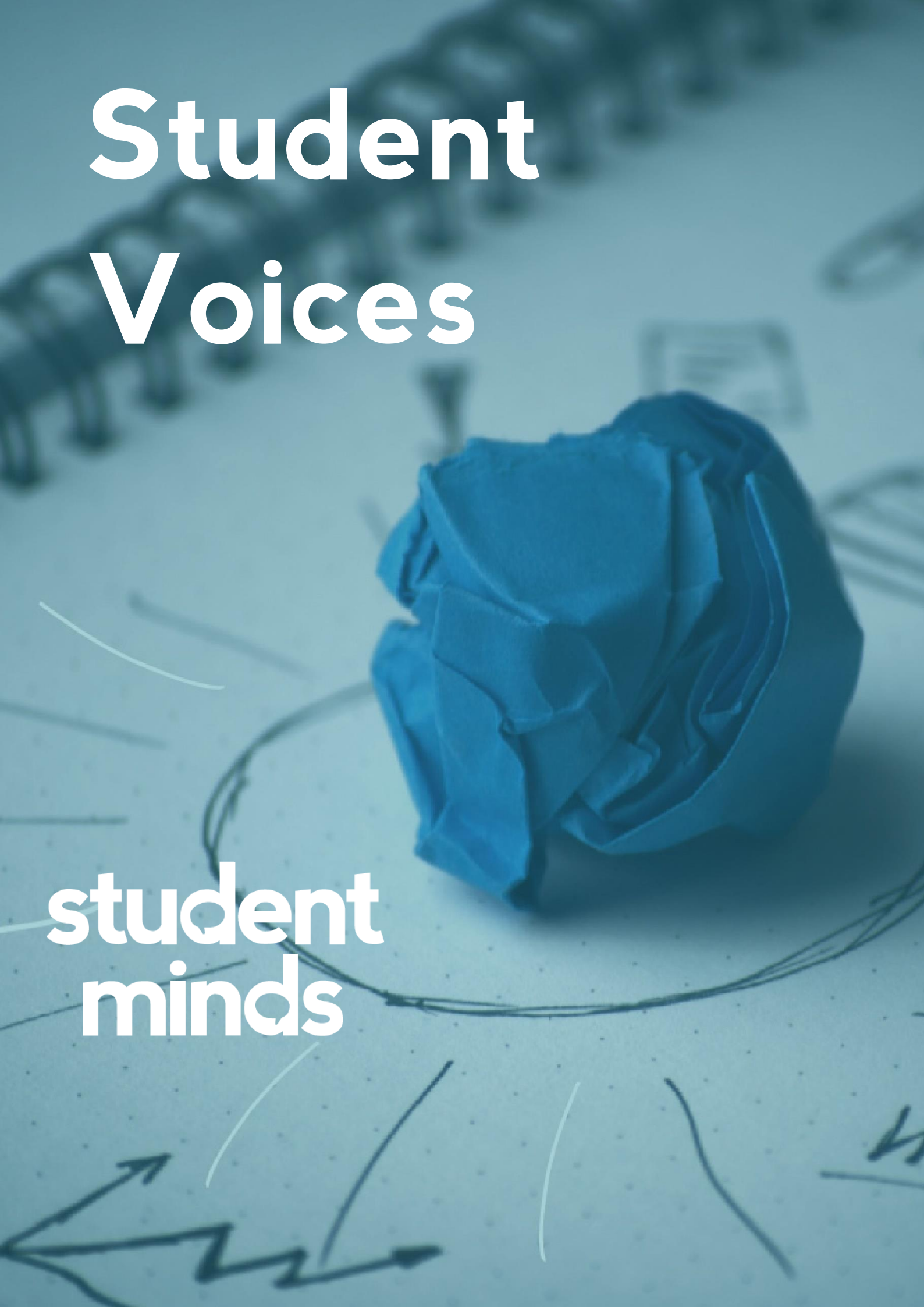


# Student Voices

A crumpled ball of blue paper sits on a white surface. The background is filled with faint, light blue sketches, including a large circle, several arrows, and some illegible text. The overall color palette is a soft, muted blue.

student  
minds

# **Student Voices in the development of a whole university approach to mental health and wellbeing**

*Student Minds is the UK's student mental health charity. We empower students and members of the university community to develop the knowledge, confidence and skills to look after their own mental health, support others and create change. We train students and staff in universities across the UK to deliver student-led peer support interventions as well as research-driven campaigns and workshops. By working collaboratively across sectors, we share best practice and ensure that the student voice influences decisions about student mental health. Together we will transform the state of student mental health so that all in higher education can thrive.*

*We worked in partnership with the National Union of Students (NUS) and Universities UK to deliver this piece of work. NUS is the national voice of students. As a confederation of nearly 600 students' unions, NUS aims to ensure the collective and democratic representation of 7 million students.*

*This report is authored by Rachel Piper, Policy Manager at Student Minds and Dr Nicola Byrom from the Institute of Psychiatry, Psychology and Neurosciences at King's College London, and founder of Student Minds.*

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*Student Minds - 2017*

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## Executive Summary

Since 2016 Universities UK have been working with organisations across the education and health sectors to develop a national programme on a whole-university approach to mental health and wellbeing. Student Minds has been a member of the Mental Health in Higher Education working group, in addition to being a key delivery partner. This report has been compiled as an accompaniment to the #StepChange framework launching in September 2017, in order to profile students' experiences and suggestions. The report draws upon discussions from *Student Voice Forum*, a small scale student engagement activity facilitated by Student Minds, with support from NUS, and the findings from *The University Mental Health: Student Perspectives Questionnaire*.

The report summarises students' perspectives on:

- The value of talking about mental health - citing the reduction of stigma, encouragement of support seeking, and how it could help meet the support need.
- Mental health literacy - Participants recognised the need for students and staff having more support to build mental health literacy.
- Prevention - Students' understanding of prevention, and how this could come about through support and information in addition to changes to the university environment.
- Academic experience - Student perspectives on the role of academic tutors and how they can best be supported, the need for clear management of student expectation and clarity of communication in courses, as well as reasonable adjustments.
- Expectations and experiences of support provision - Including the value of less disjointed service, which clearly communicates its links with the NHS to users. There is a gap between what students think universities should provide and what they perceive to be most helpful, therefore a gap between experience and the provision of support. Students want a range of support options.
- Advocacy and coordination of care - Students identified a need for support navigating university systems regarding their mental health.
- Barriers to support - The primary concern was limited service provision, there is also discussion of what may prevent students from seeking support and suggestions of improvements in university environment.
- The experience of university - Students value their universities acknowledging the challenges of managing a degree with experiences of mental health difficulties.
- Universities as a space for growth - Students recognised the value of university as a place to thrive, grow and build skills. It is apparent that this happens best when their wellbeing and mental health is viewed by the institution as central to their university experience.

We are happy to see a number of these themes reflected in the IPPR report *Not by Degrees: Improving student mental health in the UK's universities* and the Universities UK #StepChange framework. We will continue to advocate for student voices as crucial to steering the state of mental health at our universities.

## Introduction: student voices in the development of whole university approaches to student mental health

At Student Minds, we believe that those with lived experience of mental health difficulties - individuals receiving, seeking or in need of support - are experts by experience, and therefore should be active participants and partners in shaping a whole university approach to mental health and wellbeing at their institution. Universities must foster genuinely supportive environments which empower those with lived experience to contribute to choices around service and provision delivery, and input into health strategies at the university. This should not be about putting the onus of campaigning for adequate support on those that are experiencing mental health difficulties, but rather, providing ample and clear opportunity for all students to contribute. This student voice work should be led by students, supported and resourced by staff at the university. It is important that student voice work engages a representative range of students, and is situated within an understanding of oppressions, prejudice and cultural differences which may affect a student's experience. This should also consider the specific university and the broader national context of the political, social and economic climate. Overall student engagement work resources and empowers students to be active participants in exploring the problems and potential solutions, to steer their institution's approach to mental health and wellbeing.

Since 2016 Universities UK have been working with organisations across the education and health sectors to develop a national programme on a whole-university approach to mental health and wellbeing. This report has been compiled as an accompaniment to the #StepChange framework launching in September 2017, in order to profile students' experiences and suggestions.

**This report brings together students' perspectives gathered through the *Student Voice Forum*, and the *Student Perspectives Questionnaire*.** Student Minds worked with the NUS and UUK to facilitate two meetings of the ***Student Voice Forum (SVF)***, where students shared their lived experience of mental health and wellbeing at university. The first session covered the students' experiences of mental health at university, including discussion on seeking, accessing and improving support services. During the second session, students discussed their mental health and wellbeing in relation to the academic experience, and what would support them to thrive at university.

We also circulated the ***University Mental Health: Student Perspectives Questionnaire (SPQ)***, which explored student perceptions of mental health and the provision at their universities.

This report has thematically amalgamated findings from both *SVF* sessions and the *SPQ*. For brevity, this report has combined the ideas from various parts of the sessions as there was significant overlap. The insights from the participants in the sessions and surveys are not exhaustive nor representative. Reporting of the *Student Voice Forum* is presented without extensive analysis or policy recommendations. The *Student Perspective Questionnaire* has been presented with some thematic analysis. We recognise that there are a range of difficulties students experience that we have been unable to cover such as the impact of the cost of living, living conditions, harassment and oppression amongst other important intersecting issues.

In this report we focus on student engagement in strategy but we believe student engagement comprises of many levels including students being involved in the co-production of resources and the delivery of peer-to-peer education and support.

***Student Minds would like to thank all the students who took part in the Student Voice Forum and the Student Perspectives Questionnaire!***

## Methodology

### **Student Perspectives Questionnaire**

In February 2017, students were invited to complete a survey about university mental health, through Student Minds' social media network and volunteer newsletter. NUS also circulated the SPQ. It invited any students, both those with or without mental health difficulties, to take part in the survey and share their thoughts on how to transform the state of student mental health.

One-hundred and thirty-four students responded to the survey. Of these, 127 (95%) had personal experience of mental health difficulties. The majority of these students (n = 100) identified that their mental health problems started at school. A further 22 students identified that their mental health problems started at university. The majority of students (n = 112) identified that these mental health difficulties were ongoing. Most of the respondents (n = 93) stated that they had a diagnosis from a medical professional and gave specific mental health conditions.

### **Methodology - The Student Voice Forum**

**The Student Voice Forum** meetings were facilitated by members of the Student Minds staff team, with input from the NUS and IPPR on structure and questions. The session followed a 'Problem Based Learning' also known as 'Design Thinking' approach. This approach is made up of 5 stages - Discovery/ exploration, Interpretation, Ideation, Experiment, Evolution.<sup>1</sup> The sessions were facilitated using the first three of these stages. Members were encouraged to focus on themes that they wanted to develop.

*See Appendix 1 for further details of the methodology of the Student Voice Forum.*

### **Student Voice Forum representation**

Student Minds and NUS advertised an application form for the SVF. The application form followed on as an optional extra from the completion of the Student Perspectives Questionnaire, to ensure that even those who were not selected were able to contribute their perspectives.

In our initial screening of the applications we invited 17 students, in addition to 3 Nightline volunteers to attend. The group we invited was more representative than those that attended. We selected members with a wide range of experiencing of mental health difficulties and support. Members were selected from a range of different types of universities, years of

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<sup>1</sup> (<https://designthinkingforeducators.com/design-thinking/>)

study, and courses, undergraduates and postgraduates. The Student Voice Forum members were made up of students who were studying or had studied at 8 very different UK institutions. Some members of the group were also volunteers for Nightline, representatives from the NUS, welfare representatives within their Student Unions, or mental health campaigners in some other capacity.

In our first session, the 10 attendees were all white cis-women. As a group, we acknowledged this inadequate representation. Recruitment was re-opened with an aim to increase the representation of students who identify as cisgender men, transgender, international and BAME (Black, Asian and Minority Ethnic). Unfortunately, we had low uptake in the second round of applications. We think it is imperative that more work is done to include the voices of under-represented groups at Universities across the UK. The second session was delivered with a reduced group of 6 due to time pressures during the exam season.

### **Participant feedback**

Feedback from the sessions showed that following the SVF meeting members felt that they could make their voice heard about student mental health and felt empowered to have an influence in transforming the state of student mental health. The session improved their confidence in discussing the challenges to student mental health and the barriers to accessing support.

### ***“Do you feel that you have gained any skills from attending this meeting of the Student Voice Forum?”***

- *“Every time [there is a session] I feel more able to advocate and express ideas and concepts.”*
- *“Different perspectives of other experiences - I'm used to only my experiences at university”*
- *“A more cemented view of my own skills.”*



## Student perspectives and understanding of mental health

The University Mental Health: Student Perspectives Questionnaire set out to explore students' perspectives and understanding of mental health.

### **Student Perspectives Questionnaire: 'Why is it important to talk about Student Mental Health?'**

*"Because we (students) are the upcoming generation and it is our responsibility to challenge the stigma that currently exists to prevent future students from experiencing the same prejudice. We also need to talk about more than just anxiety and depression and show students/ people with more severe mental health problems that they are being represented too and are not 'too much' or 'too ill'."*

Student responses clustered around three overlapping themes: to reduce stigma (n = 82); to provide support for individuals experiencing mental health difficulties (n = 54); to recognise the prevalence and ensure the need for support is met (n = 28). There was considerable overlap in responses; for instance, many of the students who stated that we need to reduce stigma also mentioned that we need to raise awareness to support individuals who are struggling.

### **Reducing stigma**

Many students simply stated that we need to reduce stigma (n = 39). Others elaborated this idea further, outlining that we need to raise awareness and promote understanding (n = 20):

*"Uni[versity] is an incredibly stressful time with a lot of high expectations of you both socially and academically. It mostly looks like everyone is having a great time whilst achieving good grades, but that isn't the reality. Talking about mental health and promoting positive wellbeing for students is vital. It's often the first time people are away from home and don't know how to best look after themselves and mental health can further hinder this."*

Others still (n = 21) reflected that talking about mental health should encourage people to seek help by reducing the stigma around help-seeking;

*"It is often both stigmatised or normalised, to differing extents, depending on the context, both of which are harmful. For example, it is normalised at university to feel extremely stressed, or fearful, or not to be able to sleep, but then there can be a stigma surrounding those who seek help, as if they cannot cope with the pressure or 'stress' that everyone feels to some extent. It is*

*important to ensure that those seeking help do not feel weak, and that everyone understands the boundary between normal amounts of stress and when help should be sought."*

### **Supporting individuals experiencing difficulties**

A number of students reflected on the loneliness experienced on the university campus (n =15) and the need to normalise differences (n = 12);

*"Talking about mental health issues breaks down the stigma and allows us to feel more comfortable in speaking out and gaining help and support themselves. Especially as a student, feeling alone when you've moved away from home can be difficult and if you don't know that what you feeling is normal, ok and others feel that way too it can be very isolating. Knowing that others understand can be a huge support in dealing with the issues. Additionally, if we educate students on their mental health now, then they will hopefully go on as a generation to talk about it more openly and result in it being treated more equally with physical health issues."*

Some students explicitly linked normalising the experience of mental health difficulties with encouraging help-seeking;

*"So everyone knows it's normal and can affect everyone. We need to increase understanding so people who are suffering feel able to ask for the help and support they need not just from professionals but from friends and colleagues too."*

### **Recognising the Prevalence and Meeting the Support Need**

Responses here diverged. Some students simply feel we need to recognise the prevalence of mental health problems among students; "students are a really vulnerable group, so they need to know there is support available." Others stress that mental health problems are prevalent among students because student life is difficult and this needs to be recognised and discussed.

*"University is possibly the biggest change a young person experiences in their life up to that point, apart from being born. It's not surprising that the changes that come with starting University, such as moving away from home and having to make a new circle of friends, are triggers for decline in a student's mental health. By talking about student mental health, we are letting young people know that it's not something to be ashamed about, or something that only they are struggling with. We are also raising the profile of mental health problems and validating them as real concerns to higher education institutions, the media, employers and the government. Most importantly, we*

*are raising awareness of the services available to these young people, so that they do not feel alone.”*

*“We all experience emotions and difficulties, but when people go to university there can be a real pressure to be a 'proper student'. This adds a lot of pressure to behave in ways which can worsen mental health and also stigmatise it. There is a lot of isolation and expectations at university and people need to know they're not alone if they're struggling and that there is support and ways to move forward.”*

There is an important point here: if university is sold as “the best time of your life” and unrealistic expectations are promoted of working hard and partying hard, we add to the stress of the many students who struggle, by giving them the impression that they are abnormal. Universities could do much more to set realistic expectations for students and reassure them that many find university a struggle.

## **Student Perspectives Questionnaire: ‘What does the term mental health mean to you?’**

Students were asked to define what mental health meant to them. The responses can be clustered around idea of: a healthy mind; a diverse and complex continuum; the ability to cope and mental ill health. In general, students see mental wellbeing as independent from happiness and many recognise the complexity of mental health.

### **A Healthy Mind**

Half of students (n = 62) define mental health as a healthy mind, focusing on emotional wellbeing (n = 31) and a state of mind (n = 17); “a person’s psychology and emotional wellbeing.” A small number of these responses (n = 4) focused on happiness as the benchmark for emotional wellbeing: “having good mental health means that you will be able to lead a much happier and healthier life.” It is notable, however, how few students draw the link between mental health and happiness.

### **A Diverse and Complex Continuum**

A substantive subset of respondents (n = 30) described mental health as diverse and complex, capturing the continuum of mental health:

*“It’s a continuum – we are all on it somewhere, and if we have a diagnosis we are sometimes nearer to the ‘healthy’ end, sometimes we are nearer to the ‘unhealthy’ end.”*

*“It’s a spectrum and we all have ‘mental health’ - some good, some bad and it always fluctuates.”*

*“The mental wellbeing of a person - you don't have to be diagnosed with anything specifically, but anyone can feel quite low or anxious one day just like one day feeling 'under the weather' with a cold or flu.”*

## **The Ability to Cope**

A number of students (n = 27) define mental health in terms of ability to cope: “being able to do the things I want to do in life, while managing my health.” Within some of these reflections,

students equated mental health with stability: “having stable and proportional emotional responses to external events;” “being able to see things in perspective and react accordingly.” It is interesting that while a number of students describe mental health as something that can change, students did not, on the whole show any consideration of the positive aspects of the malleability of mental health. That is, there was little mention of the idea that mental health is something that can be built or developed; that steps could be taken to improve mental health.

*“Mental health means the way we experience ourselves and the world. This includes our resilience to deal with difficult experiences and emotions.”*

A few students (n = 10) defined mental health in terms of illness, stating that, to them, “mental health” means being unwell.

## **Student Voice Forum 1: Mental health experiences and awareness**

The results of the questionnaire were reflected in our Student Voice Forum: In an activity where members mapped out their experiences of mental health difficulties, we found that it was apparent that our members had high levels of mental health awareness. Members were aware of their needs, but often unable to access the support that they perceived or were told (via referrals) that they need. Most were aware of a range of support and had tried to access a range of support. In general, members perceived and experienced inconsistency of care.

## Prevention of mental health difficulties

Central to a whole university approach to mental health and wellbeing is the need for prevention and early intervention.

### **Student Perspectives Questionnaire: 'How do you think your mental health difficulties could have been prevented?'**

This question attracted the broadest range of answers, reflecting, in part, the diversity of student experience. The answers however provide a range of practical ideas for supporting student mental wellbeing across the university.

First, it is important to acknowledge that a substantive proportion of students (n = 24) stated that they did not think that their mental health problem could not have been prevented. Further, a substantive number of students (n = 23) focused on interventions that need to occur before university. The reflections shared by students in this respect underline the complexity of their lives.

#### **Support, understanding and information**

Many responses clustered around a theme of support, information and understanding (n = 41). Of these, students feel that understanding, awareness and an opportunity to talk about mental health would have prevented difficulties (n = 20);

*"I think if my peers had been more welcoming, and understood that anxiety is a mental health issue, it's not attention-seeking (someone actually said this to me)."*

*"I think I'd have struggled less if I'd been made aware that everyone else wasn't having the greatest time and that they may have been finding it hard to, so perhaps an environment which encourages those kind of conversations."*

Within this broad theme, a number of students mentioned the need for a more proactive approach to identifying and supporting students who are struggling (n = 19). Students acknowledge that it is difficult to identify when a "normal symptom like feeling stressed or anxious about university becomes a significant worry and something students should seek support and help for." In this context, students feel that mental health problems could be prevented by helping students identify signs of problems, specifically;

*"Someone spotting something isn't right earlier. It took me a long time to realise what's wrong, and when I finally told a friend, they said they thought something hadn't been right for a long time! People need to be less scared of talking about it, I still haven't told my family."*

Recognising that there are problems may also be enhanced by better information sharing between university services:

*“There should also be more connections e.g. if something is flagged up in a disciplinary hearing it should be relayed to the personal tutor or another staff member even if the student informs them there is no problem.”*

Academic staff in contact with students should be more proactive about identifying problems:

*“More guidelines for those in contact with the person to help them offer advice/support, better awareness of issues students face and ways to cope or places to find support.”*

*To facilitate this, universities need to have more people who “are qualified to understand how to support someone having a mental illness.”*

A number of students reflected that when they had reached out for support, it had been hard to access. It is essential that when students do reach out for support, it is available:

*“I don't think there's any chance they could have been prevented for various, rather complex reasons but I am in no doubt that they could, and should, have been addressed and taken more seriously before my mental health issues spiralled out of control and became so severe.”*

*“I rang student support every day for 2 weeks before my suicide attempt and was never offered an appointment or advice as to where to go in the meantime. This could have prevented deterioration.”*

## **Change the university environment**

A proportion of students (n = 22) identified university specific challenges that, they felt, contributed to the development of mental health difficulties. The university environment is stressful with high expectations to perform well. This pressure comes, in part, from concerns about future employability;

*“The pressure on students to get all their work done and sort their lives out is huge and I think careers talks where there is less pressure on immediately finding a career would be good. Many people in my year have not gone into the job they wanted or don't have a job at all and this is not portrayed accurately in universities. Dialling down the pressure and focussing on personal development and enjoyment of your courses would increase people's desire to work towards their coursework and relieve some of the stress.”*

The stress of university could be reduced by better academic support;

*“I don't necessarily believe anything can be prevented, I certainly feel I have a disposition to poor mental health because of other health concerns, but structure is huge at university. Most of the assignments you are given the bare*

*bones of what you need to do, and sometimes aren't given examples of previous work to know what a good piece of work looks like. Something more substantial would certainly benefit many students."*

*"Departmental awareness of mental health and more consideration for the mental health of students as they cope with and absorb the new content rather than telling students that term-time was about 'keeping their head above the water' - the course should be enjoyable too rather than asking students to just try to keep oneself from drowning."*

The stress of university can be aggravated by financial pressures, which might be alleviated by ensuring that "accommodation payments are spread out evenly across the year." Students acknowledge that they need better sleep hygiene and more sleep. Alongside this, less focus on alcohol could prevent mental health difficulties.

*"My mental health difficulties could have been prevented, I think, if university wasn't a culture saturated in alcohol. I did the typical student thing of partying all the time and soon I was drunk 24/7 and grew more depressed. The idea of masculinity, the idea that I shouldn't feel emotion or should otherwise be able to 'get a grip' kept me away from helpful services for a long time. I don't think the depression could have been prevented but the severity of it could have been alleviated."*

Universities and Students' Unions need to create more opportunity for students to "get to know people. Multiple small-group opportunities on the course rather than just all being lectures.

## Academic experience

During our Student Voice Forum sessions, we facilitated discussions about the academic experience and its role in mental health and wellbeing.

### Student Voice Forum: Academic experiences

#### **The role of academic tutors**

Members recognised academic and personal tutors as key to their university experience. The relationship between students and tutors was inconsistent, with some academic tutors more proactive than others, with some noticing decline in academic performance and signposting or referring to further support. Expectations and limitations of these role aren't always clear to the student or the tutor. It was identified that support should be recognised as a part of their role, for example, in having explanation in their job description as to how the role fits within a broader support landscape. Students recognised that tutors were taking on welfare roles when they were not necessarily appropriately trained. The members identified that this should be supported with training in student mental health and/or welfare. This training should enable the tutor to identify signs and symptoms of a student experiencing difficulties, and understand how that might manifest for that specific individual, and be empowered to have this discussion as a part of a tutorial session with a student. Members also saw the value in a collaborative approach, where tutors were linked to Student Unions and support services.

#### **Expectations and requirements of the course**

Students in the second SVF felt that in order to navigate their course, it is helpful when the university/ department communicates what is expected or required of the student in their course. Students would value explanations of reasoning behind learning, teaching and assessment styles; flexibility within the course for all students in terms of contribution, participation and deadlines; clarity of expectations in terms of hours; the availability of workshops to give academic support and feedback; and staff being informed about adjustments for those experiencing mental health difficulties. In the first SVF, members discussed experiencing a lack of clarity, and difficult to navigate processes to receive Personal Extenuating Circumstances.

#### **Timetabling, assessment and learning styles**

Students experiencing mental health difficulties will often be juggling a range of support and treatment, in addition to managing the symptoms of their mental health difficulty. Members identified that when they had had a greater level of choice within their course in terms of attendance, assessment and modules, this had been empowering in terms of participating in their course when they were otherwise limited. Some examples of optionality within the course included: online and recorded lectures and seminars available to all students, adaptations within assessment styles and timings - with clear reasoning communicated where this not possible, and modules on mental health within the curriculum. Overall, the members valued being given agency, transparency and clear information within their course.



## The Support Landscape: Accessing Support

### Student Perspectives Questionnaire: Participants Accessing Support

The majority of respondents (n = 117; 92% of those reporting personal experience of mental health difficulties) identified that they had sought support for their mental health. Of these, 103 (88%) had sought support from their GP and 68 (58%) had been referred to NHS services. The majority of students (77%) who had sought support from their GP also sought support from their university counselling service. Further, almost all students referred to NHS services had also accessed support from a university counsellor (n = 62; 91%). In total, 90 students reported seeking support from their University counselling service; only 11 of these (12%) had sought support from their university counselling service but not sought support from their GP. A third of students with experience of mental health difficulties had sought support from a mental health advisor (n = 42; 33%). A third of students accessing support (n = 39) identified that the support included university-specific advice.

The majority of respondents had sought support from friends (n = 94; 74%), while 72 had sought support from family. Twenty-two students (17%) sought support from professional services without seeking support from friends.

Forty-two respondents had received or recognised that they were eligible for the DSA and 47 respondents had received adjustments in their course for their mental health. Unfortunately, further data was not collected to discriminate those students who received the DSA from those who had not applied.

## The Support Landscape: University Provision

### **Student Perspectives Questionnaire: 'What do you expect your university to provide in terms of support for mental health and wellbeing?'**

Most students stated that they expect the university to provide a professional mental health service, such as a counselling service (n = 90). Many students simply stated that they expected the university to provide counselling. However, where elaborated students' views on what such a service should provide varied. At one extreme, a number of students said "they wanted someone to talk to." At the other extreme, some students felt that the university should provide a comprehensive service including "emergency GP appointments on campus, counselling and advice services, mentoring specifically for students with mental health problems, peer-to-peer advice and support services, and signposting for times of crisis or off-campus and more intensive/ professional support." Many students noted that the service provided by the university should be able to "make referrals to other specialists, such as psychiatrists, if necessary." While not completely clear in student answers, this suggests that most students recognise that there will be a limit to what can be provided by the university, but would like their university to be able to make referrals into other mental health services.

Beyond this many students outlined a broad and proactive approach (n = 70). Here students expect their university to publically recognise that university is difficult and provide support accordingly:

*"The first expectation is that they realise that university is hard, and many people suffer with mental health issues because of it- it isn't because they are weak."*

It should be observed that few working in Higher Education believe that studying for a university degree is easy. There is perhaps a responsibility to communicate this expectation, of university being a challenge, more effectively.

In outlining a broad and proactive approach to supporting mental health, some respondents (n = 20) focused on resilience and need to support growth.

*"If uni[versity] puts this amount of pressure on students, they should give us hints of how to cope. I'd like advice on mostly practical matters, e.g. how to prepare for exams without too much stress."*

*"I expect them to be able to provide guidance and support for the whole range of forms of mental health both at the level of a specific facility and also within departments or colleges where staff can support students and help them 'grow'."*

Some students outline a role for academic staff (n = 20). Students expect academic teaching and support staff to have a "good knowledge of mental health problems, how health can affect students and how to talk to students about these issues." Minimally, academic

teaching staff need to “take time to listen.” To achieve this students feel that, “universities should provide training for personal tutors and staff who may be approached by students who are struggling on how they can support them without being dismissive.” In addition to providing support, students expect good, clear information on where to seek professional help and effective signposting (n = 21).

Five respondents stated that they do not expect the university to do anything; “I don't expect anything! But what they provide is outstanding.”

### **Student Perspectives Questionnaire: Your own experience: What have you found most helpful from your university in terms of support? (breaks into ‘Nothing’, ‘Professional Support Services’, ‘Other Sources of Support’**

There was a broad range of answers to this question, reflecting the diversity of services that students use and their varied experience. Some students felt that nothing had been helpful, some that professional support services had been helpful, while others outlined services run by individuals who are not mental health professionals and support from academic teaching staff.

#### **Nothing**

Twenty-seven students explicitly stated that, in their experience, nothing had been helpful. Some of these students had accessed support but had not found this useful; “to be honest, not a lot;” “nothing [helped], if anything, it made it worse.” (This student does not specify what “it” is, but we infer, ‘university’). Others outline problems that they have had accessing support:

*“Unfortunately, my university is not very good at supporting these issues. It's good they had a student services but the appointments were difficult to book and communication was poor.”*

*“Not much to be honest. I have been denied one-to-one counselling because apparently there is a large waiting list. This shouldn't happen.”*

*“Nothing, really. It isn't a very interactive university despite claiming to be as the 'drop in' sessions aren't easy to reach and there aren't many advisory services or a means of counselling available.”*

As, to our knowledge, all universities have counselling services, these responses stress the importance of good, clear publicity.

## Professional support services

Forty students outlined that they had found professional support services most helpful. Of these, 25 praised the university counselling service. Eight students identified their mental health advisors as an invaluable source of support: “mental health coordinator who is happy to meet with me regularly to help me keep on track.” It is also clear that mental health advisers are going above and beyond to support their students:

*“My hero mental health advisor. She answers all emails and will always pick up the phone to listen if she can. She's amazing and keeps me alive. She's driven me to out of hours GP etc. always goes way beyond her job title.”*

Five students mentioned their DSA funded mentor:

*“Being given a specialist mentor who meets up with me once a week for 2 hours. We discuss how my week been and any issues that has occurred. He also supports me with assignments, for these can get very stressful.”*

Two students reflected on the support provided by the wellbeing team in general.

## Other sources of support

Twenty-seven students mentioned non-professional support services including support groups and peer-led initiatives (n = 21), friends (n = 4), the chaplain (n = 1) and an online CBT service funded by the university (n = 1).

Ten students identified the support of tutors: “being able to ask tutors for advice;” “brilliant tutor support - talking and help;” “personal contact with tutors gave me a new perspective.” A small number of students (n = 9) identified flexibility with deadlines and special exam arrangements to be the most helpful support provided.

Seven students reflected, in general, on the university culture and atmosphere encouraging open conversations:

*“Their openness to starting the conversation. In my first semester of university I've seen a number of events that have aimed to bring mental health to the forefront of conversation. I have witnessed their dedication to reducing stigma on campus by starting the Time To Change student working group. Seeing their openness to the topic has allowed me to be a lot more open and made sure that I knew where to go for support when I needed it.”*

*“The openness of the students; I'm sure not all are like that, but I've found all my friends and even people I'm not particularly close to have been supportive.”*

*It's people having the knowledge, awareness and open-mindedness which really helps."*

It is interesting to compare students' expectations of what a university should provide and what they have found most helpful. When asked what a university should provide to support student mental health, students overwhelmingly identified that they expected professional support services; approximately 90 respondents outlined that the university should be providing some form of professional support. However, when asked what they found most helpful for their own mental health, only 25 students identified the counselling service as helpful and a further 15 mentioned some other form of professional service. This suggests a gap between students' expectations of support provision and their experience.

### **Student Voice Forum: Experiences of support**

In the first Student Voice Forum session members shared experiences of seeking and using support services at university. Members shared a varied range of experience of the efficacy of counselling services, this was dependent on the individual counsellor, and as such members spoke of trying different types of mental health support, or different practitioners. There was discussion of:

- Long waiting time for services.
- Disability support / disability advisers credited with giving practical support.
- Some practitioners do not look at physical health and disabilities as an intersecting aspect of mental health.
- Difference between smaller and big university environments in terms of confidentiality.
- Some members expressed concerns as to how much particular practitioners had been trained, or expressed a lack of communication of this to them as a service user.

Members discussed some barriers to seeking or accessing support. (See section on Barriers for Support)

### **Student Voice Forum: Student advocacy and coordination of care**

Members personal stories often reflected a fragmentation of care, with care distributed across a range of services with their university, and with external partners. This often involved a lot of time and coordination. As such there was also discussion of an advocacy role, for example, student resident officers offering to sit in on meetings with academic tutors.

This role could involve trained staff or students who:

- Have a knowledge of the care systems and procedures,
- can coordinate care,

- mediates between academics and medical services for fitness to study and adjustments,
- can support a student through meetings related to their care,
- ensure the student understand their rights,
- navigate complex policies, procedures and entitlements within university.

In this discussion students were referring to the types of roles in a mental health adviser, or disability role without explicitly mentioning knowledge of this role.

## The Support Landscape: Other forms of support

### Student Voice Forum: Peer support

Peer support, including welfare reps, were cited as useful, however, some students had concerns about speaking to people in such roles in confidence especially within the setting of a small university.

### Student Voice Forum: Social support networks

Student Voice Forum members cited friends as valuable in encouraging them to seek professional/ further support. Good relationships with housemates were noted as important for managing mental health difficulties (e.g. encouraging help-seeking behaviour, encouraging attendance of university, upkeep of basic personal needs such as eating regularly)

Members discussed their role in supporting with mental health. Brief discussion touched upon the impact of family experiencing mental health difficulties on students. Mostly, students discussed supporting housemates, friends and partners who were in distress, experiencing suicidal ideation. Some members also had lost friends to suicide. Members discussed how it would be helpful to be supported in how to speak to those who are experiencing distress.

### Student Voice Forum: NHS experience

In terms of seeking support from the NHS, members of the first Student Voice Forum group had had mixed experiences.

Aspects of the students' experiences at the GP included:

- Issues with data sharing between university and GP.
- "University Health Centres" – members cited confusions amongst student body around if these services are a part of the university, and therefore confusion about if it will be confidential and information will be passed on to their departments.
- Longer appointments were helpful, but these were based off an individual making that choice.
- It is useful to have online access to book appointments online at GP and get repeat prescriptions.
- Clinical feeling not liked by some, video skype might be good for appointments.
- It was helpful when a GP was supportive - showing that they understood mental health by being responsive and listening empathetically.
- Mixed experiences of the efficacy of treatment such as antidepressants.
- Members expressed various informal ways in which students are finding out about which GPs to access, and their rights

For some members the move to university (e.g. moving away from home, living in halls undergoing academic pressure, financial pressures, and supporting housemates) was perceived as risk factor to their mental health.

Transition was cited as a key issue in terms of:

- Moving from CAMHS to adult care in particular with the lack of support to go back into community / to transition to university.
- Difficulty in transferring records from one GP to another<sup>2</sup>.

For others, the move to university was an opportunity to seek support, both formally (through support services) and informally (through new social networks, university societies and other groups).

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<sup>2</sup> Read our 2013 'University Challenge: Integrating Care for Eating Disorders At Home and at University' report for more on this issue.



## Barriers to support

### **Student Perspectives Questionnaire: 'What barriers have stopped you from attending appointments or seeking / continuing to access support?'**

While students cited a range of barriers to accessing treatment, the primary concern was the limited service provision (n = 51). Many students mentioned waiting lists (n = 29) as a barrier to treatment. Reducing waiting times clearly seems like a priority. Some students would like to see an option for drop in sessions, to enable access to some support, someone to talk to, without booking an appointment. A number of students (n = 22) felt that the number of support sessions was too short, reflecting that the duration of support was insufficient. The conclusion that the number of sessions is too short may be as much to do with an impression of care as the actual effectiveness of the short intervention; for example:

*"I felt that the counselling service didn't take me seriously or help very much and were only willing to provide a few sessions."*

From students' reflections on barriers, it seems that there may be value in working to set students' expectation about support services:

- (a) Students want to know that the service really does care and takes all student problems seriously.
- (b) Some students feel that a short intervention reflects a "lack of care" and hence, services may need more clarity about the possible effectiveness of a short intervention.
- (c) A number of students identified that they would have felt more cared for if an effort had been made to follow up with them after the end of the sessions with the counselling service. For instance, students may benefit from a follow up appointment to reflect on progress and review future support need.
- (d) Students noted that not receiving the right support initially had been a barrier. As it is not always obvious what the "right support" is at the start, it may be of value to acknowledge from the start that this may be the first step and that the student may need to or want to explore further avenues of support after taking this first step.

Particular care needs to be taken over how waiting lists are communicated, as some students draw the conclusion that the problems they are facing are not likely to be bad enough to use an already stretched resource.

*"I didn't think my mental health was bad enough to use already stretched resources."*

This assumption - "I don't deserve support" - can act as a problematic barrier to help-seeking, discouraging students from seeking support early.

A subset of respondents (n = 20) reported that for them, the primary barrier to support was their experience with the service. Interestingly these students were primarily referring to NHS services, e.g.,

*"NHS started me at the 'lowest tier' of support which was not appropriate and ended up making my symptoms worse."*

*"CBT with the NHS service was abysmal. The woman I saw spent the session telling me I didn't have anxiety as she couldn't see where it had come from, despite me telling my life story where it was obvious where it had stemmed from, and my symptoms! Never again."*

However, a small number of students did report having no confidence in their university counselling service or finding the service unsupportive.

Some students (n = 11) outlined practical barriers which should be kept in mind when reviewing the accessibility of a support service:

- Students find it challenging to be passed between people and service providers: "to have to retell my story with limited notes on my situation going from one professional to another, and constantly being referring on. It's all very well referring onto specialists but I need help in the meantime."
- The move between home and university and back causes disruption.
- Travelling to appointments and fitting these around a timetable can be challenging.

## **Student Voice Forum: Barriers to support**

The Student Voice Forum session shows similar findings.

There was some discussion of fear of disclosure, and one member being told they wouldn't be accepted to university due to Fitness to Study.

## **Referral and accessing support**

Some members expressed that the self-referral questionnaires for counselling were extensive, time consuming, overly-intrusive and thus off-putting. Some members described themselves or friends giving up because of the lengthy process, and therefore not completing a request for support despite initially seeking support. Others expressed how they were made to feel that they or other friends experiencing mental health difficulties, were wasting people's time.

Postgraduate/ Masters students' members in group discussed difficulties in seeking support due to differing term times.

## **Limits on support sessions**

In our first SVF session, nearly all members raised caps on sessions as unhelpful as it limited the capacity to build rapport, members mentioned that it would take a while to build trust but then session limit would be reached. Members also mentioned that once the capped number of sessions was fulfilled, they weren't signposted to further support, and if they were, there was a significant time gap which they cited could undo any progress made in counselling sessions. Some members described having 2-3 week gaps between university counselling sessions making progress difficult.

## **Student Support Services – buildings**

Students raised a number of challenges and barriers presented by the physical buildings that house student support services

- Privacy of the space – open-plan buildings didn't feel confidential.
- Physical accessibility of the space.
- Variability of experience and preference regarding these buildings – would recommend principles of privacy, but also openness, difficult balance.
- How supportive friendly and approachable staff in building are seemed to affect experience too.

## **Student Voice Forum: How can we overcome barriers to university-based provision?**

The group came up with ideas through creative ideation, quick fire ideas without development of each individual idea. We then asked the group to organise their ideas into themes and these were their lists:

### Improvements to existing university support services

- Less of a cross over between support and discipline
- Services actually having sufficient provision in line with student numbers
- Less academic jargon/ health jargon
- Profiles for practitioners in order to know their specialisms
- Better correspondence between academics/ college with Student Support Services or medical services

### University Support Accessibility

- Centralised & easy way of accessing university regulations regarding wellbeing
- Allowing students to email, text or go online to request an appointment (not just phone)
- Services to be assessed online in addition to in person
- Referral to services not necessarily by self (third party referrals) / service for students to refer their friends to support
- More suitable buildings that are more physically accessible
- Shorter and easier referral forms that are not paper heavy
- Online symptom checker
- People in welfare positions noticing not just symptoms of depression but more broadly other mental health difficulties too.

### Support Groups/ Other support

- Targeted to sports/ societies
- Welfare groups/ meets in general, even just for snacks/ tea etc.
- More convenient group session times for peer support
- Disabled Students Groups
- Longer term support groups
- Resilience/ transitioning to university workshops in class
- Targeted events in fresher's such as wellbeing booklets/ packs when starting 1 st year or postgraduate (repeated idea)

## Whole university approach – students’ perspectives

### Student Perspectives Questionnaire: ‘Your vision of a university that promotes mental health and wellbeing’.

Students were asked for their ideal vision of a university that promotes mental health and wellbeing. While students’ reflections were diverse, they could broadly be clustered into three themes:

- More accessible support
- More focus on student wellbeing
- An open and inclusive university culture.

#### **More accessible support**

Students want to be able to access professional support as necessary (n = 22). Interestingly, this is not set out simply a request for ‘more of the same’. Ideas mentioned included:

- Drop in sessions to ensure students don’t get lost in waiting lists,
- Support provided in places that students are familiar with,
- Support regardless of a diagnosis,
- An understanding service,
- Peer support, with the opportunity to meet other students with shared experience.
- Provide support at the college and faculty level: “there is no one-size fits all approach to such a complex issue, there should be place and demographic considerations.”

It is notable that only a minority of students focused on more accessible professional support when outlining their vision. Further, in considering more access, some students focused on the NHS provision. Instead, many students’ description of more accessible support stretched beyond service provision. Students want support to be more joined-up:

*“Somewhere where it is easy to ask for support and anyone you choose to turn to would be informed enough to support you in taking the next steps and finding the appropriate people to talk to - so many times people are sent in circles and end up giving up. I would like them to be able to support all types of mental health issue, and even if that means referring you outside of university, you keep a key contact within to support you. I would like it to be seen as important enough to receive regular funding and investment for the future.”*

#### **More focus on student wellbeing**

Some students (n = 28) described a proactive approach where the university engages in preventative interventions, recognises that students may not ask for help and is proactive about checking and supporting student wellbeing. In articulating this vision, students differed

in the specificity of their suggestions, reflecting either that this is something that the whole university needs to do, or that a department or specific academic staff should be doing.

Students suggest that more could be done to prevent mental health problems: “focus on prevention rather than cure.”

*“Act before mental health became issue- offering stress-busting sessions, study advice etc., but also signpost to extra support if needed so students have it before they become unwell”*

*“Having a wide range of groups and activities at university to help you find out who you are. The better you know yourself, the more confident and better you will feel about yourself maybe meaning you will less likely to suffer from mental health issues.”*

Other students feel that it is important for the university to be proactive about identifying students who are struggling and provide support:

*“Taking each student's needs individually and actively checking up on and seeking out students with mental health issues, because they don't always speak up themselves, also telling students that they can let the university know if they are worried about another student.”*

*“Mechanisms for detecting and supporting issues, not based on kicking those who don't fit the mould out of university.”*

Students want their academic departments and tutors to pay more attention to student mental health (n = 23). Students would like academic departments to more inclusive and supportive, working to minimise stress and support a healthy work culture (n = 17). Departments and tutors should be open about recognising “the struggles of students who often have had all their close support stripped away through moving to an unknown city.” Departments should foster an understanding environment with “positive and encouraging messages” and “a consistent feeling of support from academics.”

Students want tutors to be “open about mental health” and provide “emotional support to all students.” University should be “a place to grow;” where “students are supported to achieve rather than stretched by arbitrary standards.” “Nobody should be left behind... there should be a positive community of students within the course.” Students feel they need “encouragement, reassurance, support groups and study buddies” and would like to see academics “actively [oppose] the culture of high stress, working late and other bad habits that are normalised at university.” Students want to “feel at ease in sharing their circumstances with their peers and tutors” and feel that people within the academic department need to be “supportive from the start... [to] talk to you in welcome week [and]... put on workshops and sessions from the very first week of each term to the end of each term.”

## **An open and inclusive culture**

Beyond academic interactions, students feel the university culture needs to change, so that stigma is actively tackled to create an open environment, showing care and compassion (n = 41). What students are asking for here, in many ways, is very simple: universities should acknowledge that young people struggle with their mental health, promoting mental health and wellbeing should be part of the university's mission statement and its strategy. Students want to be reassured that the "university is listening and cares for their health and wellbeing."

Students are asking for universities to "normalise and destigmatise mental health and encourages wellbeing at all times, thus reducing unneeded pressure and being flexible in a student- centred approach." This expectation extends to the Students' Union. Students want their Students' Union to be less focused on clubbing and do more to support good mental health;

*"Regular meet ups with an open space to talk. Alternatives to alcohol-based student events. Promotion of wellbeing e.g. yoga and mindfulness workshops. Speakers with experience of mental health coming in."*

## **Student Voice Forum 1: Key asks for universities**

To conclude the first Student Voice Forum each member was given the opportunity to give their key asks for universities to transform the state of student mental health. We also facilitated a creative ideation session on the question 'What support can universities provide across the whole institution? (SVF 1) in which members discussed a range of aspects of the whole university approach. Points from both discussion are presented here.

### **Service provision and accessibility**

- Adequate student to practitioner ratio
- Increase Student Support Service staff capacity to decrease waiting times
- Increase provision of mental health support
- Better out of hours, weekends and holiday services
- Don't limit or cap counselling sessions
- Increase university counselling services to include psychiatric service
- Make referral processes quicker
- Better referral strategies for self and others
- Increase availability of peer support
- Improve accessibility of service through instant messaging and emailing services – no scary phone calls
- Better advertising of services

- Increasing tailored support for intersecting disadvantaged groups (BAME, LGBTQIA+)
- Better postgrad pastoral support and information
- Designated 'link workers' for vulnerable students
- Better communication between different departments
- Communication between MH services on campus, disability services and NHS services
- GPs on campus
- Provide list of mental health friendly GPs

## **Staff training**

- Welfare and mental health training for academic staff to even out the standard (such as Mental Health First aid Training)
- Welfare tutor training
- Train academic staff in mental health and intersections (LGBTQ, BME, disability)

## **Academic adjustments and admin**

- Increased awareness of changes in students wellbeing (e.g. attendance, grades)
- Better recognition of long-term mental health conditions rather than 'should be better by the next exam period' mentality (in terms of Personal Extenuating Circumstances)
- Better regulation of workload, for example through regulated and staggered deadlines
- Registration forms at all seminars and lectures (in order that students who are not engaged are acknowledged and supported)

## **A culture of promoting mental health**

- Give and ensure a holistic mental health education to all students before crisis
- Raise awareness among students and staff – spot when others are struggling
- Compulsory mental health education for students at beginning of course
- Lower stigma by getting more people talking about mental health
- Recognise the experience of international students,
- Recognise the experience of those who also experience learning difficulties.
- Management to be more receptive to the student voice.
- Take more of an interest in student wellbeing, prioritise health over retention
- Recognise that excessive stress is not normal
- Reducing drinking culture, peer pressure by providing alcohol free events in freshers which are inclusive and are advertised as key or core events
- School outreach – preparing 6th formers/ GCSE students



## Resources for students

- Self-care guide or kit
- An 'adapt your care to university' pack – how to link GPs & University services
- Mindfulness Apps for students (free version, adapted to university life)
- Buddy systems and peer support.
- Blog posts from students with personal experience
- Education on how to support a friend with their mental health.
- Sports teams and societies to have mental health training

## Student Voice Forum 2: Thriving at University

We facilitated a discussion about the members understanding of the term 'thriving' within the university context. Members took a holistic perspective of their experiences at university. Discussed the value of ending the mentality that 'undergraduates should be able to cope' through acknowledging the challenge of transitioning to university and creating an atmosphere in which it's safe to talk. They discussed the importance of the university and students prioritising wellbeing over academic attainment (e.g. flexibility around achievement within a strict timeline). Members discussed the importance of students developing self-worth that is external to their course: suggesting that universities encourage students to develop a range of skills and partake in a range of activities outside of their course. They also discussed emotional resilience, self-care, and goal-setting. Members emphasised the value of a holistic approach to proactive and preventive work around mental health and wellbeing to allow all students to thrive.

## Conclusion: Student Voice engagement going forward.

This project has illustrated the real breadth and depth of insight that can be gained through an empowering model of student engagement in the issue of student wellbeing. Students discussed their lived experiences, perspectives and understanding of mental health; prevention of mental health difficulties, their academic experience; their experiences and expectations of accessing and barriers to various forms of support; the role of a whole university approach; and what could empower them to thrive whilst at university.

At Student Minds we acknowledge that students themselves are in the best position to consult fellow students, as familiar peers can speak to students in a relatable and approachable way<sup>3</sup>. This led us to the **Student Listening Project**, a pilot at the University of Birmingham, working with a team of student volunteers to run impactful and representative student consultations about student mental health. This project involved running two student engagement events - Student Voice Forums and Problem Solving Booths - and interpreting findings to feed into the Student Support Service's understanding of student voice. Drawing on learnings from our pilot project, Student Minds will be working with the University of York, UWE and Cardiff University to tailor a bespoke Student Listening Project for each university, empowering students to input into their universities strategic planning as part of the HEFCE-funded implementation programme which will build on the development of the #StepChange framework launched by Universities UK. Through this work, Student Minds will be developing a range of tools for universities and Students' Unions to engage students in the whole university approach to mental health and wellbeing.

We look forward to seeing how universities, Students' Unions and Student Minds Societies will continue to ensure that student engagement is at the heart of a strategic, whole university approach to mental health and wellbeing.

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<sup>3</sup> Byrom, N., Gulliver, E. Student Minds, Peer Support Report. (2014)

Crouch, R., Scarffe, P. & Davies, S. Guidelines for Mental Health Promotion in Higher Education. (2007).

Okanagan Charter: An International Charter for Health Promoting Universities and Colleges (2015).

<http://internationalhealthycampuses2015.sites.olt.ubc.ca/files/2016/01/Okanagan-Charter-January13v2.pdf> - page 10 ' • Use participatory approaches and engage the voice of students and others Set ambitious goals and allow for solutions and strategies to emerge through use of participatory approaches to engage broad, meaningful involvement from all stakeholders, including students, staff, faculty, administrators and other decision makers. Set priorities and build multilevel commitments to action.

## Appendix 1 - Student Voice Forum – Methodology continued

A summary outline of the first session of the Student Voice Forum.

- Pre-session measures for comparison to feedback at end of session.
- **Introduction of the UUK programme** - outlining key aims & the importance of the SVF.
- **Introduction to Student Minds** - locating discussions within a social model of mental health.
- **Co-creation of principles and ground rules for the group.**
- **Sharing experiences** -Members were invited to reflect individually on their own experience, by mapping out their personal journey to then share with the group. Key themes were summarised and then built upon in the next session.
- **Further sharing of experiences** - Discussion of help-seeking & support provisions.
- **Creative ideation** on what would transform the state of student mental health.
  - Using a creative ideation technique, we asked the group to focus on two questions:
    - “1. How to overcome the barriers to getting university-based provision”
    - “2. What do you expect your university, across all aspects, to provide in terms of support for mental health or wellbeing?”
- **Developing ideas** - The groups categorised the ideas from the previous session and developed the idea of mental health awareness workshops for freshers, using SWOT (Strength, Weakness, Opportunity, Threat) analysis.
- **Creating a vision** - Members of the group contributed key asks for universities.
- **Next steps** - We discussed further opportunities and engagement and took end of session feedback.