

Grand Challenges in Student Mental Health

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The Student Mental Health Charity

We believe that peer interventions can change the state of student mental health. We deliver research – driven training and support to equip students to bring about positive change on their campuses through campaigning and facilitating peer support programs.

Our vision is for students to be at the centre of all interventions to improve student mental health. We want students to take action to foster an environment where everyone has the confidence to talk and listen to each other, the skills to support one another and the knowledge to look after their own mental health.

The 2011 report from the Royal College of Psychiatrists has drawn attention to the fact that university students are at particular risk of developing mental health problems and face specific challenges in accessing appropriate support. Research has estimated that around 29% of students experience mental distress, however there is considerable variability in prevalence statistics.

We are very aware that student mental health is a complex area, with many different challenges. This research project was designed as a first step to begin to understand where efforts to improve the state of student mental health might be directed.

Grand Challenges in Student Mental Health have been identified in a two stage process. Initially individuals were invited to submit their thoughts on challenges facing student mental health. This was an open invitation. Participants were allowed to enter as many challenges as they liked. 230 people submitted a total of 459

challenges. 57% of these participants were current or recent university students, 31% of participants were university staff (including Mental Health Advisors, University Counsellors and Academic Teaching Staff), 4% of participants were Healthcare Professionals.

Thematic analysis was used to identify 13 themes;

- Academic Pressure and Concerns about future employability.
- Study Skills and Support.
- The University Academic Environment.
- Life Skills and Personal Development.
- Accessing Support through the NHS.
- Accessing Support in General.
- Structures for Pastoral Support and Mentoring.
- Managing the Transition to University.
- University Lifestyle.
- Relationships.
- Coordinating Responsibility for Student Mental Health and Wellbeing.
- Campaign Messages and Public Attitudes.
- International Students.

Within these themes 93 specific challenges were identified.

In the second stage of the Grand Challenges Project, individuals were invited to rate each challenge in terms of its priority for student mental health. Priority ratings were made on a scale of 1 (this item is not relevant to student mental health) to 5 (this item is one of the most important challenges). Individuals who participated in Stage 1 of the project were invited to complete Stage 2. An invitation to complete Stage 2 of this project was circulated to the University Mental Health Advisors Network and the Heads of University Counselling Services. The invitation was widely distributed through

social media and the Student Minds Network.

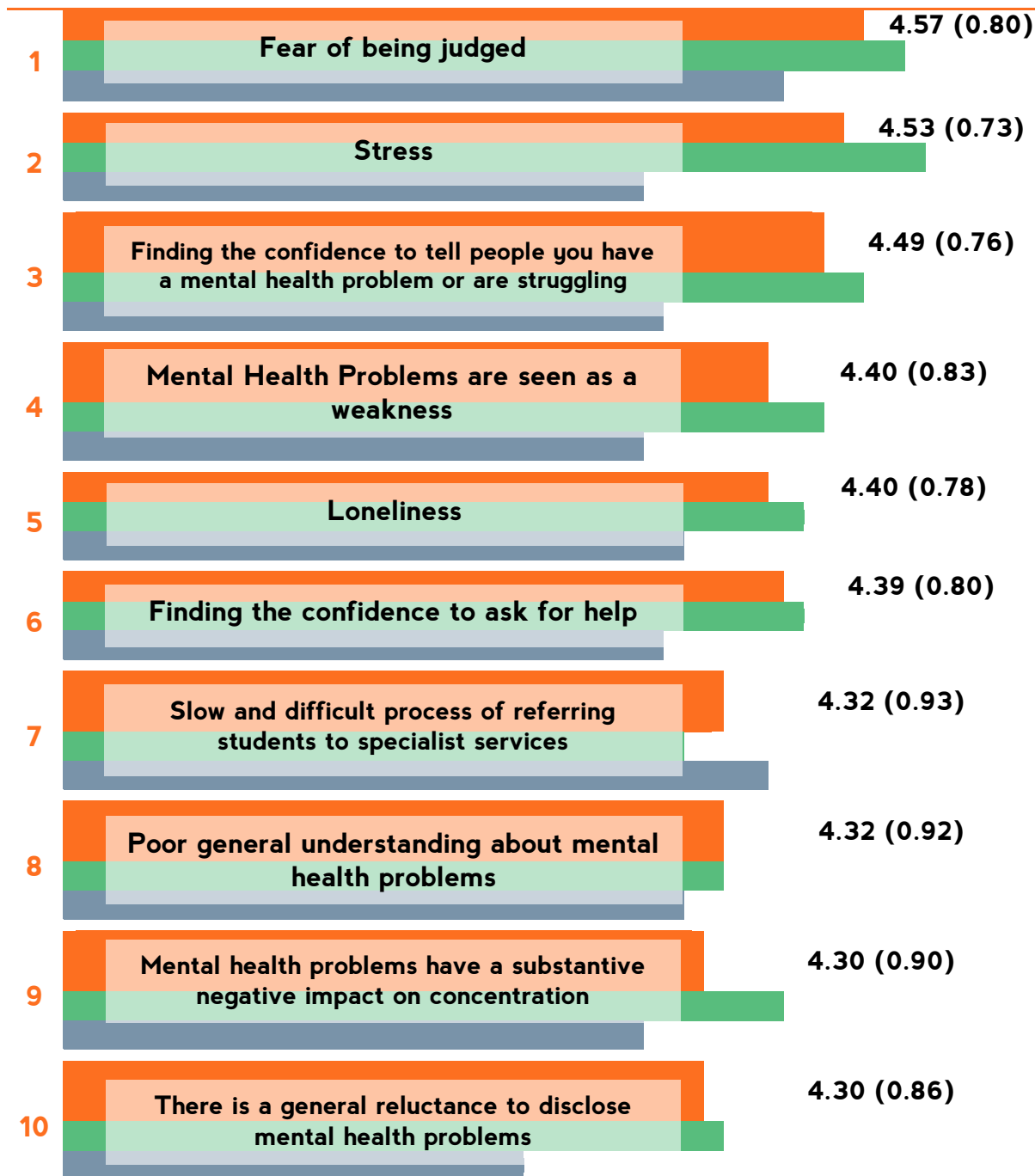
236 individuals completed Stage 2. Three individuals asked for their data not to be included in the report and have thus been excluded from all subsequent analysis. 202 (87%) respondents were

female. 169 (72%) respondents declared personal experience with mental health problems. 73 professionals responded to this survey. 80% of these respondents were female and 59% stated that they had personal experience of mental health problems.

(%)	Current Student			Recent Graduate		
Gender	M	F	Total	M	F	Total
	11 (8)	116 (89)	130	2 (6)	28 (90)	31
Of which, has declared personal experience of mental health problems.	6 (55)	97 (84)	106 (82)	1 (50)	19 (68)	21 (68)

	Mental Health Advisor N: 26		Counselling Service N: 15		University Staff (Other) N: 21		Healthcare Professional N: 10	
Gender	M	F	M	F	M	F	M	F
	4 (15%)	22 (85%)	3 (20%)	12 (80%)	5 (24%)	16 (76%)	2 (20%)	8 (80%)
Of which, has declared personal experience of mental health problems	3 (75%)	13 (60%)	1 (33%)	7 (58%)	2 (40%)	10 (63%)	0 (0%)	6 (75%)

The 10 Grand Challenges for Students and Staff



* Everyone, shown in orange; university students shown in green; university staff shown in blue.

* Standard deviation presented in brackets.

Professionals' opinions

University Mental Health Advisors

Top 10 Challenges

- 1 Slow and difficult process of referring students to specialist services.
 - = The NHS is not set up to support students as they move between home and university.*
- 2 Inadequate NHS mental health provision.
- 3 Fear of being judged.*
- 4 Poor general understanding about mental health problems.*
 - = Supporting the mental health needs of international students and students from diverse cultural backgrounds.
- 5 Finding the confidence to tell people you have a mental health problem or are struggling.
- 6 Finding the confidence to ask for help.
- 7 Stress.
- 8 Mental health problems have a substantive negative impact on concentration.
- 9 Among students, a limited understanding about mental health and limited personal knowledge of steps that can be taken to look after personal mental health.
 - = Mental health problems have a substantive negative impact on concentration.
 - = Ability and time to get senior management support for mental health or wellbeing agendas.*

Mental health advisors rated the challenge of the **NHS not being set up to support students as they move between home and university** to be a higher priority than university counsellors ($U = 107.00$, $Z = -2.53$, $p < 0.05$, $r = 0.40$) or other university staff ($U = 154$, $Z = -2.93$, $p < 0.01$, $r = 0.43$). Though mental health advisors gave the challenge of the NHS not being set up to support students a higher priority rating than university counsellors, this was identified by universities counsellors as the fourth highest priority in the survey (see below).

Mental health advisors rated the challenge of **getting senior management to support mental health agendas** a higher priority than university counsellors ($U = 94.00$, $Z = -2.88$, $p < 0.01$, $r = 0.45$) or other university staff ($U = 157.50$, $Z = -2.61$, $p < 0.01$, $r = 0.38$).

Mental health advisors gave **poor general understanding about mental health problems** ($U = 96.50$, $Z = -2.67$, $p < 0.05$, $r = 0.43$) and **a fear of being judged** ($U = 104.00$, $Z = -2.73$, $p < 0.05$, $r = 0.43$) a significantly higher priority rating than university counsellors did.

University Counselling Service

Top 10 Challenges

- 1 Inadequate NHS mental health provision.
- 2 Building skills around personal resilience necessary to cope with the challenges of life at university.
- 3 Slow and difficult process of referring students to specialist services.
- 4 The NHS is not set up to support students as they move between home and university.*
- 5 Among students, a limited understanding about mental health and limited personal knowledge of steps that can be taken to look after personal mental health
 - = Lack of sleep.
- 6 High alcohol consumption.
- 7 Loneliness.
 - = Insufficient resources for university support services, i.e. University Counselling Service.
- 8 Supporting the mental health needs of international students and students from diverse cultural backgrounds.
 - = Stress.
 - = Managing relationships between housemates.

University counsellors and mental health advisors differed in the priority rating they gave to the challenge of the NHS not being set up to support students as they move between home and university, as described above.

Healthcare Professionals (Other)

Top 10 Challenges

1 Loneliness

- = The NHS is not set up to support students as they move between home and university

- = Poor general understanding about mental health problems.*

2 Lack of staff confidence or limited knowledge in how to support students in areas of mental health and personal development

3 Inadequate NHS mental health provision

- = Fear of being judged

- = Finding the confidence to tell people you have a mental health problem or are struggling

- = Building skills around personal resilience necessary to cope with the challenges of life at university

- = Identifying when students are experiencing mental health problems.*

Lack of clarity regarding who (i.e. University Support Providers, University National Health

- = Services, Home National Health Services) should responsible for students with mental health problems

Compared to university counsellors, health care professionals gave the challenge of **poor general understanding about mental health problems** ($U = 88$, $Z = -2.22$, $p < 0.05$, $r = 0.37$) and **identifying when students are experiencing mental health problems** ($U = 26.00$, $Z = -2.85$, $p < 0.01$, $r = 0.57$) a higher priority rating.

University Staff

Top 10 Challenges

- 1 Fear of being judged
- 2 Inadequate NHS mental health provision
- = Mental health problems are seen as a weakness
- 2 Finding the confidence to tell people you have a mental health problem or are struggling
- 3 Poor general understanding about mental health problems.*
- 4 There is a general reluctance to disclose mental health problems
- 5 Loneliness
- = Building skills around personal resilience necessary to cope with the challenges of life at university
- = Slow and difficult process of referring students to specialist services
- 6 Long waiting times and problems accessing support from support services, such as the University Counselling Service
- 7 Finding the confidence to ask for help
- 8 Stress
- = Students are using alcohol and drugs to manage stress and depression

Compared to university counsellors, university staff gave the challenge of **poor general understanding about mental health problems** ($U = 88$, $Z = -2.22$, $p < 0.05$, $r = 0.37$) and **the fear of being judged** ($U = 69.50$, $Z = -2.95$, $p < 0.01$, $r = 0.49$) a higher priority rating. University staff gave a higher priority rating to the challenge of long waiting times and problems accessing support from services such as the counselling service, than mental health advisors ($U = 69.50$, $Z = -2.95$, $p < 0.01$, $r = 0.49$) or university counsellors ($U = 147.00$, $Z = -2.84$, $p < 0.01$, $r = 0.41$) did.

Themes & Challenges

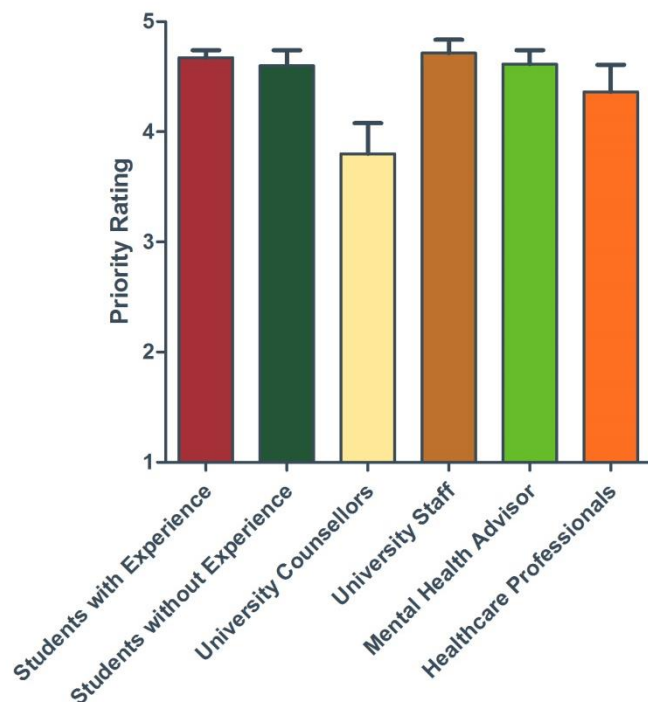
93 challenges were reviewed in this survey. The average priority ratings ranged from 4.57 (0.80) to 2.93 (1.08). The mean average priority rating was 3.72 (0.37). This did not differ substantially between students and professionals. The mean average priority rating for students was 3.73 (0.40) and for professionals was 3.71 (0.38). However, between professionals there was some variation. The mean average priority for mental health advisors (3.82, 0.43) was slightly higher than the mean average priority rating given by university counsellors (3.51, 0.44). This difference is marginal, however should be taken into account when noting differences between professionals for specific challenges.

Priority 1: Fear of being judged

“Fear of being judged - not being able to easily be able to talk to people - scared to go talk to my uni lecturers. Other students not wanting to know me because I am quiet and therefore not like them which just isolates me even more.”

The fear of being judged was identified as the highest priority challenge in this survey, with an average priority rating of 4.57 (0.80). However, respondents differed significantly in the priority rating they assigned to this challenge.

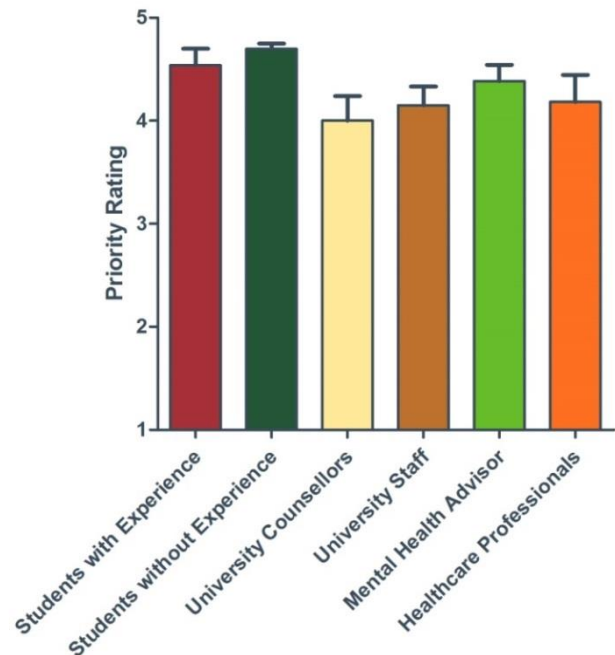
Compared to professionals, students gave significantly higher priority ratings for the challenge of the fear of being judged ($U = 4562.50$, $Z = -2.546$, $p = 0.011$). Among professionals, university counsellors gave significantly lower priority ratings than university staff ($U = 75.50$, $Z = -3.01$, $p < 0.05$, $r = 0.50$) or mental health advisors ($U = 104.00$, $Z = -2.73$, $p < 0.05$, $r = 0.43$).



Priority 2: Stress

“Stress - obvious but it really shouldn't be ignored. Stress can occur in extreme cases and not just the 'normal' levels of stress people all tend to suffer from. Many students suffer from more severe stress at uni with all the combined pressures. The changing environment, the harder work, the smaller ability gap causing more academic pressure and multiple other things. Stress is normally shrugged off and ignored but for many students it can quickly take over their lives and can worsen or prompt other mental health issues such as anxiety, depression, perfectionism, OCD etc. and needs to be wider acknowledged as an issue.”

Students and professionals differed in the priority rating that they assigned the challenge of stress for student mental health ($U = 3692$, $Z = 4.885$, $p < 0.001$, $r = 0.32$). Professionals did not differ significantly in the priority rating they assigned to the challenge of stress.

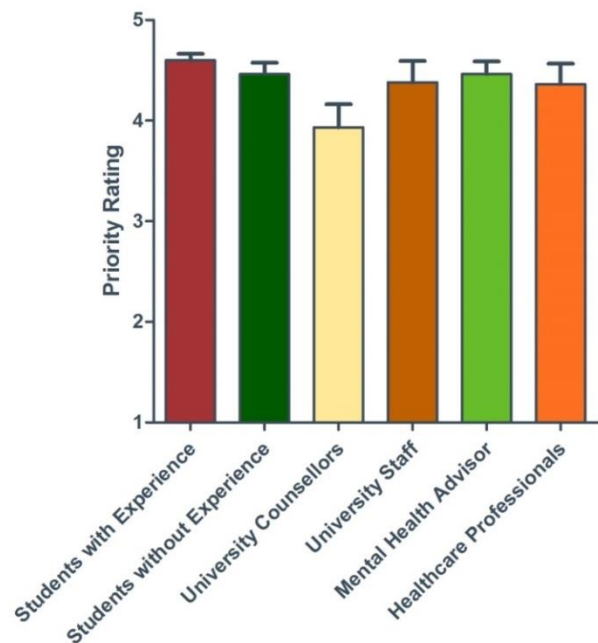


Priority 3: Finding the confidence to tell people you have a mental health problem or are struggling.

“Throughout my four year course, I never plucked up the courage to talk to any of my tutors about the mental health issues I faced...”

“Lack of confidence to talk about problems that may affect mental health. This is especially so among young men.”

Students and professionals differed in the priority rating that they assigned to this challenge ($U = 4678.50$, $Z = -2.632$, $p < 0.01$, $r = 0.17$). Professionals did not differ significantly in the priority rating they assigned to this challenge.



Priority 4: Mental health problems are seen as a weakness

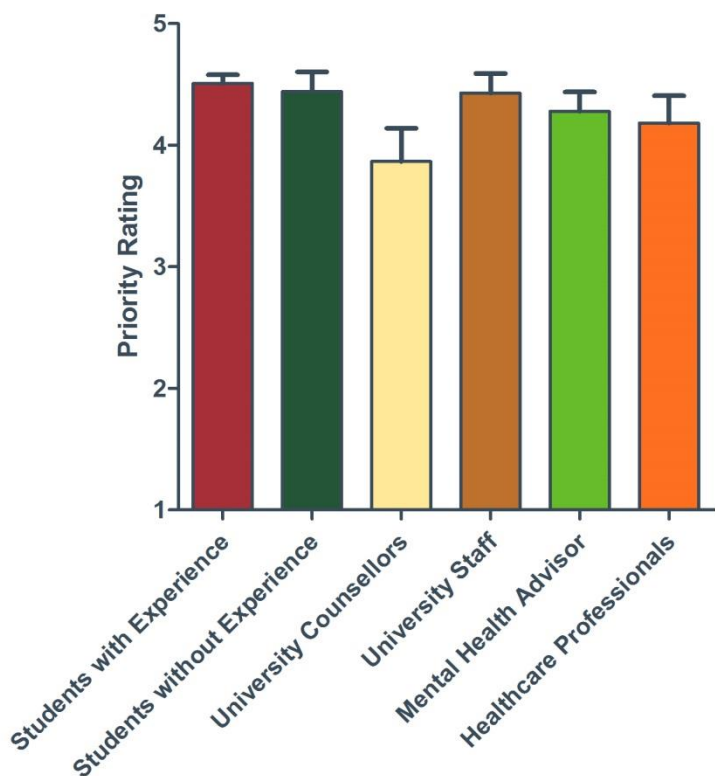


“There is still a lot of stigma surrounding mental health and young people especially view having a mental health problem as a weakness when you wouldn't view getting ill with an infection a weakness...”

“A feeling amongst students that to admit you have a mental health problem is a weakness.”

“As a medical student I think the biggest challenge is breaking down the massive stigma there is within the medical profession about medical students and professionals having mental health problems. The impression is that we should just get on with it, and if we have problems then we're not good Doctor material.”

Students and professionals differed significantly in their priority rating for the challenge of mental health problems being seen as a weakness ($U = 4368.50$, $Z = -2.680$, $p < 0.01$, $r = 0.18$). Professionals did not differ significantly in the priority rating they assigned to this challenge.



Priority 5: Loneliness

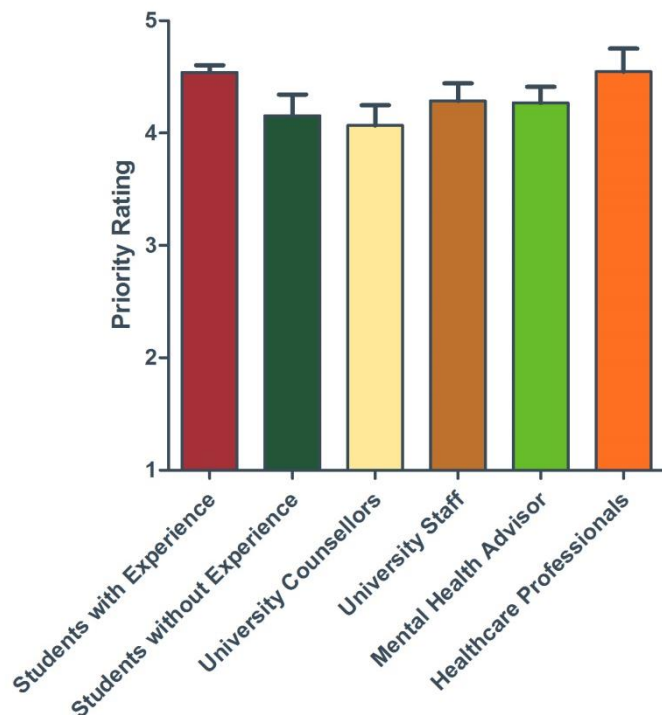
“Figure out a way to reach those students who isolate themselves because of their mental health issues. I was totally saved by the fact that one guy on my course really made the effort to get to know me and came round to my room for a chat most days... no doubt some people aren't so lucky, and it's so easy to completely cut yourself off at university, with no one realising that you're struggling until it's too late. Most universities have some kind of buddying/ parenting system and I think this could be really valuable if it was implemented to its full potential - maybe suggest how parents or buddies can get to know one another, hold 'family' dinners/ group events, encourage regular contact etc.”

“University can be incredibly isolating if you are not the stereotypical student who likes to go out partying and get drunk regularly. Although people say this is simply a stereotype, a lot of people I have encountered at university do fulfil it, and if you prefer not to go out every night, it can be difficult to find people who feel the same, which can make life incredibly lonely. Likewise, I think there is a lot of pressure to conform to the traditional student stereotype, which can be extremely distressing for students, as well as dangerous if they do engage in excessive drinking.”

“Isolation. Students write their essays, do their readings and revise their studies often only with few to none social contact which makes them feel even worse. I remember times where I haven't been speaking to a person for a couple of days because I was writing an essay or revising for an exam.”

Individuals with and without personal experience of mental health problems differed in the priority rating that they assigned to the challenge of loneliness. Compared to individuals without experience, those with experience of mental health problems assigned the challenge of loneliness a significantly higher priority rating ($U = 2671$, $Z = -4.269$, $p < 0.001$, $r = 0.29$).

Students and professionals differed significantly in their priority rating for the challenge of loneliness ($U = 4544$, $Z = -2.465$, $p < 0.05$, $r = 0.16$). Professionals did not differ significantly in the priority rating they assigned to this challenge.



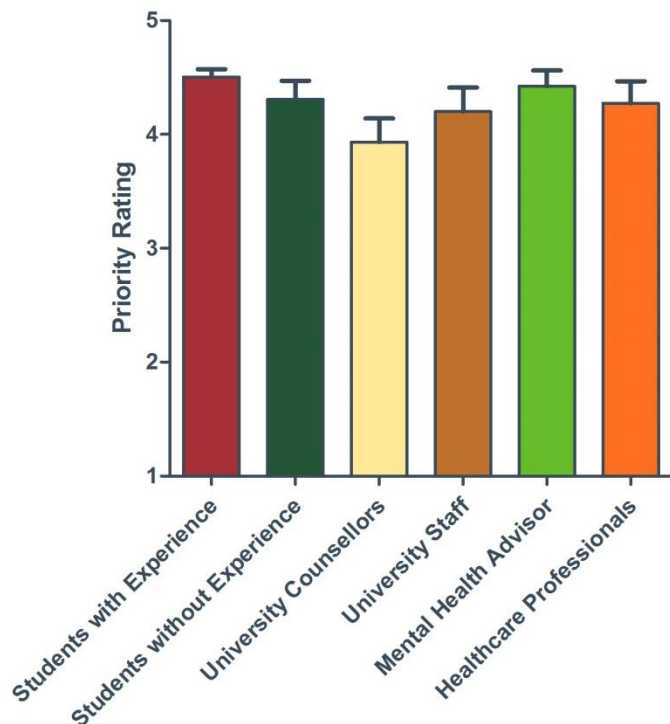
Priority 6: Finding the confidence to ask for help



“Many universities have strong support mechanisms but students often have to take the first step and seek out the support they need.”

“Also knowledge that there is support available and that some struggles are normal in student life but some could be clinical/require more support. So helping students know when to reach out for help instead of just believing that 'now they're an adult away from home, they should be able to deal with these things'.”

Students and professionals differed significantly in their priority rating for this challenge ($U = 4463.50$, $Z = -2.568$, $p < 0.05$, $r = 0.17$). Professionals did not differ significantly in the priority rating they assigned to this challenge.



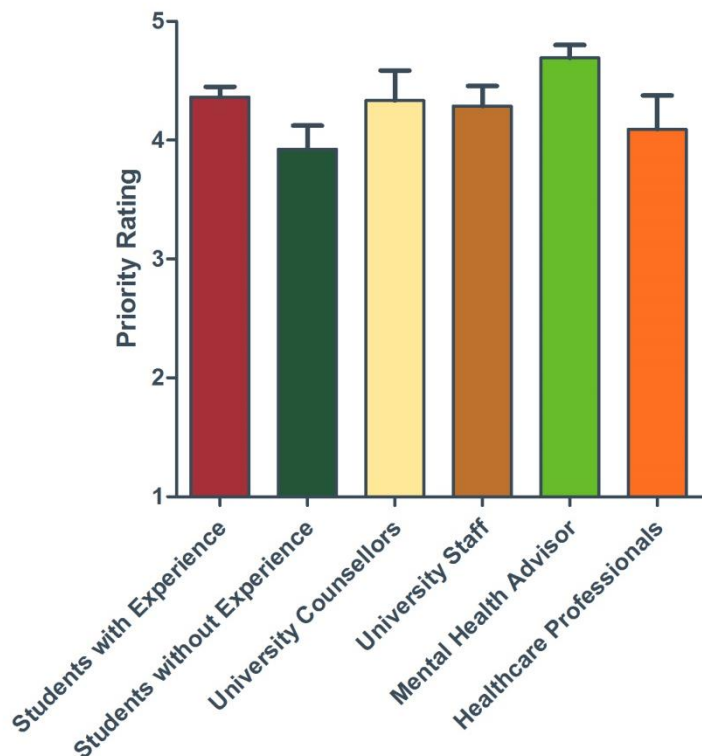
Priority 7: Slow and difficult process of referring students to specialist services.



“Quick access to mental health services is a problem. Referrals take a long time; talking therapies take much, much longer. In the interim, students are missing classes, falling behind with coursework, and needing help. We ask students to document any illness or adverse circumstances but this documentation takes time and effort, and students may not be in a fit state to provide it. The impact on grades can be huge...”

“Woefully inadequate statutory mental health services. Not helped by the fact that a student with mental health difficulties who has been supported by their home mental health team, is not allowed to register with two GP practices and therefore there are significant issues with continuity of care. Students with suicidal ideation or personality disorders who do not meet IAPT’s criteria face waits of TWO years for psychological therapy.”

Students and professionals did not differ significantly in their priority rating for this challenge. Professionals did not differ significantly in the priority rating they assigned to this challenge.



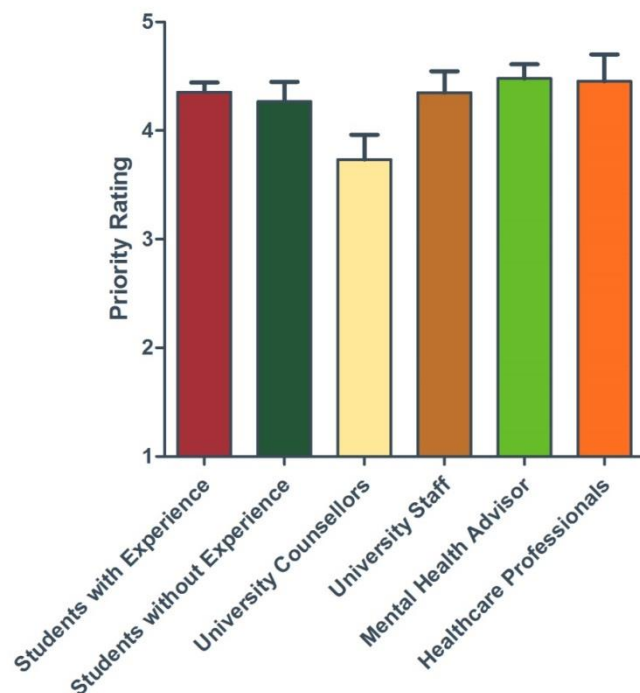
Priority 8: Poor general understanding about mental health problems

“Getting university staff to understand the seriousness of mental health problems, and therefore to treat students with mental health problems in the same way as students with any other disabilities.”

“Lack of understanding and negative attitudes from staff which creates barriers - e.g. can make students reluctant to ask for the support they need.”

“HE is a lumbering beast, slow to change, and it takes time to change attitudes and thinking. There needs to be a visible drive (perhaps a national campaign) to raise mental health issues and lift them up the agenda. There needs to be widespread awareness training amongst staff - not voluntary, but compulsory training covering spotting students who are coping with mental health issues, and how best to support them.”

Students and professionals did not differ significantly in their priority rating for this challenge. However, professionals did differ in the priority rating that they assigned for this challenge: ($X^2(3) = 8.806, p < 0.05, r = 0.20$). Correcting for multiple comparisons, university counsellors assigned a lower priority rating to this challenge than mental health advisors ($U = 96.50, Z = -2.767, p < 0.01, r = 0.44$).

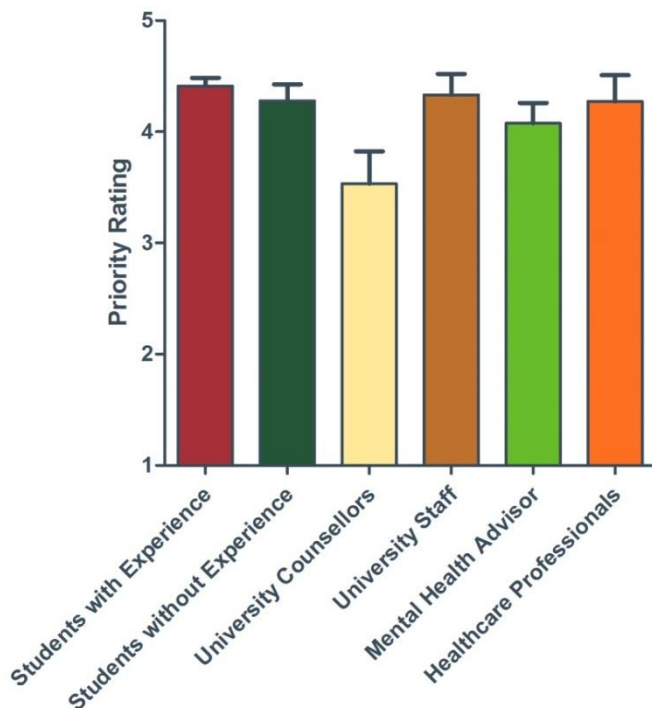


Priority 10: There is a general reluctance to disclose mental health problems



“Concerns around disclosure of existing MH issues or asking for help when MH issues/ mental distress first start to arise. Many students are worried that this will affect their relationships with their peers, the way they are viewed by their Faculty staff and their future job prospects. Although the university I work at does provide lots of information and support around appropriate disclosure and challenging stigma this is still a difficult area.”

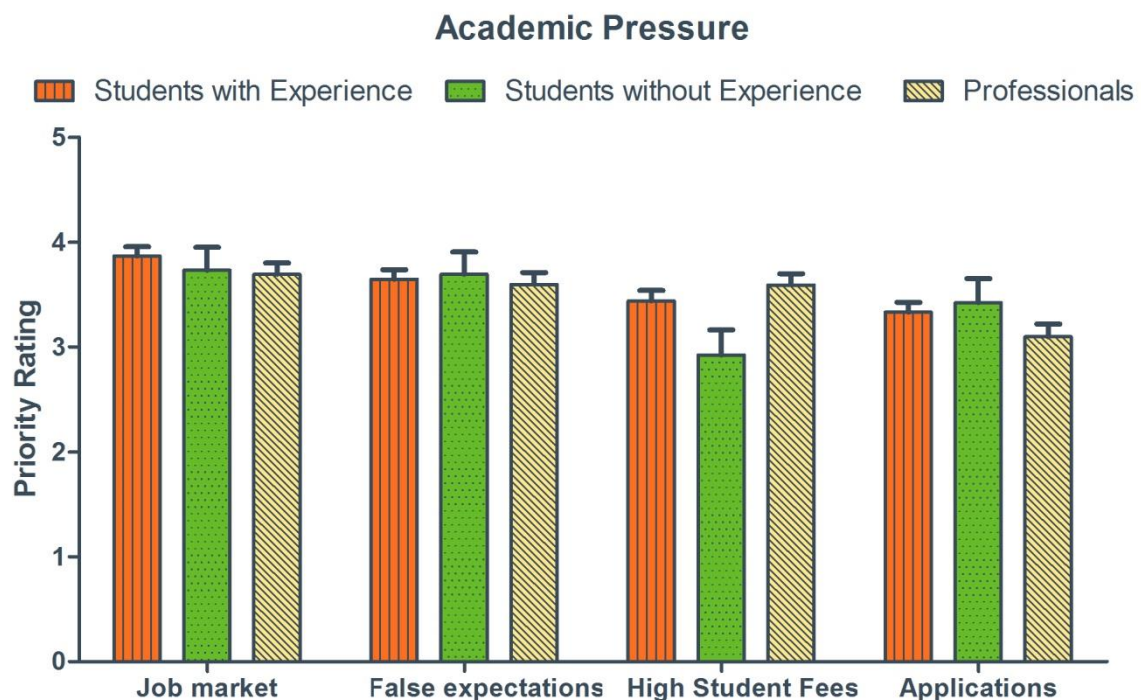
Students and professionals differed significantly in their priority rating for this challenge ($U = 4503.50$, $Z = -2.426$, $p < 0.05$, $r = 0.16$). Professionals did not differ significantly in the priority rating they assigned to this challenge.



Analysis by Theme

For each theme, challenges are shown with an example quote identified as reflecting the challenge. For each challenge, the rank position in priority ratings is shown in brackets.

Academic pressure and concerns about future employability



Four challenges were identified as meeting this theme. These included:

- (39) Job Market: A weak job market is causing student anxiety about future prospects and increases pressure to achieve a high academic standard.

“There is enormous pressure to succeed due to regular media articles talking about the weak job market... Students believe that only a first class or 2:1 degree will get you jobs. This idea is constantly reiterated within academic institutions...”

- (57) False Expectations: Students have false expectations about university; while students are led to believe that education opens doors, they feel faced by a reality where they still struggle to open these doors.

“Tony Blair told us education, education, education. We all thought that education could open doors for us but we were partly wrong in that. It's us that open the doors.”

- (73) High Student Fees: High student fees and the prospect of graduating with debt is placing students under stress.

“Pressure to succeed due to a reminder of how much it is costing and how important it is for the future.”

● (85) Applications: Applying for internships, placements and graduate jobs.

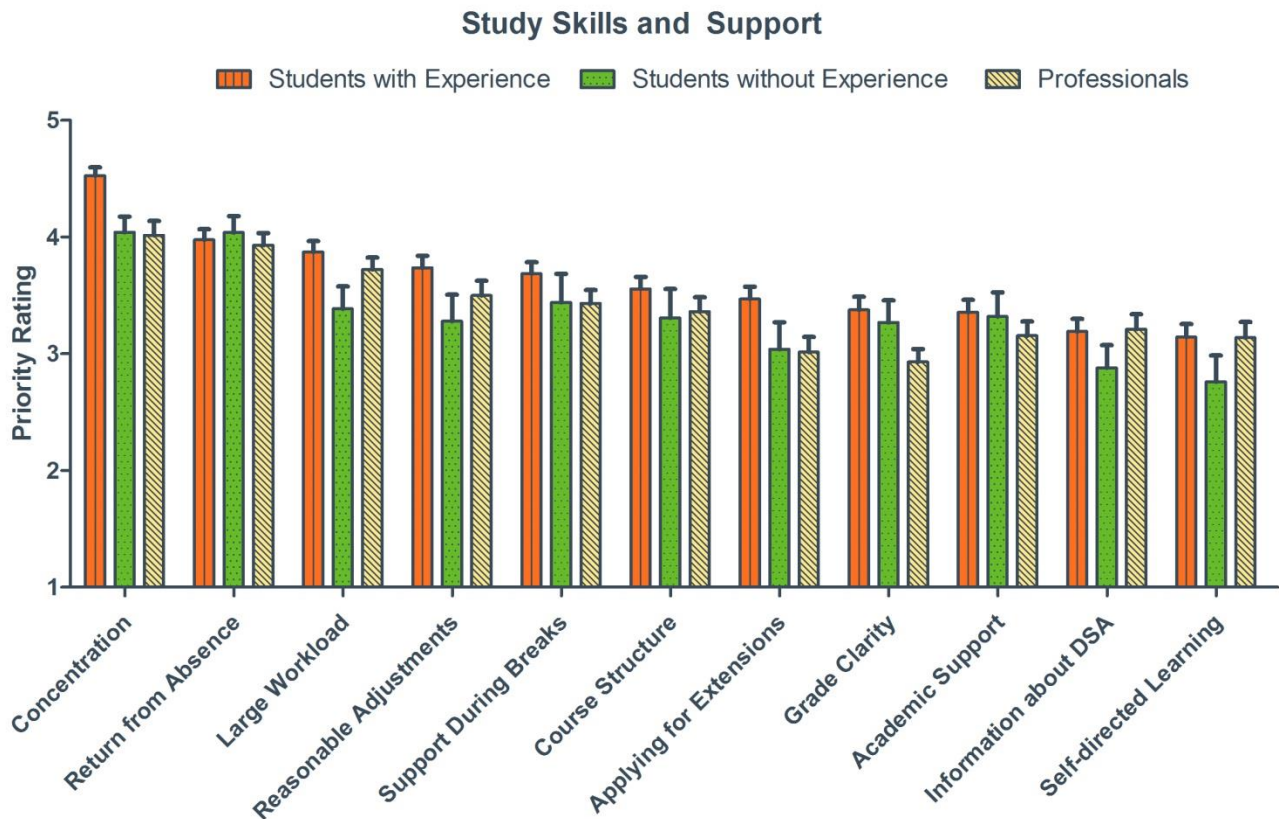
“The future - figuring out the right time/how to apply for internships, placements, postgraduate degrees/jobs, a year out, etc. Finding the information you need can be difficult and completing applications/psychometric tests/interviews is time consuming and stressful.”

The challenges identified in this theme were relatively low priority challenges. The weak job market was rated the highest priority challenge in this theme and the average rating for this was within one standard deviation of the mean challenge priority rating. Each of the other three challenges was rated a below average priority. The priority rating for applications was more than one standard deviation below the mean.

On average, respondents rated these challenges as differing significantly in priority ($F(3,663) = 12.469$, $MSE = 663$, $p < 0.001$). Respondents rated the weak job market and false expectations about university as equally challenging and rated these both as significantly greater challenges than high student fees or applying for internships, placements and graduate jobs ($t(223) = 5.326$, $SEM = 0.069$, $p < 0.001$).

Respondents did not give consistent priority ratings for these challenges. There was a significant interaction between question and group, ($F(96, 663) = 2.81$, $MSE = 0.678$, $p = 0.01$), however non-parametric tests did not identify a significant difference in priority ratings between groups for any specific question.

Study skills and support



Eleven challenges were identified as relating to this theme:

- (9) Concentration: Mental health problems have a substantive negative impact on concentration.

“Concentration. When struggling with a mental health issue it is often hard to focus on getting my work completed. When your head is shouting so many negative things at you it is often hard to sit quietly and devote yourself 100% to your work, even for 5 minutes. What should take a week then takes a month.”

- (22) Return from Absence: Managing academic work following periods of absence.

“Students with mental health struggle to attend university and then avoid it as they feel that they have missed too much or get more depressed as they are falling behind.”

- (43) Large Workload: The large workload is difficult to manage without support to develop study skills and time management.

“Many students find the transition from A levels to independent study a big step up...It's conceivable that students may need remedial study skills and support to help them cope with studying at university.”

“Widening participation has brought many students with less academic ability. They have to work much harder and stay self-motivated than previous generations who had better support.”

- (61) Reasonable Adjustments: A lack of adjustments to deadlines and exam conditions to accommodate students with mental health problems.

“Poor understanding of what may constitute 'reasonable adjustments' for students with mental health needs by some disability assessors.”

“There needs to be greater flexibility in how students with mental health problems can approach their studies.”

- (62) Support During Breaks: Students taking a break from studies due to mental health problems are not supported by university or academic tutors.

“University support services are geared around academic engagement and progression, longer term support often not accessible; students encouraged to take a break from studies and are left unsupported.”

- (71) Course Structure: Lack of careful planning course structure and timings of deadlines causes unnecessary stress.

“Sporadic work assignments do not help to maintain an overall mental health. If there was a weekly/monthly expectation of you, this would help to keep a similar mental attitude.”

“Deadlines for multiple pieces of work on the same day - leaves you unable to put your all into any one piece of work, and I find dilutes the overall quality and grade.”

- (83) Applying for Extensions: The process of applying for extensions and extenuating circumstances is difficult.

“The added difficulty of potentially having to fill in extenuating circumstances forms for them if the problem is affecting study in some way, and these are complicated and scary.”

- (88) Grade Clarity: A lack of clarity regarding what is good enough to achieve a first or to achieve a 2:1.

“...The question of ‘am I good enough?’”

“No feedback about coursework.”

“Marking guidelines unclear.”

- (82) Academic Support: Lack of academic support for students.

“Feeling let down by personal tutors. Not getting back to students for over a two to three week period.”

- (90) Information about DSA: Problems finding information about the Disabled Students Allowance.

“Lack of awareness by all of how DSA can help students with mental health issues including use of mental health mentors.”

“Application process for DSA for mental health difficult/not accessible for many who don't fit the criteria but are still struggling.”

- (91) Self-directed Learning: Too much focus at university on self-directed learning.

“Lack of contact with academic staff. Too much unstructured time. Too much self-directed study without academic guidance. This is a particular problem for students who enter university with poor qualifications and high expectations.”

Two challenges in this theme were identified as relatively high priority. The substantive negative impact of mental health problems on concentration was given a priority rating more than one standard deviation above the mean. The challenge of managing academic work following periods of absence was given a priority rating within one standard deviation above the mean. The priority rating for the challenge of managing large workloads was average. The priority rating for the remaining challenges identified in this theme were below average. The process of applying for extensions, lack of grade clarity, lack of academic support, problems finding information about the DSA and too much focus on self-directed learning were all given average priority ratings more than one standard deviation below the mean.

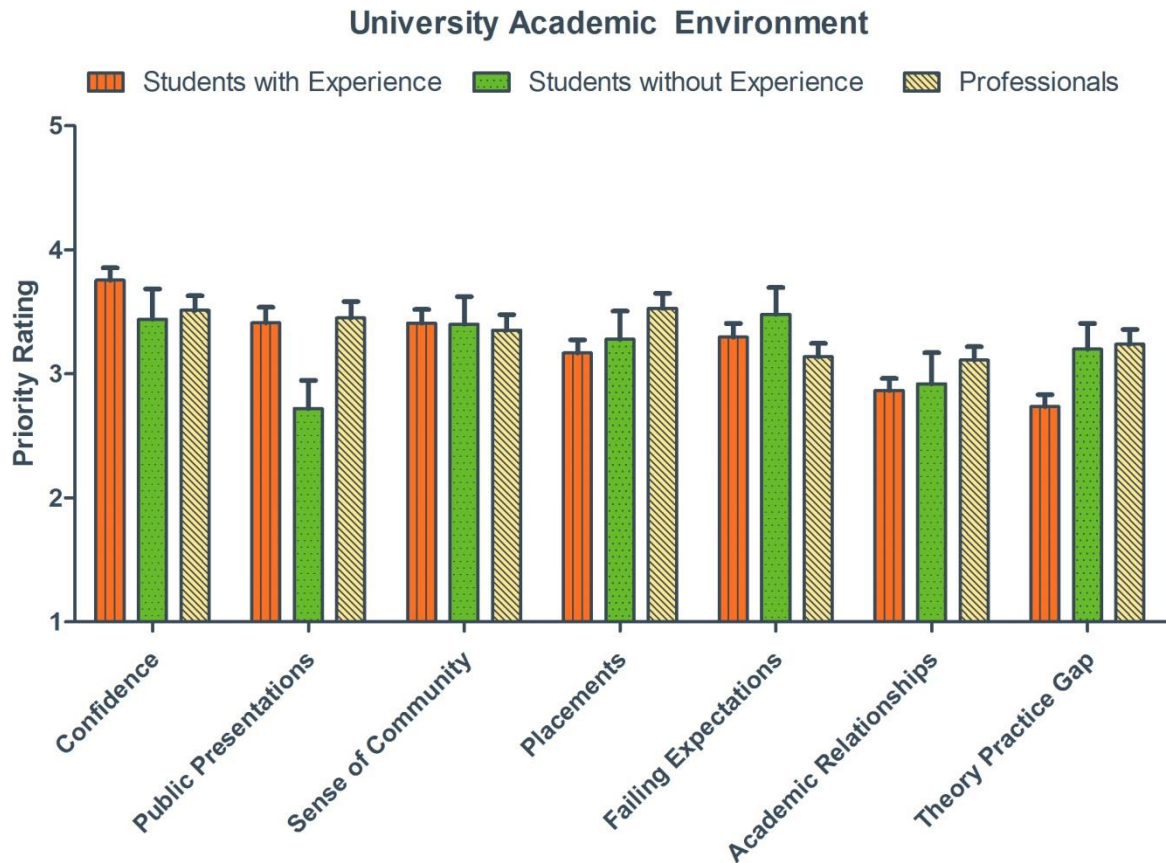
On average, respondents rated these challenges as differing significantly in priority ($F(10,2100) = 24.095$, $MSE = 0.820$, $p < 0.001$). Respondents rated the negative impact of mental health problems on concentration as presenting a significantly greater priority for student mental health than the challenge of managing academic work following periods of absence ($t(221), 5.130$, $SEM = 0.0676$, $p < 0.001$), which in turn was given a significantly higher priority rating than the challenge of managing a large workload ($t(221), 2.77$, $SEM = 0.075$, $p < 0.01$). Managing a large work load, reasonable adjustments, supporting during study breaks and course structure did not receive significantly different priority ratings. Lack of careful planning course structure was rated as a significantly higher priority challenge than the process of applying for extensions ($t(223) = 2.119$, $SEM = 0.085$, $p = 0.035$). Respondents did not give significantly different priority ratings for the challenges of applying for extensions, lack of grade clarity, lack of academic support, problems finding information about the DSA or the heavy focus on self-directed learning.

Non-parametric tests identified that groups gave significantly different priority ratings for the challenge of the impact of mental health problems on concentration ($X^2(2) = 22.187$, $p < 0.001$). Students with experience of mental health problems rated the impact of mental health on concentration as a significantly higher priority than students without experience of mental health problems ($U = 933.50$, $Z = -3.700$, $p < 0.001$) and professionals ($U = 3205.50$, $Z = -3.912$, $p < 0.001$).

Groups gave significantly different priority ratings for the challenge of applying for extensions and extenuating circumstance ($X^2(2) = 8.531$, $p = 0.014$). Students with experience of mental health problems rated the process of applying for extensions as a significantly higher priority than professionals ($U = 3411$, $Z = -2.703$, $p < 0.01$).

Groups gave significantly different priority ratings for the challenge of managing the lack of clarity regarding what is good enough to achieve a first or 2:1 ($X^2(2) = 8.429$, $p = 0.015$). Students with experience of mental health problems rated the lack of clarity regarding what is good enough to achieve a first or a 2:1 as a significantly higher priority than university staff ($U = 3404.00$, $Z = -2.800$, $p < 0.01$).

The university academic environment



- (59) Confidence: Confidence is knocked by recognition that most people at university have achieved a lot to get there and are capable of achieving a lot.

“Students can experience feelings of pressure, inadequacy and anxiety in reaching the high performance standards expected of them at university, and meeting the expectations of their tutors, parents and themselves. This is particularly the case for students who may have been one of the brightest in their year group at school; coming to one of the top universities and realising it is no longer easy for them to excel can be a big shock.”

- (78) Public Presentations: Public presentations and group work.
- (77) Sense of Community: A lack of sense of community; poor or no relationship between tutors and students.

“Academics do not take the time to get to know their students, therefore are not aware when they are struggling. Similarly, it seems to be assumed that if a student is meeting deadlines and attending lectures, they must be fine- this is not always the case.”

“Lecturers on larger courses that don't care about students. I recently graduated from a course of around 150 students, and not one of the lecturers I've had over my 3 year course

knew my name. It's disheartening, and makes you feel very powerless in doing anything about your grades, as lecturers don't take any particular interest in your success. Spending so much time to have no one care is unpleasant."

● (81) Placements: Managing the pressures of placements.

"Students face massive challenges regarding the amount of work they are expected to do. In particular nursing and medical students and others who also have to undergo extensive placements at the same time as doing assignments. The workload grinds many down into exhaustion."

● (84) Failing Expectations: Academic courses do not live up to expectations.

"Expectation of choice of university and chosen course not meeting all the student had envisaged, leaving the student feeling they had made a mistake and in some cases finding it hard to swallow the disappointment and talk about it with others."

● (93) Academic Relationships: Managing relationships with academic tutors.

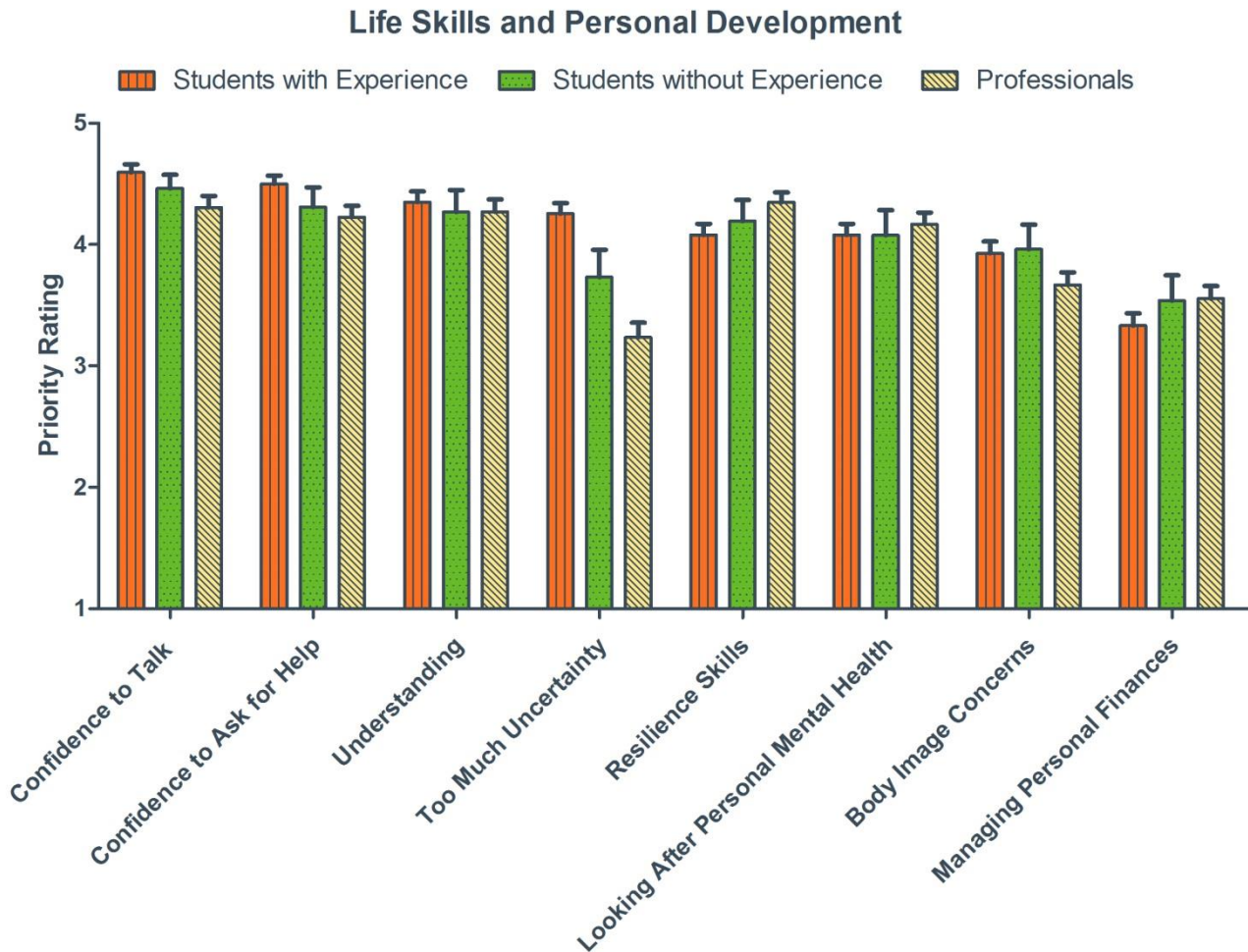
"Pressure from...managing relationships with tutors."

● (92) Theory Practice Gap: Negotiating the theory / practice gap for students who spend substantive time on placement.

"For student nurses and other students engaging in both theoretical work and clinical practice or work placements a challenge that can cause stress is the integration with staff in placement areas and addressing the "theory practice gap"."

The challenges identified in this theme were low priority. All of these challenges were assigned a priority rating below average. Managing relationships with academic tutors and negotiating the theory/practice gap were identified as the lowest priority challenges in this survey and were given a priority rating more than two standard deviations below the mean.

Life skills and personal development



- (3) Confidence to Talk: Finding the confidence to tell people you have a mental health problem or are struggling.

“Throughout my four year course, I never plucked up the courage to talk to any of my tutors about the mental health issues I faced...”

- (6) Confidence to Ask for Help: Finding the confidence to ask for help.

“...Seeking psychiatric help is associated with stigma. Students aren't willing to talk to counsellors let alone the idea of talking to psychiatrists.”

- (8) Understanding: Poor general understanding about mental health problems.

“People are still afraid to talk about mental health and I think one of the main challenges is to overcome people's stereotypes of mental illness as a scary, dangerous thing...”

“Lack of mandatory basic mental health awareness training for all academic staff as well as provision of specific mental health training for 'champions' across departments.”

“Lack of understanding - mental health isn't widely understood or considered a priority, which means students might not realise until things are really bad when they need immediate help... Better understanding of mental health needs to start in school and in society more generally, including educating the medical profession so GPs are better able to deal with it. In addition, universities need to encourage students to take proactive, pre-emptive steps to deal with concerns before stressful periods in the year.”

- (31) Too Much Uncertainty: Too much uncertainty in a student's life.
- (14) Resilience Skills: Building skills around personal resilience is necessary to cope with the challenges of life at university.

“Students don't know how to manage stress or their own mental wellbeing.”

“Building student's own resilience to manage their mental health - promote positive mental wealth as well as provide professional help where required.”

- (16) Looking After Personal Mental Health: Among students, a limited understanding about mental health and limited personal knowledge of steps that can be taken to look after personal mental health.

“Building personal resilience and therefore personal responsibility for their own lives is a huge challenge. We see a lot of students who feel that the way they feel or the difficulties they experience because of their mental health or the situations that are affecting their mental health should be dealt with by other people or are something that other people should be responsible for. It is their mental health, therefore without that ownership there will never be the building of the skills needed for long term condition management. So many students access support but will then not engage with any of the work needed to improve their situation or gain the skills to support themselves.”

“Mental health issues are often recurring or even permanent and so must be managed carefully throughout a student's university stay. Students should be taught to understand appropriate action to take if circumstances start to deteriorate once more.”

- (35) Body Image Concerns.

“A lot of people that come to university are very concerned about their body image and this can often lead to eating disorders which are very common among students...”

- (72) Managing Personal Finances: Learning to manage personal finances.

“Financial difficulties - having to balance rent, bills, food, university supplies, social life etc. etc. Personally I feel as if much more financial support could be given, for example in the form of banks teaming up with universities and offering workshops and guidance.”

Most of the challenges identified in this theme were high priority challenges. Finding the confidence to tell people you have a mental health problem was given a priority rating more than two standard deviations above the mean. Finding the confidence to ask for help, poor general understanding about mental health problems, building skills around personal

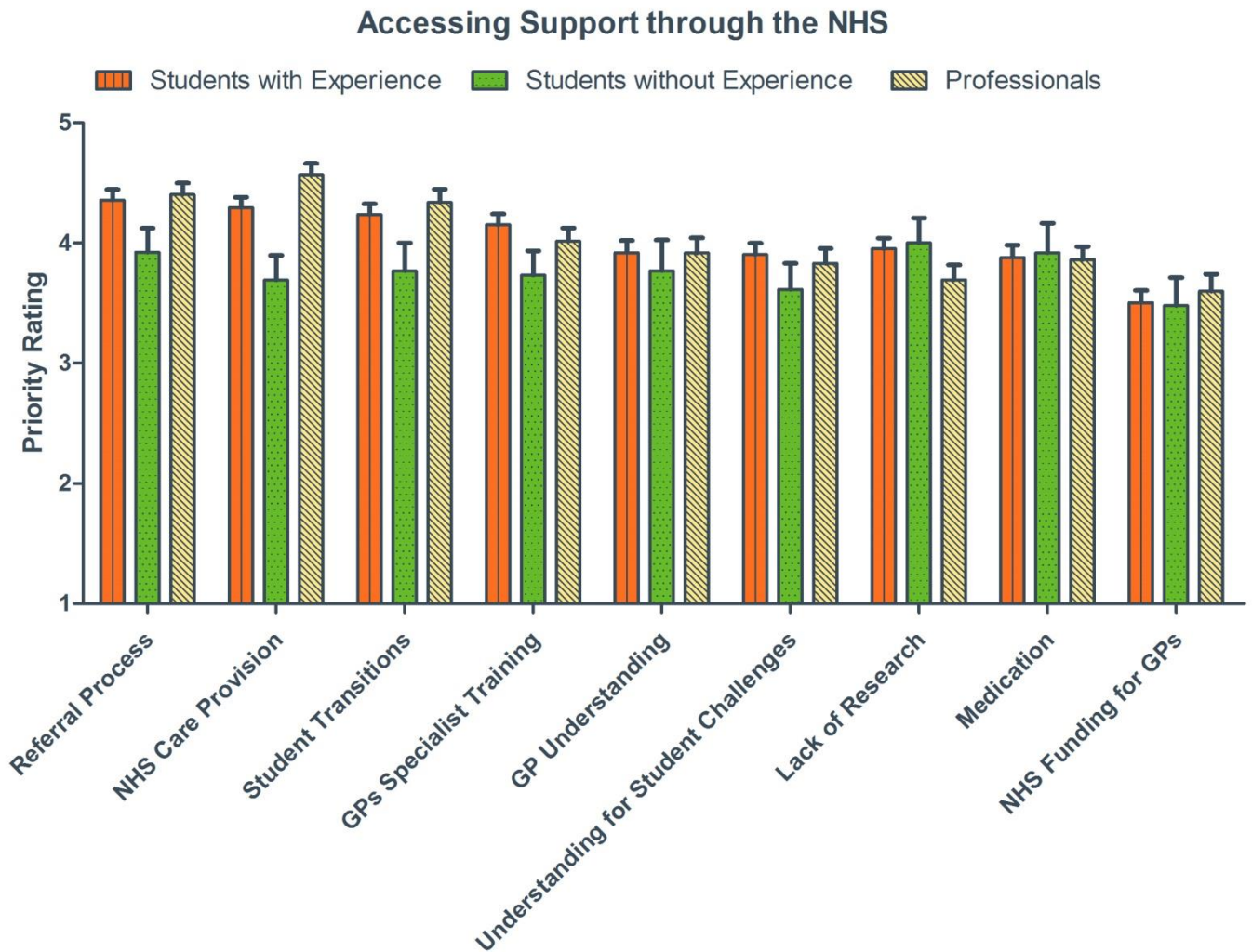
resilience and limited understanding about mental health were all identified as high priority challenges and given a priority rating more than one standard deviation above the mean. Uncertainty in life and body image concerns were given an average priority rating within one standard deviation above the mean. Learning to manage personal finances was given a low priority rating, within one standard deviation below the mean.

It is of interest to note that on average respondents identified the challenge of finding the confidence to tell people that you have a mental health problem as a significantly higher priority challenge than finding the confidence to ask for help ($t [221] = 2.316$, $SEM = 0.043$, $p = 0.021$). This suggests that it may be perceived as easier to find the confidence to make a specific request for help than it is to talk more generally about personal mental health problems.

Non-parametric tests identified that groups gave significantly different priority ratings for the challenges of finding the confidence to ask for help ($X^2 (2) = 8.626$, $p = 0.013$), finding the confidence to tell people you have a problem ($X^2 (2) = 10.15$, $p < 0.01$). Students with experience of mental health problems rated finding the confidence to ask for help ($U = 3495$, $Z = -2.856$, $p < 0.01$) and finding the confidence to tell people you have a problem ($U = 3511$, $Z = -3.071$, $p < 0.01$) as higher priorities than professionals.

Groups differed substantially in the priority rating they assigned for the challenge of managing uncertainty in student life ($X^2 (2) = 44.44$, $p < 0.001$). Students with experience of mental health problems rated the uncertainty in student life as a higher priority challenge for student mental health than students without experience of mental health problems ($U = 1179.50$, $Z = -2.370$, $p = 0.018$) and professionals ($U = 2054$, $Z = -6.644$, $p < 0.001$). The magnitude of this gap in priority rating may suggest a need for professionals to reconsider the impact that the uncertainty in student life has upon student's perception of their ability to manage their mental health.

Accessing support through the NHS



- (7) Referral Process: Slow and difficult process of referring students to specialist services.

“Cuts to NHS services and access to good quality mental healthcare along with declining voluntary sector support.”

“Appointments and waiting lists within NHS and other therapeutic services that do not take into account the academic year.”

“Woefully inadequate statutory mental health services. Not helped by the fact that a student with mental health difficulties who has been supported by their home mental health team is not allowed to register with two GP practices and therefore there are significant issues with continuity of care. Students with suicidal ideation or personality disorders who do not meet IAPT's criteria face waits of TWO years for psychological therapy.”

- (11) NHS Care Provision: Inadequate NHS mental health provision.

“Decreasing and chaotic NHS psychological services. Universities have been increasingly expected to substitute for these rather than complement them. Where I work, there is an assumption that students with mental ill-health can get quality care with us, and that it is 'OK' not to be able to offer this through the NHS, even at levels where they need secondary or tertiary care.”

- (12) Student Transitions: The NHS is not set up to support students as they move between home and university.

“Lack of continuity of MH care. It has become increasingly difficult to facilitate any kind of smooth transition from MH teams in the student’s home area to the local MH team. Even in cases where we have been contacted in advance by the home MH team, and linked students up with the local GP it can still take up to 10 weeks to get the student assessed by the local team and allocated to a care co-ordinator. Often the local practitioners have been unwilling to accept care plans/ assessment info from home teams who have worked with the student for some time and have insisted on carrying out a new assessment. We have had 2 cases where this has led to the student either being admitted to a MH inpatient unit or presenting in A&E with overdose.”

- (18) GPs Specialist Training: A lack of GPs with specialist mental health training.

- (26) GP Understanding: GPs that do not appear to understand mental health problems or are not approachable.

“From speaking to those suffering with mental illness, often they have had negative experiences of going to their GP because they felt that their GP didn't really understand what was needed to help and so they were passed from pillar to post until they finally found the right treatment.”

- (33) Understanding for Student Challenges: Lack of understanding within the health care profession of the challenges faced by students.

“A culture of believing students are immune to mental illness. By which I mean people thinking that you cannot be a student and have a serious mental health problem despite evidence showing that often the most intelligent members of our society have suffered from illnesses such as bipolar or schizophrenia.”

- (28) Lack of Research: Lack of research or understanding for what interventions or support works best for which students.

“Measuring the efficacy of the mental health support provided to university students so we can learn what works for whom.”

- (29) Medication: Limited support for alternatives to medication to treat mental health problems.

“The over-medication of distressed students, rather than providing peer and social support to students who do not cope well at university.”

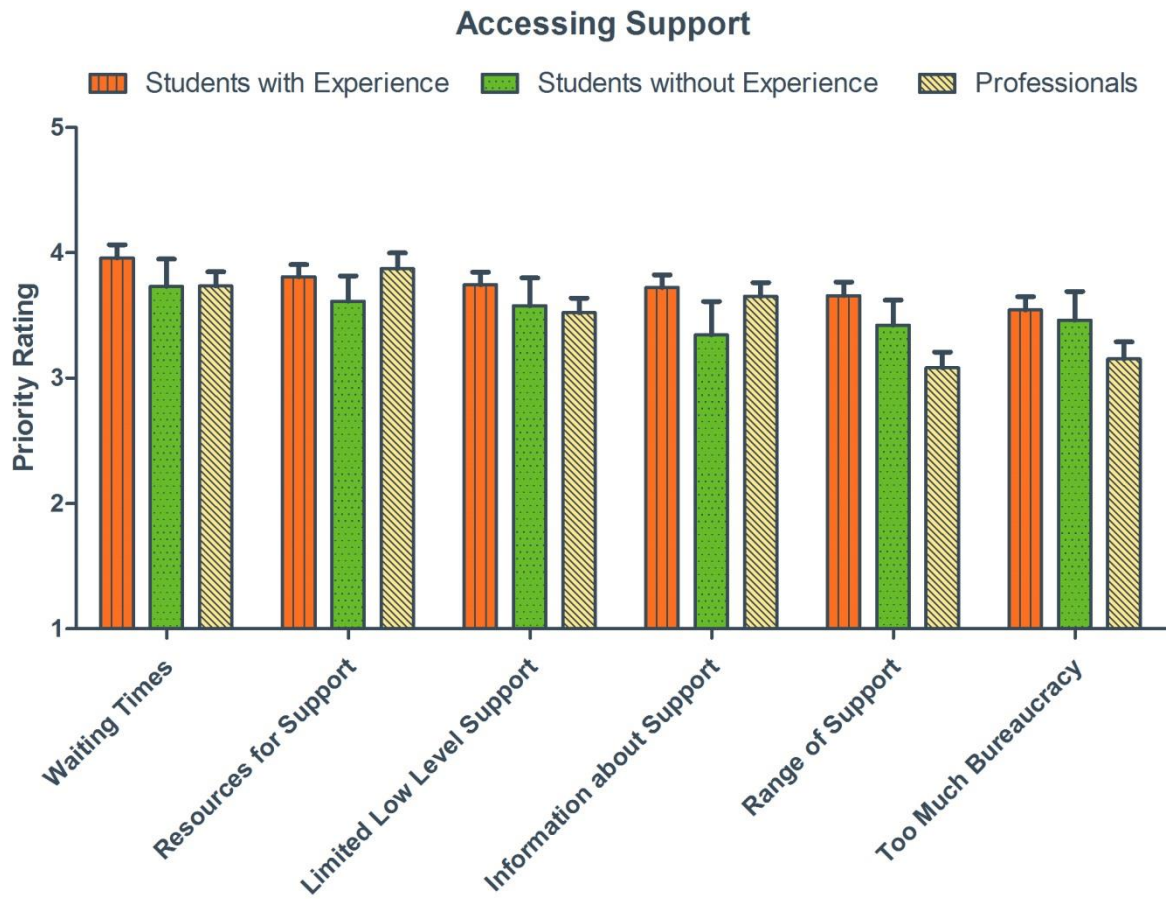
- (68) NHS Funding for GPs: NHS funding penalises GP surgeries specialising in provision for students.

“GPs with large student populations are facing financial disadvantage with the current financial arrangements in place (as mentioned in current RCP report). The experience and knowledge of student MH acquired by these practices could be lost if these services are no longer viable.”

Many of the challenges identified as meeting this theme have been reported to be high priority challenges. The slow and difficult process of referring students to specialist services, inadequate NHS Mental Health provision, failings of the NHS to support students as they move between home and university and a lack of GPs with specialist mental health training were all challenges assigned a priority rating more than one standard deviation above the mean. GP lack of understanding for mental health problems and a general lack of understanding within the healthcare profession for the challenges faced by students, along with a lack of research or understanding for what interventions work best for students and limited support for alternatives to medication to treat mental health problems were all identified as challenges with an above average priority and were given priority ratings within one standard deviation above the mean. The challenge of NHS funding structures penalising GP surgeries specialising in the provision of services for students was given a low priority rating, within one standard deviation below the mean. This may reflect limited understanding among students for how NHS funding is structured.

Groups differed significantly in the priority rating they assigned for the challenges of the referral process ($X^2(2) = 6.539$, $p = 0.038$) and NHS mental health provision ($X^2(2) = 16.387$, $p < 0.001$). Students without experience of mental health problems rated the referral process a lower priority challenge than students with experience of mental health problems ($U = 1192$, $Z = -2.442$, $p = 0.015$) and professionals ($U = 675.50$, $Z = -2.291$, $p = 0.022$). Similarly, students without experience of mental health problems rated inadequate NHS mental health provision a lower priority challenge than students with experience of mental health problems ($U = 1098.50$, $Z = -2.892$, $p = 0.004$) and professionals ($U = 496.50$, $Z = -4.027$, $p < 0.001$). Further, professionals gave a higher priority rating to the challenge posed by inadequate NHS mental health provision, than students with experience of mental health problems ($U = 3871.50$, $Z = -1.986$, $p = 0.047$).

Accessing support - general



- (32) Waiting Times: Long waiting times and problems accessing support from support services, such as the University Counselling Service.

“Although services such as student counselling are available at the beginning of the year, this is not the case towards the end of the year. From personal experience I have found that services are limited at the end of the year and the only 'resolution' available is to wait until September when services are running fully.”

- (37) Resources for Support: Insufficient resources for university support services, i.e. University Counselling Service.

“University funding cuts which impact on support services available. This is particularly troublesome when counselling services are already over capacity with waiting lists and yet support services are not being prioritised.”

“As the funding of universities goes through major changes and so much priority is being given to achieving funding for academic purposes from innovative sources, there is a danger

that supporting student mental health may get lost, or diminish in priority, if we don't do something about it.”

- (54) Limited Low Level Support: Limited low level support for students who don't feel confident enough to seek support from their GP.

“Whilst counselling services are often provided, in my experience, they often only go as far as discussing academic related issues.”

- (55) Information about Support: A lack of information about where to turn to for support for mental health problems.

“Many students don't know how to take the first step to get help as pre 18 year old approaches to mental health from doctors are poor (17 year olds fall between adult and child and so getting support is lengthy) - difficult to distinguish "angst" from depression.”

“Students, and staff, not always aware of the support services available until things reach a distressing or crisis point.”

“Many students are unaware of the help that their university can offer them if they are struggling with their mental health because the universities do not tell students about the services.”

- (70) Range of Support: Narrow range of support on offer to students, i.e. focused on face to face support.

“Male students lack of engaging others in talking about their own mental health, i.e. they may benefit from the calling/emailing type service.”

- (75) Too Much Bureaucracy: Too much bureaucracy / complexity surrounding student mental health support provision in higher education institutions.

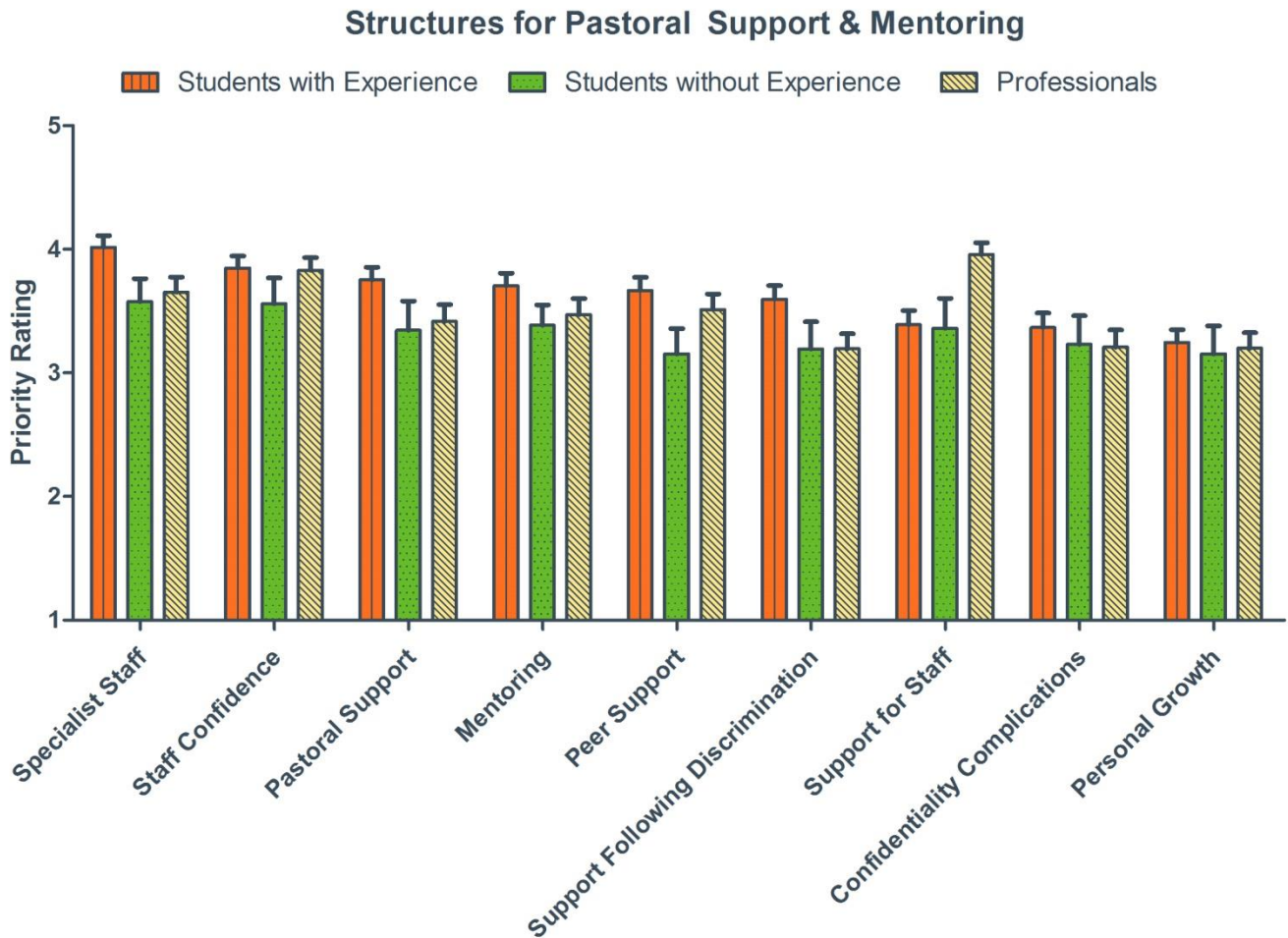
“The feeling of being lost in bureaucracy even when it's straightforward. Perhaps universities need clearer instructions?”

“Increased complexity within HE institutions making it difficult for students to find their way into the relevant services.”

The challenges identified as meeting this theme were identified as average to relatively low priority. Long waiting times and problems accessing support from services such as the University Counselling Service and insufficient resources for such support services were challenges given a priority rating of less than one standard deviation above the mean. The remaining challenges in this theme were given priority ratings of less than one standard deviation below the mean.

Groups differed significantly in the priority rating they assigned for the narrow range of support available for students ($X^2(2) = 11.548, p = 0.03$). Students with and without experience of mental health problems did not differ significantly in the priority rating they assigned the range of support available for students ($U = 1407, Z = -1.225, p = 0.221$). Compared to professionals, students with experience of mental health problems gave significantly higher priority rating to the challenge of the narrow range of support available ($U = 3351.50, Z = -3.355, p = 0.001$).

Structures for pastoral support & mentoring



- (36) Specialist Staff: Lack of specialist staff working in universities to support recovery over the long term.

“More specialist staff working within universities within a recovery based social model of mental wellbeing”

- (38) Staff Confidence: Lack of staff confidence or limited knowledge in how to support students in areas of mental health and personal development.

“Staff expressing that they don't feel competent or that it is not their job to support students in this way.”

“Staff taking on personal responsibility for students and offering support that may not be appropriate; challenge in boundary awareness and referring to appropriate counselling/mental health support.”

- (65) Pastoral Support: Lack of pastoral support systems.

“Attending university, especially if it the first time living away from home, can be incredibly isolating and difficult to cope with everyday tasks and just keeping physically and mentally healthy because of the sudden lack of parental/familial support and the entirely new environment. Universities do not provide sufficient pastoral support or information about these challenges, particularly having specific members of the university dedicated to getting to know the student and checking in to see if they are okay throughout the year.”

- (60) Mentoring: Insufficient mentoring support for students with mental health problems.

“...for someone who is struggling with a multiple of mental illnesses there NEEDS to be more help, there should be mentors in place, staff should be more knowledgeable, youth workers or support workers. There needs to be more help!”

“Mental illness does not mean a student is going to be average or fail. To get as far as university is a massive achievement, but with many mental illnesses being first diagnosed/confirmed late teens there is a need for extra support, extra encouragement, extra validation, not writing someone off. Being told you have a mental illness is a huge thing, let alone coping with that when you first move away from home and are dealing with independence for the first time. There is a huge opportunity and a vital role universities could play in helping establish routines, self-management and confidence before the individual leaves student life and attempts to enter the world of work; so far, have seen no evidence of that happening.”

- (66) Peer Support: Limited or ineffective peer support systems.

“[There is a] lack of social support e.g. self-help groups or collective student groups to support those with mental health issues”

- (79) Confidentiality Complications: Complications around confidentiality when students are engaged to provide peer support that might have traditionally been delivered by staff.

“Increasing complications of confidentiality by use of students to do work traditionally done by staff at universities such as counselling/welfare checks on fellow students.”

- (74) Support Following Discrimination: Lack of support for students who feel they have been discriminated against on the basis of their mental health.

“Have better support and systems in place for students who feel they have been discriminated against due to their mental illness.”

- (63) Support for Staff: Insufficient support for staff affected by mental health problems.

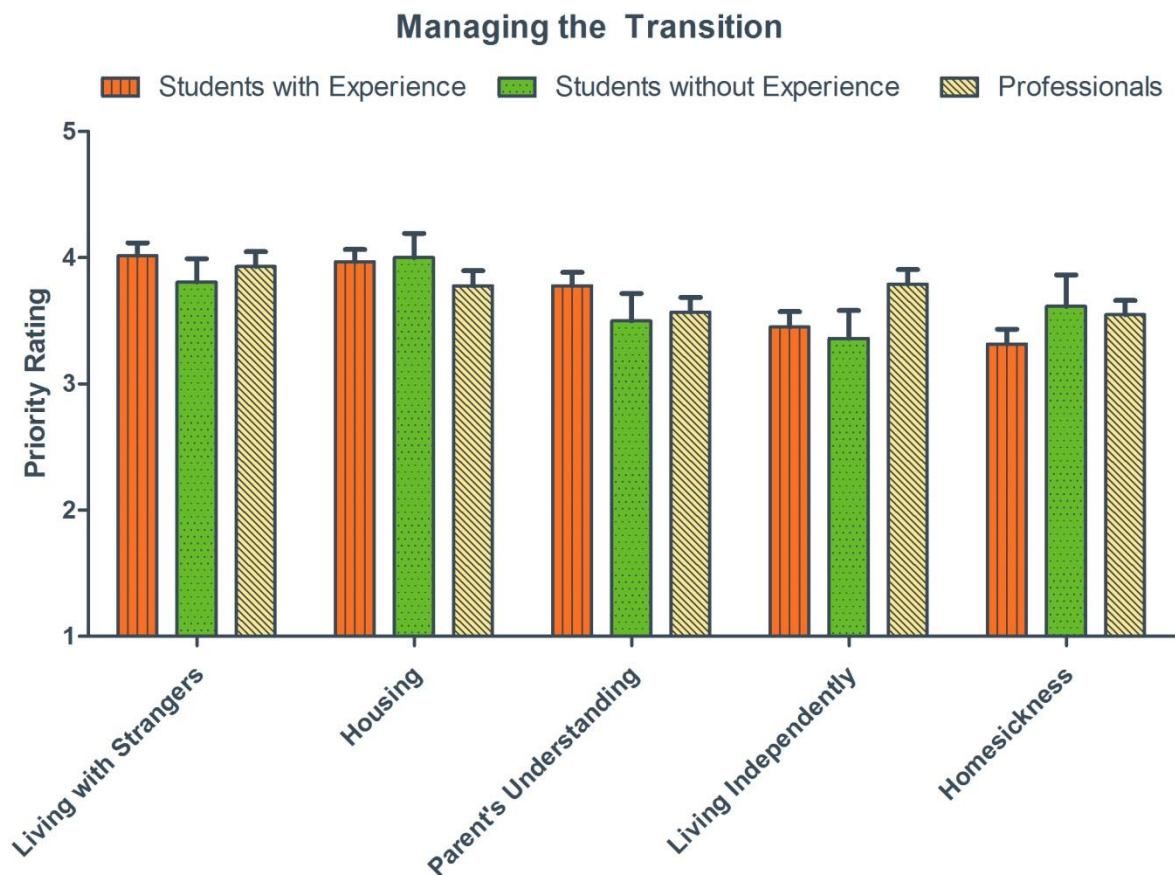
“We can't hope to de-stigmatise student mental health if we do nothing to tackle mental health issues amongst staff. As a member of staff who works daily with students who have mental health conditions, and as a a champion of disabled students, I was surprised that I felt stigmatised by the university by my own recent episode of severe anxiety and stress. Why is that?”

- (86) Personal Growth: There is little support for personal growth.

Within this theme, lack of specialist staff working in universities to support recovery over the long term and a lack of staff confidence in how to support students in areas of mental health and personal development were given priority ratings within one standard deviation above the mean. The majority of challenges in this theme were given average priority ratings within one standard deviation below the mean. Complications around confidentiality and limited support for personal growth were given priority ratings of more than one standard deviation below the mean.

Groups differed significantly in the priority ratings they assigned for the challenges of the lack of specialist staff working in university to support recovery over the long term ($X^2(2) = 8.690$, $p = 0.013$), insufficient support for staff affected by mental health problems ($X^2(2) = 9.57$, $p = 0.008$), and the lack of support for students who feel they have been discriminated against on the basis of their mental health ($X^2(2) = 8.034$, $p = 0.018$). Students with experience of mental health problems rated the lack of specialist staff working in universities to support recovery over the long term to be a significantly greater priority than students without experience of mental health problems ($U = 1175.50$, $Z = -2.276$, $p = 0.023$) and professionals ($U = 3633.50$, $Z = -2.416$, $p = 0.016$). Students with experience of mental health problems assigned the lack of support for students who feel they have been discriminated against on the basis of their mental health to be a significantly higher priority than professionals ($U = 3592.50$, $Z = -2.570$, $p = 0.010$). Professionals gave significantly higher priority ratings to the challenge of insufficient support for staff affected by mental health problems than either students with ($U = 3335.50$, $Z = -2.914$, $p = 0.004$) or without ($U = 638.00$, $Z = -2.208$, $p = 0.027$) experience of mental health problems.

Managing the transition to university



- (24) Living with Strangers: Living with strangers in university accommodation.

“Sharing housing with several other people who they have never previously met and would maybe never have chosen to share with. This can cause lots of issues around isolation, difficulties in managing conflicts due to personality clashes, eating & sleep.”

- (27) Housing: Housing (for example finding housing, managing flatmates and landlords etc.).

“Housing- so many issues here that impact on mental health, from flatmates to dodgy landlords to living environment... Private renting can be extremely difficult even if you are not a student and renting for the first time...”

- (49) Parents Understanding: Parents understanding (problems understanding) the challenges faced by students.
- (67) Living Independently: The transition to living independently: managing day to day life such as shopping, cooking etc.

“...Although you may feel ready to move, people tend to miss friends and family and events will come along that make them feel lonely and as though they should be at home. It is difficult to adjust to living independently too, but for some people it may feel like they are a failure if they allow themselves to be homesick - after all, many fellow students will deny being homesick or look as though they aren't.”

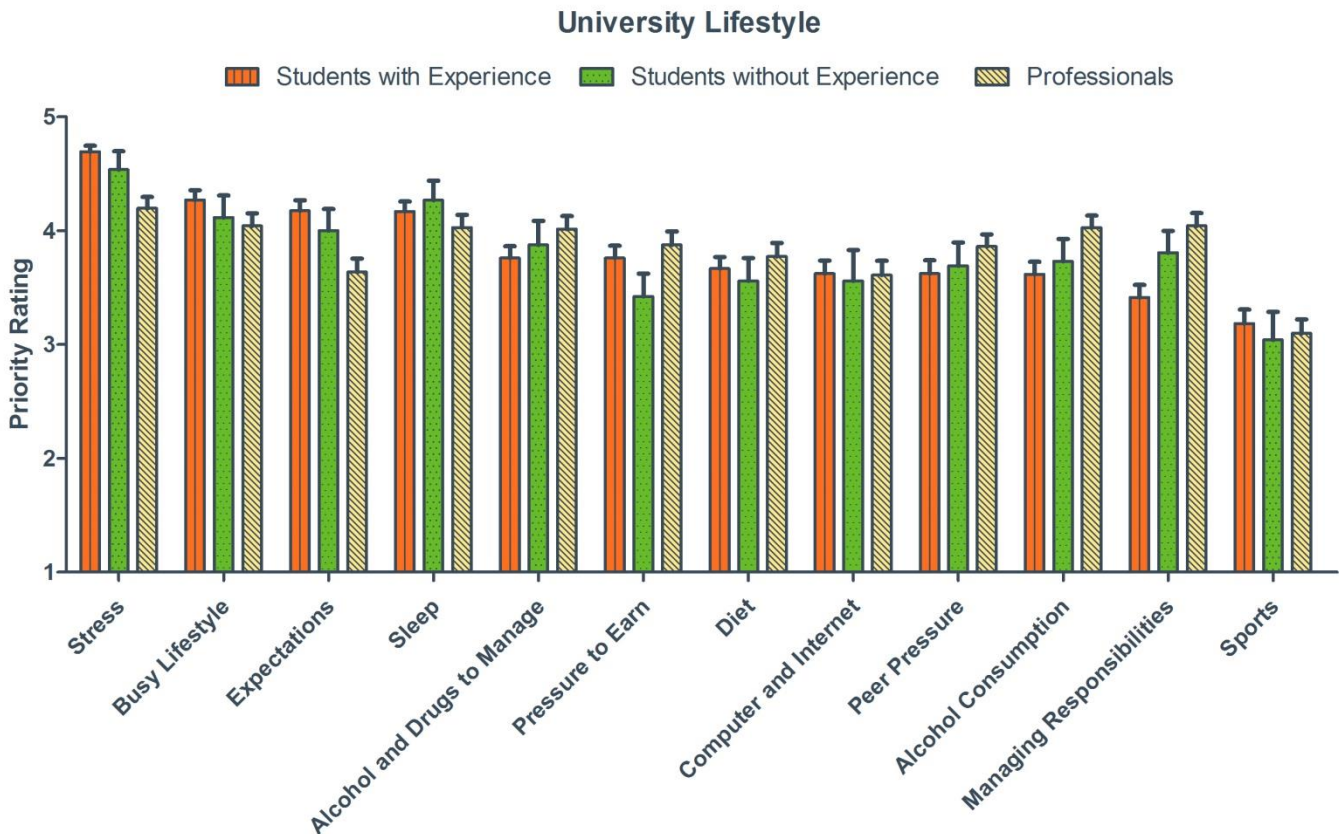
“Being ill-prepared for university life. Many students I see have absolutely no idea of how to budget, prepare a healthy meal or manage the juggling act of study/ social life & 'domestic commitments' such as shopping, laundry etc.”

“Living away from home for the first time is daunting for anyone let alone someone with mental health problems. I have an eating disorder and when at home my family helped me to stick to the meal plans and structured routine that I needed in order to maintain my weight, so going to university meant having to do it all on my own and over the last year and a half it has been really hard.”

● (76) Homesickness: Homesickness.

Challenges in this theme related to housing, living with strangers and the challenges of housing itself, were assigned priority ratings within one standard deviation above the mean. The remaining challenges in this theme were assigned priority ratings within one standard deviation below the mean. Groups did not differ significantly in any of the priority ratings they assigned to challenges in this theme.

University lifestyle



● (2) Stress: Stress.

“...Obvious but it really shouldn't be ignored. Stress can occur in extreme cases and not just the 'normal' levels of stress people all tend to suffer from.... Stress is normally shrugged off and ignored but for many students it can quickly take over their lives and can worsen or prompt other mental health issues such as anxiety, depression, perfectionism, OCD etc. and needs to be wider acknowledged as an issue.

● (13) Busy Lifestyle: Busy lifestyle – balancing academic work, employment and social life.

“Dealing with the combined pressures of academic work, social and extra-curricular activities and the feeling of having to take advantage of all the various opportunities so you don't miss out. Not having enough "down time" or rest as a consequence of this and burning out.”

● (23) Expectations: Expectation that time at university should be the best days of your life.

“A misrepresentation of what university is like - all media and literature and adverts etc. say how uni is the best time of your life, full of sex, drink, meeting new people, going out all the time. And for so many people this is not the case and when they feel sad or start hearing

voices or too anxious to go out they think they are the only ones that feel like that and that everyone else is happy partying and having the time of their lives.”

“Expectation of university being: a fresh start, a place for fun, easy, where they can shine academically, the place to meet their best friends in life and partner, all about the experience, like school, supportive, full of people like them, the place where their problems will go away: and being shocked when it isn't like any of their expectations at all.”

“...Your time at university is sold to students as "the best years of your life" and so if you are going through depression it can make you feel even worse, like a let-down, you're wasting these so called amazing years that you are never going to get back when everyone else around you seems to be having more fun.”

- (15) Sleep: Lack of sleep.
- (34) Alcohol and Drugs to Manage: Students are using alcohol and drugs to manage stress and depression.
- (41) Pressure to Earn: Pressure to earn money alongside academic study.

“The financial issues of fees, living expenses, debt and so forth allied to the need to work to generate income alongside studying and enjoying student life. I meet students who are engaging in unsustainable or exhausting lifestyles simply to make ends meet.”

“Exhaustion through taking on too much paid employment due to financial difficulties can lead to stress and anxiety due to non-completion or late completion of assessments leading to withdrawal.”

- (47) Diet: Poor diet.

“Making sure you sleep and eat properly is essential for mental health, but if you've just left home and you're used to having food cooked for you and informal family bedtime routines set, then moving out can rock the boat.”

- (58) Computer and Internet: Too much time is spent in front of the computer or on the internet.

“...The internet is a wonderful thing but hours and hours in front of it isolates individuals and allows them to work for extremely long sessions at all hours of the day and night. In the past through group work and work in libraries etc. you were forced to take breaks and socialise due to peer pressure/encouragement/support.”

- (48) Peer Pressure: Peer pressure to drink, enter sexual relationships etc.

“[The] pressure to go out and get drunk doesn't combine well with mental health problems and can increase anxiety - this makes you excluded.”

“Peer pressure in sexual relationships and alcohol. Students seem to force each other into situations where you have to indulge in relationships with other students or into drinking alcohol. Everyone starts lying or acting up and it makes you feel like an outcast if you don't want to follow the crowd.”

- (42) Alcohol Consumption: High alcohol consumption.

- (51) Managing Responsibility: For mature students; managing responsibilities of home life and child care, alongside studies.

“For mature students the challenges can be trying to juggle university with home and family life and often working as well. Feelings of inadequacy if they are not coping with all of these elements and feeling 'not clever enough' as they are returning to education and are mixing with young students who seem dynamic”

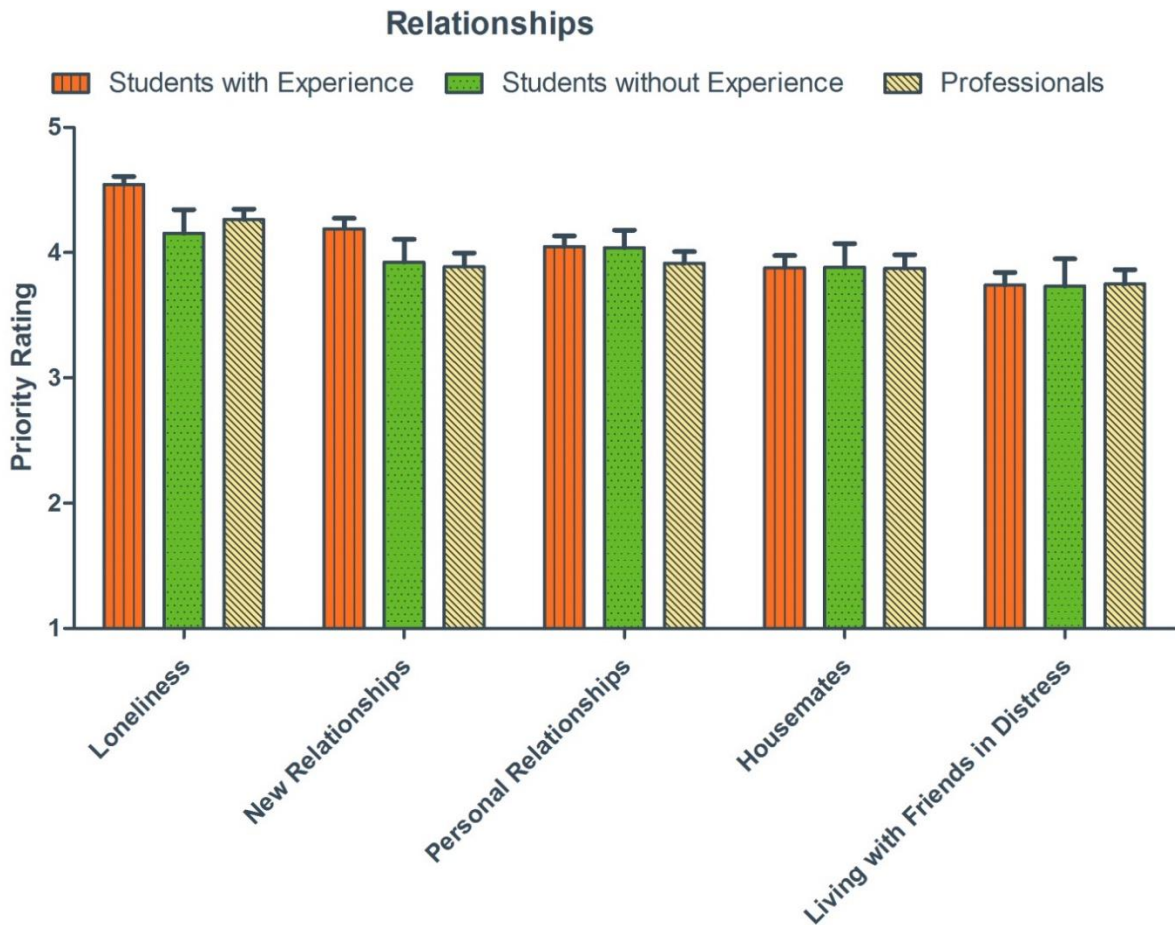
- (89) Sports: Limited scope to get involved in non-competitive sports activities to encourage physical activity without the demand of competition.

“...For me being an extremely perfectionist person for example and being extremely critical about my academic performance I do not want to be competitive in sports as well and just want to do something that is fun and relaxing. I tried a couple of group sports but I did not really enjoy them because of their competitive nature... I started doing yoga (which is not really a sport though and courses are usually booked or overcrowded, and expensive) and it took me two and a half years until I managed to pick up a regular (casual) running schedule. I think some physical activity is important for everyone's mental health so this is an important issue I believe.”

Stress, a busy lifestyle and a lack of sleep were all identified as high priority challenges for student mental health, being given an average priority rating of more than one standard deviation above the mean and, in the case of stress, more than two standard deviations above the mean. The majority of the other challenges identified in this theme were given average priority ratings; the expectation that the time at university should be the best days of your life, students' use of alcohol and drugs to manage stress and depression, high alcohol consumption and a pressure to earn money alongside academic study were all assigned priority ratings within one standard deviation above the mean. Poor diet, peer pressure and managing responsibility were assigned a priority rating within one standard deviation below the mean. The limited scope to get involved in non-competitive supports activities was assigned a priority rating of more than one standard deviation below the mean.

Across the groups, significantly different priority ratings were assigned for managing responsibilities ($X^2(2) = 12.300, p = 0.002$), expectations ($X^2(2) = 15.071, p = 0.001$), and stress ($X^2(2) = 23.155, p = 0.0001$). Students with and without experience of mental health problems did not differ significantly in the priority ratings they assigned to any of these three challenges. Compared to professionals, students with experience of mental health problems gave significantly higher priority ratings for the challenge of stress ($U = 2928.50, Z = -4.794, p = 0.001$) and the expectation that their time at university should be the best days of their life ($U = 3016, Z = -3.867, p = 0.001$). Compared to students with experience of mental health problems, professionals gave significantly higher ratings of the priority of the challenge faced by mature students managing responsibilities of home life and childcare alongside their studies ($U = 3136.50, Z = -3.463, p = 0.001$). This difference may reflect the demographic of respondents completing this survey; while no survey data were collected about the age of respondents, mature students were not directly encouraged to complete this survey. As mature students make up only a minority of the student body, it is likely that they were under-represented in this survey.

Relationships



● (5) Loneliness: Loneliness.

“Figure out a way to reach those students who isolate themselves because of their mental health issues. I was totally saved by the fact that one guy on my course really made the effort to get to know me and came round to my room for a chat most days... no doubt some people aren't so lucky, and it's so easy to completely cut yourself off at university, with no one realising that you're struggling until it's too late.”

“Students are often in isolated situations, especially in halls of residence in 1st year. Many don't always feel like "going out and getting drunk" and so can feel even more isolated.”

“Students write their essays, do their readings and revise their studies often only with few to none social contact which makes them feel even worse. I remember times where I haven't been speaking to a person for a couple of days because I was writing an essay or revising for an exam.”

● (17) New Relationships: Building new meaningful relationships.

“...When I left home, I left a supportive family and some very close friends, with whom I could share my inner most thoughts and emotions. Without an outlet for this, I became a little introverted and quiet. I do not believe you can make close friends in a couple of weeks - it takes time to build trust and have experiences with a person to understand who they truly are instead of the person they try to portray. It took a few weeks, after the initial hype of fresher's week, for this emptiness to surface, but stayed with me for the whole of first year.”

● (21) Personal Relationships: Managing personal relationships.

“Trying to balance a relationship whilst carrying out lectures, essays, projects etc. is difficult, especially if there's distance between you e.g. they go to another university.”

● (30) Housemates: Managing relationships between housemates.

“Living with people who are under immense amounts of stress at the same time as you - tensions in the flat increase, competitiveness increases and fall-outs are more likely.”

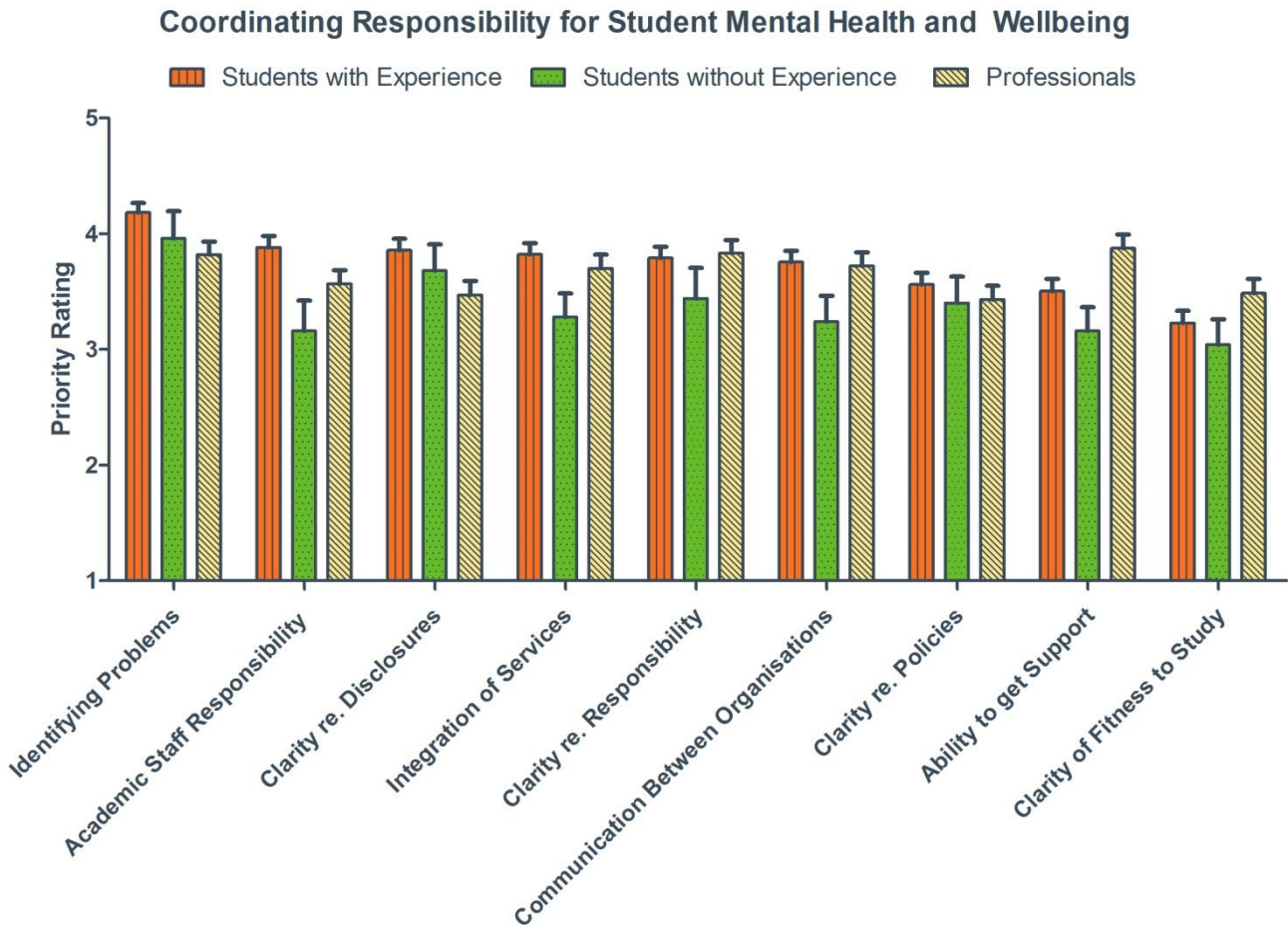
● (44) Living with Friends in Distress: Coping with living with people or being around friend with distressing mental health problems.

“...Students often live with others who have mental health issues, or who self-harm. Struggling to cope with other people issues or not having anyone to talk to about personal concerns or worries.”

The challenges identified in this theme were all identified as above average priority. Loneliness and building new meaningful relationships were given priority ratings more than one standard deviation above the mean.

Groups differed in the priority rating they assigned for loneliness ($X^2(2) = 10.473, p = 0.005$) and the challenge of building new meaningful relationships ($X^2(2) = 7.472, p = 0.024$). Students with experience of mental health problems gave significantly higher priority ratings for the challenge of loneliness than students without experience ($U = 1270, Z = -2.094, p = 0.036$) and professionals ($U = 3570, Z = -2.972, p = 0.003$). Students with experience of mental health problems gave significantly higher priority ratings for the challenge of building new meaningful relationships than professionals ($U = 3686.50, Z = -2.562, p = 0.010$).

Coordinating responsibility for student mental health and wellbeing



- (19) Identifying Problems: Identifying when students are experiencing mental health problems.

“Mental health is a hard to recognise, it’s not something that is staring you right in the face. If you can start to notice subtle signs, then it can help whoever the person is to know that there is something wrong, they can get the help they need, by showing care, support, no discrimination, a life will be saved.”

- (50) Academic Staff Responsibility: Academic teaching staff do not take responsibility for checking how students are coping.
- (45) Clarity re. Disclosures: A lack of clarity about how tutors and the university will respond to disclosures of mental health problems.

“Actually putting it on your application; I was given the advice whether it be right or wrong to not declare my mental illness to the university in case it affected my application.”

“Ensure that students living in halls or further out in the community receive the support they need, by creating an on-going conversation about wellbeing with their personal tutors and making sure that students know they will not be at a disadvantage should they choose to disclose their mental illness.”

- (46) Integration of Services: Lack of integration between support services (i.e. University services, National Health Service, voluntary services etc.).

“Assumed overlap between counselling roles and mental health advisory roles; these are often assumed to be one and the same so there can be gaps in provision in terms of knowledge and expertise.”

- (40) Clarity re. Responsibility: Lack of clarity regarding who (i.e. University Support Providers, University National Health Services, Home National Health Services) should be responsible for students with mental health problems.

“Universities believing it's the NHS' ultimate responsibility to deal with mental health, when I think it's a holistic duty. So many small steps by universities could go a really big way in improving student mental health.”

“Lack of understanding of where the duty of care lies, within the university or within the health service. Many students could be left out of missed off because no one picks up the case after people are 'cured'.”

- (53) Communication Between Organisations: Communication between organisations (i.e. counselling service, teaching faculties, National Health Service, Disabled Students Allowance etc.) to coordinate support for students with mental health problems.

“Not enough mental health advisers in uni to help students, counselling services often do not get involved in the complex coordination of care with NHS services and DSA support.”

- (69) Clarity re. Policies: Lack of clarity or understanding of universities policies and procedures around mental health.

“[There is a] lack of knowledge of university policy and procedures - In my experience, staff are not aware of the procedures put in place by the university to help students experiencing mental health problems. Communication needs to improve between departments, for example student disability should be speaking to individual departments about how to inform students of the help that is available to them.”

- (64) Ability to get Support: Ability and time to get senior management support for mental health or wellbeing agendas.

“Limited time and resources to take forward ideas/campaigns and challenges in getting senior management endorsement and commitment to these.”

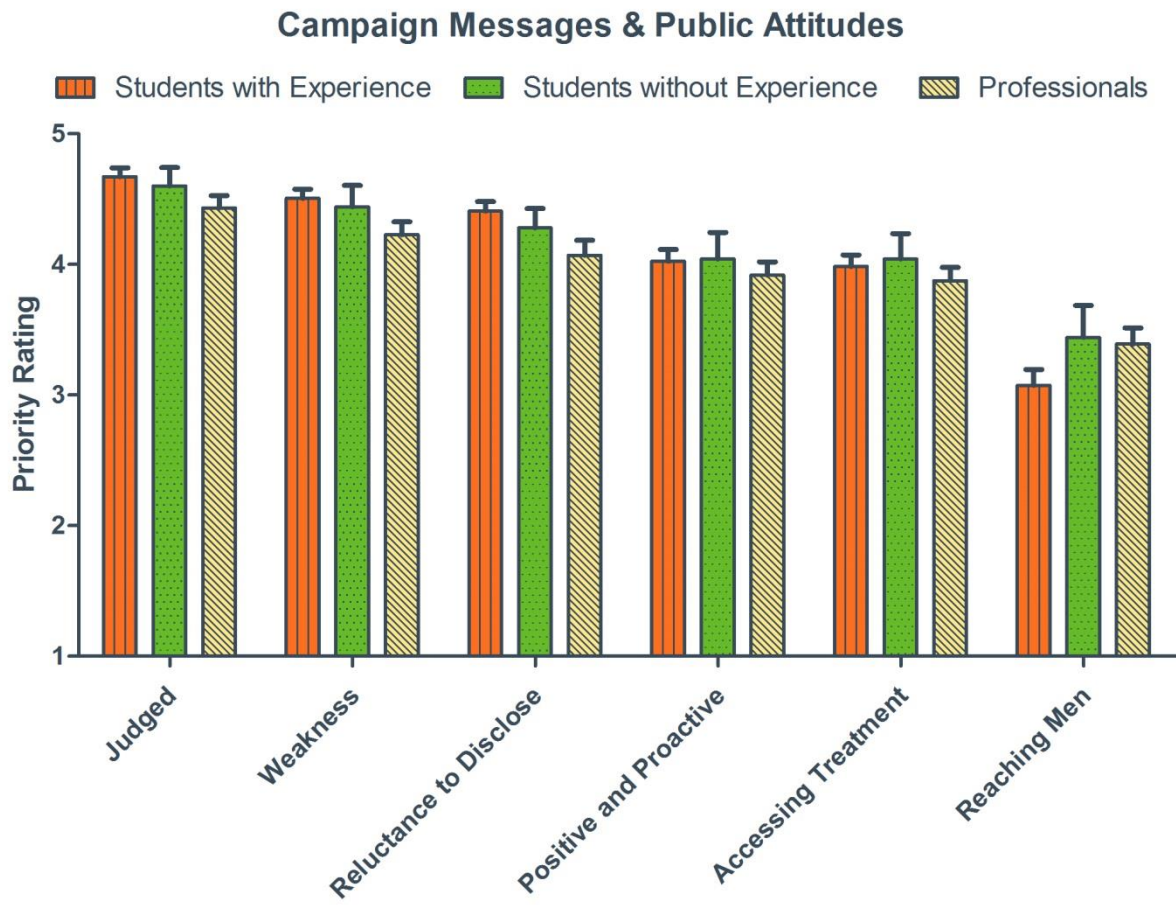
- (80) Clarity of Fitness to Study: Lack of clarity or understanding and inconsistent adoption by different organisation of fitness to study policies.

Identifying when students are experiencing mental health problems was rated a high priority challenge, with a priority rating more than one standard deviation above the mean. Clarity regarding disclosure and responsibility were given above average priority ratings, with

average priority ratings within one standard deviation above the mean. Other challenges in this theme were given below average priority ratings.

Groups differed substantially in the priority ratings assigned to the challenges in this theme. Groups gave significantly different priority ratings for the challenges of academic teaching staff not taking responsibility for checking how students are coping ($X^2(2) = 9.722$, $p = 0.008$), the lack of clarity about how tutors and the university will respond to disclosures of mental health problems ($X^2(2) = 8.237$, $p = 0.016$), identifying when students are experiencing mental health problems ($X^2(2) = 7.690$, $p = 0.021$), the lack of integration between support services ($X^2(2) = 6.655$, $p = 0.036$) and ability and time to get senior management support for mental health or wellbeing agendas ($X^2(2) = 9.129$, $p = 0.010$). Students with and without experience of mental health problems disagreed in the priority rating assigned for the challenge of academic teaching staff not taking responsibility for checking how students are coping ($U = 1089$, $Z = -2.575$, $p = 0.010$) and the lack of integration between support services ($U = 1082.50$, $Z = -2.518$, $p = 0.012$). Students with experience of mental health problems disagreed with professionals in their ratings of the priority of several challenges, giving significantly higher priority ratings to the challenges of academic staff responsibility ($U = 3780$, $Z = -2.259$, $p = 0.024$), the lack of clarity about how tutors and the university will respond to disclosures of mental health problems ($U = 3561$, $Z = -2.834$, $p = 0.005$) and identifying when students are having problems ($U = 3562.50$, $Z = -2.808$, $p = 0.005$). Compared to students, professionals gave significantly higher priority ratings for the challenge of getting senior management to support mental health or wellbeing agendas ($U = 3762$, $Z = -2.049$, $p = 0.040$).

Campaign messages & public attitudes



- (1) Judged: Fear of being judged.

“Fear of being judged - not being able to easily be able to talk to people - scared to go talk to my uni lecturers. Other students not wanting to know me because I am quiet and therefore not like them which just isolates me even more.”

- (4) Weakness: Mental Health Problems are seen as a weakness.

“There is still a lot of stigma surrounding mental health and young people especially view having a mental health problem as a weakness when you wouldn't view getting ill with an infection a weakness. Challenging the stigma will help people to seek help and help them be more open with the people around them. Some people can be quite supportive if given the chance.”

- (10) Reluctance to Disclose: There is a general reluctance to disclose mental health problems.

“Concerns around disclosure of existing MH issues or asking for help when MH issues/ mental distress first start to arise. Many students are worried that this will affect their

relationships with their peers, the way they are viewed by their Faculty staff and their future job prospects. Although the university I work at does provide lots of information and support around appropriate disclosure and challenging stigma this is still a difficult area.”

- (20) Positive and Proactive: To deliver information about mental health in a positive and proactive manner to encourage students to take preventative health measures.

“Proactive distribution of information -- How can positive images of support, therapy and treatment be built within the community so good mental health (and care) can be seen similarly to other preventative health measures. E.g. dental, vision, hearing, vaccination, wellness check-ups etc.”

- (25) Accessing Treatment: Getting students who need support to access treatment.

“... When in crisis, treatment and therapy are needed yet might be imperfectly perceived as the supports they have the potential to be. How can beginning new treatment or therapy become more approachable for someone resisting interventions or resisting awareness of their own behaviour and personal bias?”

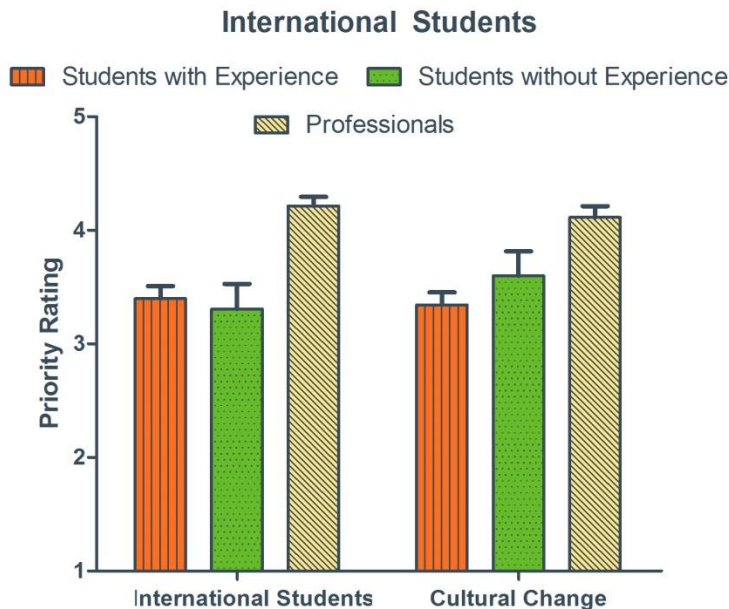
- (87) Reaching Men: Mental health support and campaigns do not reach or appeal to men.

“Male students lack of engaging others in talking about their own mental health, i.e. they may benefit from the calling/emailing type service.”

Fear of being judged was identified in this survey as the highest priority challenge for student mental health. Mental health being seen as a weakness and a general reluctance to disclose mental health problems were identified as high priority challenges, being given priority ratings of more than one standard deviation above the mean. The challenges of delivering information about mental health in a positive and proactive manner and getting students who need support to access treatment were identified as average priority challenges, being assigned priority ratings within one standard deviation above the mean. The challenge of mental health support and campaigns not reaching men was given a low priority rating. This may reflect a lack of male respondents to the survey.

Groups gave significantly different priority ratings for the challenges of the general reluctance to disclose mental health problems ($X^2(2) = 7.032, p = 0.030$), mental health problems being seen as a weakness ($X^2(2) = 7.372, p = 0.025$) and the fear of being judged ($X^2(2) = 7.274, p = 0.026$). Compared to professionals, students with experience of mental health problems gave significantly higher priority ratings for the challenge of the fear of being judged ($U = 3739, Z = -2.681, p = 0.007$), of mental health problems being seen as a weakness ($U = 3608, Z = -2.702, p = 0.007$) and of the reluctance to disclose mental health problems ($U = 3678.50, Z = -2.577, p = 0.010$).

International students



- (52) International students: Supporting the mental health needs of international students and students from diverse cultural backgrounds.

“The particular challenges faced by the increasing numbers of international students recruited by universities across the UK. Adding to this challenge: our models of mental health care are not always appropriate and accessible to students from different cultures.”

- (56) Cultural change: Supporting international students manage the cultural change.

“For overseas students coming to a new culture /climate especially if they also struggle with language and also feel a huge responsibility to meet the expectations of family back home.”

These were identified as relatively low priority challenges, however this may reflect a lack of international students in the survey sample. Compared to students with experience of mental health problems, professionals gave significantly higher priority ratings for the challenges of supporting the mental health needs of international students and students from diverse cultural backgrounds ($U = 2685.50$, $Z = -4.72$, $p = 0.0001$) and supporting international students to manage cultural change ($U = 2739.50$, $Z = -4.493$, $p = 0.0001$).