

think+
positive about
student mental health

Breaking the silence

The follow-up report
to *Silently Stressed*
October 2011





Contents

Foreword	02
Executive summary	03
Introduction	08
About this research	11
Student findings	13
Mental health language	13
Student stressors	14
Getting support	16
Stigma and barriers to seeking help	18
User experience of counselling services	25
Staff findings	29
Provision of student mental health support	29
Demand for student mental health support	30
Two key areas for development	32
Best practice in delivering student mental health support	34
Recommendations and conclusions	38



Foreword

The mental health of Scotland's students is vitally important. The benefits and opportunities that further and higher education offer are clear,

but how well individuals are able to succeed as students can too often be determined by the condition of their mental health.

For students, the experience of mental ill health and its associated stigma can mean real personal suffering and distress, failure to achieve their full academic potential or having to make the difficult decision to drop out of their college or university.

Despite its importance, student mental health does not always receive the attention it deserves. The commonly held perception of student life rarely reveals the real stresses and concerns that students face on a daily basis. When we consider the impact of these stresses, it isn't difficult to understand why student mental ill health is an increasing concern in Scotland.

This report builds upon the findings from the 2010 Think Positive report, *Silently Stressed*, which was based on the results from a national student stress survey. The report revealed some important findings regarding the stressors experienced by students, where they go to for support and what they perceive as the barriers which deter them from approaching mental health support. Some of the worrying statistics which emerged from the survey are described in this report and were the basis for further investigation into student mental health issues on ground level.

As such, the findings in this report come directly from discussions with students across Scotland, many of whom have suffered from mental ill health and taken up support at their campuses. It is extremely encouraging to hear about the positive impact these services have had on their lives. Equally though, the report reveals there is still much to be done in supporting a wider mentally healthier student population.

This research comes at an important time. When a number of important decisions are being made in the education sector, it is important to remember that without good mental health other strategies on education cannot succeed. This report clearly shows why student mental health should be a priority for colleges and universities and why more must be done to ensure that the mental health of Scotland's students is thoroughly supported.

The recommendations in this report include a number of practical and realistic suggestions to improve how student mental health support is delivered. Taking a broader view of mental health support and indeed mental health in general is key to establishing supportive communities throughout Scotland's colleges and universities and equipping students with the basic knowledge and tools to maintain their own mental health during their time as a student and beyond.

A handwritten signature in black ink that reads "G Kirkpatrick". The signature is written in a cursive, slightly slanted style.

Graeme Kirkpatrick
NUS Scotland Depute President

Executive summary

Colleges and universities in Scotland are increasingly recognising the growing concern of student mental ill health. NUS Scotland research into these issues has revealed a number of concerning findings around the issues of student stressors, where students go to seek help for stress, and the barriers and concerns which deter students from approaching support.

The NUS Scotland 2010 report, *Silently Stressed*, quantified headline figures and provided a basic knowledge of these issues. In recognition of this, NUS Scotland has conducted further research to improve the depth of knowledge and understanding behind these figures. As such, student focus groups and staff interviews were conducted at seven colleges and universities across Scotland and over 80 individuals were involved in the research.

Student views

Separate focus groups were held with students who had and had not used their institution's counselling services for an issue affecting their mental health. These discussions revealed a number of findings outlined below:

Mental health language

Participants commented on the unintended consequences of mental health language. Many noted that terms like “mental

health”, “mentally ill”, “counselling” and “depression” all carried with them significant negative connotations that they wished to avoid being associated with. Students suggested that moving away from these terms to more neutral language, particularly for lower grade mental ill health, may help break down the stigma and barriers that deter them from getting mental health support.

Student stressors

Participants recognised the numerous and extremely varied stressors in their lives. For many students, the pressure to juggle their studies with other competing responsibilities such as family duties and paid employment caused them serious levels of stress. In some cases this stress was compounded by future financial uncertainty, academic vulnerability and factors external to student life such as social economic deprivation in their community and the wider effects of this.

Seeking help

This research reflected the *Silently Stressed* findings regarding the low number of students who would be willing to approach mental health support. Many participants described reservations in seeking help from anyone, including friends and family. However participants were particularly wary of GPs and other formal methods of support, indicating that these seemed “medicalised” and unapproachable.

Stigma and other support barriers

Students identified a number of barriers which would deter them from approaching mental health support. At the heart of these discussions was the stigma attached to mental ill health in Scotland and its far-reaching consequences. In addition to these barriers though were fundamental gaps in knowledge about mental health including what counselling services are and how they can help.

Service users

The perception of counselling services, held by those unwilling to approach them, was vastly contrasted by the hugely beneficial experiences described by students who had used the services. Students especially commented on the benefits of institutional counselling services and their approachable, student-centred and convenient nature. Though service user views were very positive, some suggested a number of ways the services could improve such as improving the range and extent of service provision and having better methods of reaching out to non-traditional students such as post-graduates, part-time students, distance learners, mature students and carers.

Staff Views

Interviews were conducted with counselling/support services staff members. These conversations revealed a number of findings outlined below:

Service provision

Participating institutions varied considerably in their extent and range of mental health support provision. Colleges tended to take up a position on the lower end of service provision, while universities tended to be higher. However, common to all institutions was the issue of balancing core ongoing counselling work with crisis intervention work, and having the resources to do so.

Coping with demand

In dealing with the number of students coming through their door, most participating counselling/support services were working at maximum capacity to ensure minimum waiting lists. Beyond this, however, institutions recognised that when using a broader definition of student demand, including those in need of mental health support who have not yet approached the services, they were simply “scratching the surface” of what really needs to be done. Further, staff participants felt they would not have the resources to cope with this full student demand.

Two key areas for development

Staff identified that there were two key areas for future development in order to improve how mental health support is delivered. Firstly, participating staff members saw the increasing severity of international student mental health as a key area of development and improvement for the future. Secondly,

staff participants agreed that developing ways in which academic and non-academic staff facilitate the delivery of mental health support should be a key agenda in order to enhance the overall capacity and supportive environment of the institution.

Best practice in mental health support

As evidenced by student accounts, counselling services in university and college institutions are extremely beneficial to the students who use them. The research drew out examples of best practice from counselling and support services across the country in order to illustrate how these benefits are achieved. Some of these examples, described in more detail later, include: referrals to programmes of exercise; proactive and early intervention initiatives; interactive and direct means of mental health support promotion; and offering a tiered system of support options.

Conclusions and recommendations

1. Mental health strategies

Where institutions do not have a mental health strategy in place already, it is vitally important to develop one to ensure a strategic approach to student mental health support on campus. Similarly, where institutions already have such a strategy in place, more should be done to make both students and staff aware of the

content of the strategy and the role they play in putting it into practice.

2. Staff roles in improving mental wellbeing

Improved mental health training and resources for academic and other staff will equip them with the tools and skills necessary to assume a more supportive role at their institution.

Existing structures in institutions should be used to facilitate a supportive environment for mental health. Academic tutor or personal development schemes are a simple way to ensure semi-regular contact with students and allow them the opportunity to raise any personal issues or stresses.

3. Engaging with difficult to reach students

Institutions should improve the depth of international student engagement with mental health support. Closer attention must be paid to the increasing urgency of international student mental health and the number of stressors specifically experienced by these students. Similarly, student mental health support should ensure it demonstrates its inclusiveness to other non-traditional students.

4. Enable links to external agencies

Institutions should engage in partnership working with community-based mental

health support services and embed themselves into community networks in order to share ideas, resources and knowledge and ultimately improve their supportive capacity.

In order to strike a balance between those students who have concerns regarding the confidentiality of a mental health service on their campus and those who prefer the convenience of such a service, institutions should consider pooling resources in such a way as to create their own community based/external mental health support. An arms length mental health support centre with an ability to do out reach work or drop in sessions at different institutions could be an innovative way to efficiently share resources while meeting student needs more thoroughly.

5. A range of support options, including formal, informal and preventative options, should be made available

Institutions should ensure that students have access to a range of support options which vary in the degree of their formality. This may encourage students thinking about coming forward for support to do so in informal and accessible ways.

6. Promotional methods of student support services should be redressed

Institutions should adopt more interactive and personal approaches to promoting counselling services. This will



provide efficient and direct promotion, making information about the services easier to absorb.

Institutions should consider the potential benefits of rebranding key promotional messages in order to avoid the many negative connotations associated with mental health. This would be particularly helpful in targeting lower grade mental ill health. Rebranding may also help promote the more informal and preventative means of improving mental health such as befriending, talking, healthy living, and sport and exercise.

7. Tracking counselling services outcomes

The outcomes of counselling services should be tracked in order to clearly illustrate both the workload of counselling services and the numerous positive benefits of the services for students. Highlighting these outcomes brings student mental health into sharper focus, allows lessons and patterns to be recognised and creates an evidence base illustrating the fundamental value of counselling services.

8. The multiple layers of stigma must be tackled

Institutions must work towards recognising the multiple layers of stigma that exist around student mental health, including mental health language and how stigma sits with different groups of students such as international or LGBT. Institutions should introduce ways of increasing awareness, understanding and personal empathy with mental ill health as a way to break down this stigma, and these efforts should target both staff and students.

9. Protection of services during funding cuts

It is imperative that in the face of pressures to cut budgets and bridge funding gaps, institutions do not reduce counselling services in order to save money. In light of the current economic climate, counselling services are likely

to become increasingly important as students adapt to potential changes such as increased class sizes, increased use of e-learning, potential changes to bursaries and grants and the increasing importance of paid employment to make ends meet.

10. Extending funding and investment into mental wellbeing

As the *Silently Stressed* report indicated, student mental health is an area which continues to require further investment and development. Increased investment into preventative and informal means of mental health support on campus may be a particularly helpful way to invest money into this area.

Introduction

Mental health is an issue of significant and increasing concern in Scotland. Increasingly, we are aware of the extent of mental ill health, with research indicating that one in four individuals in Scotland will suffer from mental ill health at some point in their lives. The prevalence of mental ill health makes it one of the most important issues facing Scottish society today.

Furthermore, the stigma attached to mental ill health in Scotland has come to be recognised as a far-reaching and detrimental force. Our increasing knowledge of the effects of this stigma upon individuals and families has become the basis for a sense of urgency around national anti-stigma campaigns and other work in this area.

Finally, research by the Scottish Association for Mental Health (SAMH) has estimated that the social and economic costs of mental ill health in Scotland is extensive, reaching £10.7 billion in 2009/2010. This staggering finding illustrates the importance of recognising mental ill health in Scotland as an area which requires further investment and development.

Student mental health in Scotland

Student mental health however, is an issue which does not always receive the attention it deserves. In Scotland, there has been a limited amount of research into the issues specific to student mental health and as such, in-depth knowledge in this area is lacking.

However, last year Think Positive launched a *Student Stress Survey* which was completed by nearly 2000 students across the country. The survey asked them to indicate, firstly, the issues which cause them stress and, secondly, where they turn to for support. The subsequent report, *Silently Stressed*, contained some illuminating findings.

The report revealed that students found a number of issues to be reasonably or very stressful. A list of stressors identified during the research is shown in Table 1 opposite.

Perhaps even more concerning however, was the extent to which the research revealed how unwilling students were to seek professional mental health support if they felt they needed it. Table 2 opposite indicates where students would be willing to go for support.

The survey also asked students to indicate what, if anything, deters them asking for support. The results show a number of support barriers that have a fundamental impact on student mental wellbeing and access to mental health support services (see Table 3 on page 10).

It is clear that student mental health is an increasing concern across colleges and universities in Scotland. The reality for many students today is increasing commercial and student debt, juggling paid employment and family responsibilities, and coping with the prospect of a diminished job market. For many, their student experience is far from “the best time of their life”, as society often assumes.

Breaking the silence

The follow-up report to Silently Stressed

Table 1: A list of stressors identified during the research

What aspects of student life cause you stress?	% who found this to be “reasonably” or “very” stressful
Exams and assessments	90.5%
Managing time and deadlines	83.3%
Considering career prospects	75.2%
Having enough money to get by	68.2%
Self-image	54.6%
Working a paid job	50%
Paying rent and bills	48.7%
Dealing with student loans	38%
Dealing with commercial debt	35.2%

Table 2: Where students would be willing to go for support

If you needed advice or support on an issue would you approach the following people/organisations?	% of students who would use this source
Family	55.8%
Friends	54.9%
GP	37.5%
Academic mentor	29.4%
Institution’s counselling services	17.3%
Students’ association	11.3%
External organisations	6.8%

Table 3: Barriers that deter students from asking for support

Do you think there are any barriers in asking for support with a mental health problem? If so, are they any of the following?	% of students who believed this prevented them from coming forward for support
Stigma/embarrassment	82.9%
Not understanding the problem yourself	79.6%
Not knowing where to go for help	60.9%
Waiting lists	33.4%



About this research

In many ways the *Silently Stressed* report has established our basic understanding of student mental health issues in Scotland. However, in this second phase of research the aim was to look beyond headline survey results to

develop a clearer understanding of the findings by discussing them at ground level with students and staff. To achieve this, the research took a qualitative approach, with a number of student focus groups and staff interviews being conducted at colleges and universities across Scotland.

Aims of student focus groups

- Gain a better understanding of student stressors and how these affect students' lives.
- Explore how students cope with stress and their attitudes towards seeking help.
- Study the barriers and concerns that deter students from seeking mental health support, with particular attention to the role of stigma.

Aims of staff interviews

- Explore the current levels of provision and focus of student mental health support.
- Gain a better understanding of the demand for student mental health support services and how staff cope with this.
- Draw out examples of best practice in delivering student mental health support.

Research methods

Seven institutions were involved in the research project: Reid Kerr College, Cardonald College, West Lothian College, Borders College, University of Stirling, Heriot-Watt University and Glasgow Caledonian University. At most institutions two student focus groups were held along with one staff interview. However, at one institution semi-structured interviews were held with students who had used the counselling services instead of a focus group, while at another institution it was not possible to talk to any service-users.

In order to take a broad view of student mental health, focus groups were held with students who had and had not used their institution's counselling services for an issue affecting their mental health.

However, separate focus groups were held for these two groups to try to minimise any reticence some students may have had in talking about their mental health experiences.

Interviews were conducted with counselling services staff members, or where appropriate student support services staff (at two institutions it was more appropriate to speak to guidance or learner development staff, as those institutions had limited counselling services provided by external agencies).

The number of students and staff that were involved at each institution varied,

however the total number of students who participated in the research project was 81. The average number of students attending each session was six. The total number of staff members interviewed was nine.

Research limitations

As the participants were a self-selecting group, they cannot be truly reflective of all student views or indeed of students with mental health needs. However, the total number of students that the project engaged with, and in many cases the consistency of opinions and views that were expressed, has allowed for some general conclusions to be drawn.

Findings: Student Views

This section contains findings from the focus groups held with students who had and had not used the counselling services at their institution for an issue affecting their mental health.

The discussion groups allowed students to voice their opinions on issues such as mental health language, student stressors, getting mental health support, stigma and other support barriers. The groups also allowed service users to discuss their user experience of institutional mental health support.

1. Mental health language

“Mental health is all about being able to cope with the challenges life throws at you, having balance and feeling like you’re involved socially... to be honest though, that’s not what I think of when I hear the words ‘mental health’.”

College student

Defining mental health

When asked to define what the term “mental health” meant to them, many participants gave balanced and well-reasoned answers. Many indicated that the term described something that everyone had, something that fluctuated and something that indicated the wellbeing of their mind and emotions.

Students also agreed that personal experience played a significant role in how

individuals define mental health and their personal attitudes towards it. Depth of knowledge and empathy for mental health issues, they noted, came from knowing someone who has suffered from mental ill health, suffering themselves, or learning about mental health in detail.

However, there were a number of students who defined mental health in negative terms, associating it with forms of mental illness, rather than an understanding of general mental health. In these cases, words used by participants to describe mental health were “stress”, “anxiety”, “depression”, “self-harm” or “schizophrenia”.

Stigma of mental health language

“The term mental health becomes a barrier in itself... we can’t keep putting everyone under the same heading.”

College student

The term “mental health” in general proved contentious among focus group participants, with many believing that the term was no longer helpful due to the damaging negative connotations attached to it. There was a strong feeling that “mental health” and other terms such as “counselling” were misunderstood in wider society. Students felt that they were often portrayed in negative terms, bringing to mind extreme and inaccurate images of mental ill health. According to students, the result of this stigma was that all services related to these terms were tarnished with this stigma. Even many service users

agreed that they would be unable to personally identify with the terms.

Though many participants recognised that these kinds of terms were most accurate and that ideally efforts would be concentrated on tackling the stigma and negative connotations around them, many saw creating a fresh, neutral mental health language as the best way to move forward.

This is in line with the view commonly expressed at focus groups that much of mental health language had in some ways become derogatory, and should be set aside to make way for new and more accessible terms. Similarly, if low-grade mental health problems are to be tackled before they become more serious then

it may be necessary to move away from using terms which illicit serious images and rather place focus on highlighting the informal services on offer.

2. Student stressors

“People have layers of stress, exams and that can be the tip of the iceberg and by the time you get through it all, it can be huge.”

College student

The *Silently Stressed* survey asked students to identify what issues caused them stress while studying. The results showed that a number of serious student stressors exist, illustrated in Table 4 below:

Table 4: Issues causing stress while studying

Issue	% who found this to be “reasonably” or “very” stressful
Exams and assessments	90.5%
Managing time and deadlines	83.3%
Considering career prospects	75.2%
Having enough money to get by	68.2%
Self image	54.6%
Working a paid job	50%
Paying rent and bills	48.7%
Dealing with student loans	38%
Dealing with commercial debt	35.2%

In this second phase research, the aim was to understand more about these stressors and the reality of experiencing them as a student. Below are descriptions of the key stressors and their impacts as identified by participants.

Financial concerns

At the heart of these conversations was the challenge of having enough money to get by, and the subsequent lengths to which students had to go to ensure they could. Stresses over having enough money were often compounded by the simultaneous experience of a number of other stressors such as managing paid employment with exams and assessments, deadlines, and paying rent and bills.

Balancing conflicting priorities

Overall, the focus groups showed that students find the number of conflicting and competing priorities in their lives one of the most stressful parts of being a student. For many, the addition of parental, family and carer responsibilities into an already demanding schedule pushes individuals closer to high levels of stress and worry. As one college student described,

“I have a three-year old to support, between college and work sometimes I can’t even find the time to go to a lecture, never mind finish an essay on time.”

Future uncertainty

Many students felt the current economic climate casts a long shadow of doubt over the future security of student bursaries, grants and allowances. Many students felt fear in not knowing how much they would receive from these funds in the future, these fears were compounded by the fact that at some institutions students had already experienced cuts to some allowances such as those for childcare.

Academic concerns

Students also identified that academic vulnerability was extremely important and often caused high levels of stress. Particularly for mature students or students with supported learning needs, feeling disadvantaged academically was an issue which caused stress and worry. Focus group participants said this was particularly the case when students felt they were not receiving appropriate support from their institution.

“I was 43 when I started here at the college. They took it for granted that I knew things... about computers and technology. It was really hard and it took me a long time to feel up to speed.”

College student

Personal concerns

Many focus group participants recognised a number of stressors which, while existing outwith their immediate

student life, were linked closely to their general mental wellbeing and ability to flourish at college or university. These stressors were often linked to an individual’s personal experiences, including direct or indirect experiences of bereavement, domestic or sexual abuse and substance abuse. Wider community influences were also described to play a role, particularly socioeconomic deprivation, youth gang culture and antisocial behaviour in their community.

In addition to these, a number of students said that their own mental health often acted as a stressor in its own right. Students commonly attributed fluctuations in their mental health to conditions such as anxiety and depression.

3. Getting support

“People are waiting to have more serious problems; everyone thinks their own problems are too trivial...”

University student

The *Silently Stressed* report revealed some worrying findings about where students seek support when they suffer from stress. The survey clearly illustrated that students were less likely to pursue formal or professional avenues of support, and favoured more casual options such as talking to friends and family. Only 17.3% of surveyed students said they would go to their institution’s counselling services if they felt they needed mental health support.

In this phase of research, the aim was to get behind these headline figures and gain

Table 5: Where students seek support when they suffer from stress

Source of mental health support	% of students who would use this source
Family	55.8%
Friends	54.9%
GP	37.5%
Academic mentor	29.4%
Institution’s counselling services	17.3%
Students’ association	11.3%
External organisations	6.8%

a better understanding of why students choose certain types of support over others and more generally why students seemed to be unwilling to discuss their mental health.

Low take-up of mental health support

The focus groups clearly revealed that choosing mental health support was a very individual and personal experience, however the overall results from the focus group support the *Silently Stressed* survey conclusions. Participants expressed a general unwillingness to approach mental health support and those participants who would consider getting help indicated that they were far more likely to approach family and friends than formal support such as external mental health organisations, their institution's counselling services or their GP.

It was common that participants coped with stress through informal means such as smoking, exercising, sleeping and socialising with friends. Many of those participants shunning other types of support revealed they simply felt unable to turn to anyone for support or would prefer not to talk about their problems with others.

Some expressed the opinion that it was up to the individual to "fix [their] own problems" without burdening others. Others held the belief that since periods of feeling low were natural and ongoing, being able to cope with

this independently was crucial. As one college student said,

"I firmly believe that there are periods where you get highs and you get lows, it's how you deal with those, I'm not one for talking."

Talking to friends and family

Those students who chose to talk to friends and family as a way of coping with stress admitted a number of reservations about seeking support in this way. Participants often noted that they would be very selective in deciding who to talk to, choosing individuals that they felt would be the most open and non-judgemental, often outside their normal group.

Similarly, students often noted that rather than confide in very close or immediate family members, they would choose to speak to more distanced individuals such as aunts and uncles. Even then, many participants had concerns when talking to friends and family, as one university student described,

"I can speak to my friends, but even then sometimes I'm afraid of what people will think about me. I don't want to open up and give those feelings away."

Views on professional mental health support

Participant views towards more professional support options (GP, external agencies,

and institutions' counselling services) were generally negative. Particularly in non-user focus groups, participants believed these services were designed to help individuals with more serious problems or diagnosed mental health conditions, and were therefore inapplicable to them. Many noted that they would not consider using professional support options unless they were in very serious circumstances such as close to dropping out of their course. These views indicate a misperception among students regarding what professional mental health support is and who it can help. Many students felt their issues to be too trivial to burden professional services, however students seemed unaware that these services were designed to provide a spectrum of support for a range of mental health issues and that any individual has the right to use these services to their advantage.

Often these seemingly negative student views were drawn from previous negative

experiences in using these kinds of services. In describing their experience with GPs and mental health professionals, many students pointed to “generic” and “medicalised” approaches taken by professionals, and many participants particularly resented the questionnaire used by GPs to determine the level of depression experienced by an individual, which many felt didn’t offer them the opportunity to fully explain how they felt. Worryingly, a number of participants said these negative experiences meant that they would avoid seeking out support from them in the future.

4. Stigma and barriers to seeking help

“Students are afraid to talk up, especially to someone they don’t know, and they’ll probably be afraid of being judged by the person they go to speak to.”

University student

Table 6: serious barriers or concerns that prevent students from coming forward for mental health support

Support barrier	% of students who believed this prevented them from coming forward for support
Stigma/embarrassment	82.9%
Not understanding the problem yourself	79.6%
Not knowing where to go for help	60.9%
Waiting lists	33.4%

The *Silently Stressed* report showed that students experienced a number of serious barriers or concerns that prevented them from coming forward for mental health support (see Table 6). 82.9% of surveyed students said that stigma or embarrassment would prevent them from seeking mental health support, with others suggesting not knowing where to go for help, not understanding the problem yourself and waiting lists were also serious barriers.

Focus group discussions aimed to draw out a deeper understanding of why these barriers deter students from approaching support and how they impact on students' lives.

The impact of stigma and embarrassment

“You lose everything, your self-confidence, your self-esteem, your ability to take criticism, you lose your ability to relate to people...”

University student

“I’ve been seeing the counsellor for months now, and I haven’t told anyone. Not my parents, not my closest friends.”

University student

Focus group discussions showed that barriers to support were numerous and complex, however at the heart of these discussions was the incredibly damaging social stigma

that is attached to mental ill health in Scotland today.

Focus group participants unanimously agreed that a social stigma is attached to mental ill health in Scotland, making the subject “taboo” in our society. Both service-user and non-user groups were able to identify ways in which an individual can be personally affected by this stigma. These included:

- low confidence and self-esteem;
- being unable to socialise;
- being unable to talk about your issues with others;
- concealing counselling appointments;
- feeling like a burden on others;
- or pretending to be “strong” for others.

In addition, participants agreed that, as a society our unwillingness to talk about mental health makes unhelpful responses like “get a grip” or “pull yourself together” common. Focus group participants felt that these culturally defined ways of coping with mental health issues meant that individuals take responsibility for their own circumstances and “get on with it” or “sort [themselves] out”.

Participants recognised that while a stigma exists and is attached to mental ill health generally, this stigma also filters down and is attached specifically to counselling services. For participants who had used the counselling services at their institution, many noted that they had not told even their closest friends about it

and many expressed concern about them finding out for fear of being judged. Similarly, many students felt observed by their peers when going to counselling services, particularly while in the waiting area or coming out of a session.

However, while all service-users recognised the potential damage and disruption this stigma can cause, some noted that going to a counsellor had of course done much to help them learn to cope with the effects of stigma, and live in a more confident and open manner.

Mental health stigma and young people

A common theme throughout both service-user and non-user groups was the belief that there was an additional stigma attached specifically to young people suffering from mental health issues. This feeling was shared among a number of students who believed that the mental health issues of today's younger generation are not taken seriously, rather they are assumed to be exaggerated complaints.

A number of students noted that they had felt the personal affects of this stigma when they had approached their GP or institution, where they felt their concerns had been dismissed. Some students noted similar dismissive behaviour when they had approached academic staff with their concerns. Many participants believed that these experiences were a direct result of the

additional stigma attached to young people with mental health issues.

Stigma as a barrier to seeking support

According to focus group participants, this background of stigma laid the foundation of numerous barriers and concerns that deterred them from approaching mental health support. At the heart of this is the deep sense of shame and embarrassment participants felt they had or would experience in approaching mental health support or admitting to mental illness. A number of reasons were outlined for this, including:

- The desire to avoid showing “weakness” by admitting support needs “when everybody else is doing fine”. This was particularly the case given what participants felt to be the compelling social norm of “getting on with things” and not speaking about feelings or emotions.
- The fear of being judged and labelled by counsellors or wider society was another serious concern among students. Participants expressed concern about being labelled “depressed” or “mentally ill” as they were aware of the images these terms evoke and they believed these terms could not accurately describe them.
- Similarly, students feared the repercussions of using the counselling services among their peer group.

Many students expressed concern about being identified as different from the rest

of their peers and the potential exclusion or isolation that could result.

Tackling stigma on campus

Students were also asked how they felt stigma could be best tackled on their campuses and their suggestions are described below:

Improving understanding of mental health issues

Participants suggested that the level of general knowledge about mental health and personal accounts of living with mental illness could be improved in order to increase understanding and empathy.

Students suggested that it would be helpful to hear from individuals who had personally experienced mental ill health but gone on to recover and succeed in life. Participants also noted that these speakers would be most influential if they reflected a spectrum of mental health issues, and represented the true reality of student mental health needs rather than more extreme cases of mental ill health.

A greater role for academic and support staff

Participants identified academic staff as best placed to offer support and signposting to students due to their daily contact and often close working relationships with them.

Students noted that getting academic staff on board with a student mental health agenda is vital to normalise these kinds of discussions across all subject lines and among all students. In light of this, many participants called for increased training for academic staff to increase their awareness of the signs and symptoms of someone who may need support. Students also agreed that time should be built into their chosen academic courses to cover mental health issues in order to ensure a consistent level of awareness among the student body. Students strongly felt that if these issues were covered in an extracurricular setting, many students would miss out on this information.

There was a strong feeling among participants that currently the potential of college and university advisor or mentor structures is not maximised. In many institutions, students are allocated a mentor or advisor at the start of the year, however participants agreed that this relationship was often very weak, with some noting they didn't know who their advisor was or had never been to a meeting with them.

Those participants who had been to meetings with their mentor noted that these were often heavily focused on academics with little attention paid to wellbeing issues. Some participants suggested that

a more helpful structure would be having as little as one mandatory meeting each semester with an advisor, where there was a balance between discussing academic and wellbeing issues.

A 'whole institution' approach to improved mental health

Similarly, participants suggested that having a more lively and regular discourse about student mental health within the institution would be useful in order to break down the stigma attached to mental ill health. Participants suggested it would be helpful to bring high-level management, counselling services and support services staff, academics, guests, students and student officers together on a regular basis in order to improve communication between all stakeholders. A regular series of seminars or meetings would contribute to the development of an open and supportive environment at the institution which could be filtered

Not knowing where to go for help as a barrier to seeking support

Overall, the level of awareness of counselling services among focus group participants was relatively low and very uneven. This was particularly the case when compared to other services that existed in the institution such as IT or learning support. The majority of participants were unaware that their institution had a counselling service or had a vague idea

down to the wider student body through academic staff and student officers.

Peer-led support

Peer group support sessions were a common suggestion from participants as a way to help break down the stigma attached to mental health and add a more preventative and informal dimension to student mental health support. Many participants suggested this kind of session could offer students a more casual and accessible way to get support and many agreed it would be helpful as they could go with a group of friends and feel more confident about approaching support. Although the focus groups did not show that students unanimously would go to these groups, a significant majority thought that these groups would be helpful to them, and noted that offering a choice of support is important in order to meet the needs of a varied student body.

that something existed in this capacity but did not know the kinds of services that it entailed. Even many service user participants described periods of time where they believed they required mental health support but were unaware that counselling services existed.

Many students noted that an individual's level of awareness of mental health support at the institution was often dependent on the course or department to which

you belonged. Participants described a situation where those studying subjects within the social sciences or arts may be more likely to know about mental health support than those studying subjects in the physical sciences or mathematics. Students believed that this unevenness was due to how readily academic staff in these subjects signpost students in need or talked about stress or other mental health concerns in class. As one college student said,

“Students need to be made aware of the issues, but more than that, the services need to become part of the college and part of normal student life.”

In fact, the research highlighted a gap between how well staff believed the services to be known among students and the extent to which this was reflected among students themselves. While staff at many institutions regarded the services to be well promoted, an overwhelming majority of focus group participants had little or no knowledge of them.

This lack of knowledge extended beyond simply knowing the services were there to include a lack of basic knowledge about what counselling is, e.g. some participants were unsure whether the counsellors were professionally trained or a more informal service. Many participants had no idea what to expect from a counselling service appointment and many were unsure even of what to say in order to get help; this uncertainty made some students wary of approaching them.

Counselling services promotional methods

Given the relatively low awareness of counselling services highlighted, we asked students how they would improve the promotion of these services on their campuses.

Most focus group participants agreed that the promotion of counselling services at their institution could be improved. There was a feeling among most participants that the counselling services were primarily promoted through posters and leaflets. Students took the view that these methods of promotion were often too vague and didn't give enough specific information. For example, students thought that tag lines such as “feeling stressed?” or “stressed out?” did not say enough about what counselling services do and who can use them. As one university student commented,

“I've seen the posters and the leaflets around, but they don't say very much; they'll say 'having problems?' but I'm never clear on what they mean, and what they mean for me...”

Participants also noted these kinds of promotional methods are important in order to maintain constant awareness around the campus and to provide students in crisis with something visible encouragement to seek help. However, most thought that this kind of promotion should play a secondary role to more

personal and interactive approaches. As one college student put it,

“right now, the way the services are promoted doesn’t raise awareness to the point where people would actually go...”

Participants agreed that the core of counselling service promotion should be done through personal level interactions. Not only would this raise awareness of the services among students in a more engaging way, it would also help normalise talking about counselling and mental health on campus. Few students could remember having received introductory talks from the counselling services during their induction despite these having taken place at most institutions. This may reflect students being over-loaded with information at the beginning of their courses and the need to perhaps target other times of the year to promote the services.

Not understanding the problem yourself as a barrier to seeking support

The ability of students to read the signs and symptoms of their own mental health or ill-health is important, and an inability to do so could result in students being unaware of their need for mental health support. The focus group discussions illustrated that in many cases students were unable to make informed decisions about seeking help. Many service users, for example, said that before they used

the counselling services they thought the way they had been feeling was normal or unimportant.

Similarly, participants recognised that barriers to getting support could also stem from the condition of an individual’s mental health, which could determine whether an individual is aware they need support or not, and whether they have the confidence, communication skills, and rationality to approach the services.

Other barriers to seeking support

Participants agreed that the physical location of the counselling services had a huge impact on their accessibility. Where counselling services were located in busy areas or had glass doors, for example, students said they felt or would feel too observed to use them. However, some students did argue that locating counselling services in busy or mixed-use areas of the institution meant increased privacy for those wishing to use the services as attention was not drawn to them.

5. User-experience of counselling services

“I can honestly say there’s no way I’d still be at college if it hadn’t been for [my counsellor].”

College student

Taking the initial step of approaching support

Participants who had used their institution’s counselling services described the challenges involved in taking the initial steps in seeking help. For many, their problems had built up to the point where making a self-referral had become absolutely essential to their wellbeing. For others, seeking help had been a last resort before dropping out of their course. Often another individual had been instrumental in service users’ take-up of counselling services. In many cases a friend, work colleague, academic tutor or guidance teacher had been heavily involved in encouraging the student to pursue their counselling services.

A highly beneficial experience

Without exception, participants described the highly beneficial user experience of their counselling services. The impact these services had on the students who used them were comprehensive and truly far-reaching. Not only did use of the services allow students to cope with daily pressures, but it also equipped them with

the necessary tools to manage bigger issues in their lives. Many of the benefits described by services users were made possible by the fact that the support they received was situated on their campus. The key benefits described by students are outlined below:

- **Coping with daily life**

Service users agreed that talking to a professional counsellor had allowed them the space and freedom to explore their issues in a safe and non-judgemental environment. All suggested that the support they received had empowered them as individuals by equipping them with the basic tools and techniques they needed to cope in their lives. Many agreed that their ways of thinking and behaving had changed dramatically for the better and that their confidence and self-esteem had grown as a result. Almost unanimously, service users said that they simply would not have been able to continue on their course had it not been for their regular counselling sessions. Many noted that their counselling sessions became a motivating factor which they looked forward to and as one student put it: “got [them] through the week”.

- **Student-specific**

Being able to simultaneously work through both issues directly relating to student life and more personal or external issues were identified by participants as

being a vital benefit of the institution's counselling services. Students said that counselling allowed them the opportunity to recognise the smaller and more manageable stresses particularly relating to student life. For many, counselling helped lay a foundation for better time management, organisation skills, communication skills and techniques for coping with stress and anxiety such as breathing techniques which helped them flourish at students. Taking these smaller steps to alleviate the stress of student life was seen as a major benefit of seeing the counsellors.

- **Convenient and student-centred**

The majority of service users also recognised that many of the benefits of their counselling experience were made possible by the fact that they were located in their college or university. Many of the participants attending service-user focus groups had some previous experience using external mental health agencies. In comparison to those past experiences, participants felt that their counsellors were more attuned to student needs and issues, and therefore less judgemental and more approachable than those in external agencies.

In fact, students believed their services had a distinctly relaxed and person-centred culture, which was in stark contrast to their experiences with external agencies. Rather than feeling the pressure to fit into a "tick-box style" approach,

students felt they were being given the individual attention they needed to work through their issues at their own pace and arrive at their own conclusions about their issues. For these reasons, many participants described the relatively close relationships that grew with their counsellors, which brought about further benefits, such as mutual respect and attendance to both counselling sessions and their academic courses.

Focus group participants also identified the ease with which the institution can be informed of a student's circumstances as another significant benefit of using the on-campus counselling services. Many service users were keen that their academic tutors have an understanding of what issues they faced that could impact their attendance, academic performance or behaviour.

Furthermore, the feeling of comfort and community experienced by students at their institution was described as a significant factor which made many students more willing to approach the services at their institution as opposed to those in the wider community. Many students felt their institution had become their "community" and as such they identified it as a safe environment in which to receive support. The familiarity of the campus and the ease with which students could attend the sessions had given many service-user participants the confidence to approach the services and the motivation to continue receiving support on an ongoing basis.

- **A step towards further help**

Students also noted that college and university counselling services have an important role to play in facilitating a bridge into community based services. Participants noted that in institutions where it is not possible to take a longer term course of counselling sessions, individuals could make use of their institution's services while being on the waiting list for their community based services.

Similarly, a number of participants noted that they had been signposted by their institution to issue-specific mental health support which had been very beneficial to them. These included insomnia clinics, eating disorder support groups and alcohol dependency support. In this way, students believed that the wider benefits of their institution's counselling services was their ability to act as the centre of the wider network of mental health support available and create links for students that they may have been less likely to make on their own.

Service user suggestions for service improvement

Overall participants were extremely positive about their experiences using their institution's counselling services. However, as this research aimed to draw out both what is good about these services and where they can improve, students were also asked if anything had been missing from their user-experience of the counselling services.

Key potential improvements described by students are outlined below:

- **Demand for more counsellors**

The most common suggestion was that there should be more counsellors. Students were aware that there was significantly more need for mental health support in the wider student body than those who were currently using the counselling services. However, students seemed aware of the pressures on counselling services and suggested that the only way to increase the allocated hours to counselling would be to increase the number of counsellors at the institution. This, they noted, would have the additional benefit of improving the range of counsellors at the institution, and allowing students a better choice regarding the kind of counsellor they see (such as varied training backgrounds and gender).

- **All-year-round availability**

Students also felt that having a service which was available all year round was extremely important. This would allow students to continue receiving consistent support throughout the summer months, which can be a time of additional stress due to accommodation changes and financial instability as students no longer receive their loan or bursary payments.

- **Postgraduate students**

Having an all-year-round service was of particular relevance to the postgraduate

students who participated in the focus groups, for whom the academic year continues on through the summer months. Postgraduates attending the focus groups expressed the opinion that counselling services could improve how they promote and target those students who are not undergraduates. Participants noted that despite the obvious stress involved in completing a postgraduate degree, there is very little information distributed about the support that exists at the institution.

Postgraduate students who participated in the research pointed out that the same kind of informative infrastructure that exists for undergraduates does not necessarily exist in the same way for postgraduates. Freshers' Weeks, mentors and personal development programs may help build a supportive environment but many of these do not involve postgraduates. Though postgraduates may have a working relationship with their academic supervisor, many participants said that this relationship was strictly work-based, and for the large number of Master's students, this relationship does not exist at all. Participants agreed there was scope to improve how the counselling services engaged with and supported postgraduate students.

- **International students**

Similarly, many participants also called for an increased focus on international student mental health, and more integrative and creative solutions to

this issue. During the sessions, some of the issues facing international students were described. These included social isolation, in some cases language barriers, homesickness, academic and financial pressure and cultural strains. Many participants felt that the counselling services should do more to address these issues, particularly around making international students aware of the services and how to use them, as well as improving how these students are signposted to the counselling services through other staff and services in the institution, particularly academic staff.

- **Peer-led support**

As previously mentioned, many service-user participants also suggested that having peer support groups run through the counselling services would be beneficial. Many noted the encouragement in being able to meet other students who had also been to the counselling service and who may be experiencing similar circumstances. Many students felt that after a number of one-to-one sessions, being part of a peer support group may be another efficient way to receive support. Peer groups were considered to have a number of other benefits such as helping to break down the stigma attached to both mental ill health and counselling services, normalising talking about these issues among peers, and creating an inclusive activity to participate in and meet new people.

Findings: Staff views

This section contains findings from the interviews held with staff members of college and university counselling services, or where appropriate student support services. These conversations allowed staff members to voice their opinions on issues such as the provision and demand of mental health support at their institution, areas they feel will require development and improvement in the near future and areas where they feel their institution have particular strengths or could be seen as illustrating examples of best practice in student mental health support.

1. Provision of mental health support in Scotland

“Over the academic year we deal with at least 12 to 14 suicide crises. Our biggest concern about our services being cut by half is not our own jobs, but that it would only be a matter of time before there was a suicide at the college.”

College staff

The *Silently Stressed* report revealed the concerning finding that over half of colleges surveyed did not have any mental health support provision and felt they were unable to provide sufficient support to their students. In contrast, all universities had mental health specific support. Conducting interviews with counselling service staff

was an opportunity to gain a deeper understanding of the range of mental health support available across colleges and universities. The results showed that the scale of this service provision varied significantly at participating institutions and indeed reflected disparity between colleges and universities. Many colleges were on the lower end of service provision, while universities tended to be found at the higher end.

Core counselling work: ongoing support

In terms of allocated counselling hours, on the lower end of this provision, hours ranged between 4-8 hours per week delivered by one or two part-time members of staff. Those institutions on the higher end of service provision had over 20 allocated counselling hour delivered by up to three or four members of counselling staff, a number of which could be full-time.

The core of all counselling services was ongoing one-to-one person centred counselling sessions offered to individual students. Those at the higher end of provision were often better able to offer services beyond this core work such as informative self-help websites, self-help library literature (bibliotherapy) as well as thematic workshops and seminars around topics such as assertiveness or self-esteem.

Managing crisis and core work

The research revealed that an important part of all counselling services' work, regardless of the scale of their provision, is managing crisis work. Counselling staff described engaging in a significant amount of crisis intervention work whereby they support individuals whose mental health is in a critical condition and where they may be considering dropping out of their course, engaging in serious self-harm or committing suicide. From the research it is clear that this type of support is an essential part of college and university counselling services across Scotland and that there is a consistent demand for it.

However, many staff participants noted that this crisis support work can often consume much of the counselling services resources. By their nature these situations are time-consuming and due to limited staff resources this can often mean that other areas of the counselling services' work will suffer such as ongoing one-to-one sessions. Often this places a heavy personal burden on individual counsellors who attempt to minimise the impact on other students by taking on a larger personal workload.

The focus of student pastoral support

Furthermore, the research revealed the importance of the wider context of student mental health support services in determining the overall focus of service provision. Mental health services exist within the wider framework of student

support services and the institution as a whole, and as such they fit into the wider set of priorities that exist there. The method of apportioning funding to various services and departments is determined at the institution level by its management structures. At many participating institutions there was the feeling that student support services were geared towards the "big issues" of money matters, career guidance, supported learning needs and disability services. Counselling staff at a number of institutions regarded mental health to be an area to which less attention was paid.

2. Demand for student mental health support

"When we take a broad view of student mental health, we know we're barely scratching the surface in terms of what really needs to be done."

University staff

The *Silently Stressed* report illustrated that out of the 24 institutions surveyed, 75% of counselling services and student support services reported that the number of students seeking mental health support had increased since the previous academic year. In addition, 50% of colleges and 40% of universities felt they were unable to meet the demand from their students. In this phase of the research, this issue was looked at more closely, particularly regarding how demand was defined and met.

Defining student mental health support “demand”

A common theme throughout staff interviews was the steady increase in student demand that counselling services have witnessed over the past few years. This has been evidenced at a number of institutions by records of the growing number of students approaching these services for support.

However, many staff participants recognised that despite these growing numbers, the overall number of students who remain unengaged and even unaware of support is vast and there is a real need to reach these students. Demand for counselling services is often measured by the total number of students coming through the doors of the counselling services either through self-referrals or otherwise. However, taking a broader view, a more accurate definition of demand would be the total number of students in the wider student body who would benefit from using the counselling services, including those who have never come forward for support. Many participating staff members recognised that when this second definition of demand was taken into account, their services saw simply the “tip of the iceberg” of student mental ill health.

Coping with demand

Participating staff members described a delicate balance between attempting to

engage with this broader demand in the student body and having the resources to do so. While counselling services staff are aware that there is always scope to improve how student mental health is being tackled, expanding promotional methods and reaching out to more students often results in the services being seriously over-subscribed. One participating staff member drew on the example of a promotional push the counselling services had done among nursing students. The unfortunate outcome of this however was that staff were unable to accommodate the large number of subsequent nursing students who took up the counselling services without creating a significant waiting list.

In terms of coping with demand, the majority of institutions recognised that the immediate demand for their services (i.e. number of students approaching them) meant that they were often working at absolute capacity or being critically overstretched. Many interviewees felt they had seen a consistent increase in the number and severity of mental health cases, many also felt strongly that this would be a pattern reflected across Scotland. The result of this was that many institutions indicated that for their staff numbers and resource levels, they were working significantly over the Association for University and College Counselling’s (AUCC) guidelines for allocated counselling hours. Participating staff members were well aware of the consequences of this, particularly for

maintaining administrative structures, and engaging in development work.

A number of institutions on the lower end of the service provision scale used the term “fire-fighting” to describe how their counselling services met demand. They described a situation where staff work hard to meet the demand from students but are forced to do so in a way that they are never able to plan for the future. Other institutions with comparatively higher levels of service provision noted that they were able to avoid simply “fire-fighting” through the use of additional sessional or voluntary workers.

Overall, there was a strong feeling among participating institutions that further investment would allow for far more efficient and far-reaching mental health support. Interviewees suggested that these additional resources would be spent primarily on additional staff members, but also on improving and expanding promotional methods, setting up drop-in facilities, workshops and seminars and group sessions.

3. Two key areas for development

Throughout the research, two key themes emerged in terms of future areas of work and development. These were issues around firstly international student mental health and secondly the role of academic and non-academic staff in promoting student mental wellbeing.

i. International student mental health

“We have some students who come from cultures where if someone suffers from mental ill health it is believed to be an act of God. The cultural complexity that is sometimes involved shouldn’t be underestimated.”

University staff

Many participating staff members described the increasing severity of international student mental health. This is an issue which has become particularly pertinent given the growing number of international students attending Scottish institutions. As the number of international students looks set to increase further as institutions attempt to bridge the funding gap, the “price” of student mental health is significant.

International student stressors

Participants described a number of stressors specific to the international student experience which have the potential to make mental ill health more common among this group. Culture differences, isolation, home sickness, pressure to perform academically, financial concerns and in some cases language barriers all contribute to a potentially distressing and confusing environment for an international student.

Difficulties of approaching support

However, for many international students, approaching mental health support may be particularly problematic due to the serious cultural implications involved. Depending on an individual's culture or religion, a student may regard mental ill health to have a very damaging stigma attached to it that could result in serious social exclusion. These cultural issues may deter international students from approaching counselling services.

A basic lack of awareness of healthcare and counselling services in the UK add to the number of issues which deter some international students from seeking support. Students may, for example, struggle to understand the concept of primary care, confidentiality agreements and the process of making appointments for these services. Similarly, participating institutions noted that some international students who are coping with ongoing mental health issues can be reliant on their doctors and medication from their home country and be unwilling to share their experiences with anyone at the institution. This becomes complicated if the student needs support from the institution in a crisis situation and the staff are unaware of the student's mental health history.

ii. Role of academic and non-academic staff

Many participating staff members reflected the view that while academic

and non-academic staff had the potential to play a key role in improving the mental wellbeing of the student body, the extent to which this role was taken up was inconsistent. Many participants commented that while some staff believe it is their responsibility to facilitate learning in any way they can, including identifying mental wellbeing issues, others are less inclined to assume this role. As one university staff member commented:

“The relationship between counselling staff and academic staff is so important. It can be incredibly difficult to get everyone on the same page. We need training rolled out, but we also need to create that buy in.”

University staff

These staff members list a number of reasons for such unwillingness: mental wellbeing falling outside their professional remit, a lack of awareness of mental health issues, and a lack of confidence or knowledge which would facilitate approaching students about these issues. Many participants said that they could often identify staff who were willing to engage with student mental wellbeing issues across subject lines. They said the majority of referrals to their counselling services often came from staff in subjects in social care, social sciences and the arts, while very few came from staff in physical sciences and engineering for example.

In addition, participating staff members identified that the stigma attached to mental ill health that pervades society

can prevail among staff members too. Participants identified that this stigma can often act as a serious barrier in signposting students to appropriate support due to a low understanding and personal empathy with mental health issues. As one participating staff member said:

“I was in a meeting with a senior member of academic staff about a student who has depression. His response was that ‘depression’ was an excuse used by lazy students. That gives you some idea of the resistance that can exist.”

University staff

Supportive potential of all staff members

Though participants called for academic staff to take a more consistent approach to student mental health issues, they saw this as only being possible if there was a sound understanding of mental health issues and a genuine view that staff had some level of responsibility for these issues. However, in order to bring about these changes participants identified that an element of top-down pressure was essential. In particular they identified that having a coherent mental health strategy in place which all staff are urged to put into practice would make significant improvements.

Participants also recognised the importance of involving staff in other key positions around the institution in the process of engaging with and signposting

students. They stressed the importance of looking more broadly at the potential of all individuals and staff members in the institution in supporting student mental health following cases where halls’ wardens and cleaners had been key in signposting students on to student support services.

In addition, many staff participants suggested that there was a need to roll out training on mental health issues across staff members to ensure that all individuals felt equipped and able to respond to students’ issues professionally and appropriately. Staff participants felt that the Scottish Mental Health First Aid Training would be a particularly helpful course that staff could benefit from.

4. Best practice in delivering mental health support

The *Silently Stressed* report recognised that the education sector is likely to face severe funding pressures in the near future. The danger of student mental health services being cut as an easy way of saving money is increasingly evident and we have already seen some institutions being affected in this way. However the importance of maintaining pastoral care during times of wider financial strains is clear. This phase of research allowed examples of best practice in the delivery of mental health support to be collected from across the country. This combined with the numerous benefits cited by users

of the services begins to draw together an evidence base in favour of protecting mental health support services in colleges and universities in Scotland.

Below are some of the areas that the support services staff interviewed felt were their strengths or examples of best practice in mental health support delivery.

Current best practice in student mental health support delivery:

Providing a “tiered approach” of support choices to meet the needs of the individual

Some institutions believed their strength lay in the fact that they provided a real opportunity for students to choose from a wide range of support options through a nuanced or “tiered” system. Having a number of more informal means of receiving support were also believed to make the services more accessible to the wider student body by allowing students

to formalise their support to an extent that suits them. For example someone who did not want to see a counsellor on a one-to-one basis could choose to use some self-help resources or attend a group workshop or seminar. However, this tiered approach was seemingly highly dependent on having the necessary resources to sustain it.

Maintaining close partnerships with external agencies in the wider community

Some institutions regarded their partnerships with their community-based mental health and wellbeing services to be of particular value, and something they believed all institutions could benefit from developing. Some institutions were part of local mental health networks that met up semi-regularly to update each other and share ideas for the future. Having these close links in the community offered counselling services and students a

number of benefits. For institutions with limited resources, having strong links with outside organisations allowed for students to receive support that would not have been possible within the institution. Having these strong links was also beneficial in the wider sense that it encouraged students to take up community-based services and learn how to cope with their mental wellbeing during their time as a student and beyond.

Dynamic, integrated and “hands on” ways of working

Some institutions indicated that their strengths lay in their ability to pragmatically respond to a number of issues that students present with such as childcare issues, disabilities, supported learning needs and financial hardship. Some institutions felt that simple habits such as strong team work and communication

skills particularly between all student support services can have real impacts on how quickly and efficiently students' issues are dealt with and how they are signposted to the appropriate support. Having a range of student support services located physically close to each other also aided this integrated working.

Interactive and direct means of service promotion

Some institutions were focused on interactive means of promoting their services and invested much time into these approaches. The advantages of this were reflected in

some discussions where student participants felt there was a wider and more consistent awareness in the student body of the mental health support available to them on campus.

Proactive initiatives and early intervention in student mental health

Some participating institutions had developed systems whereby students' issues were identified as early as possible in order to prevent more serious outcomes in the future. For example, the counselling services at one institution had a process of early intervention in place whereby the academic progress of students was monitored and where students were failing more than two modules, they were invited to the counselling services. Often staff found that when they made this proactive step, they found students who were in serious need of support.

The advantage of reaching out to students is clear when we consider the number of barriers that deter students from approaching their institution for support. However, again, it was clear throughout the research that only institutions with larger staff resources were capable of fielding a project so heavily dependent on staff resources.

Referrals to programmes of exercise

On the basis of evidence pointing to the benefits of increased physical activity for those suffering from mild to moderate mental ill health, some institutions have introduced referral programmes based around sport and exercise. In a partnership between the counselling services and the institution's sports facilities, some students who the counselling services have considered to be suffering from mild to moderate depression or anxiety were given a period of free access to these facilities

Tracking counselling service outcomes

Linked to the issue of best practice in mental health support is the process of tracking service outcomes. While tracking service outcomes is extremely beneficial in that it provides accurate information about the impact counselling has, defining and measuring outcomes of mental health support is extremely challenging. It is difficult to solely attribute positive academic and retention outcomes to the counselling services and while staff were confident their services prevented students from dropping out, it was difficult to evidence this due to the number of other factors that often facilitate a student's experience such as financial improvements or improvements in their home circumstances.

In addition, the process of recording and tracking counselling outcomes was reported by participants to be time-consuming and challenging and something that was often

and a personal plan for physical training. Throughout a number of sessions, the student would work with a personal trainer in order to complete an exercise plan, with their development being reviewed on an ongoing basis at the counselling services. Not only is this an efficient and sustainable means of providing mental health support, but it promotes a style of healthy living that would benefit the individual during their time as a student and throughout the rest of their lives.

sidelined, particularly by those institutions with smaller staff resources.

Despite the known challenges, participating staff members noted that recording these outcomes has become increasingly important in recent years. This has been part of a wider move to record the outcomes of counselling services not only to enhance and develop counselling work, but also to fully illustrate and justify student mental health support in a time of budget cuts. Participating institutions varied in the extent to which this move had been fully made. While some institutions struggled to record basic levels of numbers of incidents the services dealt with, others were recording counselling outcomes and numbers in a more in-depth way, such as linking them to academic performance and retention.

Recommendations and conclusions

The following recommendations highlight important findings from the research and suggest ways to bring about real improvements in mental health support in Scotland's colleges and universities.

1. Mental health strategies

1.1 Where institutions do not have a mental health strategy in place already, it is vitally important to develop one. This is key to setting out the fundamental focus and intentions of the institution when it comes to supporting student mental health. Furthermore, it indicates to staff and students that a supportive and strategic policy towards student mental health is endorsed by the institution as a whole and therefore should be pursued at all levels and by all individuals.

1.2 Similarly, where institutions already have such a strategy in place, more should be done to make both students and staff aware of the content of the strategy and the role they play in putting it into practice.

2. Staff roles in improving mental wellbeing

2.1 Given their key position as a visible contact with whom students have regular relationships with, academic and non-academic staff should be encouraged to help facilitate a supportive environment

for students. Improved training and resources for staff about the signs and symptoms of mental health issues and clear guidance on where to signpost students to is an essential step forward. However, it is vital that academic staff fully buy-in to this aspect of their role and put it into practice. For this to happen they must firstly receive adequate training and, secondly, high level management must have strong involvement in ensuring staff know what is expected of them in this capacity.

2.2 Existing structures in most institutions should be used to facilitate a supportive environment for mental health. Academic tutor or personal development schemes are a simple way to ensure semi-regular contact with students and allow them the opportunity to raise any personal issues or stresses. Making these tutor meetings mandatory and ensuring that questions are raised about stress or how a student is coping will go some way to creating a supportive environment.

3. Engaging with difficult-to-reach students

3.1 Institutions should improve how the mental health support they offer is inclusive towards all types of student groups, with particular attention being paid to those non-traditional groups such as international students, postgraduates, mature students, part-time students, distance learners, carers, disabled students and those defining as LGBT.

4. Student links to external agencies

4.1 Institutions should engage in partnership working with community-based mental health organisations and embed themselves into community networks. This will enable institutions to utilise the full voluntary and public sector to the advantage of their students, while potentially sharing resources in a time of financial constraint. When a student is referred to an external agency, it is also helpful to ensure the institution receives ongoing feedback from the student to keep the institution up-to-date with their progress.

4.2 The establishment of overspill agreements among colleges and universities in the same area may help manage student demand for mental health support, particularly in times of financial constraint. Pooling counselling services resources between institutions may improve the efficiency of mental health support in an area and allow institutions to better manage the demand for student mental health on their campus.

5. Providing a range of support options: formal, informal and preventative

5.1 Institutions should strive to offer a range of support options to meet the varying mental health needs of their student body. Providing the opportunity to engage with self-help strategies, online therapy, one-to-one sessions, group sessions, peer support, and seminars and workshops as well as more informal and preventative activities such as sport and

exercise increases the appeal of mental health support to a broader spectrum of the student body. Providing strong links to external services will help provide other kinds of support that the institution is unable to provide on its own. Having this variety of support may encourage students thinking about coming forward for support to do so in informal and accessible ways.

6. Developing and improving mental health support promotional methods

6.1 Institutions should adopt more interactive and personal approaches to promoting counselling services. This will provide efficient and direct promotion of the services, making information about the services easier to absorb. Institutions should move towards these interactive approaches as the core of their promotion work and see the use of posters and leaflets as a supplementary method. While these are important for conveying a consistent message, information from them may only be absorbed after a more direct promotion has been pursued.

6.2 Student discussions regarding mental health language also suggest that there may be advantages to rebranding counselling services to avoid the negative connotations associated with the “counselling” term. Rebranding may also help promote the more informal and preventative means of improving mental health.

7. Tracking counselling services outcomes

7.1 The outcomes of counselling services should be tracked in order to clearly illustrate both the workload of the services and the numerous positive benefits of the services for students. Although it is difficult to do so with complete certainty, institutions should as much as possible attempt to draw links between counselling outcomes and academic, retention and social outcomes for students. Highlighting these outcomes brings student mental health into sharper focus, allows lessons and patterns to be recognised and creates an evidence base as to the fundamental value of counselling services.

8. Tackling the multiple layers of stigma

8.1 Institutions must work towards recognising the multiple layers of stigma that exist around student mental health, including mental health language and how stigma sits with different groups of students such as international or LGBT. Institutions should introduce ways of increasing awareness, understanding and personal empathy with mental ill health as a way to break down this stigma.

9. Protection of services during funding cuts

9.1 It is imperative that in the face of pressures to cut budgets and bridge funding gaps, institutions do not reduce counselling services in order to save

money. In light of the current economic climate, counselling services are likely to become increasingly important as students adapt to potential changes such as increased class sizes, increased use of e-learning, potential changes to loans and grants, and the increased take up of paid employment to make ends meet.

10. Extending funding and investment into mental wellbeing

10.1 As the *Silently Stressed* report indicated, this is an area which has required and continues to require further investment and development. Increased investment into preventative and informal means of mental health support on campus may be a particularly shrewd way to invest money into this area.

10.2 In order to strike a balance between those students who have concerns regarding the confidentiality of a mental health service on their campus and those who prefer the convenience of such a service, institutions should consider pooling resources in such a way as to create their own community based/ external mental health support. An arms-length mental health support centre with an ability to do reach out work or drop in sessions at different institutions could be an innovative way to efficiently share resources while meeting student needs more thoroughly.

Conclusion

It is clear that student mental health is an important and serious concern in Scotland's colleges and universities. This research report has shown that many students are unwilling to talk about these issues or to seek help for them. Unfortunately, a number of barriers deter students from approaching mental health support, many of which stem from the damaging stigma attached to mental ill health in Scotland today. The short and long-term consequences of this for students, colleges and universities and wider Scottish society are serious and far-reaching.

While the overall take up of mental health support in colleges and universities may be low, for those who have used these services, the hugely positive benefits of their experience is clear. However, it is also clear that providing student mental health support is challenging and that these services in colleges and universities and are often critically over-subscribed.

More must be done to engage with student mental health issues and particularly to enhance the mental health support available at college and university and how this support reaches all students.

For this to happen, a range of measures must be used to ensure that current resources are maximised and services are enhanced where needed. A key approach that could significantly enhance institutions' overall supportive environment would be one that includes strong preventative, inclusive and informal aspects. Actively pursuing a broader view of mental health that recognises it as a positive aspect of wellbeing more generally is an important step in breaking down the silence and stigma that surrounds mental health. Encouraging students to be proactive and caring for their own mental health and that of others will result in a number of wider benefits for all.



NUS Scotland, 29 Forth Street, Edinburgh EH1 3LE

0131 556 6598
mail@nus-scotland.org.uk
www.nus.org.uk/thinkpositive