

Teaching hospitality and tourism students' strategies for recognizing and supporting mental health conditions and crises in industry: an exploratory study

Annamarie D. Sisson, Melanie Peele & Zoe Sisson

To cite this article: Annamarie D. Sisson, Melanie Peele & Zoe Sisson (18 Nov 2023): Teaching hospitality and tourism students' strategies for recognizing and supporting mental health conditions and crises in industry: an exploratory study, Journal of Teaching in Travel & Tourism, DOI: [10.1080/15313220.2023.2278501](https://doi.org/10.1080/15313220.2023.2278501)

To link to this article: <https://doi.org/10.1080/15313220.2023.2278501>



© 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.



Published online: 18 Nov 2023.



Submit your article to this journal [↗](#)



Article views: 57



View related articles [↗](#)



View Crossmark data [↗](#)

Teaching hospitality and tourism students' strategies for recognizing and supporting mental health conditions and crises in industry: an exploratory study

Annamarie D. Sisson ^a, Melanie Peele^b and Zoe Sisson^c

^aTourism and Languages, The Business College, Edinburgh Napier University, Edinburgh, UK; ^bLicensed Professional Counselor, Edinburgh, UK; ^cCare Specialist, Edinburgh, UK

ABSTRACT

By addressing the academic imperative for mental health education and crisis intervention, this exploratory study evaluates the desirability and availability of undergraduate education in recognizing and supporting mental health conditions and crises in hospitality and tourism industry settings. Hospitality and tourism management faculty and undergraduate students were surveyed through an online survey. The majority of faculty and students agreed mental health is important to learn in the classroom to prepare for industry, yet the majority have neither taught nor learned about mental health education and crisis intervention. The findings contribute to how educational leadership influences mental health training integration in classroom instruction. Recommendations included conducting feasibility studies with hospitality management educators on the integration of mental health in classroom learning; conducting larger, more generalizable studies on the effects of such education; and integrating effective mental health and crisis intervention training for hospitality management educators and students into curricula across the field.

ARTICLE HISTORY

Received 15 June 2023
Accepted 30 October 2023

KEYWORDS

Hospitality; mental health; crisis intervention; curriculum development

Introduction

Mental health is now recognized as an increasingly pressing concern in the hospitality and tourism industry. Hospitality ranks among one of the top most stressful industries, ahead of retail and transportation, with 57% of employees reporting workplace stress (Grewal, 2022). A report in 2019 indicated eight out of 10 chefs reported poor mental health during their career and 48% believe there is not often being done to support mental health and well-being in the workplace (Burton, 2023). Often overlooked as a high-stress work environment, hospitality and tourism frontline employees experience tremendous demands, including emotional and physical, during interpersonal communications (Teo et al., 2020). With long hours, high-stress environments, and often unpredictable working conditions, employees in this field are at a greater risk of developing mental health issues than workers in many other industries (Kotera et al., 2018; Teo et al., 2020). In these

CONTACT Annamarie D. Sisson  a.sisson@napier.ac.uk  Tourism and Languages, The Business College, Edinburgh Napier University, Edinburgh, UK

© 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

demanding environments, hospitality employees must find a means to manage this emotional and physical labor (Teo et al., 2020). Additionally, many hospitality and tourism professionals work on the front lines of customer service, meaning they may encounter guests who are experiencing mental health crises of varying severity.

In terms of mental health in higher education, over the last decade there have been significant changes in the willingness of students to talk about their mental health. A recent study performed in the United Kingdom identified that the number of students willing to share a mental illness condition increased by 450% over the last decade (Universities and Colleges Admission Service, 2021). As reported by the Canadian Campus Wellbeing Survey (2022), 56% of students identify as having a mental illness, and nearly 32% of students self-reported severe mental distress. Despite these challenges, mental health education and support for hospitality and tourism workers remain limited.

This exploratory study aims to investigate the desirability and availability of undergraduate education in recognizing and supporting mental health conditions and crises in hospitality and tourism industry settings. The study seeks to answer the following questions: (1) What is the hospitality management faculty's perceived importance of including content about mental health conditions and crisis intervention in classroom instruction? (2) What is the hospitality management students' perceived importance of receiving content about mental health conditions and crisis intervention in classroom instruction? (3) To what level are faculty integrating content about mental health conditions and crisis intervention in classroom instruction? And (4) How often are hospitality management students learning about mental health conditions and crisis intervention using varied educational methods in the classroom? These questions are evaluated from both the faculty and student perspectives.

By exploring these questions, this study aims to contribute to the development of evidence-based mental health education strategies for hospitality and tourism students and to provide insights into the potential benefits and challenges of implementing such strategies in higher education programs. This research may better prepare hospitality students to decrease the severity of difficult social and public interactions with consumers and also provide fewer conflicts in the consumer space.

Literature review

Mental health conditions

Mental health refers to a person's overall psychological well-being and their ability to manage their thoughts, feelings, and behaviors in a positive and productive way (Fusar-Poli et al., 2020). It is an integral aspect of a person's overall health and quality of life and plays a significant role in their ability to function in various settings (Fusar-Poli et al., 2020). Mental health conditions can range from significant psychosocial stress and disabilities, to mental disorders "characterized by a clinically significant disturbances in an individual's cognition, emotional regulation, or behavior . . . [and can include] impairment in functioning, or risk of self-harm" (World Health Organization World Health Organization (WHO), 2022a, para.1). Throughout this paper, unless otherwise specified due to a cited source, mental health conditions will be used as an all-encompassing term inclusive of mental disorders, mental illness, and sub-clinical psychological stress and distress.

Trends in mental health conditions

As reported by the World Health Organization, in 2019, 1 in every 8 people around the world were living with a mental disorder (WHO, 2022a). Rates of mental disorders increased globally by more than 48% between 1990 and 2019, with depression and anxiety remaining leading causes of disability burden worldwide (Fusar-Poli et al., 2020). The COVID-19 pandemic has only worsened these global rates of mental disorders; emerging estimates show a one-year increase in anxiety by 26% and of depression by 28% in 2020 World Health Organization (WHO), (2022b).

Rates of mental health conditions among postsecondary students are even worse than global population rates, particularly in the wake of the COVID-19 pandemic (Kim et al., 2022; Lipson et al., 2022). A multinational study in Poland, Slovenia, Czechia, Ukraine, Russia, Germany, Turkey, Israel, and Colombia found high rates of high stress (61%), depression (40%), and generalized anxiety (30%) among students in 2020 (Ochnik et al., 2021). In the United States, students reported pre-pandemic (2018) rates of severe or extremely severe depression (31%), anxiety (42%), and stress (34%) (Meeks et al., 2023). This is in stark contrast to post-pandemic findings of self-reported mental disorders and psychological distress ranging from > 60% (Lipson et al., 2022) to almost 75% (National College Health Assessment, American College Health Association, 2022).

University faculty and staff also report high rates of mental health conditions. Research conducted in 2018 found high rates of depression (28%), anxiety (29%), and stress (31%) among US faculty and staff (Meeks et al., 2023). Research in the UK found similar findings with up to 37% of academics reporting a mental disorder (Guthrie et al., 2017). Emerging literature showing that the COVID-19 pandemic has caused significantly negative impacts on faculty's quality of life, mental health, and work satisfaction (Gordon & Presseau, 2023).

Addressing mental health conditions among postsecondary students and faculty

In recent years, there has been a growing recognition of the importance of mental health in higher education, and its impact on students, faculty, and staff. Mental health conditions can have a significant impact on students' ability to succeed academically, socially, and emotionally (Deale, 2022), impacting student well-being, retention and graduation rates, workforce productivity, and recruitment and attrition. The escalating rates of mental health conditions described above can lead to students dropping out of college; mental health conditions are a leading cause of student attrition (Rapanta et al., 2021). Institutions that prioritize mental health and provide appropriate support for students are more likely to see higher retention and graduation rates (Hall, 2020). Mental health and wellness are also important for faculty and staff, who play a critical role in the success of higher education institutions. When faculty and staff are struggling with mental health conditions, it can have a negative impact on their productivity, morale, and overall job satisfaction (Rapanta et al., 2021).

Mental health education provided to students, faculty, and staff in postsecondary institutions to address mental health concerns in their community can help address these concerns. Such education includes a wide range of programs, courses, workshops, and other initiatives aimed at promoting mental health and well-being, increasing awareness and understanding of mental health conditions, and building skills for identifying and responding to mental health crises (Canadian Association of College & University Student Services and Canadian Mental Health Association Canadian Association of

College & University Student Services and Canadian Mental Health Association CACUSS/ASEUCC, 2013, Litwiller et al., 2021; Walsh, 2011). Postsecondary mental health education can take many forms, including general mental health education for all students, targeted programming for at-risk populations (such as students with pre-existing mental health conditions, or those experiencing stress related to academic or personal challenges), and training for faculty and staff to support students in need (Cage et al., 2020; DiPlacito DeRango, 2022). Some examples of postsecondary mental health education programs include peer support groups, mental health awareness campaigns, counseling and therapy services, suicide prevention training, and crisis response training for staff (Canadian Association of College & University Student Services and Canadian Mental Health Association CACUSS/ASEUCC, 2013).

Attending to student and faculty mental health is a key step in the process towards training hospitality and tourism students to better recognize the mental health needs of consumers on the job. If students and faculty are struggling to a degree that it negatively impacts their learning and teaching, they will not have the capacity to learn about and implement mental health and crisis intervention programs and policies in industry settings (Deale, 2022; Eisenberg et al., 2013).

Crisis intervention

Crisis intervention refers to methods for supporting and intervening when an individual is in a mental health or psychosocial crisis, and generally falls into two categories: crisis prevention and active crisis intervention. Crisis prevention includes teaching lay people and industry professionals verbal and non-violent communication tactics to de-escalate individuals and situations laden with anxiety and hostility, in an effort to prevent violent conflict (Crisis Prevention Institute Crisis Prevention Institute (CPI), 2023; Jackson, 2019, Reavley et al, 2014; Stewart & Reeves, 2021). Alternatively, crisis intervention focuses on providing appropriate support in the midst of a crisis and/or seeking relevant emergency support services for a person in crisis (Bovopoulos et al., 2016; Jorm & Ross, 2018; Mental Health First Aid International; Mental Health First Aid International (MHFAI), 2023; Wilcox et al., 2023).

The two leading global programs in this area are Crisis Prevention Institute CPI (2023) and Mental Health First Aid MHFAI (2023). The Crisis Prevention Institute provides industry-specific non-violent, verbal intervention training aimed at de-escalating crises in the workplace, and improving the safety, dignity, and well-being of workers and consumers CPI (2023). Mental Health First Aid offers community-based training designed to combat the stigma surrounding mental health conditions, combined with hands-on early intervention skills to support someone in a mental health crisis MHFAI (2023). Both programs can be implemented in both postsecondary education environments, as well as in industry settings.

Impact of mental health conditions in hospitality and tourism

The hospitality and tourism industries are known to produce increased turnover rates, high work stress environments, absenteeism, and low productivity morale (Deale, 2022), to name a few. In addition to the physical and mental influences imparted on hospitality

employees, these negative work environments can directly affect the willingness for a student to enter these industries for lifelong careers (Lin et al., 2021). As the industry continues to affect physical and mental health, our future workforce must have some basic knowledge about how to improve or maintain their wellness (Xu et al., 2022). Therefore, the need to promote positive mental health for both employees and customers is of the utmost importance (Bovopoulos et al., 2016; Deale, 2022; Reavley et al., 2014) to keep hospitality and tourism a place students want to hold a career.

To keep students in the field of hospitality and tourism, students need to be better prepared as future leaders to be aware of and manage mental health challenges in the workforce, in addition coping with their own individual mental health conditions. Hospitality professionals are now demanding managers with a keen sense of leadership ability to respond to workplace challenges (Sisson & Roberts, 2022). To enhance industry readiness, the core of this change relies on hospitality management faculty and their integration of leadership skills taught to students (Sisson & Roberts, 2022). Within the educational institution, a large focus on leadership dimensions, coupled with industry needs, could be invaluable to industry managers (Maier, 2011).

Perceived importance of inclusion in curriculum

The perceived importance of mental health in higher education has been on the rise in recent years (Cage et al., 2020). This is due in part to an increasing recognition of the prevalence of mental health conditions among college students, as well as a growing understanding of the impact of mental health on academic performance and overall well-being (Eisenberg et al., 2013). Many educational institutions have begun to prioritize mental health on their campuses, offering a range of mental health services and resources for students, faculty, and staff (Lederer et al., 2021). Additionally, training on recognizing signs of mental health conditions, providing appropriate support and referrals, and creating a campus culture that supports mental health and well-being is imperative at this stage in higher education (Lederer et al., 2021).

Postsecondary education workforce preparation around mental health

The history of postsecondary education workforce preparation around mental health can be traced back to the 19th century when medical schools began incorporating psychiatry into their curricula (Kallivayalil, 2012). However, the focus on mental health education in non-medical disciplines, such as social work and psychology, only emerged in the mid-20th century (Kallivayalil, 2012; Menschner & Maul, 2016).

In recent years, there has been a growing recognition of the need to prepare students in all fields for the mental health challenges they may encounter in their professional lives (Cage et al., 2020). This led to an increase in the availability of mental health courses and training programs across a range of disciplines, including education, nursing, and business (Kallivayalil, 2012). A major shift has been the move toward a more interdisciplinary approach to mental health education (Siow et al., 2021). This involves collaborating with psychology and public health, to ensure students are exposed to a broad range of perspectives and approaches (Kallivayalil, 2012). Additionally, there has been an increased focus on incorporating practical, real-world experiences into mental health education

(Menschner & Maul, 2016). This includes opportunities for students to collaborate with individuals and communities affected by mental health conditions, as well as training in crisis intervention and other practical skills (Menschner & Maul, 2016).

Mental health and crisis prevention training specific to hospitality and tourism

In the field of hospitality and tourism management, mental health and well-being are important topics of concern that have gained attention in recent years (Arjona-Fuentes et al, 2019; Deale, 2022). Recent research by CPL Online (undefined)Mental health in hospitality(2019) provided insight into the prevalence of mental health conditions in the industry, with respondents identifying high rates of stress, anxiety, and frustration at work. They attributed this to unreasonable workloads and under-staffing (73%), poor management and work culture fraught with communication failures (54%), and poor work-life balance (41%) (undefined). Mental health in hospitality(2019) Additionally, most respondents knew where to go or refer others for mental health support (77%), but only 41% reported that they felt safe going to their managers for such support or guidance (undefined).Mental health in hospitality(2019) This research supports the need for increased awareness and support for mental health in the hospitality and tourism industries, including for students in postsecondary hospitality management education.

Some institutions are incorporating mental health topics into their hospitality curricula. For example, courses may focus on topics such as stress management, mindfulness, and work-life balance (Arjona-Fuentes et al., 2019). This type of integration helps students understand the importance of mental health and how to maintain their well-being while working in the hospitality industry. Additionally, hospitality and tourism management training programs, such as the Hospitality Management diploma program at MITT in Winnipeg (Hospitality Management Diploma, n.d.), provide students with a practical approach to business training rooted in leadership theory, firsthand training, and professional work exposure. However, it is unclear if this program specifically addresses mental health issues among students.

Industry professional led efforts have also emerged in the wake of local tragedies. One such example in the United Kingdom is Kelly's Cause (Cause Foundation, 2023), a non-profit founded in the wake of the death of a beloved chef, who died by suicide. Kelly's Cause provides MHFA training and individualized support to hospitality businesses seeking to improve their working conditions and staff mental health (KCF, 2023).

This exploratory study is addressing the gap in the coordinated inclusion of mental health education and crisis prevention and intervention training in hospitality and tourism management postsecondary education. The need for such training has been clearly identified in the literature, and some efforts have been made in both postsecondary education and industry settings. This study addresses faculty and student reports of the perceived importance of including such training in postsecondary curricula, as well as what efforts faculty are making and students are receiving in this area.

Methodology

Survey instrument

Based on previous literature about mental health education in the classroom, the researchers developed two survey instruments, one for faculty and one for students,

including questions related to the self-reported perceived importance of integration and learning about mental health in hospitality and tourism. Prior to data collection, the initial surveys were reviewed by one academic faculty and one licensed mental health counselor for content validity. The completed surveys were converted to an online format using the Qualtrics survey system and available in English.

The survey instruments contained four sections to address the study variable's perceived importance and integration of mental health conditions and crisis intervention in hospitality and tourism classrooms. Section one of the student survey contained eight statements adapted from Sisson and Roberts (2022) to ascertain respondents' perceived importance of learning about mental health in hospitality and tourism on a Likert scale ranging from 1 (not at all important) to 5 (extremely important). Section two of the student survey contained nine statements adapted from Sisson and Roberts (2022) to ascertain respondents' educational methods regarding mental health conditions and crisis intervention in classroom instruction on a Likert scale ranging from 1 (never) to 5 (always). Section three of the student survey contained two self-developed questions asking if the participants learned about mental health conditions and crisis intervention in the classroom and what specifically they learned about this content. Section four of the student survey contained self-developed demographic questions including age, gender, nationality, country of residence, and student status.

Section one of the faculty survey contained nine statements adapted from Sisson and Roberts (2022) to ascertain respondents' perceived importance of teaching mental health in hospitality and tourism classrooms on a Likert scale ranging from 1 (not important at all) to 5 (extremely important). Section two of the faculty survey contained nine statements adapted from Sisson and Roberts (2022) to ascertain respondents' integration of mental health education in the hospitality and tourism classroom on a Likert scale ranging from 1 (never) to 5 (always). Section three of the faculty survey contained two self-developed questions on faculty teaching mental health in the classroom and what content they are teaching. Section four of the faculty survey contained self-developed demographic questions including age, gender, nationality, country of residence, years of teaching experience, faculty appointment, number of students in their program, and percentage of courses taught online versus traditional.

Sampling and data collection

The target population for this study consisted of faculty and students associated with hospitality and tourism undergraduate and graduate programs worldwide. Due to the exploratory nature of the study and first of its kind in hospitality and tourism research, the researchers found value in sampling both faculty and students. Gathering data from both faculty and students provided a baseline study to explore mental health in the hospitality and tourism classroom. The research participants were recruited through convenience sampling via email to hospitality and tourism association network listservs from the International Council for Hotel, Restaurant and Institutional Education. The email contained a Qualtrics link and QR code to access the survey. Participants were included in the study based on the identification of faculty or student status within a hospitality or tourism program. With that, a screening question asked participants if they were faculty or a student. This screening question was utilized to ensure the participant was taking the

correct survey (e.g. faculty versus student survey). If the participant accessed the incorrect survey, they were prompted to the correct survey link. Prior to the start of the survey, participants were provided with a cover letter stating the eligibility and purpose of the study. Data collection took place from February through March 2023. Participants were voluntary and not compensated for their time.

Data analysis

Prior to data analysis, all incomplete responses and responses from those who did not meet inclusion criteria were removed from the dataset. After discarding incomplete surveys, 86 faculty and 56 student usable surveys remained in the dataset. The researchers attribute the student non-response rate to survey fatigue, not appreciating the salience of the topic, or students with a low-performance record are likely not to respond (Adams & Umbach, 2012). Wolf et al. (2013) found sample size requirements sufficient at 30. Accordingly, our response rates of 86 faculty and 56 students are sufficient for reporting on the findings of this exploratory study. The researchers analyzed the data and evaluated the hypotheses using descriptive statistics through SPSS (Version 27). Descriptive analyses were used to summarize the data and explore the variables of perceived importance, analysis of variance evaluated group differences between leadership style and methods of leadership integration.

Results and discussion

Respondent profile

Demographic characteristics of the respondents are listed in Table 1. Student respondents were primarily female (51.8%), American (75%), and between the ages of 18 and 24 (66.7%). Faculty respondents were primarily female (45.3%), American (60.5%), teaching in North America (74.4%), and have over 15 years of teaching experience (67.4%). When asked about faculty positions, respondents identified 26.7% as full professors, 23.3% as associate professors, 17.4% as assistant professors, 14% as lecturers, and 5.8% as administrators. Additionally, the researchers asked respondents about teaching or learning about mental health conditions in the classroom. Faculty identified as not teaching about mental health conditions in the classroom (60.5%) and students responded that they have not learned about mental health conditions in the classroom (51.8%).

Importance of mental health conditions/crisis intervention in classroom instruction

Table 2 provides faculty descriptive statistics for the importance of mental health/crisis intervention in classroom instruction. In this study, 53.5% of faculty members identify and understand that training in mental health conditions/crisis intervention is very important or extremely important for student professional development. Corresponding with Eisenberg et al. (2013), 96% of college students believe that mental health is an important aspect of overall health and well-being, yet only 8% of students were aware of all mental health services available on campus. In response to this, the American Council on Education (2019) found that 70% of college and university presidents believe that mental health is more of a priority on their campus than it was 3 years prior and that 94% of

Table 1. Demographics of respondents.

Faculty Variable	<i>n</i>	%	Student Variable	<i>n</i>	%
Gender^a			Gender^a		
Woman	39	45.3	Woman	29	51.8
Man	35	40.7	Man	19	33.9
Prefer not to say	3	3.5	Prefer not to say	0	0
Age^a			Age^a		
18–24	0	0	18–24	32	66.7
25–34	4	7.9	25–34	8	18.4
35–44	10	13	35–44	5	8.9
45–54	30	35	45–54	2	4.2
55 or older	30	35.1	55 or older	1	1.8
Nationality^{ab}			Nationality^{ab}		
American	52	60.5	American	42	75
British	2	2.3	Argentinian	1	1.8
Canadian	1	1.2	Chinese	1	1.8
Latinx	3	3.5	German	1	1.8
Greek	1	1.2	Latinx	2	3.6
Asian	6	7	Persian	1	1.8
Other	21	24.3	Turkish	1	1.8
			Other		12.4
Continent of teaching^a			Country of residence^a		
North America	64	74.4	U.S.A.	54	96.4
Europe	6	6.9	Saudi Arabia	2	3.6
Africa	1	1.2	Student Status^a		
Asia	4	4.7	1 st year	15	26.8
Faculty Appointment^a			2 nd year	11	19.6
Associate Professor	20	23.3	3 rd year	5	8.9
Assistant Professor	15	17.4	4 th year	10	17.9
Full Professor	23	26.7	5+ years	3	5.4
Administrator	5	5.8			
Lecturer/Instructor	12	14			
Other	2	2.3			
Years of Teaching Experience^a					
1–4 years	4	4.7			
5–9 years	11	12.8			
10–14 years	13	15.1			
More than 15 years	49	67.4			

^aTotals may not equal 100% due to non-response.

^bResponse categories on this variable were derived from the language used by respondents on an open-ended question.

institutions have increased mental health resources for students. Additionally, Collins et al. (2011) reported that 96% of counseling center directors believe their center should provide outreach and prevention services, yet only 49% of centers actually do so. Overall, this suggests that while mental health education and training is widely recognized as important in higher education, there is still a need for increased resources and services to support students’ mental health needs.

When asked about the importance of mental health conditions/crisis intervention training in classroom instruction, 68.6% of faculty indicated extreme importance or very important that students should know how to recognize signs of mental health conditions when they enter industry jobs, and it is important for hospitality/tourism professional to know local resources for crisis intervention while on the job. For example, a study by Elshaer and Azazz (2023) found that mental health training is critical for hospitality managers, as they often encounter elevated levels of stress and emotional demands in their work. Similarly, a study by Choi et al. (2021) found that tourism employees experience elevated levels of job-related stress and that mental

Table 2. Faculty importance of mental health conditions/crisis in classroom instruction.

	Mean	SD	Extremely important		Very important		Moderately important		Slightly unimportant		Not at all important	
			<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Training is necessary for student's professional development	2.31	1.04	25	29.1	21	24.4	28	32.6	12	14	0	0
Training helps normalize mental health education	2.17	1.0	24	27.9	34	39.5	18	20.9	9	10.5	1	1.2
Training is an important skill set to possess	2.21	.97	22	25.6	34	39.5	21	24.4	8	9.3	1	1.2
Training is an important part of student learning outcomes	2.59	1.12	17	19.8	24	27.9	25	29.1	17	19.8	3	3.5
The dean or department head wants me to directly/indirectly teach mental health skills in my classes	3.79	1.20	6	7	5	5.8	21	24.4	23	26.7	31	36
Hospitality/Tourism programs should promote skills such as crisis intervention, safety seeking behaviors, and recognition of mental health needs	2.36	1.20	22	25.6	34	39.5	13	15.1	11	12.8	6	7
Student should know how to recognize signs of mental health conditions when they enter industry jobs	2.08	1.0	29	33.7	30	34.9	19	22.1	7	8.1	1	1.2
It is important for hospitality/tourism professionals to know local resources for crisis intervention while on the job	1.88	.91	33	38.4	36	41.9	13	15.1	2	2.3	2	2.3
Hospitality/Tourism programs should be responsible for teaching students about mental health conditions and crisis intervention on the job	2.79	1.27	15	17.4	23	26.7	24	27.9	13	15.1	11	12.8

health education can help them cope with these challenges. Moreover, a study by Jung et al. (2021) found that hospitality students often lack knowledge and awareness of mental health conditions and that there is a need for mental health education in hospitality and tourism curricula. Lastly, Kim (2021) studied tourism students who received mental health education and reported greater awareness of mental health conditions and increased confidence in addressing these issues in the workplace.

Just over half (65.1%) of faculty in this study found it extremely or very important to have hospitality/tourism programs promote skills such as crisis intervention, safety-seeking behaviors, and recognition of mental health needs, and 65.1% state mental health conditions/crisis intervention training is an important skill to possess. One study that corresponds to the results of this study found that 60% of hospitality and tourism faculty agreed that it is important for students to receive mental health education in their programs (Kotera et al., 2018). Additionally, hospitality and tourism faculty believed that mental health training is important for students, and that it should be incorporated into their curriculum (Chong et al., 2023).

Table 3 provides descriptive statistics for the student importance of mental/illness crisis intervention training in classroom instruction. Just over half (53.6%) of students in this study found it extremely important that mental health conditions/crisis intervention training helps normalize mental health education and that training is an important skill to possess.

Table 3. Student importance of mental health conditions/crisis in classroom instruction.

	Mean	SD	Extremely important		Very important		Moderately important		Slightly unimportant		Not at all important	
			n	%	n	%	n	%	n	%	n	%
Training is necessary for student's professional development	1.91	.96	21	37.5	25	44.6	5	8.9	4	7.1	1	1.8
Training helps normalize mental health education	1.68	.96	30	53.6	19	33.9	4	7.1	1	1.8	2	3.6
Training is an important skill set to possess	1.66	.92	30	53.6	19	33.9	5	8.9	0	0	2	3.6
Training is an important part of student learning outcomes	1.98	.98	19	33.9	26	46.4	5	8.9	5	8.9	1	1.8
Hospitality/Tourism programs should promote skills such as crisis intervention, safety seeking behaviors, and recognition of mental health needs	1.73	.92	28	50	19	33.9	6	10.7	2	3.6	1	1.8
Students should know how to recognize signs of mental health conditions when they enter industry jobs	1.89	1.12	27	48.2	17	30.4	5	8.9	5	8.9	2	3.6
It is important for hospitality/tourism professionals to know local resources for crisis intervention while on the job	1.71	.91	28	50	20	35.7	5	8.9	2	3.6	1	1.8
Hospitality/Tourism programs should be responsible for teaching students about mental health conditions and crisis intervention on the job	2.04	1.06	20	35.7	22	39.3	8	14.3	4	7.1	2	3.6

Additionally, 50% of students identified the extreme importance that hospitality/tourism programs should promote skills such as crisis intervention, safety-seeking behaviors, and recognition of mental health needs. This is important to note as students in hospitality and tourism programs value mental health education and support (Kotera et al., 2018). Lastly, 50% of students identified the extreme importance for hospitality/tourism professionals to know local resources for crisis intervention while on the job. Because students are often exposed to stressful work environments, mental health education and support essential for their well-being has been previously reported (Chong et al., 2023).

Integration of mental health conditions/crisis intervention in classroom instruction

Table 4 provides descriptive statistics for the importance of mental health conditions/crisis intervention training in classroom instruction. In this study, 72.1% of faculty identified never integrating mental health training certification courses in classroom instruction. Integrating mental health training is highly important to raise awareness about mental health conditions and reduce stigma surrounding them (Chong et al., 2023). By teaching students about mental health and the importance of seeking help when needed, educators can help to create a more supportive and inclusive environment (Kotera et al., 2018). By integrating mental health training in the classroom, students begin to recognize signs of crises. This is particularly important in the hospitality and tourism industries where employees may interact with individuals who are experiencing mental health crises (Chong et al., 2023; Zehrer & Mössenlechner, 2009).

Additionally, 70.9% of faculty never seek medical professionals and 60.5% never seek mental health professionals or industry professionals with a specialty in mental health

Table 4. Faculty integration of mental health conditions/crisis in classroom instruction.

	Mean	SD	Always		Most of the time		About half the time		Sometimes		Never	
			<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Student-led discussions	4.36	1.78	4	4.7	8	9.3	7	8.1	29	33.7	31	36
Planned instructor-led discussions	4.29	1.83	5	5.8	10	11.6	4	4.7	31	36	29	33.7
Textbook readings about mental health conditions and/or crisis intervention	4.85	1.45	0	0	3	3.5	5	5.8	22	25.6	49	57
Certification courses	5.07	1.31	0	0	1	1.2	3	3.5	13	15.1	62	72.1
Consumers with lived experience of mental health conditions or crisis needs	4.78	1.49	1	1.2	3	3.5	2	2.3	30	34.9	43	50
Industry professionals with specialty in mental health conditions or crisis intervention	4.79	1.57	1	1.2	6	7	4	4.7	16	18.6	52	60.5
Mental health professionals	4.88	1.46	1	1.2	2	2.3	4	4.7	20	23.3	52	60.5
Medical professionals	5.05	1.35	1	1.2	0	0	3	3.5	14	16.3	61	70.9
Unplanned class discussions in response to current events	3.86	1.99	10	11.6	13	15.1	6	7	35	40.7	15	17.4

conditions or crisis intervention to aid in training in the classroom. The fact that a sizable percentage of faculty members do not seek the help of medical or mental health professionals with expertise in mental health conditions and crisis intervention can have significant implications for the quality and effectiveness of the training provided to students (Kim, 2021; Kotera et al., 2018). Without seeking the help of professionals with this expertise, faculty may not have access to the most up-to-date information and best practices in mental health education and crisis intervention. This could result in inadequate or ineffective training, which could put both students and industry professionals at risk. Additionally, seeking the help of experts in the field can help to reduce the stigma around mental health conditions and encourage more open and honest discussions about mental health in the classroom.

Lastly, 57% of faculty never integrate textbook readings about mental health conditions and/or crisis intervention in classroom instruction. Integrating textbook readings about mental health conditions and crisis intervention in classroom instruction can help students develop a deeper understanding of these topics and better prepare them to recognize and respond to mental health crises in their future careers. Without this knowledge, students may not feel confident or equipped to manage these situations, which could lead to negative outcomes for both the individual in crisis and the business. Additionally, it is important for faculty to stay up to date with the latest research and information on mental health conditions and crisis intervention, and incorporating textbook readings can help facilitate this ongoing education (Chong et al., 2023). Furthermore, if faculty members do not integrate textbook readings, this could reflect a lack of prioritization of mental health education and training within the program. This could perpetuate the stigma around mental health conditions and limit students' exposure to important topics related to mental health in the workplace (Kim, 2021; Zehrer & Mössenlechner, 2009).

Table 5 provides student descriptive statistics for the integration of mental health conditions/crisis intervention in classroom instruction. In this study, 48.2% of students never receive mental health conditions/crisis intervention certification in the hospitality/tourism courses. Additionally, 46.4% of students never receive textbook readings about

Table 5. Student integration of mental health conditions/crisis in classroom instruction.

Variable	Mean	SD	Always		Most of the time		About half the time		Sometimes		Never	
			n	%	n	%	n	%	n	%	n	%
Student-led discussion	4.32	1.83	3	5.4	2	3.6	12	21.4	16	28.6	18	32.1
Planned instructor-led class discussions	3.98	2.07	7	12.5	7	12.5	5	8.9	18	32.1	14	25
Textbook readings about mental health conditions and/or crisis intervention	4.46	1.88	3	5.4	6	10.7	4	7.1	12	21.4	26	46.4
Certification courses	4.34	2.03	6	10.7	6	10.7	3	5.4	9	16.1	27	48.2
Consumers with lived experience of mental health conditions or crisis needs	4.13	2.08	6	10.7	9	16.1	3	5.4	12	21.4	21	37.5
Industry professionals with specialty in mental health conditions and crisis intervention	4.23	2.01	4	7.1	8	14.3	8	14.3	7	12.5	24	42.9
Mental health professionals	3.91	2.08	7	12.5	6	10.7	12	21.4	11	19.6	15	26.8
Medical professionals	3.91	2.15	8	14.3	8	14.3	8	14.3	9	16.1	18	32.1
Unplanned classroom discussions in response to current events	3.91	2.05	6	10.7	8	14.3	8	14.3	17	30.4	12	21.4

mental health conditions and/or crisis intervention. Corresponding to this study, Kutcher et al. (2013) found that hospitality students have a low level of mental health literacy, which suggests that mental health education should be integrated into hospitality curricula. The importance of mental health education for hospitality and tourism professionals should be taught in the classroom to prepare students for dealing with mental health conditions and crises in the workplace (Kim, 2021). Once hospitality students receive mental health education, they have higher levels of mental health knowledge, better attitudes toward mental health conditions, and were more likely to seek professional help when needed (Lin et al., 2021). Extending beyond the classroom, Choi et al. (2021) found that mental health education for hospitality students improved their ability to identify and manage mental health conditions in the workplace.

Surprisingly and contrary to the faculty responses, students identified always experiencing medical professionals (14%) to aid in mental health conditions/crisis intervention training in classroom instruction. Additionally, 12.5% of students indicated always receiving planned instructor-led class discussions and mental health professionals to aid in mental health conditions/crisis intervention training in the classroom.

Implications

The implications of the study are significant for both the hospitality and tourism industry and higher education institutions. These findings suggest that mental health education is not being adequately addressed in the classroom, despite the perceived importance of the topic. This lack of education can result in an unprepared workforce that may struggle to recognize and support individuals experiencing mental health conditions and crises. To address this, implementing a mental health condition and crisis intervention safe space statement in the course syllabus may allow students to feel the instructor is open to hearing about their concerns and providing proper resources.

The hospitality and tourism industry is particularly susceptible to mental health conditions given the high-stress and customer-orientation nature of the work. Without proper training and education, employees may struggle to manage their own mental health and

provide support to colleagues and customers who may be experiencing mental health conditions. This can lead to negative consequences for both the individual and the business, including decreased productivity, decreased job satisfaction, and decreased customer satisfaction (Menschner & Maul, 2016). There are numerous organizations throughout the globe that provide frequent and often complementary training to anyone of interest. Specifically, both faculty and students can be trained to become Mental Health First Aider® (MHFAI, 2023), providing help and support for themselves, their peers, and encounters they may face with customers while on the job. Crisis Prevention Institute programs could also be utilized in classroom and internship settings to provide relevant training in de-escalation, non-violent communication, and mental health crisis management (CPI, 2023). Additionally, local organizations, such as Kelly's Cause in the UK, could be invited into hospitality and tourism education programs to normalize these strategies for students as they enter industry settings (undefined).Cause Foundation, K. (2023)

In terms of higher education institutions, the study highlights the need for increased attention to mental health education in the curriculum. Institutions should prioritize the inclusion of mental health and crisis intervention topics in hospitality and tourism courses to better prepare students for the realities of the industry. Choi et al. (2021) highlight the benefits of studying sleep health in hospitality and tourism education to emphasize time management skills as a way to help reduce stress for academic success. Additionally, faculty can invite guest speakers from the institution's wellness or counseling program to help identify triggers and crisis prevention strategies that students can implement on the job or in their personal life. Finally, faculty can integrate role-playing scenarios of distressed customers to have students identify and interact with the customer using de-escalation tactics. By doing so, higher education institutions can support the well-being of their students and help ensure that they enter the workforce with the necessary skills to support themselves and others.

Limitations and future research

This survey, like all survey-based research, has limitations. Data in this survey were self-reported by respondents, and therefore, social desirability bias could have affected the data (Cerri et al., 2019). To ensure only those individuals who meet the inclusion criteria complete the survey, qualification questions were asked, which included English literacy. Only those who answered all questions correctly were able to complete the survey.

To overcome limitations, future researchers may use a variety of methods, such as in-depth qualitative interviews with hospitality and tourism faculty and students, to gain a better understanding of mental health integration and learning in the classroom. The existing data could be explored with more participative interviews with open-ended questions to offer valuable insights into the importance of mental health in the classroom and how faculty and students integrate and learn mental health in the hospitality and tourism classroom. Also, with interviews, faculty, and students could provide reasoning behind their self-reported perceptions of the importance of mental health education in the classroom. Longitudinal research could compare faculty and student perceptions of the importance of mental health education in the classroom with whether they subsequently integrate mental health education in the classroom, further identifying their perceived importance of mental health education in hospitality and tourism.

Data for this research study were collected globally through email from hospitality and tourism email listservs, however, the majority of respondents were central to the United States. To expand variability, future research studies may focus on collecting a wider and more international sample. Additionally, expanding the data collection period may provide more generalizable results to compare results in different countries or regions.

Future studies may also explore the impact of the perceived importance of mental health education in the hospitality and tourism classroom with the integration of mental health education. Additionally, experiential research could survey students after completing a course with mental health elements present. In the current study, a theoretical approach was not used due to it being the first of its kind exploratory research. Once the researchers established a baseline understanding of mental health education in the classroom, a more emphatic approach using theory would establish the relationship among variables and extend the current knowledge about mental health and crisis intervention prevention training in the classroom. This data collection could generate better importance of the integration of mental health education and how faculty integrate mental health education in the hospitality and tourism classroom.

Disclosure statement

No potential conflict of interest was reported by the author(s).

ORCID

Annamarie D. Sisson  <http://orcid.org/0000-0002-2654-6904>

References

- Adams, M. J. D., & Umbach, P. D. (2012). Nonresponse and online student evaluations of teaching: Understanding the influence of salience, fatigue, and academic environments. *Research in Higher Education, 53*(5), 576–591. <https://doi.org/10.1007/s11162-011-9240-5>
- American College Health Association. (2022). *American College Health Association-National College Health Assessment III: Reference Group Executive Summary Fall 2021*. https://www.acha.org/documents/ncha/NCHA-III_FALL_2021_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf
- American Council on Education. (2019). The American College president study 2019. Retrieved April 29, 2023 from <https://www.acenet.edu/Pages/PageNotFound.aspx?requestUrl=https://www.acenet.edu/Documents/ACE-AI-2019-Executive-Summary.pdf>
- Arjona-Fuentes, J. M., Ariza-Montes, A., Han, H., & Law, R. (2019). Silent threat of presenteeism in the hospitality industry: Examining individual, organisational and physical/mental health factors. *International Journal of Hospitality Management, 82*, 191–198. <https://doi.org/10.1016/j.ijhm.2019.05.005>
- Bovopoulos, N., Jorm, A. F., Bond, K. S., LaMontagne, A. D., Reavley, N. J., Kelly, C. M., Kitchener, B. A., & Martin, A. (2016). Providing mental health first aid in the workplace: A delphi consensus study. *BMC Psychology, 4*(1), 41. <https://doi.org/10.1186/s40359-016-0148-x>
- Burton, J. (2023, April 20). *Stress in the workplace: Most stressful industries*. Mental health research. <https://www.mqmentalhealth.org/stress-in-the-workplace-most-stressful-industries/>
- Cage, E., Stock, M., Sharpington, A., Pitman, E., & Batchelor, R. (2020). Barriers to accessing support for mental health issues at university. *Studies in Higher Education, 45*(8), 1637–1649. <https://doi.org/10.1080/03075079.2018.1544237>

- Canadian Association of College & University Student Services and Canadian Mental Health Association CACUSS/ASEUCC. (2013). Post-secondary student mental health: Guide to a systemic approach. Retrieved May 16, 2023 from <https://healthycampuses.ca/wp-content/uploads/2014/09/The-National-Guide.pdf>
- Canadian Campus Wellbeing Survey. (2022, April 22). *Healthy Campus SK*. <https://www.ccws-becc.ca/>
- Cause Foundation, K. (2023, August 25). *Our Story/Mission/Memberships & Policy*. Kelly's Cause. <https://www.kellyscause.com/>
- Cerri, J., Thogersen, J., & Testa, F. (2019). Social desirability and sustainable food research: A systematic literature review. *Food Quality and Preference*, 71, 136–140. <https://doi.org/10.1016/j.foodqual.2018.06.013>
- Choi, J. J., Robb, C. A., Miffl, M., & Zainuddin, Z. (2021). University students' perception to online class delivery methods during the COVID-19 pandemic: A focus on hospitality education in Korea and Malaysia. *Journal of Hospitality, Leisure, Sport & Tourism Education*, 29, 100336. <https://doi.org/10.1016/j.jhlste.2021.10033>
- Chong, C. A., Ng, L. P., & Chen, I. C. (2023). The impact of job insecurity on job burnout among hospitality employees during COVID-19 pandemic: The moderating role of supervisor and co-worker support. *International Hospitality Review*. <https://doi.org/10.1108/IHR-08-2022-0034>
- Collins, R. L., Koutsky, J. R., & Izzo, C. V. (2011). National survey of college counseling centers: Outreach and prevention services. *Journal of College Student Psychotherapy*, 25(4), 293–306.
- Crisis Prevention Institute (CPI). (2023, August 25). *About Us/programs/industries*. Crisis Prevention Institute. <https://www.crisisprevention.com/>
- Deale, C. S. (2022). Hospitality and tourism managers' perceptions of sustainable practices in hospitality and tourism during the pandemic: Implications for education. *Journal of Hospitality & Tourism Education*, 35(4), 1–15. <https://doi.org/10.1080/10963758.2022.2056470>
- DiPlacito DeRango, M. L. (2022). Mapping the role of instructors in Canadian post-secondary student mental health support systems. *International Journal of Mental Health and Addiction*, 20(3), 1423–1437. <https://doi.org/10.1007/s11469-020-00453-3>
- Eisenberg, D., Hunt, J., & Speer, N. (2013). Help seeking for mental health on college campuses: Review of evidence and next steps for research and practice. *Journal of American College Health*, 61(7), 469–478. <http://www-personal.umich.edu/~daneis/symposium/2012/readings/Eisenberg2012.pdf>
- Elshaer, I. A., & Azazz, A. M. (2023). Mental health of tourism employees post COVID-19 pandemic: A test of antecedents and moderators. *European Journal of Investigation in Health, Psychology and Education*, 13(3), 626–641. <https://doi.org/10.3390/ejihpe13030048>
- Fusar-Poli, P., De Pablo, G. S., Correll, C. U., Meyer-Lindenberg, A., Millan, M. J., Borgwardt, S., & Arango, C. (2020). Prevention of psychosis: Advances in detection, prognosis, and intervention. *JAMA Psychiatry*, 77(7), 755–765.
- Gordon, J. L., & Presseau, J. (2023). Effects of parenthood and gender on well-being and work productivity among Canadian academic research faculty amidst the COVID-19 pandemic. *Canadian Psychology/Psychologie Canadienne*, 64(2), 144–153. <https://doi.org/10.1037/cap0000327>
- Grewal, H. K. (2022, August 3). *Hospitality is the 'most stressful industry.'* Facilitate. <https://www.facilitatemagazine.com/content/news/2022/08/03/hospitality-most-stressful-industry>
- Guthrie, S., Lichten, C. A., van Belle, J., Ball, S., Knack, A., & Hofman, J. (2017). *Understanding mental health in the research environment: A rapid evidence assessment*. RAND Corporation. https://www.rand.org/pubs/research_reports/RR2022.html
- Hall, J. (2020). Importance of student mental health in higher education. Timely MD. Retrieved February 15, 2023 from <https://timely.md/blog/mental-health-in-higher-education/>
- Hospitality Management Diploma. (n.d.) Retrieved February 13, 2023 from <https://mitt.ca/programs/post-secondary-programs/1760/hospitality-management-diploma>
- Jackson, A. C. (2019). *The efficacy of coaching interventions for undergraduates to increase positive coping behavior: A quantitative quasi-experiment* () [Doctoral Dissertation, Concordia University - Portland]. ProQuest Dissertations Publishing.

- Jorm, A. F., & Ross, A. M. (2018). Guidelines for the public on how to provide mental health first aid: Narrative review. *British Journal of Psychiatry Open*, 4(6), 427–440. <https://doi.org/10.1192/bjo.2018.58>
- Jung, H. S., Jung, Y. S., & Yoon, H. H. (2021). COVID-19: The effects of job insecurity on the job engagement and turnover intent of deluxe hotel employees and the moderating role of generational characteristics. *International Journal of Hospitality Management*, 92, 102703. <https://doi.org/10.1016/j.ijhm.2020.102703>
- Kallivayalil, R. A. (2012). The importance of psychiatry in undergraduate medical education in India. *Indian Journal of Psychiatry*, 54(3), 208–216. <https://doi.org/10.4103/0019-5545.102336>
- Kim, H. C. (2021). Mediating effect of stigma on the relationship between mental health literacy and help-seeking attitudes among university students in South Korea. *International Journal of Mental Health*, 52(2), 1–16. <https://doi.org/10.1080/00207411.2021.1965397>
- Kim, H., Rackof, G. N., Fitzsimmons-Craft, E. E., Shin, K. E., Zainal, N. H., Schwob, J. T., Eisenberg, D., Wilfey, D. E., Taylor, C. B., & Newman, M. G. (2022). College mental health before and during the COVID-19 pandemic: Results from a nationwide survey. *Cognitive Therapy and Research*, 46(1), 1–10. <https://doi.org/10.1007/s10608-021-10241-5>
- Kotera, Y., Adhikari, P., & Van Gordon, W. (2018). Motivation types and mental health of UK hospitality workers. *International Journal of Mental Health and Addiction*, 16(3), 751–763. <https://doi.org/10.1007/s11469-018-9874-z>
- Kutcher, S., Wei, Y., McLuckie, A., & Bullock, L. (2013). Educator mental health literacy: A programme evaluation of the teacher training education on the mental health & high school curriculum guide. *Advances in School Mental Health Promotion*, 6(2), 83–93. <https://doi.org/10.1080/1754730X.2013.784615>
- Lederer, A. M., Hoban, M. T., Lipson, S. K., Zhou, S., & Eisenberg, D. (2021). More than inconvenienced: The unique needs of US college students during the COVID-19 pandemic. *Health Education & Behavior*, 48(1), 14–19. <https://doi.org/10.1177/1090198120969372>
- Lin, L., Mao, P. C., & Hong, T. L. (2021). Kitchen violence and harassment: Perspectives and reflection from student interns. *Journal of Hospitality & Tourism Education*, 35(1), 1–11. <https://doi.org/10.1080/10963758.2020.1868311>
- Lipson, S. K., Zhou, S., Abelson, S., Heinze, J., Jirsa, M., Morigney, J., Patterson, A., Singh, M., & Eisenberg, D. (2022). Trends in college student mental health and help-seeking by race/ethnicity: Findings from the national healthy minds study, 2013–2021. *Journal of Affective Disorders*, 306, 138–147. <https://doi.org/10.1016/j.jad.2022.03.038>
- Litwiller, F., White, C., Hamilton-Hinch, B., & Gilbert, R. (2021). The impacts of recreation programs on the mental health of postsecondary students in North America: An integrative review. *Leisure Sciences*, 44(1), 96–120. <https://doi.org/10.1080/01490400.2018.1483851>
- Maier, T. A. (2011). Evaluating the alignment of academic research and industry leadership best practices. *Journal of Hospitality & Tourism Education*, 23(4), 46–51. <https://doi.org/10.1080/10963758.2011.10697019>
- Meeks, K., Peak, A. S., & Dreihaus, A. (2023). Depression, anxiety, and stress among students, faculty, and staff. *Journal of American College Health*, 71(2), 348–354. <https://doi.org/10.1080/07448481.2021.1891913>
- Menschner, C., & Maul, A. (2016). Key ingredients for successful trauma-informed care implementation. Center for Health Care Strategies. https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf
- Mental Health First Aid International (MHFAI). (2023). The history of mental health First aid/research informing curriculum/Current research. <https://mhfainternational.org/>
- Mental health in hospitality. (2019). Retrieved February 13, 2023 from <https://www.cpllearning.com/blog/mental-health/mental-wellbeing-in-hospitality/>
- Ochnik, D., Rogowska, A. M., Kuśniercz, C., Jakubiak, M., Schütz, A., Held, M. J., Arzenšek, A., Benatov, J., Berger, R., Korchagina, E. V., Pavlova, I., Blažková, I., Aslan, I., Çınar, O., & Cuero-Acosta, Y. A. (2021). Mental health prevalence and predictors among university students in nine countries during the COVID-19 pandemic: A cross-national study. *Scientific Reports*, 11, 18644. Article number. <https://doi.org/10.1038/s41598-021-97697-3>

- Rapanta, C., Botturi, L., Goodyear, P., Guàrdia, L., & Koole, M. (2021). Balancing technology, pedagogy and the new normal: Post-pandemic challenges for higher education. *Postdigital Science & Education*, 3(3), 715–742. <https://doi.org/10.1007/s42438-021-00249-1>
- Reavley, N. J., Mackinnon, A. J., Morgan, A. J., & Jorm, A. F. (2014). Stigmatising attitudes towards people with mental disorders: A comparison of Australian health professionals with the general community. *The Australian and New Zealand Journal of Psychiatry*, 48(5), 433–441.
- Siow, M. L., Lockstone-Binney, L., Fraser, B., Cheung, C., Shin, J., Lam, R., Ramachandran, S., Novais, M. A., Bourkel, T., and Baum, T. (2021). Re-building students' post-covid-19 confidence in courses, curriculum and careers for tourism, hospitality, and events. *Journal of Hospitality & Tourism Education*, 33(4), 270–287. <https://doi.org/10.1080/10963758.2021.1963973>
- Sisson, A. D., & Roberts, K. R. (2022). Leadership skills with classroom instruction integration in hospitality management higher education. *Journal of Teaching in Travel & Tourism*, 23(2), 208–228. <https://doi.org/10.1080/15313220.2022.2123080>
- Stewart, C., & Reeves, L. (2021). What are you afraid of? Managing staff fear and anxiety with agitated patients. *Journal of the American Psychiatric Nurses Association*, 27(2), 156–161. <https://doi.org/10.1177/1078390320902815>
- Teo, S. T., Bentley, T., & Nguyen, D. (2020). Psychosocial work environment, work engagement, and employee commitment: A moderated, mediation model. *International Journal of Hospitality Management*, 88, 102415.
- Universities and Colleges Admission Service. (2021, June 17). *450% Increase in Student Mental Health Declarations Over Last Decade but Progress Still Needed to Address Declaration Stigma*. Universities and Colleges Admission Services. <https://www.ucas.com/corporate/news-and-key-documents/news/450-increase-student-mental-health-declarations-over-last-decade-progress-still-needed-address>
- Walsh, R. (2011). Lifestyle and mental health. *The American Psychologist*, 66(7), 579. <https://doi.org/10.1037/a0021769>
- Wilcox, H. C., Pas, E., Murray, S., Kahn, G., Devinney, A., Bhakta, S., Rosenbaum, L., & Hart, L. M. (2023). Effectiveness of teen mental health first aid in improving teen-to-teen support among American adolescents. *Journal of School Health*, 93(11), 990–999. <https://doi.org/10.1111/josh.13364>
- Wolf, E. J., Harrington, K. M., Clark, S. L., & Miller, M. W. (2013). Sample size requirements for structural equation models: An evaluation of power, bias, and solution propriety. *Educational and Psychological Measurement*, 73(6), 913–934. <https://doi.org/10.1177/0013164413495237>
- World Health Organization (WHO). (2022a, June 8). *Mental Disorders*. <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>
- World Health Organization (WHO). (2022b, March 22). *Mental Health and COVID-19: Early Evidence of the Pandemic's Impact: Scientific Brief, 2 March 2022*. https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1
- Xu, J., Tavitiyaman, P., Kim, H. J., & Lo, S. K. J. (2022). Hospitality and tourism higher education in the post-COVID era: Is it time to change? *Journal of Hospitality & Tourism Education*, 34(4), 278–290. <https://doi.org/10.1080/10963758.2022.2056044>
- Zehrer, A., & Mössenlechner, C. (2009). Key competencies of tourism graduates: The employers' point of view. *Journal of Teaching in Travel & Tourism*, 9(3–4), 266–287. <https://doi.org/10.1080/15313220903445215>