

# Improving Mental Health and Wellbeing Support for Scotland's Students

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## Executive summary

Research carried out by BSV Associates for  
the National Union of Students

Freya Douglas Oloyede, Kath Bridger and Barbara Lawson



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# 1

## Background and context



## 1 BACKGROUND AND CONTEXT

### 1.1 Understanding student mental health and wellbeing

For all individuals, **mental health** encompasses a spectrum which can range from diagnosable mental illness, such as depression, schizophrenia or an anxiety disorder, at one end, to positive mental health at the other (Huppert & So, 2011). Alongside this **mental wellbeing** is a multi-dimensional concept often equated with positive mental health, referring to positive psychological functioning (Huppert & So, 2011; Tenant et al., 2007). It is associated with positive outcomes, including effective learning, productivity and creativity, good relationships, and good health and life expectancy (Huppert & So, 2011). A person's mental health and experience of mental wellbeing are interrelated and can shift and change throughout their lives.

Factors which influence our mental health and wellbeing are complex and highly individual. They include psychosocial factors, which combine social and psychological factors, such as social support, social status and integration, loneliness and work or study environment (Upton, 2013). Therefore, exploring individual experiences is essential to understanding mental health and wellbeing and what can influence it.

It is recognised in both research and in practice delivery that good mental health and wellbeing contributes to students' ability to effectively participate, thrive and flourish on their programme of study. Conversely, poor mental health and wellbeing can negatively affect students' experiences, learning, progress and outcomes.

Levels of poor mental health among young people in their mid-teens in Scotland has been rising over the last 10 years, especially among girls (Scottish Government, 2019). This trend continues into tertiary education, with the proportion of college and university students disclosing mental health conditions increasing in recent years (Advance HE, 2018; Advance HE, 2019). Low levels of mental wellbeing among students has also been highlighted by several recent studies (eg Unite Students, 2016; Thorley, 2017), as has high levels of stress (e.g. NUS Scotland, 2010; Harris et al., 2016; NUS-USI, 2017).

Prior to this study, research relating to the UK-wide university sector (eg Bewick, 2010; Brown, 2016; Thorley, 2017; McCloud & Bann, 2019; Unite Students, 2019; WonkHE, 2019) and a small amount relating to both colleges and universities (e.g. NUS Scotland, 2010; NUS-USI, 2017; AoC, 2017) had identified a number of psychosocial factors and key points in the student journey with the potential to contribute to poor mental health and wellbeing among students. These include the transition to college/university; support networks; finances; programme-related factors such as workload; exams and assessments; and alcohol and substance misuse. This research examines in

more detail the extent of the influence of these and other factors in relation to students' wellbeing in Scottish colleges and universities.

## 1.2 Institutional provision and policy context

Colleges and universities across the UK are increasingly focusing on student mental health and wellbeing as a strategic priority (AoC, 2017; Thorley, 2017). In Scotland, this strategic emphasis has increased in recent years, driven by policy and funding requirements including:

- The delivery of [Think Positive](#) by NUS Scotland with Scottish Government support and including the development of Student Mental Health Agreements (SMHAs);
- Publication In 2017 of the Scottish Government's ten-year mental health strategy<sup>1</sup>, including a focus on further and higher education and a commitment to supporting NUS Scotland to further develop Think Positive;
- Requirement for institutions to develop an institutional student mental health strategy and work with Think Positive and their local students' association to develop a SMHA as part of Scottish Funding Council outcome agreements (OAs) from 2019/20 (SFC, 2019a; SFC, 2019b);
- Provision of funding to support 80 additional mental health counsellors in colleges and universities, to be distributed and monitored by the SFC's from 2019/20.<sup>2</sup>

Institutional mental health and wellbeing provision typically encompasses both support for those experiencing poor mental health and broader preventative programmes and activities to promote student mental wellbeing. Such work spans a range of support services and initiatives, including student support; counselling provision; disability support; reasonable adjustments; referrals to external support; awareness raising activities; staff and student training; embedding of mental health and wellbeing within the curriculum; and collaboration work with and activities delivered by students' associations (Williams et al., 2015; Thorley, 2017).

An area of focus of late, reflected in the new funding mentioned above, has been counselling provision. Most Scottish institutions have some form of counselling provision, be that in-house or through links with external partners (SFC, 2019). Reflecting the UK-wide picture (Thorley 2017), demand for counselling across Scottish colleges and universities is increasing and there is a gap between the number of students seeking and accessing counselling, with waiting lists also the norm at most institutions (NUS Scotland, 2018; SFC, 2019).

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<sup>1</sup> Scottish Government (2017)

<sup>2</sup> <http://www.sfc.ac.uk/news/2019/news-77391.aspx>

### 1.3 This research

While much is being delivered by institutions and the evidence base UK-wide is growing (Barkham, 2019), it was identified that there were a number of gaps in the body of evidence in respect of student mental health and wellbeing in colleges and universities in Scotland, including a lack of Scottish-specific research and a lack of student voice relating to access to and experience of support for mental health and wellbeing. To support the continued development and expansion of Think Positive, the Scottish Government awarded new funding to NUS Scotland in 2018, which included ringfenced funding for the current research with the aim to fill some of these evidence gaps.

The **objectives** for this work were to:

- Identify contributory factors to poor mental health and wellbeing amongst college and university students;
- Establish a picture of what services are on offer to students at their institutions and student experience and demand for these services; and
- Identify effective practice across colleges and universities.

It was undertaken using the following **methods**:

- Literature review relating to student mental health and wellbeing relevant to Scottish colleges and universities;
- Online sector-wide student survey gathering quantitative and qualitative data about students' experiences in relation to their mental health and wellbeing and their experiences of support accessed (3,097 responses received);
- Institutional consultation exercise with a sample of eight institutions to develop an understanding of the breadth and variety of what is being provided to support students' mental health and wellbeing.

It is intended that the research will illuminate existing and generate new knowledge to provide an evidence base and recommendations to inform future work across the college and university sectors.

# 2

## Understanding student mental health and wellbeing

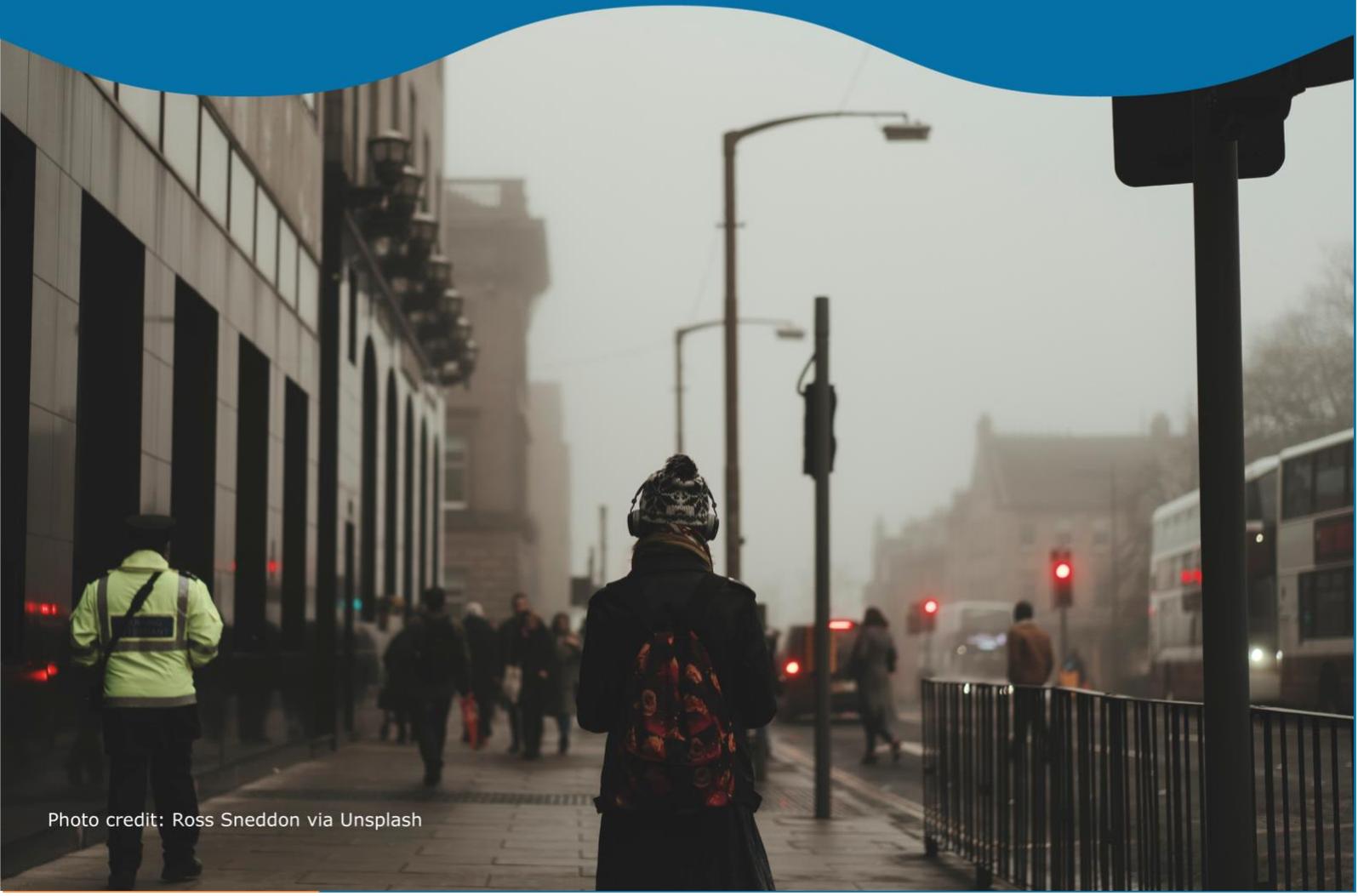


Photo credit: Ross Sneddon via Unsplash

## **2 UNDERSTANDING STUDENT MENTAL HEALTH AND WELLBEING**

Our survey was designed to support the development of a greater understanding of the experiences students have of the services provided by their college, university or an external provider whilst on their programme of study. Analysis of findings have been organised into sections which align with key areas identified through our literature review.

### **2.1 Factors influencing student mental health and wellbeing**

Survey findings confirm previous research, highlighting the following factors which have the potential to impact positively and/or negatively on students' mental health and wellbeing:

- i) Financial factors, particularly a lack of money and financial pressure, do impact on students' mental health and wellbeing. Where financial support is available, eg through bursaries, this provides positive impact. Although colleges and universities are experiencing increasing financial pressures an exploration of different ways in which financial pressures for students can be best alleviated could be beneficial.
- ii) Factors related to programme of study, including adjusting to new ways of working, course workload and pressure to achieve are significant in relation to student mental health and wellbeing. However, students identify that support from tutors and lecturers, as well as programme content and learning can be instrumental in enabling students to maintain good mental health and wellbeing, highlighting the central role of good learning and teaching practice and a mainstreamed approach to support in enabling students to positively maintain their mental health and wellbeing during their studies.
- iii) Positive social interactions and relationships, particularly those with family and friends, are identified by students as important to maintaining their mental health and wellbeing. Students who indicated they experienced loneliness and/or family difficulties found these negatively impacted their wellbeing. Access to a range of opportunities which enable students to connect with others will support students in this regard, taking account of the needs of different protected characteristic groups.
- iv) Maintaining good health through physical activity was identified as important, not only for health benefits but also in relation to developing a sense of belonging as part of a community. Students' associations and other college/university functions which directly engage students socially and/or with physical activity have a role to play in providing a broad range of opportunities for students to maintain their health and wellbeing.

- v) Resilience does not appear to be lacking in the majority of students who responded to our survey. They display a range of attitudes and skills which indicate self-dependence and perseverance enable them to be resilient. These skills can be further drawn out and developed through student focused learning and teaching practice.
- vi) Conversely, a lack of confidence can impact negatively on mental health and wellbeing and, as a result, on ability to learn successfully. This can be mitigated by mainstreaming an understanding that effective learning and teaching practice can improve confidence and motivation and has the potential to support students' mental health and wellbeing and successful learning outcomes.

## **2.2 Trigger points in the student journey**

Survey findings corroborate the findings of previous research relating to points in the student journey important to mental health and wellbeing and confirm existing knowledge and practice within the college and university sectors. In particular:

- i) Transition onto and the first year on a programme of study is an important point in the student journey. The first year of study is when students are most likely to face challenges with their mental health and wellbeing and access support, followed by the second year. The fact that some students progress into a second year of HE study from FE should be noted here, meaning that these students may experience similar challenges of those entering their first year. It is also important to note that for some, although the transition to college or university was a challenge, it was also a period of growth and positive development.
- ii) Across all years of study, at the very beginning of the course and/or during the first semester are points when students are most likely to access support for their mental health and wellbeing, again indicating the importance of transition into new phases of study.
- iii) Exam and assessment times are also critical points in the academic year. Students in their second, third and fourth year are more likely to access support than first year students at these times, suggesting there is added pressure to attain as years progress.
- iv) For students transitioning into and out of their programme of study, uncertainty and not knowing how this will unfold may bring added anxiety resulting in increased need for support.

### **2.3 Students' Mental Health and Wellbeing in relation to background and identity**

We would affirm the fact that a student's experience of their academic journey is unique to each individual. The reasons for students' experience of poor mental health and wellbeing should not be ascribed to any particular characteristic or circumstance. However, we recognise that students' individual circumstances and identities can play a part in mental health and wellbeing. Prior research has identified differences in the maintenance of mental health and wellbeing and/or differential access to support among particular groups of students (e.g. Brown, 2016; Student Minds, 2018; Insight Network and Dig-In Box, 2019; Unite Students, 2019). Our research indicates the following:

- i) Mental health conditions and concerns about mental health and wellbeing appear to be proportionally high among 18-29 year olds, disabled students, and students who were carers, care-experienced, or estranged. Whilst we cannot draw firm conclusions, this may be due to the fact that these students are dealing with multiple life circumstances at a time of change and increased pressure.
- ii) Women and LGBTQ+ students had proportionally greater numbers of diagnosed mental health conditions, though lower levels of concerns about mental health and wellbeing than men and heterosexuals, respectively. We do not regard this as an indication that these groups are more susceptible to mental health conditions, rather that it suggests the lack of responses from male and heterosexuals students is due to the fact that they may be less likely to engage with the topic of mental health and wellbeing, or ask for help if they need it [see Insight Network and Dig-In Box, 2019].
- iii) Whilst factors which impact on the mental health and wellbeing of international students and students from lower socio-economic backgrounds are similar to those identified by students overall, it is important to ensure that work across the curriculum and student support mainstreams a lens which takes account of their particular circumstances.

### **2.4 Student experience of mental health and wellbeing support**

Our survey examined student experiences of the services and support available to them, both internally and externally to their institution, pre-entry and transition.

#### **2.4.1 PRE-ENTRY AND TRANSITION**

Our survey examined the experiences of those with a mental health diagnosis of pre-entry support and continuity of prior support.

- i) Information on how to access support appears to be widely offered, with the majority of survey respondents indicating they had received this. More than half of students were also offered the opportunity to speak to someone before they started their studies if they had concerns about their mental health. Those who were not offered this beforehand indicated that they would have found it helpful to do so.
- ii) Respondents with a mental health condition received support through their GP or NHS services, which is to be expected. However, varying levels of continuity in care from home to place of study were indicated, dependent on where they studied, eg resident at home or elsewhere.
- iii) It is important to recognise that it is difficult for institutions to assure continuity. This is largely out of the control of colleges and universities, although efforts are made to address this issue.

#### **2.4.2 ON-COURSE AWARENESS OF SUPPORT**

Our survey examined students' knowledge of the range of support for mental health and wellbeing on offer at their institution during their studies.

- i) Very positively, the majority of respondents were aware of at least some, if not all, of the services on offer at their place of study, particularly core support services, although fewer FE than HE students.
- ii) Lower levels of awareness of online provision is noted. Increasing awareness and the profile of all available services would enable an increased number of students to access the support that is right for them when they need it.
- iii) Findings indicate that students are not aware of, or do not understand, how support is mainstreamed through the curriculum to support mental health and wellbeing to facilitate learning, for example helpful timetabling, monitoring of workload and opportunities to build confidence and resilience skills. Whilst this is generally an integral aspect of programme delivery it may be beneficial to demonstrate the support by increasing its visibility, eg 'how we are supporting your learning' section in course descriptions.

### 2.4.3 ACCESSING SUPPORT

Our survey examined who accessed support as well as where students access their support and how long they need to wait for this. In addition, we also inquired into students' attitude to seeking help.

- i) Although the number of respondents who identified that they had a diagnosed mental health condition or a concern about their mental health and wellbeing was high, proportionately the number accessing support was small, with students between the ages of 18-29 and those who are carers, care experienced, or estranged more likely to access support.
- ii) Those who are more reluctant to access support are male students, heterosexual students and students with a diagnosed mental health condition.
- iii) Students who did not access support gave affirmative reasons for not doing so, eg being confident in their mental wellbeing, with the majority of students indicating that they trusted their institution to provide the mental health and wellbeing support they need.
- iv) However, findings indicate that some students find a lack of knowledge about how to access services and a fear of being judged as barriers to accessing support.
- v) The low level of survey respondents who indicated they felt able to reach out for support should be noted, potentially indicating that there may be large numbers of students who do not feel able to seek the help they might need. Although potential reasons for this are indicated, further specific inquiry into why students do not access support may be beneficial, alongside ensuring that communications about mental health and wellbeing services are appropriate for and reach all students.
- vi) Family and friends were identified as a significant source of support, particularly where students needed to talk things through. Of note is that family support is not available to care leavers or estranged students.
- vii) Unsurprisingly, institutional based services and teaching staff were also identified as important sources of support, with institutions and the NHS being the primary point of access to counselling and talking therapies.
- viii) Fewer students accessed other forms of support. Where they did this was predominantly online website for forums to gather information or to talk things through. These are accessible sources of support which could be promoted more widely, particularly to supplement other

services, eg whilst students are waiting to access counselling. However, the quality of these services would need to be assessed.

- ix) Not unexpectedly, survey findings indicate that waiting times for institutional and NHS support were high, with more than half of respondents waiting more than a month to access the service. This is due to multiple factors, including type of service available; the process of diagnosis; and a strain on services or lack of resource.
- x) Although more than a third of respondents who were waiting for a particular form of support indicated that they had received other support in the interim, for those who do not the reasons are likely to be complex and contextual. Therefore, further inquiry to understand why and whether it would be appropriate for them to do so may help to signpost areas for action.

#### **2.4.4 QUALITY AND IMPACT OF SUPPORT**

Our survey asked students how helpful they found the support or services they accessed in terms of quality, impact on mental health and wellbeing; and the impact the support received had on their ability to succeed in their studies.

- i) Students were very positive about the quality of support received and its impact on mental health and wellbeing. No differences between FE and HE students, or between protected characteristic groups were evident, with the exception of BAME students who indicated their experiences were poorer than their white peers.
- ii) Again, the majority of students identify that services have had a positive impact on their ability to succeed in their studies, demonstrating the effectiveness of work currently being undertaken in colleges and universities. Of particular note are responses from BAME students who appear to enjoy greater impact on success than their white peers, which is contrary to our finding in respect of quality of experience. Further inquiry here would be beneficial to better understand how BAME students are experiencing student support services.
- iii) It is also important that there is cognisance of those students, regardless of protected characteristic, who do not have a good experience or do not appear to accrue positive impact from the services they have accessed. Work to review practice in order to gain a deeper understanding of these experiences will facilitate the development of practice for the benefit of all students.

# 3

## College and university provision to support student mental health and wellbeing



### **3 COLLEGE AND UNIVERSITY PROVISION TO SUPPORT STUDENT MENTAL HEALTH AND WELLBEING**

Our consultation exercise with eight Scottish institutions collected evidence of existing practice in colleges and universities to develop greater understanding of approaches to support student mental health and wellbeing, and to identify effective practice.

It is apparent that there is a significant amount of work going on within institutions to support student mental health and wellbeing, reflecting considerable effort and investment being made in this area. Our report focuses on key themes in institutional practice identified from the literature; the policy context of the sector; and evidence from our consultation. Much of this work is relatively new, so firm evidence of 'what works' is not yet available in some areas. However, the full report includes numerous examples of effective or innovative practice in a compendium of institutional practice.

#### **3.1 Strategic oversight**

The consultation exercise considered the following aspects related to strategic oversight of student mental health and wellbeing; student mental health strategies and SMHAs; alignment with other relevant strategies; structures for oversight of student mental health and wellbeing; and monitoring and evaluation of student mental health and wellbeing provision. The following key findings emerged:

- i) The majority of participating institutions have developed institutional strategies to enhance support for student mental health and wellbeing; and SMHAs, through the Think Positive project, to enhance partnership working on student mental health. However, synergy between institutional mental health strategies and SMHAs varied.
- ii) Among our sample, approaches to institutional strategies varied, with the strongest examples including: an institutional context and vision for mental health and wellbeing; being evidence-based; and setting out aims or priorities, along with actions.
- iii) Across participating institutions there is greater similarity in approach between SMHAs. They are generally clear and succinct but could be enhanced through a greater level of detail, for example in respect of evidence base and on what will be delivered by the institution and what by the students' association.
- iv) Though there is evidence of alignment of student mental health strategies with individual institutional strategies, most notably with outcome agreements, linkage with Public Sector Equality Duty (PSED) work was rarely highlighted.

- v) Oversight of student mental health strategies has been strengthened by the majority of participating institutions, for example through new or revised groups and specific staff to support the development of a joined-up and strategic approach to student mental health and wellbeing.
- vi) Monitoring and evaluation of student mental health and wellbeing is most well-established in relation to high-level monitoring of student statistics and evaluation of counselling services but is less consistent across the breadth of mental health and wellbeing provision.

### **3.2 Mainstreaming approaches**

The research considered approaches being taken to mainstream and embed consideration of mental health and wellbeing in staff practice, teaching and curriculum. The following findings were identified:

- i) Although only two institutions shared examples of more formal approaches to embedding student mental health and wellbeing as part of academic/teaching roles, it may be that this is generally regarded as part of good learning and teaching practice rather than specific practice in relation to mental health and wellbeing. This is therefore an area worthy of further inquiry.
- ii) All participating institutions are providing information and advice and different types of training to develop staff knowledge and skills regarding mental health and wellbeing. However, little evidence of the uptake or effectiveness of this was provided.
- iii) Examples of recent or ongoing work being undertaken to embed mental health and wellbeing into curriculum design and delivery were identified. These relate to increasing capacity among staff to enhance learning and teaching practice; and/or embedding mental health and wellbeing into course content for specific programmes. While not yet widespread, these innovative approaches could be used to inform thinking in this area of work.
- iv) Collaborative and externally supported projects were found only in the university sector, suggesting a gap in research incorporating the college sector.

### **3.3 Institutional mental health and wellbeing support**

Our consultation exercise examined what services and support participating institutions currently provide to support student mental health and wellbeing. Institutions in our sample provide a wide variety of support for student mental

health and wellbeing, which varies according to institutional context. The following key areas were identified:

- i) Mental health and wellbeing support is situated in different places in different institutions, depending on institutional context. Two in our sample have recently revised their structures to provide enhanced support. Wider institutional services also play an important role, particularly in larger institutions.
- ii) Counselling provision is a core aspect of mental health and wellbeing provision in the majority of institutions. Arrangements differ between participating institutions, spanning in-house teams, external arrangements and signposting to external services, however, all institutions are in the process of extending provision with new government funds. Provision of online counselling was not widespread at the time of this research, though has likely increased as a result of Covid-19.
- iii) A range of other support for mental health and wellbeing is provided by participating institutions, such as non-clinical face-to-face support, psychoeducation and activities to promote student wellbeing. Peer-to-peer support is an area many are considering developing.
- iv) Online self-help for mental health and wellbeing is an area of growth, with Togetherall (formerly Big White Wall) and other app/online platforms being adopted by the majority of institutions in our sample to augment institutional based services.
- v) In participating institutions work with the NHS spans partnerships with specific services, to work with GPs, to signposting. Challenges such as a lack of capacity among NHS services are commonplace. However, participating institutions provided valuable examples of institutional collaborations with national and local mental health and wellbeing organisations. Such work is context and resource dependent.

### **3.4 Students' association mental health and wellbeing activities**

Our consultation exercise considered what mental health and wellbeing activities and support are being provided by students' associations, with the following key findings:

- i) The students' associations of the institutions participating in our research play a pivotal part in promoting student mental health and wellbeing as well as delivering various activities to support students, much of which is tied into the institution's SMHA.

- ii) This work is wide-ranging and extensive, but some common themes emerged, including specific student officers/positions, events, campaigns, online information and advisory services.
- iii) Our literature review did not yield any specific evidence and whilst no data on effectiveness of activity was provided, it is anticipated that the efficacy and impact of these activities will be evaluated, at least to some extent, through SMHAs.

### **3.5 Supporting the student journey**

Discussion of literature and our student survey results shown in Section 2 highlights the key stages in the student journey where students most need support for their mental health and wellbeing, as well as those who, for a range of reasons, need more or specific support. Evidence gathered from our consultation highlights how participating institutions are working to address these areas.

- i) Evidence suggests that the delivery of activities to support students' mental health and wellbeing as part of the student journey are being undertaken as cross-institutional endeavours, promoting and strengthening partnership working across functions and departments.
- ii) It also demonstrates that institutions participating in our consultation are delivering a range of activities at key points in the student journey, particularly at transition in and exam and assessment times for all students and specific pre-entry and transition support for those with mental health condition.
- iii) Although these are identified as pinch point for students in terms of impact on their mental health and wellbeing, there are other points in the student journey where support is also required, for example at the start of the academic year and return for a placement or time out.
- iv) A number of institutions in our sample have developed evidence-based approaches to supporting mental health and wellbeing among particular groups or cohorts, most commonly for male students, FE students on lower SCQF level courses or students who are care experienced or carers.

# 4

## Recommendations/areas for development



## 4 AREAS FOR DEVELOPMENT

This research study has considered psychosocial factors that have the potential to impact on students' mental health and wellbeing; the key points in the student journey when wellbeing issues are most likely to arise; how students access and experience different types of support during their studies; and what institutions are providing to support their students to maintain good mental health and wellbeing whilst studying. Overall our evidence provides a positive picture of student experiences with much work going on across the sector to support students' positive mental health and wellbeing.

Below we identify the key themes that emerged across the different strands of this research as central to the development of more effective support for student mental health and wellbeing and identify a range of recommendations/areas for development for future action by institutions, students' associations and other relevant bodies.

### 4.1 Strategic Development

The policy context has driven an increased strategic focus on mental health and wellbeing across institutions, giving a greater profile to the importance of and focus on this area, and spurring development. In order to strengthen institutional approaches to developing strategic approaches to supporting student mental health and wellbeing the following areas could be developed:

#### **Institutions:**

- i) Alignment of student mental health strategies and SMHAs, with the institutional strategy providing strategic overview, a longer-term picture and setting out the institution-led activity, with the SMHA focusing on collaborative commitments between the institution and students' association, specifying ownership of activity.
- ii) To strengthen and refine student mental health strategies and SMHAs the following areas would be helpful to consider:
  - a. An evidence-based approach, including consultation with students;
  - b. How progress and impact will be measured, and evaluated;
  - c. Clarity on roles and responsibilities; and
  - d. Improving the clarity and accessibility of these documents, including publishing and dissemination to the college/university community.
- iii) In developing a whole institution approach, mainstreaming the consideration of mental health and wellbeing as part of delivering the PSED and equality outcomes will support the embedding of support of student mental health and wellbeing into all student-facing policy, practice and functions.

- iv) Additionally, institutions should ensure that the aims and relevant activities from their institutional mental health strategies are embedded into other relevant strategies, including their equality strategies (eg PSED equality outcomes).

**Sector bodies:**

- v) Think Positive and SFC should work together to ensure their respective guidance/requirements on SMHAs and mental health strategies make clearer how the two documents should relate to, but not duplicate one another, providing guidance to the sector as appropriate.

#### **4.2 Factors which impact on student mental health and wellbeing**

As identified through our literature review, mental health and wellbeing are experienced personally with a range of psychosocial factors having the potential to impinge on wellbeing at varying stages of people's lives. Survey findings indicated that students possess a range of attributes and skills which enable them to be resilient in the face of challenges, including self-dependence and perseverance. That is not to say that they will be able to sail unscathed through the challenges they encounter on their student journey, with the range of factors identified as having the potential to impact their mental health and wellbeing, including financial pressures, programme-related factors, social support factors and health factors, often aligning with those identified in previous research studies. Our analysis suggests the following areas where actions can be taken to enhance current approaches to addressing factors which impact on student mental health and wellbeing.

**Institutions:**

- i) A collaborative review of services to help students to overcome financial pressures and ensure they have access to the right financial education and money advice, could enhance a sector-wide approach in this area. This could be informed by survey work committed to by Scottish Government (see Recommendation (x) below).
- ii) Ensure that institutional approaches to mental health and wellbeing are mainstreamed in institutional strategy and practice approaches, for example through specific roles such as curriculum link staff, to ensure student mental health and wellbeing is supported through curriculum delivery as part of learning and teaching practice.
- iii) Enable all teaching and student-facing staff to proactively embed consideration of mental health and wellbeing in their work through the provision of training and professional development opportunities to expand knowledge and enhance practice within the institution and across the wider college and university sectors.

### **Sector bodies:**

- iv) Think Positive should continue to work with institutions, the National Association of Student Money Advisers (NASMA) and the Further Education Student Support Advisory Group (FESSAG) to enhance their work on money advice to students.
- v) To support capacity building to effectively support staff in FE and HE it would be helpful for Scottish Government to work with relevant college and university and professional bodies and, where appropriate, staff unions, to review whether existing policy on training, development and qualifications for teaching and other student-facing staff adequately reflect the skills/competency needed to embed consideration of student mental health and wellbeing in learning and teaching practice and related continuing professional development.
- vi) See recommendation 4.8 (v).
- vii) Students' associations should review whether their provision of opportunities for students to interact socially and form positive relationships takes account of the needs of all students to ensure inclusion for all groups, using SMHAs as a vehicle to identify, implement and evaluate how these activities support student mental health and wellbeing.

### **Scottish Government:**

- viii) Consider further improvements that could be made to student cost-of-living support, especially in the context of the Covid-19 pandemic, over-and-above those already made in response to the 2017 student support review.
- ix) Monitor demand for locally-administered discretionary funding to ensure resourcing is adequate.
- x) The Scottish Government has already committed to carrying out a student income and expenditure survey in Scotland, to understand the current situation in respect of student finance. It would be beneficial for the sector for this to be carried out on a recurring basis to ensure decision-makers have a clear picture of the living and learning costs students face. Survey findings could also be used to inform a sector wide review of services at institution level to ensure students have access to the financial support and money advice they need (see Recommendation (i) above).

## **4.3 Key points in the student journey**

The findings of this study largely align with those of previous research in respect of the key points in the student journey when students need the most support

for their mental health and wellbeing and highlight that institutions have identified these points are important for the provision of support. Colleges and universities are already working to provide support to students at key points through their programme of study. Evidence suggests the following actions to enhance this support.

**Institutions and students' associations:**

- i) Whilst current activities address the most significant points in the student journey that increase students' concerns about their mental health and wellbeing, it would be beneficial for institutions and students' associations to consider how they ensure that students are able to access appropriate support at all of the key points in the student journey, including, for example pre-entry, transition into the institution, transition to second year, exam and assessment times and periods away from the institution.

**4.4 Awareness, access and experience**

Contrary to previous research our survey indicates high levels of awareness of mental health and wellbeing services offered by colleges and universities, with respondents indicating awareness of at least some, if not all those offered at their institution, though some gaps in awareness were identified. Our survey findings indicate a range of possible reasons why students do not access support for mental health and wellbeing, including affirmative reasons, such as having their own support networks in place, and negative reasons, such as stigma and a fear of being judged. In order to increase student awareness of the full range of available support and reduce stigma relating to mental health and accessing support, research findings indicate the following areas for action:

**Institutions and students' associations:**

- i) A review of how services to support student mental health and wellbeing are publicised and their purpose communicated in order to identify areas which could be enhanced has the potential to increase students' awareness of and access to the full range of services on offer through the institution; the students' association; and external services.

This could include information on websites and written materials as well as the development of innovative methods to engage all students to ensure they can learn effectively, stay on course and have positive outcomes. This is particularly important in the context of the on-going impact of the Covid-19 pandemic.

- ii) If not already in place, and in conjunction with on-going support provision, consideration could be given to the development of an annual cycle of advice, information and scheduled activities to promote mental health and wellbeing and support provision, coinciding with key trigger

points in the student journey and delivered equitably across all campus locations.

Partnership working with internal and external stakeholders will support this work with SMHAs providing a vehicle for its facilitation.

- iii) Building on current practice, with further exploration of institutional data to understand why some students do not access support, will inform the development of evidence based approaches to targeting information, advice and services where take up is historically low or for students from particular backgrounds.
- iv) Work to address stigma surrounding mental health is still required. Featuring consistently in SMHAs, institutions should develop further work with their students' associations to address this issue. Taking account of institutional and/or sector-wide evidence, it would be helpful to include consideration of communications in order to overcome myths or stereotypes about who support is or is not for; assure students of confidentiality; and reduce stigma around seeking help.

**Sector bodies:**

- v) Drawing on the work of institutional students' associations, NUS Scotland could work with the Scottish Government to lead a national awareness-building campaign to reduce stigma relating to student mental health and to challenge preconceived ideas about who support is for/not for.

#### **4.5 Structure and provision of institutional services**

Colleges and universities are providing effective support for student mental health and wellbeing through wide-ranging provision. While individual to each institution and its context, support typically includes counselling provision, non-clinical support, online platforms and services, information and guidance. Currently, counselling capacity is significantly overstretched in most institutions, though it is anticipated that new Scottish Government funding for additional counsellors may ease this situation. In the context of the increasing demand for support, and in light of the increasing move to online programme and support delivery brought about by Covid-19, online platforms and services, information and guidance are growing in importance. Students' association mental health and wellbeing activity is extensive, and students' associations and Think Positive are well placed to share their practice and resources with institutions through SMHAs. Further work to ensure sustainability through the expansion, monitoring and evaluation of counselling and other forms of support has the potential to provide longer-term benefits for all students.

**Institutions:**

- i) Mechanisms to monitor and evaluate the expansion of counselling provision as a result of new Scottish Government funding will help to ensure effective use of funds and assure sustainability.
- ii) In addition, evaluation of other forms and formats of mental health and wellbeing support, such as mental health advisers; non-clinical support; peer support programmes; online platforms and self-help apps will inform the development of services which have the potential to provide effective support from a range of sources other than counselling and for a broader range of students.
- iii) Whilst the range of work being undertaken by colleges and universities is recognised, consideration should be given to how students are provided with other information and advice and forms of support while they are waiting for counselling, or any other mental health and wellbeing support for which there is a waiting list.

**Sector bodies:**

- iv) Think Positive is well placed to contribute to the effort to grow the evidence base of effective practice regarding student mental health and wellbeing and can do so through identifying and sharing approaches and initiatives, backed by evidence of efficacy, from SMHAs.

**Scottish Government:**

- v) The Scottish Government and the SFC should consider how best to ensure equity of access to counselling provision amongst students, such that no student is disadvantaged because of the institution they attend.
- vi) The Scottish Government should consider the findings of this research regarding waiting times for and difficulties in accessing NHS mental health services among students and take steps to identify and implement appropriate actions to address these issues.

**4.6 Working with external partners**

As highlighted above, working with other providers of mental health and wellbeing support, including the NHS and other organisations, emerged as extremely important to all of the colleges and universities in this research. Participating institutions also outlined challenges in this area, such as long waiting times and difficulties for their students in accessing specialist NHS services in their region, with some also highlighting that the lack of capacity in NHS mental health services was increasing the levels of demand for mental health support they provide.

See recommendations 4.5 (iv); (v) and (vi) and 4.8 (iv) and (v).

## 4.7 Quality and impact of services

Survey responses revealed a positive picture with regard to mental health and wellbeing services provided by Scotland's colleges and universities. Although the majority of students enjoy a positive experience of services to support their mental health and wellbeing, action to understand the experiences of those who do not is needed. This includes experiences of Black, Asian and Minority Ethnic (BAME) students, who reported that services accessed had positively impacted on their ability to succeed but indicated that overall their experience of services accessed was poorer than their white peers.

### **Institutions:**

- i) Further inquiry into the experiences of BAME students is important in shedding light on how experiences can be improved, supporting work to address on-campus racism and decolonisation.
- ii) Undertaking a review of practice to understand the experiences of services of other students who do not have a good experience or do not appear to accrue positive impact will help to develop a deeper understanding and facilitate the development of practice for the benefit of students regardless of protected characteristic.

### **Scottish Government:**

- iii) The Scottish Government in partnership with SFC, could support further research into the experiences of BAME students, particularly in light of recent events which have illuminated systemic racism and the drive across the FE and HE sectors to decolonise and address racism across all aspects of their delivery.

## 4.8 Evaluation and research

While some evidence of the evaluation of mental health and wellbeing provision and related research activities emerged through our consultation, it appears to be an area of work which is under-developed. Research findings indicate that monitoring and evaluation activity of student mental health and wellbeing provision needs to be strengthened and the development and enhancement of service supported by further focused research.

### **Institutions:**

- i) It is important that colleges and universities ensure that monitoring and evaluation across the full range of institutions' mental health and wellbeing strategies, support and activities is systematic, embedded, and used to shape future practice.

To achieve this consideration will need to be given to data collection methods; measurement of success and the development of a cycle of monitoring, evaluation, action planning and review activities.

- ii) Research findings indicate a range of areas which merit further research at both sector and institutional level, including:
  - Student mental health and wellbeing at FE level, including why there appears to be lower awareness of the support available to them and lower accessing of support;
  - Differential experiences of institutional mental health and wellbeing support for different groups, notably among BAME students;
  - Understanding the experiences of students who do not report a good experience or benefit from services accessed;
  - The nature, extent and efficacy of working relationships with NHS and other external partners providing regional/local mental health services to identify strategies for sustainability;
  - What strategies are effective specifically in a Scottish FE and HE environment for increasing student resilience to support mental health and wellbeing.

**Sector bodies:**

- iii) Consideration should be given by SFC and Think Positive to supporting the sector in the monitoring and evaluation of student mental health and wellbeing provision, for example through the development of specific guidance.
- iv) The SFC and relevant sector agencies (eg CDN and Advance HE) should ensure there is parity of access to relevant research and resourcing of formal networks for sharing practice across and between colleges and universities in relation to student mental health and wellbeing.
- v) As part of their strategy to continue to enhance and improve the quality of student experience and support institutions in their monitoring and evaluation activity, SFC should work with Education Scotland and QAA to develop further research into how mental health and wellbeing is being/can be embedded in learning and teaching practice and curriculum design to evaluate the impact of changes made on the student experience of mental health and wellbeing.

# Bibliography



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## BIBLIOGRAPHY

Advance HE (2018) Equality + Colleges: Colleges in Scotland statistical report 2018. URL: <https://www.ecu.ac.uk/wp-content/uploads/2018/09/FE-Stats-Report-2018-2.pdf> (accessed 10.10.19).

Advance HE (2019) Equality + Higher Education: Student statistical report 2019. URL: [https://www.advance-he.ac.uk/sites/default/files/2019-05/2018-06-ECU\\_HE-stats-report\\_students\\_v5-compressed.pdf](https://www.advance-he.ac.uk/sites/default/files/2019-05/2018-06-ECU_HE-stats-report_students_v5-compressed.pdf) (accessed 10.10.19).

Association of Colleges (AOC) (2017). Survey on students with mental health conditions in FE - summary report. URL: <https://www.aoc.co.uk/sites/default/files/AoC%20survey%20on%20students%20with%20mental%20health%20conditions%20in%20FE%20-%20summary%20report%20January%202017.pdf> (accessed 01.10.19).

Barkham, M., Broglia, E., Dufour, G., Fudge, M., Knowles, L., Percy, A., Turner, A., Williams, C. (2019) Towards an evidence-base for student wellbeing and mental health: Definitions, developmental transitions and data sets. *Counselling and Psychotherapy Research* 19, 351–357. <https://doi.org/10.1002/capr.12227>

Bewick, B., Koutsopoulou, G., Miles, J., Slaa, E., Barkham, M. (2010) Changes in undergraduate students' psychological well-being as they progress through university. *Studies in Higher Education* 35, 633–645. <https://doi.org/10.1080/03075070903216643>

Brown, P., (2016) The invisible problem? Improving students' mental health. Oxford, Higher Education Policy Institute. URL: <https://www.hepi.ac.uk/wp-content/uploads/2016/09/STRICTLY-EMBARGOED-UNTIL-22-SEPT-Hepi-Report-88-FINAL.pdf> (accessed 02.10.19).

Harris, P.J., Casey, S.A.C., Westbury, T., Florida-James, G. (2016) 'Assessing the link between stress and retention and the existence of barriers to support service use within HE'. *Journal of Further and Higher Education* 40, 824–845. <https://doi.org/10.1080/0309877X.2015.1014316>

Huppert, F. A. & So, T. T. C. (2013) 'Flourishing Across Europe: Application of a New Conceptual Framework for Defining Well-Being'. *Social Indicators Research*, 110(3), pp. 837–861. doi: 10.1007/s11205-011-9966-7.

Insight Network and Dig-In Box. (2019) University Student Mental Health Survey 2018. URL: [https://uploads-ssl.webflow.com/561110743bc7e45e78292140/5c7d4b5d314d163fecdc3706\\_Mental%20Health%20Report%202018.pdf](https://uploads-ssl.webflow.com/561110743bc7e45e78292140/5c7d4b5d314d163fecdc3706_Mental%20Health%20Report%202018.pdf) (accessed 10.11.19)

McCloud, T., & Bann, D. (2019) 'Financial stress and mental health among higher education students in the UK up to 2018: rapid review of evidence'. *J Epidemiol Community Health* 73, 977–984. <https://doi.org/10.1136/jech-2019-212154>

NUS. (2017b). NUS-USI Student Wellbeing Research Report 2017. URL: <https://www.nusconnect.org.uk/resources/nus-usi-student-wellbeing-research-report-2017> (accessed 10.08.19).

NUS Scotland. (2018) NUS Scotland FOI request data. 'Demand for Student Mental Health Services skyrockets'. URL: <https://www.nusconnect.org.uk/articles/demand-for-student-mental-health-services-skyrockets> (accessed 10.08.19).

NUS Scotland. (2010). Silently Stressed: A survey into student mental wellbeing (Research report). NUS. URL: <https://www.nus.org.uk/PageFiles/12238/THINK-POS-REPORT-Final.pdf> (accessed 10.10.19)

Scottish Funding Council (SFC). (2018) 'Mental Health' AIC Committee Paper 18/23. URL: [http://www.sfc.ac.uk/web/FILES/committeepapers\\_14112018/AIC18\\_23\\_Mental\\_Health.pdf](http://www.sfc.ac.uk/web/FILES/committeepapers_14112018/AIC18_23_Mental_Health.pdf) (accessed 12.09.19)

SFC. (2019) Mental Health Baseline Survey AY 2018-19 (unpublished).

SFC. (2019a) College outcome agreement guidance, 2020-21. URL: <http://www.sfc.ac.uk/publications-statistics/guidance/2019/SFCGD202019.aspx> (accessed 30.06.20)

SFC. (2019b) University outcome agreement guidance, 2020-21. URL: [http://www.sfc.ac.uk/web/FILES/guidance\\_sfcgd212018/SFCGD212018\\_University\\_Outcome\\_Agreement\\_Guidance\\_2019-20.pdf](http://www.sfc.ac.uk/web/FILES/guidance_sfcgd212018/SFCGD212018_University_Outcome_Agreement_Guidance_2019-20.pdf) (accessed 30.06.20)

Scottish Government. (2017) Mental Health Strategy: 2017-2027. Retrieved from: <https://www.gov.scot/publications/mental-health-strategy-2017-2027/>

Scottish Government (2019) Exploring the reported worsening of mental wellbeing among adolescent girls in Scotland: Research Findings No. 143/2019 <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2019/04/exploring-reported-worsening-mental-wellbeing-adolescent-girls-scotland/documents/health-social-care-research-findings-no-143-2019-exploring-reported-worsening-mental-wellbeing-adolescent-girls-scotland/health-social-care-research-findings-no-143-2019-exploring-reported-worsening-mental-wellbeing-adolescent-girls-scotland/govscot%3Adocument/health-social-care-research-findings-no-143-2019-exploring-reported-worsening-mental-wellbeing-adolescent-girls-scotland.pdf?forceDownload=true>

Student Minds. (2018) LGBTQ+ Student Mental Health: The challenges and needs of gender, sexual and romantic minorities in Higher Education. URL: <https://www.studentminds.org.uk/lgbtqresearch.html> (accessed 20.10.19)

Thorley, C. (2017). Not by degrees: Improving student mental health in the UK's universities. URL: <https://www.ippr.org/research/publications/not-by-degrees> (accessed 23.09.19)

Unite Students. (2016). Student Resilience: The Unite Students Insight Report, 2016. URL: <http://www.unite-group.co.uk/sites/default/files/2017-03/student-insight-report-2016.pdf> (accessed 21.09.2019)

Unite Students. (2019). THE NEW REALISTS: Unite Students Insight Report 2019. URL: <http://www.unite-group.co.uk/campaign/new-realists-report> (accessed 27.09.19).

Upton, J. (2013) Psychosocial Factors. In: Gellman M.D., Turner J.R. (eds) Encyclopedia of Behavioral Medicine. Springer, New York, NY.

Williams, M., Coare, P., Marvell, R., Pollard, E., Houghton, A.-M., Anderson, J. (2015) Understanding provision for students with mental health problems and intensive support needs: Report to HEFCE by the Institute for Employment Studies (IES) and Researching Equity, Access and Partnership (REAP). URL: [https://eprints.lancs.ac.uk/id/eprint/80492/1/HEFCE2015\\_mh.pdf](https://eprints.lancs.ac.uk/id/eprint/80492/1/HEFCE2015_mh.pdf) (accessed 25.09.19).