remote teaching and learning arrangements and new modes of learning and teaching and researching (Lee et al., 2021; Rakhmani et al., 2021). With the consolidation of virtual teaching and online learning models as long-term viable options, many academics experienced changed work conditions and, in some cases, uncertain job security (Frantz et al., 2020; Lee et al., 2021). These changes have not only added to existing academic challenges but had ramifications for academics and their mental health and well-being (Lee et al., 2021).

For some academics, meeting the challenges of such a rapid shift also became a struggle for personal and professional survival as many higher education institutions began more stringent levels of managerial control and rounds of cost cutting to remain viable (Rakhmani et al., 2021). Throughout this period of uncertainty, anecdotal evidence suggests academics responded on a continuum ranging from heightened distress to pragmatic acceptance, to the enthusiastic embracing of strategies and new skillsets relevant to the changing landscape of higher education.

The chapter discusses the impact of the COVID-19 pandemic and explores the need to pay a higher level of attention than ever before to academics' mental health and well-being. A qualitative content analysis of *The Conversation Australia/New Zealand* articles are written by academics from 26 higher education institutions between 2013 and 2021 used as the data source for this chapter. Data prior to the peak of COVID-19 2020–2021 is included to contextualise the pre-existing stresses academics experiences and how these stresses have been magnified for academics as they adjust to the complexities of the pandemic. The perspectives of these academics are reported through the lens of mental health, the key driver of academic engagement, productivity, and participation in higher education. Key insights and strategic directions are identified and considered. The chapter concludes with a rationale for a longitudinal study of the mental health and well-being of academics, providing rich material to influence the development of mentally healthy, supportive, and inclusive working environments.

The authors align with PricewaterhoseCoopers' (2014) definition of mentally healthy workplaces and spaces as places that support everyone in the workplace to identify and manage potential risks to mental well-being, foster a culture of inclusion by addressing mental health stigma, prejudice, and discrimination, take mutually effective actions in response to mental health issues, and support people with mental ill health. These work environments purposefully invest in mental health and well-being responsive to individual and collective well-being needs, enhancing overall productivity and work performance.

Methods and Procedures

The Conversation Australia/New Zealand, with a monthly readership of 8.9 million, seeks to 'democratise knowledge and work with academic experts to inject evidence into public debate' (The Conversation, 2010–2021). Since its inception in 2010, over 17,200 academics have published articles on *The Conversation.* Its readership of 85% non-academic readers supports the publication's vision of sharing academic knowledge direct with the public. *The Conversation* has become recognised as a platform for people to produce content on potentially important topics such as mental health that is easy to read and free to access, thus directly and indirectly influencing others.

The Conversation articles written by higher education academics between 2013 and 2021 were used as the data source for this qualitative content analysis. A search of articles using the keywords 'higher education', 'universities', 'COVID-19', 'academics', 'mental health', and 'well-being' yielded the selected articles from which to identify themes related to the mental health and well-being of higher education academics during this time frame.

Qualitative content analysis relies on the subjective interpretation of the selected content through systematic coding and identifying patterns (Hsieh & Shannon, 2005), thereby making it possible to draw some interpretations of the results (Bengtsson, 2016). This method was identified as appropriate for the inductive approach required to examine the emergent issues among higher education academics and the need to create mentally healthy workplaces. Acknowledging that any qualitative coding is a subjective process, researchers' subjectivity in this study was of relevance given that the four authors are themselves immersed in the environment of interest. The authors, therefore, adopted a reflexive stance that allowed for reflection on how their assumptions might shape and limit the analysis (Braun & Clarke, 2021).

Data Description

Based on the keywords listed above, 18 units of analysis (articles) written by academics were identified. Nine were published between 2013 and 2019, and the

Table 1 Regions and Universities

Region	University
Australia	Australian National University Bond University Charles Sturt University Griffith University Macquarie University Melbourne University Monash University Queensland University of Technology RMIT University Southern Cross University Swinburne University of Technology University of Queensland University of Newcastle
United Kingdom	Coventry University University of Bath University of Brighton University of London University of Portsmouth University of Surrey
South Africa	University of the Western Cape University of Pretoria
Indonesia	Universitas Indonesia Universitas Negeri Semarang
Malaysia and SE Asia	Taylor's University
New Zealand	Massey University
United States	University of California

remaining nine were published in 2020 and 2021, perhaps indicative of the increased interest in mental health during the COVID-19 pandemic. Five of the nine 2020/2021 articles directly referred to the impact of COVID-19, supporting this observation. The latent content, or underlying meaning of each entire article (Bengtsson, 2016), formed the basis of the analysis.

The voices of academics (see Table 1) from 13 Australian universities as well as academics from six United Kingdom universities, two South African universities, two Indonesian universities, one Malaysia and South-East Asia university, one New Zealand university, and one US university are represented in this sample.

Data Analysis

De-contextualisation and re-contextualisation of data were undertaken in this qualitative content analysis. De-contextualisation required breaking the article latent content into meaning units and condensing and coding those units (Lindgren et al., 2020). The

complexity of the phenomena articulated in these articles required an increased level of abstraction and interpretation when considering the emotions and latent meanings expressed, as well as rigorous monitoring of the authors' subjectivity given their positioning within the environment under discussion. Re-contextualisation required combining these meaning units into themes to allow a deeper understanding of the area of interest and discussing the results within the context of current research (Lindgren et al., 2020). During the de-contextualisation stage of condensing and coding units, we searched for keywords and metaphors to support analysis and interpretation. This process helped to identify and produce a concise matrix of key meaning units that were then combined into the following five themes:

1. Unhealthy workplace environment
2. Higher education as a stressful occupation
3. Performativity and increased metrics in higher education
4. Intersectionality and gendered inequalities in higher education
5. Feelings of dependency and vulnerability.

Table 2 provides a brief summary of each theme and lists the articles informing those themes.

Results

Results from this content analysis of *The Conversation* articles highlight important issue facing academics in the higher education sector. The results indicate that many academics feel overworked, stressed, and isolated, with a flow-on effect to reduced mental health and well-being. Results also indicate that while this is not a new phenomenon in academia, the COVID-19 pandemic has added another layer of complexity to the issue. The themes listed above are described and discussed in more depth next.

1.   *Unhealthy workplace environment*

Five articles identified increased workplace stressors such as harassment, bullying, and job insecurity that were preventing the development and maintenance of mentally healthy workplaces.

For over a decade, research has suggested that there is a strong link between workers' well-being and performance (Blustein, 2008). In mentally healthy organisational environments, workers' productivity is high. However, research shows that some Australian workplaces may not be creating and/or sustaining mentally healthy workplace environments free from work-related stressors (Hannan, 2013). Workplace stress is leading to lower levels of workplace well-being and job satisfaction, posing a risk to both workers and employers. For workers, the impact of workplace stress can include reduced productivity, incidental sick leave, or increased mental health days (Hannan, 2013). On the more severe end, workplace stress

Table 2 Themes and articles

Theme	Description	Articles
1. Unhealthy workplace environment	Increased workplace stressors are preventing the development and maintenance of mentally healthy workplaces	Erickson, M., Walker, C., & Hanna, P. (2020, February 29). Survey of academics finds widespread feelings of stress and overwork Hannan, T. (2013, November 11). Australian workplaces failing to create a healthy environment Hil, R., & Lyons, K. (2016, September 20). Academics are unhappy – it's time to transform our troubled university system Kupe, T., & Wangenge-Ouma, G. (2020, November 15). Post COVID-19: opportunity for universities to have a rethink Page, K. (2020, December 12). Managing stress and mental illness in the workplace

Table 2 (continued)

Theme	Description	Articles
2. Higher education as a stressful occupation	The academic role has become a stressful occupation associated with feelings of decreased control and loneliness	Bone, K. (2019, July 18). Dependent and vulnerable: the experiences of academics on casual and insecure contracts Frantz, J., Munnik, E., & Smith, M. (2020, May 19). How academics in health sciences cope with stress Gorczynski, P. (2018, February 22). More academics and students have mental health problems than ever before Lee, M., Nasrawi, D., Hutchinson, M., & Lakeman, R. (2021, July 19). Our uni teachers were already among the world's most stressed. COVID and student feedback have just made things worse Morini, L. (2019, March 27). Universities: increasingly stressful environments taking psychological toll – here's what needs to change Sibai, O., Figueiredo, B., & Ferreira, M. (2019, January 29). Overworked and isolated: the rising epidemic of loneliness in academia Sullivan, N. (2013, May 6). Uni cuts will lead to health problems for academics

(continued)

Table 2 (continued)

Theme	Description	Articles
3. Performativity and increased metrics in higher education	Pressure to meet increasing metrics in performance, productivity, and quality is having a serious impact on academics' mental health and well-being	Allen, K., Donoghue, G., Hattie, J., Pahlevansharif, S., & Jimerson, S. (2021, February 3, 2021). Journal papers, grants, jobs … as rejections pile up, it's not enough to tell academics to 'suck it up.' Gorczynski, P. (2018, February 22). More academics and students have mental health problems than ever before Morini, L. (2019, March 27). Universities: Increasingly stressful environments taking psychological toll – here's what needs to change Watermeyer, R. (2016, August 1). Stress put on academics by the REF recognised in Stern review
4. Intersectionality and gendered inequalities in higher education	Some academics faced additional stressors within the higher education workplace due to intersectionality and gendered inequalities	Frantz, J., Munnik, E., & Smith, M. (2020, May 19). How academics in health sciences cope with stress Rakhmani, I., Eliyanah, E., & Sakhiyya, Z. (2021, February 15). Research: Indonesian female academics bear the brunt of the pandemic

(continued)

Table 2 (continued)

Theme	Description	Articles
5. Feelings of dependency and vulnerability	Academics expressed feelings of dependency and vulnerability related to poor job security, funding cuts, and casualisation of higher education workforces	Bone, K. (2019, July 18). Dependent and vulnerable: the experiences of academics on casual and insecure contracts Harris, J., Smithers, K., & Spina, N. (2020, May 15). More than 70% of academics at some universities are casuals. They are losing work and are cut out of JobKeeper Morini, L. (2019, March 27). Universities: increasingly stressful environments taking psychological toll – here's what needs to change Shepherd, S. (2020, November 16). How to support junior staff in a time of turmoil for universities Wright, B., & Winslade, M. (2018, August 21). University staff and students are at high risk of ill health. Here's how to make sure they can cope

can lead to extended time off work, workers compensation claims, and permanent disability (Page, 2020). For workers, the main workplace stress and pressures relate to coping with poor managerial control and workplace practices, excessive workloads, little control over their work, demands to do more with less, and interpersonal conflict (Hannan, 2013; Page, 2020). Among academics, especially early career academics, workplace stressors are impacting mental health and well-being with reports of harassment, bullying, and widespread job insecurity (Erickson et al., 2020). Two articles—one pre-COVID-19 and one during COVID-19—call on universities to transform the 'troubled university system' (Hil & Lyons, 2016) and use the changes forced on higher education during COVID-19 to rethink the system (Kupe & Wangenge-Ouma, 2020).

2. *Higher education as a stressful occupation*

The academic role as a stressful occupation was the focus of seven articles, with negative factors such as unmanageable workloads, feelings of decreased control, tighter managerial control and greater surveillance, casualisation of the workforce, loneliness, and change contributing to this perception.

Research indicates that higher education is increasingly becoming a stressful occupation (Frantz et al., 2020; Lee et al., 2021; Morini, 2019; Sullivan, 2013). The top three stressors identified in higher education are unmanageable workloads, the interface and imbalance between work and home, and general work stress (Frantz et al., 2020). However, many university academics, especially in health professions including psychology, physiotherapy, occupational therapy, and social work, experience additional sources of stress related to clinical training (Frantz et al., 2020; Lee et al., 2021). The changes in higher education that draw attention to increased focus on research and social responsibility have also expanded the stress academics experience (Bone, 2019; Lee et al., 2021). Thus, data suggests that the modern higher education system is having extreme impacts on the health and well-being of many academics. Many academics in Australia and New Zealand are suffering high levels of occupational stress (Lee et al., 2021), insomnia and disorientation, as well as physical and psychological illnesses related to workplace stress (Sullivan, 2013). What is more, neoliberal policies across the higher education sector present manifold risks to the welfare of academics (Morini, 2019; Sullivan, 2013). Neoliberal policies have led to academics experiencing 'ever-increasing workloads, ever-decreasing control in the workplace, diminished job security, increased casualisation, expanding surveillance and performance measures, the fragmentation of collegiality, and the associated rise of a culture of competition and permanent distrust' (Sullivan, 2013, para 5). The success of neoliberal policies across the higher education sector is believed to be the production of what education researchers Bronwyn Davies and Peter Bansel refer to as the 'new enterprise individual'—the individual who embodies and reproduces, whether knowingly or not—the logic of market fundamentalism (Sullivan, 2013).

Driven by neoliberal technologies of massification, marketisation, and new public managerialism, the enterprise university has led to a deep affective somatic crisis (Lee et al., 2021; Sullivan, 2013). As such, academic survival in the modern higher education system requires that academics, to varying degrees, become individuals and

take individual responsibility for their work, health, and well-being. Simultaneously, it inhabits an ethos in which there is no space for legitimate debate and where critique is treated as seditious, turning academics into their own worst enemies.

Loneliness adds another layer of distress for academics, as reported in Sibai et al.'s (2019) article. Many academics feel overworked and lonely at work. Social isolation is particularly common among early career academics whose jobs are not secure and who often have very heavy teaching workloads (Sibai et al., 2019). For example, 40% of academics, and more than half below the age of 35, view isolation at work as the main factor affecting their mental health (Sibai et al., 2019). Often, this is related to the pressure to perform. This pressure to perform can contribute to academics disengaging from relationships with colleagues and friends to avoid damaging their productivity or preventing them from reaching their goals (Sibai et al., 2019). In universities, isolation can push academics into distress, with many abandoning their research careers.

3.   *Performativity and increased metrics in higher education*

Four articles raised concerns that the pressure to meet increasing metrics in performance, productivity, and quality was having a serious impact on academics' mental health and well-being.

There was a pervasive discontent and low job satisfaction among academics who felt pressured to meet increasing metrics that had generated an audit culture where many things are measured, but few things are valued. In addition, the pursuit of excellence and public money by universities put further stress on academics (Gorczynski, 2018; Watermeyer, 2016). For example, given the increased workloads of academics and demands to publish and obtain external revenue, many academics exhibit symptoms of at least a mild mental disorder and report nearly twice the prevalence of mental disorders compared to the general population (Gorczynski, 2018). In addition, an institutional policy of cherry-picking 'the best' researchers for competitive Excellence in Research Awards (ERA) or Research Excellence Framework (REF) submission can have a devastating impact on morale, self-worth, and trust among academics (Gorczynski, 2018; Watermeyer, 2016). Similarly, performance indicators across the higher education sector can have serious impacts on academics' mental health and well-being as these indicators become increasingly 'gamified' with points and rankings and winners and losers (Morini, 2019). Without doubt, making knowledge production into a game, and driven by neoliberal policies, puts academics in competition with each other, as research is being measured mainly by who publishes first and in the best journals, thus slowing the progress and sharing of knowledge (Morini, 2019).

Also, given that academics' careers are strongly linked to their success in publishing and funding applications, rejection can have serious implications for mental health and well-being. It is not enough to tell academics to suck it up as rejections pile up (Allen et al. 2021). Rejection culture, together with excessive workloads, contributes to stress and anxiety among academics. The culture of rejection neither helps academics to function at their best nor benefits society. Rather,

it impedes academics' pursuit and dissemination of new knowledge (Allen et al., 2021).

4. *Intersectionality and gendered inequalities in higher education*

Gendered inequalities and intersectionality were cited as additional stressors within the higher education workplace in two articles.

Frantz et al. (2020) and Rakhmani et al. (2021) show that women and minority groups experience more stress in higher education. While it is not uncommon for minority groups to experience high levels of stress related to job security, women report higher rates of work-related stress, vulnerability, and mental ill health associated with discrimination in the workplace, caregiving responsibilities, work disruptions, financial worries, and job security (Frantz et al., 2020). This is supported by evidence that during the COVID-19 pandemic, female academics carried a larger burden associated with heavy teaching loads, the pressure of balancing family responsibilities, and work demands for increased productivity (Frantz et al., 2020; Rakhmani et al., 2021). This resulted in increased levels of stress, low job satisfaction, and relatively little time for research and publication compared to their male colleagues.

5. *Feelings of dependency and vulnerability*

Five articles alluded to academics' feelings of dependency and vulnerability related to poor job security, funding cuts, and casualisation of higher education workforces.

Research indicates that university academics are at risk of high levels of stress due to poor job security, low income, and job pressures (Morini, 2019; Wright & Winslade, 2018). Ongoing university funding cuts, performance management, and casualisation of the workforce have contributed to an environment of insecurity, psychological distress, and feelings of job dissatisfaction among many academics (Wright & Winslade, 2018). There is evidence that the COVID-19 pandemic has amplified academic staff vulnerabilities, thus contributing to the maintenance or exacerbation of existing mental health issues (Harris et al., 2020). With casual positions often perceived as more exploitative and insecure, and more than 70% of academics at some universities being in casual positions, casual and contract academics are increasingly vulnerable in their pursuit for a permanent position in academia (Harris et al., 2020). They are precariously employed and vulnerable to imminent job losses, increasing workloads and expectations, potential exploitation, and burnout (Harris et al., 2020; Shepherd, 2020). It is not surprising that reports indicate academics on precarious employment or casual contracts feel vulnerable, dependent, and of lower status than permanent academics (Bone, 2019). Feeling continually at risk of being excluded from the university makes these academics particularly anxious and causes high levels of stress and pressure to perform and impress their supervisors (Bone, 2019). In addition, when compounded by a culture of silence and stigma around mental health issues within university environments and a corresponding lack of services, few academics staff disclose a mental health condition resulting from reduced professional autonomy and increased demand for performance and productivity (Gorczynski, 2018).

Discussion

The relatively poor health outcomes of academics as reported in this content analysis significantly impact academics work satisfaction, productivity, and general well-being (Frantz et al., 2020; Morini, 2019; Plotnikoff et al., 2015; Sibai et al., 2019). With an increased number of academics experiencing distress and mental health issues, which COVID-19 has exacerbated, mental health has become a serious workplace issue that can no longer be the elephant in the room. Acknowledging higher education environments as stressful workplaces is, therefore, important.

Within the landscape of neoliberal ideology and economically rational policies (Connell, 2013; Hil & Lyons, 2016), the results of this *The Conversation* content analysis identify academics as susceptible to work-related stress, increased job pressures and workloads, exhaustion, burnout, reduced enthusiasm for teaching and research, and general psychological distress (Gorczynski, 2018; Jansson & Gunnarsson, 2018; Kupe & Wangenge-Ouma, 2020; Lee et al., 2021; Morini, 2019; Sibai et al., 2019; Stapleton, 2019; Wright & Winslade, 2018).

Prior to the COVID-19 pandemic, academics working in Australian higher education institutions were reported to be in a state of transition, moving from traditional teaching, research, management, and service commitment responsibilities to more differentiated duties such as management of casual staff, accreditation, and administration tasks. This shift was because of the cuts to higher education institution funding and casualisation of the higher education institution workforce (Bennett et al., 2018; Carter & Goldie, 2018). These cuts and casualisation of the workforce have resulted in high levels of psychological distress and feelings of vulnerability and job dissatisfaction among many academics (Wright & Winslade, 2018). While the COVID-19 pandemic has exacerbated and amplified the vulnerabilities of academics, more must be done to address the poor mental health of academics so they are supported to function at their best (Allen et al., 2021; Carter et al., 2017; Orman, 2017; Sullivan, 2013; Veness, 2016, 2017). If things are left the way they are, there will be a rise in absenteeism, presenteeism, burnout and reduced enthusiasm, and worker's compensation claims (Hannan, 2013; Lee et al., 2021; Sullivan, 2013).

The identification of workplace stress as the common reason for disengagement and reduced enthusiasm and work performance among academics is concerning and calls for higher education institutions to address the state of mental health among academics. Universities need to recognise the impacts of overworking, changes in technology, reduced professional autonomy, micro-managing, and demands for increased performance and productivity on academic well-being. With academics at the forefront of the education system and vital to supporting student success, poor mental health may undermine their capacity to promote well-being in students which will have serious consequences in terms of the future of higher education institutions (Erickson et al., 2020; Sibai et al., 2019; Wright & Winslade, 2018).

The COVID-19 pandemic forced a shift from face-to-face learning and teaching to online teaching and learning, with countless academics forced to rapidly learn and apply different pedagogical content knowledge and digital technologies, so they

could design distinctive online learning environments. For many academics who had minimal experience with online learning, this meant longer work hours, developing new skillsets, procuring tools, and mastering software applications so they could redesign and facilitate curriculum content and assessments in response to the new teaching and learning landscape (Rakhmani et al., 2021). These changes in expectations and duties have added to the workloads and distress experienced by academics' (Frantz et al., 2020), already struggling with balancing their teaching, research, and service engagement and with work–life balance (Houlden & Veletsianos, 2020).

The lack of social interaction and communication during COVID-19 social distancing restrictions and lockdowns has also contributed to a sense of isolation and social disconnectedness. For many academics, social isolation has been a source of loneliness and distress, with significantly reduced personal and professional interactions with colleagues. Set against this background, subjective perceptions of loneliness have compounded existing workload stresses and resulted in many academics putting their research on hold. Without ongoing research ideas and projects, higher education institutions will innovate less (Sibai et al., 2019). To maximise the benefits to society from the pursuit of research and dissemination of new knowledge, there is a need to address the underlying sources of anxiety, stress, exploitation, and isolation among academics. This could mean setting up informal communication channels to encourage conversations between academics so they feel less alone and more supported, adopting a more coordinated and comprehensive approach to promoting and sustaining the health and well-being of academics (Wright & Winslade, 2018), cultivating collegiality, collaboration, and a more inclusive environment (Hil & Lyons, 2016), and creating systems for assessing collective rather than individual performance (Sibai et al., 2019).

Acknowledging individuals have a duty to take responsibility for their mental health and well-being and not adversely impact others' mental health and safety, Hickie (2018) names mental health awareness, self-management competency, personal responsibility, and organisational planning, policy, and action, identifying more personalised staged care regimes through designated services (e.g. headspace) and evidence informed e-health platforms (e.g. mood gym; head the health) as the pathway forward for individuals and institutions towards growing mental health. This implies the need for meaningful structural changes to the university environment to support behaviour change and address the underlying factors such as job security, workload and pay associated with academics' low productivity, high absenteeism, and presenteeism so that academics are empowered to perform at their optimal level while at work (Gorczynski, 2018).

Prioritising the mental health of academics at an institutional level will lessen the impact of the performance and rejection culture and gender inequalities in higher education. It is important for higher education institutions to consider performance in writing and research—independent of publication metrics—ideally without any time-consuming application process (Allen et al., 2021). It is also important for universities to recognise the impacts of student feedback on academic well-being and reputation. Many academics report post-traumatic stress disorder (PTSD) after receiving

comments that are distressing, offensive, or disrespectful from unfiltered anonymous feedback from student surveys (Lee et al., 2021). This involves creating a positive environment for academics—a mentally healthy workplace—through supportive leadership and positive team management processes (Hannan, 2013). While creating a mentally healthy work environment will not eliminate all the impacts of the performance and rejection culture and gender inequalities, including overworking, tighter managerial control and greater surveillance (Lee et al., 2021) impacting academics, especially academic women, in higher education, it is an initial but important step in reducing the prevalence of workplace-related stress (Hannan, 2013).

Therefore, higher education institutions are challenged to articulate, address, and enact family-friendly work environments in response to the conundrum experienced by academics—mainly academic women—balancing working hours to accommodate caring responsibilities, including home-schooling, while working from home (Nash & Churchill, 2020; Rakhmani et al., 2021). Understanding the interplay between institutional gender equality, socio-demographic variables, workplace-related distress, and emotional intelligence is key to developing and managing appropriate provisions of mental health care and support (Frantz et al., 2020; Nash & Churchill, 2020).

According to Safe Work Australia (2018), an Australian Government statutory agency, a best practice systematic approach to developing and sustaining a mentally healthy workplace focuses on 'mental illness prevention and mental health promotion' (p. 22). This is because fostering a people-oriented culture through supportive management can aid in the prevention of harm, early identification and intervention, and management of mental health conditions and recovery in the workplace (Safe Work Australia, 2018).

This approach is in line with the 2017 Australian government response to the Higher Education Standards Panel (2017, p. 7) final report—*Improving retention, completion, and success in higher education*—that 'every institution should have an institution-wide mental health strategy and implementation plan'. Institutional-level health promotion initiatives, such as work–life balance policies, health promotion interventions, peer support groups, counselling, coaching, career planning, and reducing overtime are possible actions towards harm prevention, early intervention, and stress management in higher education workplaces (Bhui et al., 2016).

Furthermore, improving mental health literacy (MHL) among academics has been hailed as an effective strategy to support academics' mental health and well-being (Gorczynski, 2018). Improving MHL among academics—including symptom identification, self-care practices, and knowing where to seek support—is one action to potentially influence and change academics' attitudes towards conversations on mental ill health and help-seeking behaviours. Like the work being done with students, academics need information about mental health and help to change their attitudes towards seeking care (Gorczynski, 2018). The four dimensions comprising MHL include understanding how to obtain and sustain mental health; understanding mental ill health and interventions and treatments; decreasing stigma and discrimination against mental ill health; and enhancing help-seeking behaviour (Wei et al., 2015). However, MHL must not be seen as a panacea. This is because one-off MHL

professional development sessions or short-term MHL professional development courses need to be taught alongside long-term, campus-based, large-scale programs if individuals are to build and apply MHL knowledge, attitudes, and behaviours (Sontag-Padilla et al., 2018).

Sustainable mental health promoting cultures in higher education institutions need to incorporate everyone—government, higher education institutions, health professionals, community, and individuals (Carter & Goldie, 2018; Hickie, 2018). Available evidence shows a holistic approach to building cultures that enhance health and well-being on university campuses promote the mental health and well-being of academics, as well as students (Newton et al., 2016). The Healthy Universities framework is one example of a holistic approach higher education institutions could use to address the risk factors common among academics and students. Instead of having a range of separate programs that focus on specific areas of health, a 'healthy university' takes a whole-of-institution approach to creating a supportive environment for everyone who works and studies in higher education institutions (Newton et al., 2016; Wright & Winslade, 2018).

The Australian University Mental Health Framework, launched in 2020 by Orygen, Australia's centre of excellence for youth mental health, while voluntary, provides evidence informed guidelines and standards for Australian universities to follow and develop mentally healthy university settings, partnering the mental health sector with universities. The framework is built on six guiding principles (see Table 3), with higher education institutions and the community mental health sector collaboratively committing to actions to advance mental health and well-being supports. This holistic approach is grounded in building and sustaining a culture where students and academics experience a sense of belonging, energy, and engagement (Wright & Winslade, 2018).

Table 3 Australian University Mental Health Framework (Orygen, 2020)

Principles	Actions
Principle 1	The student experience is enhanced through mental health and well-being approaches that are informed by students' needs, perspectives, and the reality of their experiences
Principle 2	All members of the university community contribute to learning environments that enhance student mental health and well-being
Principle 3	Mentally healthy university communities encourage participation; foster a diverse, inclusive environment; promote connectedness; and support academic and personal achievement
Principle 4	The response to mental health and well-being is strengthened through collaboration and coordinated actions
Principle 5	Students are able to access appropriate, effective, and timely services and supports to meet their mental health and well-being needs
Principle 6	Continuous improvement and innovation is informed by evidence and helps build an understanding of what works for student mental health and well-being

Conclusion and Ways Forward

The qualitative content analysis in this chapter provides some insight into commentary from academics who chose *The Conversation* as a respected common platform to articulate their thoughts and emotions prior to and during the 2020 COVID-19 pandemic crisis period. With the data limited to only those academics who self-selected to express their feelings and experiences in this public forum, this study is not an endpoint. As the higher education sector moves to rebuild and restructure in a post-COVID world, academics will continue to be confronted with a changing landscape. Results from our study provide a rationale for the importance of adopting a longitudinal approach to explore these emergent issues in the higher education sector.

We acknowledge that prior to the pandemic academics have been experiencing changing and escalating work pressures. Drawing from, and building on, the knowledge gained from this content analysis, we propose a longitudinal study be undertaken to explore the mental health and well-being of higher education academics as they settle into the changed teaching and learning environment of post-COVID-19. In particular, we would examine (1) whether rebuilding and reshaping are proving harder than surviving for some members of this group (academics); (2) if any sub-groups within academia have fallen through the cracks as rebuilding, micro-managing, and reshaping gain momentum; and (3) what are the strategies to develop sustainable working practices to create a mentally healthy workplace. This would involve administering a brief survey among higher education academics on an annual or biennial basis to explore their well-being. The survey would include a self-report measure, such as the personal well-being index (International Well-being Group, 2013) that assesses subjective well-being and can also be compared to general population normative data to position the well-being of academics within the broader population. An open question related to strategies used to maintain health and well-being during and post-COVID would be included to contribute towards the development and the necessity of building a mentally healthy, supportive, and inclusive working environment where academics can work productively and safely.

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