

# Whether and how coaching for mental health and well-being should be offered in post-Covid-19 pandemic Dutch higher vocational education: coaches' perceptions

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## Abstract

**Purpose** – In this article, the outcomes of a survey aimed to investigate how aware of and how capable coaches in higher vocational Dutch education perceive themselves to assist students displaying mental health and well-being issues are presented. Additionally, the article explores coaches' perceptions regarding the frequency, form of help offered, topics to be tackled and the preferred form in which this help should be provided.

**Design/methodology/approach** – The author conducted a survey that gathered qualitative and quantitative data from coaches ( $N = 82$ ) at a Dutch University of Applied Sciences in the north of the Netherlands. A differentiation in coaches' number of years of teaching and coaching experience was considered.

**Findings** – The outcomes of the data analyses showed that overall, coaches claimed to be very aware of students' mental health and well-being-related issues and that female coaches tend to be more aware of these than male coaches. The group of coaches with 5–25 years of coaching experience resulted in being less trained to notice when students struggle with mental health and well-being issues. Overall, coaches indicated to be tentatively willing to assist such students and reported to have a rather low ability and capability to assist students who displayed mental health and well-being issues. More than half of the respondents declared that “face to-face” was the most appropriate approach to address mental health and well-being topics, and most of the respondents (43%) answered that it should be “offered at student's request.” Some suggested topics to be offered were stress, depression, anxiety, study-related issues, study motivation, persistence, emotional intelligence and emotional resilience. Coaches proposed to be provided with trainings that equip them with the necessary knowledge, tools, and concrete mental health and well-being topics that could be addressed during coaching. Additionally, there should be a clear distinction between professional mental health help and coaching for mental health and well-being in universities.

**Research limitations/implications** – There were very few studies that reported on coaching for mental health and well-being in higher education after the Covid-19 pandemic in the Netherlands to compare the results with; the sample size of this survey was small; the survey was designed to capture only the coaches' perceptions on students' mental health-related issues.

**Practical implications** – By performing this survey, more empirical knowledge is added regarding higher education coaches' perception of their awareness, willingness, capability and ability to assist students who display mental health and well-being issues in general, and students affected by the impact of the Covid-19 pandemic in particular. Furthermore, insights regarding higher education coaches' perception on the frequency, form of the help offered, topics to be tackled and form in which this help to be offered were gathered.

**Originality/value** – By performing this survey, more empirical knowledge is added regarding higher education coaches' perception of their awareness, willingness, capability and ability to assist students who

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**Keywords** Coaching in higher education, Coaching for mental health and well-being, Student mental health, Student well-being

**Paper type** Research paper

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## Introduction

The Covid-19 pandemic directly and indirectly affected the lives of many individuals in general, and of young people and students in particular, causing them to develop, and/or aggravate, their mental health and well-being-related issues (Pandya and Lodha, 2022). Dodge *et al.* (2012) define well-being as the balance point between an individual's coping resources and the challenges faced, which can be physical, psychological and social challenges. In our case, the students' balance and coping resources were surpassed by the consequences of the Covid-19 pandemic. In this article, the term well-being refers to both the hedonic (good feelings) and eudemonic (happy-making) aspects of living well, such as having the feeling of meaningful life—work experiences, autonomy, personal development, mastery and accomplishment (Ryan *et al.*, 2008; Seligman, 2011). As such, Pandya and Lodha reported increased stress levels and increased mental health- and well-being-related issues in students, triggered by the imposed lockdowns, uncertain circumstances, an abrupt need to adjust to an isolated existence with less or only virtual communication and interaction with other peers and a lack of support group and family members. For certain students, stress increased and resulted in a traumatic experience due to job loss, leading to the subsequent loss of much-needed cash flow and financial stability (Crayne, 2020). All of a sudden, students' ecosystem was shuttered and they were deprived from their regular social, family and work/income patterns that had offered them social-emotional stability and sustainability making them feel less connected, less autonomous and less capable (to perform and earn their living), which are essential elements for feeling motivated and staying engaged (Deci and Ryan, 2012). Not having these basic needs satisfied for such a long period made some of them feel anxious, stressed and started displaying signs of weakened mental health and well-being, like lower life satisfaction levels and less motivation to achieve academically (Pandya and Lodha, 2022).

The same trends in relation to the effects of Covid-19 pandemic were observed in the Netherlands, where more than 51 % of the students were recorded to experience psychological complaints in 2021 with a slightly decreased percentage of 43 % in 2022 (Dopmeijer *et al.*, 2021a, b). Dopmeijer *et al.* (2021a, b) suggest that there were already a lot of young people struggling with mental and well-being issues before the Covid-19 pandemic, but social distancing and solitary life combined with the financial and emotional loss students suffered increased their stress levels and exacerbated their feelings of insecurity regarding their financial and study situation, resulting in a higher percentage of students struggling with mental health and well-being issues (Kokkinos *et al.*, 2022).

It was also noticed (Dopmeijer *et al.*, 2021a, b, 2023) that most students adapted rather quickly to the new, unique study environment. Switching to online education was a must and a solution; however, across many countries (e.g. Pakistan, Romania, Italy and the USA), students remarked that online learning was challenging due to technical difficulties, lack of or low teacher–student interaction, slower response time, absence of traditional classroom socialization, and it was reported that many students felt anxious about having to finish their semesters and/or academic year online (Muhammed, 2020; Coman *et al.*, 2020; Ferri *et al.*, 2020; Unger and Meiran, 2020). This could suggest that many students were dealing with problems and teachers had less opportunities to notice them and check on their student's mental health

and well-being so that a timely and efficient intervention could take place (Bettinger and Baker, 2014). According to a recent report (Dopmeijer *et al.*, 2023), half of the Dutch students report to suffer from stress and fear of failure having psychological issues such as anxiety, stress, performance stress and depression, with 12% reporting having major problems due to uncertainties in their lives. In their latest monitor on mental health and substance use among Dutch higher education students of 2023, Nuijen *et al.* (2023), reporting on the survey filled in by 32,000 students, concluded that two years after the Covid-19 pandemic, about 44% of higher education students continue to experience stress, anxiety and depression symptoms, regardless of how much or how little money is involved. Additionally, students reported emotional outbursts and frequently poor performance, with approximately half of them use drinking as a coping strategy.

Douwes *et al.* (2023) conducted an exploratory study among Dutch higher vocational education students and concluded that a majority of the students who identified themselves as experiencing well-being-related issues expected their coaches to assist them in coping with these issues. Because students spend a large part of their time at school under the direct or indirect supervision of teachers and coaches, the questions that arise are: to what extent do coaches notice that their students struggle with mental health- and well-being-related issues? How equipped do coaches think they are to assist students who struggle with such issues? What mental health and well-being issues can and should coaches assist students with, and how should this help be offered? Coaching is a relatively non-directive form of support that helps coaches identify their own solutions to the problems they have chosen to focus on (van Nieuwerburgh, 2012). In the context of this research, this entails providing a coaching program that is tailored to the needs of students in higher education, namely, assisting students to acquire and strengthen their coping skills to balance private and school-related responsibilities so that they can feel happy and can thrive (Dodge *et al.*, 2012). This balance is achieved by promoting well-being (Hobson and van Nieuwerburgh, 2022) and by improving cognitive abilities and metacognitive skills (e.g. self-efficacy, self-awareness, self-regulation, motivation, stress identification, goal identification, goal setting and development of new coping strategies) (Brevik Saethern *et al.*, 2022).

Therefore, examining individualized coaching support is crucial as pressure mounts on higher education institutions to support student welfare (Bordogna, 2023), especially after the Covid-19 pandemic. For mental-related treatment and therapy, specialized psychological services should be offered by qualified psychologists and psychiatrists, but training coaches to improve preparedness and confidence to address student mental health and well-being is essential (Greif Green *et al.*, 2020). In order to find answers to the aforementioned questions, a survey was spread among the coaches of a University of Applied Sciences in the north of the Netherlands.

## Method and procedure

### *Design and measurement*

A survey was designed to gather quantitative and qualitative data. It was designed considering the insights gathered from the study of the literature which were analyzed and discussed during the weekly project consultation meetings that spread over a period of nine weeks. The setting up of the project and design of the survey took about four weeks and the data collection period took five weeks. Inclusion and exclusion criteria were used to ensure the validity of the items (i.e. to match the research objectives and participants' characteristics; the usage of appropriate language [i.e. clear, precise, short and easy to use]; determine whether open- or close-ended questions were needed; ponder the different types of response categories for closed-ended items; and pilot test it). The finalized survey consisted of 15 questions on coaches' perceptions on their awareness, willingness, beliefs in their abilities and

capabilities to assist and coach students who struggle with mental health and well-being issues. The survey consisted of multiple-choice questions, using a 1 to 5 linear scale with multiple answers allowed, where 1 meant “not at all aware/willing/capable” and 5 meant “extremely aware/willing/capable” and open questions. Four closed questions collected descriptive information like gender, age, years of teaching experience and years of coaching experience. Five closed questions collected data about their awareness that some students struggle with mental health and well-being issues; their capability, ability and willingness to identify and coach students with mental health and well-being issues; and whether they believed that well-being- and mental health-related topics should be included in coaching programs of study courses or not. Five open-ended questions collected data on how this help should be offered, considering the form intensity and frequency (e.g. f2f/online/blended, regular classes as part of the curriculum/at student request); how coaches considered they should be facilitated to become better prepared to assist students with mental and well-being issues; what mental health and well-being topics should be included in coaching programs; and how these sessions should be organized. The survey was digitalized using Google Forms and the raw data were collected in an Excel file. The Cronbach alpha reliability value of the internal consistency for the total scale was high (0.89).

The survey was distributed to different academies of a University of Applied Sciences in the north of the Netherlands targeting an active teaching population of 1,400 teachers with coaching attributions, out of which a  $N = 82$  of coaches completed the survey. A valid number of responses was obtained. Considering a 95% confidence level with a 5% margin of error and a 95% population proportion, a minimum of 70 responses were needed to reach a valid number of responses. The respondents were informed about the purpose of the survey, and that data would be analyzed anonymously and ethically according to the Netherlands Code of Conduct for Research Integrity.

#### *Participants*

The population ( $N = 82$ ) consisted of 45% males ( $N = 37$ ) and 55% females ( $N = 45$ ). There were some differences between the number of years of teaching experience ( $N = 17$  between 0 and 5 years of experience;  $N = 14$  with 5–10 years of experience;  $N = 15$  with 10–15 years of experience;  $N = 16$  between 15 and 20 years of experience;  $N = 8$  with 20–25 years of experience; and  $N = 12$  with >25 years of teaching experience). The distribution of years of coaching experience was as follows:  $N = 19$  with 0–5 years of coaching experience;  $N = 14$  with 5–10 years of coaching experience;  $N = 19$  with 10–15 years of coaching experience;  $N = 18$  with 15–20 years of coaching experience;  $N = 10$  with 20–25 years of coaching experience; and  $N = 2$  with >25 years of coaching experience.

#### *Data analyses*

The raw data were collected in a Microsoft Excel file and was analyzed considering the data collection method used. The quantitative data were analyzed statistically computing descriptive statistics (mean and standard deviation) and correlation analyses, and the qualitative data were analyzed using axial coding and top-down-bottom up-analyses, and the frequency of some terms using MAXQDA word clouds. The data cleaning and preparation procedure was performed in RStudio in order to ensure that the Excel functions would be applied smoothly.

### **Results**

Regarding coaches' awareness, willingness, capability and ability to assist students who struggle with mental health and well-being issues and their opinion whether such topics should be included in the coaching programs of study programs and under what form and

how often, data were collected considering the overall perception and also differentiating on gender (male/female) (see Table 1), years of teaching (see Table 2) and coaching experience (see Table 3).

### Outcomes considering gender

Table 1 shows the descriptive results regarding coaches' awareness on students' mental health and well-being issues, willingness, capability and ability to help and whether such topics should be included in the coaching programs considering a gender differentiation.

The overall average scores were high ( $M \leq 4$ ), meaning that coaches were very aware that students struggle with well-being and mental issues. The outcomes also show that female coaches perceive themselves to be more aware of students' mental health and well-being challenges than male coaches. Additionally, observing the standard deviation values, we can conclude that male coaches may hold more divergent views on these issues than their female counterparts. It is also interesting to observe that the standard deviations for questions one and two were rather high for males ( $SD = 0.86$  Q1,  $SD = 0.90$  Q2) than females ( $SD = 0.66$  Q1,  $SD = 0.84$ ), which may be explained by the fact that male coaches held more divergent views on these issues than their female counterparts.

The overall outcomes of coaches' willingness (Q3) to assist students who display mental and well-being related issues were found to be rather low ( $M = 3.84$  and  $M = 3.15$ ), meaning a rather "neutral" willingness to help such students. Comparing the outcomes per gender, there was little difference in the outcomes of the analysis between male and female coaches. Regarding the variance of willingness to help students with mental health and well-being issues, there was no difference between genders either ( $SD = 0.97$ ).

Whether coaches believed they were capable of and able to coach students with mental health and well-being issues (Q4), the analysis generated a rather "neutral" outcome ( $M = 3.15$ ). It means they perceived themselves to be less confident in their individual capacity and ability to assist students with mental health and well-being issues, but highly aware students struggle with such issues ( $M = 4$  Q1). The analysis generated comparable average results for both genders ( $M = 3$ ) with slightly different standard deviations ( $SD = 0.93$  for males and  $SD = 0.82$  for females), meaning that male coaches might hold more divergent views on their capability and ability to assist students with well-being- and mental health-related issues than female coaches.

As for coaches' opinions on whether mental health and well-being topics should be included in the coaching programs of study courses (Q5), the overall results showed that coaches

Questions	Overall		Male		Female	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
1. Are you aware that some students are struggling with well-being and mental health issues? (e.g. anxiety, depression, stress, physical problems, perfectionism, etc.)	4.39	0.77	4.24	0.86	4.51	0.66
2. How aware are you of the impact of the Covid-19 pandemic on students' well-being and mental health?	4.13	0.79	3.97	0.90	4.27	0.84
3. Would you be willing to assist students who display mental health- and well-being related issues?	3.84	0.97	3.68	0.97	3.98	0.97
4. Do you believe that you are capable and able to support your student's mental health and well-being questions/problems?	3.15	0.93	3.14	0.93	3.16	0.82
5. Do you believe that well-being- and mental health-related topics should be included in coaching programs of study courses?	3.66	1.16	3.57	1.14	3.73	1.18

**Source(s):** Author's own creation

**Table 1.**  
Overall results  
descriptive statistics  
(mean (*M*), standard  
deviation (*SD*)) for male  
and female coaches'  
awareness,  
willingness, capability  
and ability to help  
students with mental  
health and well-being  
issues and whether  
such topics should be  
included in the  
coaching programs

Overall results descriptive statistics (mean and standard deviation) on years of teaching experience related to coaches' awareness of students' mental health and well-being issues, willingness and capability to help and whether such topics should be included in the coaching programs

Questions	Overall		0–5 years		5–10 years		10–15 years		15–20 years		20–25 years		More than 25 years	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
1*	4.39	0.77	4.58	0.51	4.36	0.63	4.40	0.63	4.38	0.89	4.25	0.89	4.25	1.14
2***	4.13	0.87	3.94	0.90	3.86	1.03	4.20	0.77	4.44	0.81	4.13	0.99	4.25	0.75
3***	3.84	0.97	4.06	0.66	3.93	0.92	3.60	0.99	3.75	1.18	3.67	1.15	3.67	1.15
4****	3.15	0.93	3.24	0.90	3.21	0.80	3.07	0.88	2.88	1.15	3.50	0.76	3.17	1.03
5*****	3.66	1.16	3.65	1.00	3.57	1.09	3.40	1.50	3.88	1.26	3.88	1.13	3.67	0.98

**Note(s):** 1\*Are you aware that some students are struggling with well-being and mental health issues? (e.g. anxiety, depression, stress, physical problems, perfectionism, etc.); 2\*\*\*How aware are you of the impact of the Covid-19 pandemic on students' well-being and mental health?; 3\*\*\*Would you be willing to assist students who display mental health- and well-being related issues; 4\*\*\*\*Do you believe that you are capable of and able to support your student's mental health and well-being questions/problems?; 5\*\*\*\*\*Do you believe that well-being- and mental health-related topics should be included in coaching programs of study courses?

**Source(s):** Author's own creation

Questions	Overall		0–5 years		5–10 years		10–15 years		15–20 years		20–25 years		More than 25 years	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
1*	4.39	0.77	4.21	0.71	4.36	0.63	4.42	0.61	4.61	0.78	4.3	1.25	4.50	0.71
2**	4.13	0.87	3.63	0.90	4.00	1.02	4.16	0.90	4.60	0.51	4.40	0.70	4.50	0.71
3***	3.84	0.97	4.00	0.67	3.86	0.86	3.68	1.00	3.83	1.25	4.00	1.15	3.00	0.71
4****	3.15	0.93	2.89	0.81	3.14	0.95	3.05	1.03	3.17	0.92	3.70	0.64	3.50	2.12
5*****	3.66	1.16	3.89	0.94	3.43	1.16	3.53	1.31	3.67	1.33	4.00	0.94	2.50	0.71
<b>Note(s):</b> 1* Are you aware that some students are struggling with well-being and mental health issues? (e.g. anxiety, depression, stress, physical problems, perfectionism, etc.); 2** How aware are you of the impact of the Covid-19 pandemic on students' well-being and mental health?; 3*** Would you be willing to assist students who display mental health- and well-being-related issues; 4**** Do you believe that you are capable of and able to support your student's mental health and well-being questions/problems?; 5***** Do you believe that well-being- and mental health-related topics should be included in coaching programs of study courses?														
<b>Source(s):</b> Author's own creation														

**Table 3.**  
Overall results  
descriptive statistics  
(mean and standard  
deviation) on years of  
coaching experience  
related to coaches'  
awareness of students'  
mental health and well-  
being issues,  
willingness and  
capability to help and  
whether such topics  
should be included in  
the coaching programs

answered that they were moderately inclined ( $M = 3.66$ ) that such topics should be addressed during coaching sessions. For the analysis per gender, the outcomes were also tentative with a slightly higher tendency for women coaches ( $M = 3.73$ ) than male coaches ( $M = 3.57$ ). For both genders, a large standard deviation was observed slightly higher for females ( $SD = 1.18$ ) than for males ( $SD = 1.14$ ), indicating that female coaches may have more divergent thoughts on whether related topics should be included in coaching programs, or not.

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#### *Outcomes considering years of teaching experience*

Table 2 shows the descriptive results regarding coaches' awareness on student's mental health and well-being issues, willingness, capability and ability to help and whether such topics should be included in the coaching programs considering a differentiation on years of teaching experience.

The overall results for the first two questions referring to how aware coaches perceived themselves to be that some students struggle with mental health and well-being issues and about the impact of the Covid-19 pandemic on students, showed that coaches perceived to be very aware of these aspects ( $M = 4.39$  for Q1 and  $M = 4.13$  for Q2). Differentiating these perceptions considering the years of teaching experience, the data analysis showed that the coaches with the least teaching experience (0–5 years of teaching experience) presented the highest average score on the question related to common sense awareness of students' mental health and well-being issues (Q1) ( $M = 4.58$ ). Regarding the impact of the Covid-19 pandemic on students' mental health and well-being, the group with 20–25 years of teaching experience had the highest mean ( $M = 4.44$ ), meaning that they perceived themselves to be the most aware of the impact of the Covid-19 pandemic of all groups. However, the statistical results for the coaches with the most teaching experience (>25 years) presented the highest standard deviation ( $SD = 1.14$ ) on the question pertaining to awareness of students' mental health and well-being issues in a conventional sense (Q1). This may mean that this group of coaches may have a broader understanding of students' mental health and well-being issues. Concerning the impact of the Covid-19 pandemic on the mental health and well-being of students (Q2), the group with 5–10 years of teaching experience had the highest standard deviation ( $SD = 1.03$ ), indicating that this group may have more divergent opinions on the subject.

The overall outcome for question three regarding coaches' willingness to help students with mental health- and well-being related issues was rather tentative ( $M = 3.84$ ), meaning coaches declared they were moderately willing to assist such students. When the data were categorized according to their years of teaching experience, it could be seen that the outcome for the group with 20–25 years of teaching experience had the highest average score on both attitude questions ( $M = 4.13$  for Q3 and  $M = 4.13$  for Q2) meaning that this group of coaches perceived themselves to display a very positive attitude toward assisting such students than the other groups of coaches. Additionally, the outcome of the analysis for the group of coaches with 15–20 years of teaching experience had the highest standard deviation ( $SD = 1.18$ ) for Q3 meaning that this group of coaches might have more divergent perspectives on this subject compared to other groups of coaches.

The overall outcome for Q4 regarding coaches' capability and ability to assist students with mental health and well-being issues was rather tentative ( $M = 3.15$ ) meaning that coaches perceived themselves as not very competent and able to assist such students. Upon comparing the means of the various groups, it was noticed that the group with 20–25 years of teaching experience presented the highest score ( $M = 3.5$ ) meaning it is the age group that perceived itself as the most capable and able, but still uncertain, to assist such students. The group with 15–20 years of teaching experiences presented the lowest confidence in their ability and capability to assist such students ( $M = 2.88$ ), and they were also the group that displayed the most diverse views for this question ( $SD = 1.15$ ).



The overall opinion on whether well-being- and mental-related topics should be included in coaching programs of study courses (Q5) was rather neutral ( $M = 3.66$ ) and presented very diverse views ( $SD = 1.16$ ). Across groups, a rather neutral meaning was recorded ( $M = 3.40$ – $3.88$ ), where the group with 10–15 years of teaching experience presented the highest standard deviation ( $SD = 1.50$ ) meaning the existence of very divergent beliefs regarding which related topics should be included in coaching sessions.

#### *Outcomes considering years of coaching experience*

Table 3 shows the descriptive results regarding coaches' awareness on student's mental health and well-being issues, willingness, capability of and ability to help and whether such topics should be included in the coaching programs considering a differentiation on years of coaching experience.

The overall results referring to the first two questions about how aware coaches perceived themselves to be that some students struggle with mental health and well-being issues (Q1) and about the impact of the Covid-19 pandemic on students (Q2) showed that coaches declared that they perceived to be very aware of these aspects ( $M = 4.39$  for Q1 and  $M = 4.13$  for Q2). Regarding the differentiation per groups of years of coaching experience, the outcomes for Q1 for the group with 15–20 years of coaching experience showed the highest level of understanding of students' of mental health and well-being issues in the common sense ( $M = 4.61$ ) and of the Covid-19 pandemic effects on students ( $M = 4.60$ ), meaning that this group of coaches may have a higher level of awareness than other groups. It is interesting to notice that the outcomes of the analysis generated the largest standard deviation ( $SD = 1.25$ ) for the coaches with 20–25 years of coaching experience on the question pertaining to the awareness of students' struggles with mental health and well-being (Q1), which may mean that this group of coaches has a broader understanding of what students' mental health and well-being mean. Regarding coaches' perception of awareness of how the Covid-19 pandemic affected the mental health and well-being of students (Q2), the analysis generated the largest standard deviation outcome ( $SD = 1.02$ ) for the group with 5–10 years of coaches with coaching experience meaning that this group may have more different ideas on the subject.

The overall outcome for question three regarding coaches' willingness to help students with mental health- and well-being related issues was rather tentative ( $M = 3.84$ ), meaning that coaches declared they were rather hesitant to assist such students. When the data were classified according to their teaching experience, the groups with 0–5 and 20–25 years of coaching experience had the highest average scores ( $M = 4$ ) on the willingness to help such students compared to other groups. For the group of coaches with 15–20 years of teaching experience the highest standard deviation was recorded ( $SD = 1.25$ ) meaning that this group of coaches presented the most divergent opinions regarding assisting students with mental health and well-being issues than the rest of the groups.

Regarding coaches' overall belief in their competence and ability to coach such students (Q4), the data analysis generated a rather neutral value ( $M = 3.15$ ). Additionally, across age groups, results varied from  $M = 2.89$  for the 0–5 years of coaching experience group to  $M = 3.70$  for the group with 20–25 years of coaching experience. Comparing the results across age groups with the overall result for the willingness to help, it can be concluded that coaches would like to help such students, but they doubt their capabilities and abilities to do so. For the group with over 25 years of experience, the highest standard deviation was generated ( $SD = 2.12$ ), meaning that the coaches in this group had the most divergent opinions about their abilities and capabilities to coach such students than other groups. For the group with 20–25 years of coaching experience, the highest average score was generated ( $M = 3.70$ ), meaning that this group perceived itself as the most capable and able

to coach such students compared to other groups, although the value is a rather tentative one.

The overall results for the question regarding coaches' opinion whether well-being- and mental health-related topics should be included in coaching programs of study courses or not (Q5), the results of the statistical analysis generated a rather neutral average value ( $M = 3.66$ ) with a large standard deviation ( $SD = 1.16$ ), meaning that overall the coaches tentatively favored the inclusion of such topics in the coaching programs, but the opinions of the respondents were significantly divergent. Across groups, there was a general opinion of not including mental health and well-being topics in the coaching programs with the group with >25 years of coaching experience recoding the lowest mean ( $M = 2.50$ ), except the group with 20–25 years of experience which was very much in favor of including such topics in the coaching programs ( $M = 4$ ).

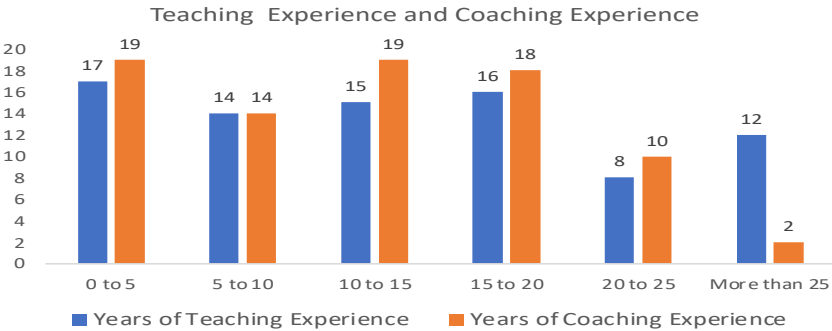
It is important to mention that the correlation coefficient between the years of teaching experience and years of coaching experience was relatively strong ( $r = 0.69$ ), which indicates that the more years of teaching experience a teacher has, the better coach he/she is (Figure 1). Nonetheless, because the correlation was not equal to or very close to  $-1$  and/or  $1$ , both factors were feasible.

*Outcomes on how mental health should be facilitated*

A word cloud was used to identify the most frequently suggested approaches to how coaches should be facilitated to better support students with mental health- and well-being-related issues. One frequent suggestion was to provide coaches with trainings, coaching or course sessions that primarily focus on problem identification of mental health and well-being issues. A majority of the respondents suggested that mental health and well-being issues should be addressed by trained professionals. In addition, some respondents declared that they would like to receive clear directions on these matters, and some others stated that they simply needed more time to discuss pertinent topics with students and/or colleagues.

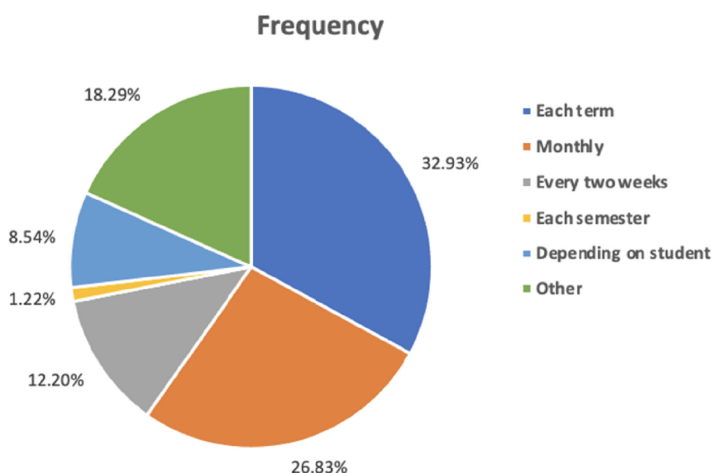
*Outcomes on how frequently help should be offered*

Referring to how frequently to offer help on mental health and well-being, the results presented in Figure 2 show that a third of the respondents declared that these coaching sessions should be held on a termly basis, while a quarter of respondents suggested that the sessions should be held on a monthly basis. Approximately 18.3% classified as “other” represent opinions according to which the organizational structure of these coaching sessions should be more flexible; that these sessions should be organized in agreement with



**Figure 1.**  
Teaching experience  
and coaching  
experience  
distributions

**Source(s):** Author’s own creation



Source(s): Author's own creation

**Figure 2.**  
Frequency of coaching sessions in regard to students' mental health and well-being issues

coaches, and a few "others" also mentioned that it could depend on the student's grade point average.

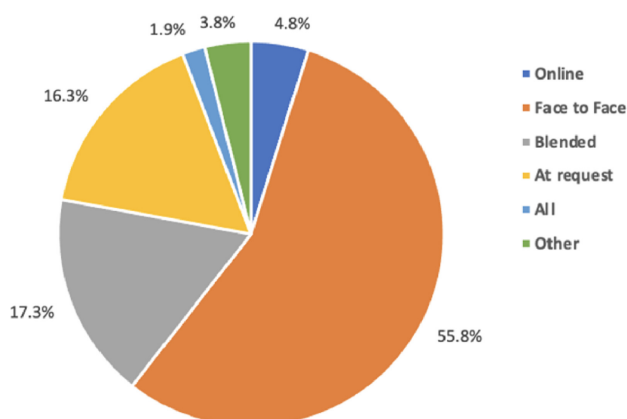
#### *Outcomes on the form help should be offered*

As can be observed in [Figure 3](#), more than half of the respondents declared that "face-to-face" was the most appropriate approach, followed by the classification "blended" which accounted for 17.3%, and "at request" accounted for the third-largest proportion with 16.3%.

#### *Outcomes regarding the topics to be included in coaching programs*

Some suggested topics to be offered were stress, depression, anxiety, study-related issues, study motivation, persistence, emotional intelligence and emotional resilience. Most of the

**The most appropriate form(s) of delivering coaching sessions**



Source(s): Author's own creation

**Figure 3.**  
Form of coaching sessions in regard to students' mental health and well-being issues

respondents insisted that coaches should not offer mental health- and well-being-related pieces of advice and that the most they could do was to advise students to make an appointment with a professional in order to address relevant mental health and well-being issues. However, some teachers perceived themselves to be capable of and able to assist students with mental health and well-being concerns.

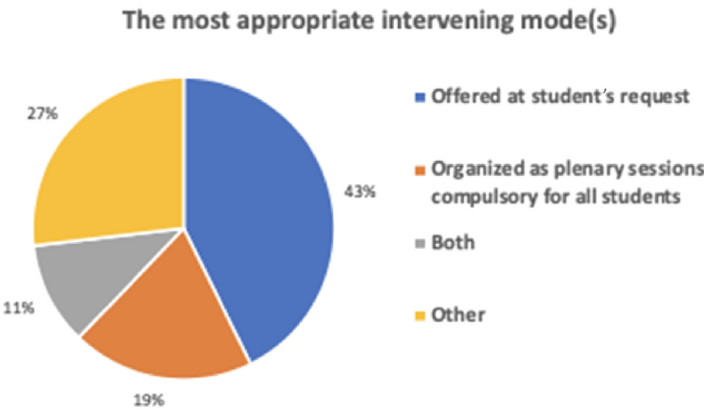
*Outcomes regarding how to offer coaching for mental health and well-being*

As can be seen in [Figure 4](#), most of the respondents (43%) answered that it should be “Offered at student’s request” suggesting that many coaches believed that the most appropriate way to integrate mental health and well-being issues was based on students’ needs and initiative. Category “Other” was the second most frequent response, accounting for 27% of responses, which included suggestions that topics should be discussed outside of school or in a small group setting, followed by 19% of the respondents who believed that this type of sessions should be mandatory for all students.

**Conclusions and discussion**

By performing this survey, more empirical knowledge is added regarding higher education coaches’ perception of their awareness, willingness, capability and ability to assist students who display mental health and well-being issues in general and students affected by the impact of the Covid-19 pandemic in particular. Furthermore, insights regarding higher education coaches’ perception on the frequency, form of the help offered, topics to be tackled and form in which this help to be offered were gathered.

It was observed that coaches tend to have various attitudes toward student’s mental health and well-being topics. Overall, coaches claimed to be very aware of students’ mental health- and well-being-related issues, and that female coaches tend to perceive themselves to be more aware of these than male coaches, which is a significant outcome, because awareness is the first step in designing supportive interventions as [Sontag-Padilla et al. \(2018\)](#) argue. The receptiveness differences between genders, male versus female, might be explained by the gender distribution of the sample which is higher for female coaches ( $N = 45$ ), thus more represented, versus male coaches ( $N = 37$ ), on the one hand. On the other hand, as explained by [Hogg and Vaughan \(2018\)](#) upon reviewing multiple studies in the field of gender differences, female coaches in general tend to be more empathetic and responsive to other



**Figure 4.**  
Suggestions regarding  
the way this help  
should be offered

**Source(s):** Author’s own creation

people's needs due to their caring and maternal role in society. Wood (2009) identified seven characteristics or communication traits for women: maintaining relationships, equality, showing support, conversational "maintenance" work, responsiveness, personal concrete style and tentativeness. Conversely, men tend to communicate to exhibit knowledge, as instrumentality, conversational dominance, absolute assertion, abstractness and non-responsiveness (Wood, 2012). There are certain documented differences in the ways most men and women interact, which can be attributed to social conditioning and the need to conform to long-standing social customs that have developed around gender binaries, however further in-depth research needs to be undertaken into these gender differences.

The next step, according to Sontag-Padilla *et al.* (2018), should be to offer assistance during the coaching sessions. Here, we observed that more younger coaches (0–5 years of teaching and coaching experience) and more experienced coaches (20–25 years of teaching and coaching experience) were the groups that seemed to be more perceptive and aware that students struggle with mental and well-being issues compared to other groups. This means that a whole active segment of coaches in their 5–20 years of experience are less aware of these signals struggling students send/display. This is a worrisome finding because these coaches find themselves rather in the beginning of their teaching career and are supposed to be receptive and connected with their students. Is it possible that these coaches are too caught up in other primary processes, or are not sufficiently trained or they are less sensitive to these student related aspects that they fail to see these aspects? More research should be performed on this group to investigate the multifaceted aspects around their lack of awareness.

Regarding coaches' willingness to assist students who display mental health- and well-being-related issues, it was observed that coaches tend to be less confident about their capability and ability to assist such students, although they tend to be very aware of these issues. This is a very realistic picture because the spectrum of mental health and well-being issues include aspects like anxiety, depression, addictions, phobias, post-traumatic stress disorder, to name a few, that should be treated by a psychologist and psychiatrist (Cromby *et al.*, 2017). Prevention is better than intervention, indeed, and there are many mentoring and coaching programs already implemented in universities with good results that promote mental health and well-being aspects, like the You Can Do It (YCDI) Education for higher education (Bernard, 2023; Ciff, 2020; Dekker *et al.*, 2020), but a clear boundary should be set when a university coach coaches for mental health and well-being and when the student is sent to a mental health specialist.

Comparing coaches' high perceived awareness of students' mental health and well-being issues with overall coaches' perceived willingness, their sense of being capable and able to assist such students and their belief that related topics should be included in coaching sessions were relatively low. This tentative willingness might be explained by their lack of experience and expertise. Hence, defining what exact topics and aspects concerning student mental health and well-being and providing proper trainings in coaching students who display such issues might result in improved expertise, increased confidence and willingness to address mental- and well-being-related topics with their coaches (Morton and Gil, 2019). This situation is paradoxical for coaching is part of teachers' roles and responsibilities and a proper training in coaching should be part of their teacher training program. The current teacher shortages oblige vocational higher education institutions to hire experts with a Master's degree and work experience, but without any teacher experience/training (or coaching) (ZESTOR, 2023). This might explain why the group of 5–25 years of coaching experience is less trained to notice when students struggle with mental health and well-being issues. Another aspect in most higher vocational institutions, and definitely not at the institution where the current study was performed, is that the teacher coaching training is not a compulsory component of the teacher training program, which is a paradox, since teachers have a coaching role which requires specialized skills like active and reflective listening,

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powerful questioning and summarizing, empathy, building coaching relationship, nonviolent and nonjudgmental attitude and communication, creating a trusting and comforting atmosphere (Greif Green *et al.*, 2020; Knowles and Knowles, 2021; Nieuwburg, 2016). The solution would be to offer all teachers compulsory and refresh courses in coaching focusing on the purpose of coaching; coaching strategies for different student typologies and situations; how to start a conversation with students; how to establish a rapport; the do's and don'ts in coaching, coaching for mental health and well-being, etc.

Some topics to be included in the coaching sessions suggested by the respondents were stress, depression, anxiety, study performance-related issues (e.g. motivation, organization, persistence, emotional intelligence, assertion, cooperation and emotional resilience), which are in line with current mentoring programs for higher education (Bernard, 2023; Dekker *et al.*, 2020), and the latest experimentation with coaching in higher education which focused on self-efficacy, self-awareness, self-regulation, motivation, stress identification, goal identification, goal setting and development of new coping strategies (Brevik Saethern *et al.*, 2022). Once coaches are willing and capable to address the topics that students are struggling with, it is essential to support students' psycho-socio-emotional being by creating an inclusive learning environment, providing academic accommodations, nurturing caring relationships, and promoting on-campus support and events, and create a safety net system (Woloshyn *et al.*, 2019). In order to create a safety net system, an infrastructure needs to be created and an environment where mental health and well-being is regularly discussed with other teachers/students and is measured (Sontag-Padilla *et al.*, 2018).

What we can conclude from these results is that overall coaches were perceived themselves to be highly aware that a lot of students struggle with mental health and well-being issues, but they declared to be rather reluctant to engage in discussing mental health and well-being topics with their coachees and they would rather wait for the student to either come to them or resolve their issues outside the classroom. This may explain their tentative responses regarding their willingness, feeling capable and able to coach such students. This is also explainable by the fact that most of them do not get a proper coaching training as part of the teacher training program in higher education on the one hand and, on the other hand, the discussion on what exact mental health and well-being topics should be addressed in coaching in higher education is still under discussion. This is still a very recent issue that universities, teachers, and students around the world will have to learn to effectively deal with and luckily there is a plethora of mental health and well-being help that can be used. An active role in this field has been played by the Dutch National Institute for Public Health and the Environment who assist colleges and universities in promoting student mental health and well-being by collaborating nationally with the ministry of education, colleges, universities, and students through a common knowledge database, a community for student welfare, a student welfare program, a national knowledge portal for colleges and universities where they can exchange knowledge, tools, real-world examples and experiences. The challenge remains to involve colleges, universities and students to use these platforms (in 2023 there were only 2000 members in this community) and train the teaching staff in higher education to properly include and use mental health and well-being topics and tools in their coaching sessions. But before doing that, the aspect of teacher self-awareness of well-being needs to be addressed, for it is possible that the segment of coaches who are not so receptive to students' well-being issues might stem from a lack of self-awareness regarding these issues. According to Acton and Glasgow (2015), offering pre-service teacher education and professional development programs that incorporate well-being education is crucial for keeping teachers in the classroom and empowering them to better navigate the systemic limitations placed upon them. They discovered that chances to enhance teachers' well-being are mediated by neoliberal policy mechanisms, which are at odds with fundamental components of wellness. Given the arduous nature of coaching, more focus must be placed on

the personal growth of coaches and educational leaders, considering personal development concerning proper coaching knowledge, skills and attitudes, well-being and coping strategies, so that they can function under such pressure, become more resilient and carry on successfully serving the needs of both their students and their own well-being (Earley, 2020). Coaches' and coachees' welfare-related issues put a lot of pressure on higher education institutions to accommodate the individualized coaching support in curricula as well as managing the costs associated with mentor/coach recruitment, selection, training, and other supportive measures that support and encourage academic faculty participation in these support initiatives (Bordogna, 2023; Kutsyuruba and Godden, 2019).

### Limitations and some directions for further research

This study is not without limitations. First, there were very few studies that reported on coaching for mental health and well-being in higher education after the Covid-19 pandemic in the Netherlands to compare our results with. Therefore, more replications need to be performed and more recommendations regarding this target group need to be made. Second, the sample size of this survey was small and self-reported data were collected from coaches of a University of Applied Sciences in the north of the Netherlands, which affects the generalizability of results. In order to be able to draw stronger conclusions, gain confidence in the outcomes and generalize the outcomes, future replications should broaden the study's focus and include additional data collection methods, geographical regions and varieties of schools and institutions in the sample in order to improve the sample's universality and representativeness and prevent estimation and self-reporting bias brought on by sampling errors. Third, the survey was designed to capture the coaches' levels of awareness about students' mental health and well-being struggles after the Covid-19 pandemic and their perceived willingness, ability and capability to assist students. Future replications should consider a broader scope and use a 10-point scale to identify different nuances more accurately. Furthermore, to provide more accurate measurement, the questionnaire should be improved, especially by including control questions to eliminate bias brought on by missing data. Last, it was beyond the scope of this study, but future replications should consider collecting qualitative and quantitative data from both coachees and coaches with a gender differentiation for a better comparison and understanding of coachees' needs and perceptions in relation to coaches' ability to coach using an interdisciplinary approach to coaching (Hobson and van Nieuwerburgh, 2022).

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