

Improving Mental Health and Wellbeing Support for Scotland's Students

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

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ACKNOWLEDGEMENTS

BSV Associates and the National Union of Students (NUS) Scotland would like to thank the following institutions that took part in this research, and in particular the members of staff who coordinated institutional responses:

Ayrshire College

City of Glasgow College

Glasgow Caledonian University

North East Scotland College

Royal Conservatoire of Scotland

Scotland's Rural College (SRUC)

University of Edinburgh

University of the Highlands and Islands

We would also like to thank the NUS Scotland Think Positive Steering Group for their valuable input during the research.

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1 INTRODUCTION

1.1 Background and context

1.1.1 DEFINING MENTAL HEALTH AND WELLBEING

Literature defines mental health as an umbrella term encompassing a spectrum of different mental health states, from diagnosable mental illness or mental health conditions, such as depression, schizophrenia or an anxiety disorder, at one end, to positive mental health at the other (Huppert & So, 2011).

Mental wellbeing is defined as a multi-dimensional concept often equated with positive mental health, referring to a state of positive psychological functioning (Huppert & So, 2011; Tenant et al., 2007). A high level of mental wellbeing has been described as 'flourishing' and is associated with a range of positive outcomes, including effective learning, productivity and creativity, good relationships, pro-social behaviour, 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. It is noted that the terms 'mental health' and 'wellbeing' can often be conflated, and recognised that there needs to be clearer use of definitions in this field (Barkham et al., 2019). It can be helpful to view mental health and wellbeing as a dual continuum (Fig. 1). This continuum highlights that people who have no diagnosable mental illness can have good wellbeing at some points in their lives, poor wellbeing at others, or can be somewhere in between. This is also true of people who have a diagnosed mental illness or condition.

Figure 1



Adapted from Tudor (1996)

The influencers of mental health and wellbeing are complex and highly individual. Psychosocial factors, which combine social factors, such as social structures and processes that impinge on the individual, and psychological factors, such as individual-level processes and meanings that influence mental states, have been shown to impact on mental health and wellbeing (Upton, 2013). These include factors such as social support, loneliness, social disruption, social status, and social integration and work or study environment (Ibid). Exploring individual experiences is therefore essential to understanding mental health and wellbeing and what influences it. In this research, we explore Scottish students' experiences of mental health and wellbeing while studying and the psychosocial factors that contribute to their individual experiences in relation to their study environment at college or university.

1.1.2 STUDENT MENTAL HEALTH AND WELLBEING

Good mental health and wellbeing contributes to students' ability to effectively participate, thrive and flourish on their programme of study. Conversely, it is known that poor mental health is associated with discontinuation of studies across UK universities (Thorley, 2017), and for both college and university students in Scotland, disclosed mental health conditions impact on student retention on courses more than any other type of disability (SFC, 2018). Whilst many students who have difficulties with their mental health do well in their studies and achieve highly, it is important to note the tragic consequences for some, including suicide, which sadly resulted in 140 student deaths in Scotland between 2009-15 (ISD, 2017).

Recent Scottish Government research indicates that levels of poor mental health among young people in their mid-teens has been rising over the last ten years, among girls (Scottish Government, 2019). It is therefore unsurprising that reported levels of mental health conditions among students in UK tertiary education are similarly rising. Across the UK, the proportion of all university students disclosing a mental health condition increased from 2% to 3.1% between 2015/16 and 2017/18, or from 44,900 to 72,360 students (Advance HE, 2019). Mental health conditions are the second most common form of disability¹ disclosed by university students, making up 23.9% of students disclosing a disability in 2017/18, up from 14.8% in 2014/15 (Ibid). In colleges in Scotland, 2.3% (n=6720) of all students declared a mental health condition in 2016/17 (Advance HE, 2018), up from 1.9% (n=5520) in 2014/15 (ECU, 2016). Those with mental health conditions made up 16.9% of all students declaring a disability in 2016/17 (Advance HE, 2018), compared to 14.2% in 2014/15 (ECU, 2016). These statistics may not reveal the full extent of mental health conditions amongst students because some students do not disclose these to their

¹ Mental health problems or conditions that have a long term (12 months or more) impact on a person's normal day-to-day activities are encompassed under the disability provisions of the Equality Act 2010. See: <https://www.mind.org.uk/information-support/legal-rights/disability-discrimination/disability/>

institutions for a range of reasons (ECU, 2014; Williams et al., 2015; Unite Students, 2019).

Low levels of mental wellbeing among students has been highlighted by several studies. A Unite Students survey (2016) of over 6,000 students found that almost a third said they had 'always' or 'often' felt 'down or depressed' and 30% said they 'always' or 'often' felt 'isolated or lonely'. Meanwhile, Thorley's research (2017) outlines how students experience lower wellbeing than young adults as a whole. Additionally, high levels of stress among students have been evidenced by several studies (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; Insight Network and Dig-In, 2019; McCloud & Bann, 2019; Unite Students, 2019; WonkHE, 2019) and a small amount of research relating to both colleges and universities (eg NUS Scotland, 2010; NUS-USI, 2017; AoC, 2017) had identified a number of psychosocial factors with the potential to contribute to poor mental health and wellbeing among students. These include factors relating to transition to college or university; support networks; finances; curriculum factors such as workload, exams and assessments; and alcohol and substance misuse. This research builds on this approach to examine in more detail the extent of the influence of these and other psychosocial factors in relation to students' wellbeing whilst studying.

1.1.3 INSTITUTIONAL MENTAL HEALTH AND WELLBEING PROVISION

Colleges and universities across the UK are increasingly focusing on student mental health and wellbeing as a strategic priority, developing strategies and structures to deliver a range of support and initiatives (AoC, 2017; Thorley, 2017). In Scotland, this strategic emphasis has increased in recent years through sector requirements for institutional student mental health strategies and Student Mental Health Agreements (see further in section 1.1.4).

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).

A particular area of interest of late has been counselling provision (see further in 1.1.4). Most Scottish institutions have some form of counselling provision, be that in-house or through links with external partners. Provision varies from institution to institution, and between colleges and universities: all universities employ counsellors; colleges also employ counsellors but are more likely than universities to have external arrangements in place (SFC, 2019). Demand for

counselling across Scottish colleges and universities is increasing and a gap between the number of students seeking and accessing counselling has emerged. Recent research highlights that waiting lists are the norm at most institutions (NUS Scotland, 2018; SFC, 2019). This is reflected in the UK-wide picture in universities, where a majority reported a significant increase in demand for counselling provision over the past five years and challenges in meeting this (Thorley, 2017).

1.1.4 POLICY CONTEXT

Policy attention on student mental health has significantly increased in recent years. With Scottish Government support, NUS Scotland has been delivering [Think Positive](#) for a number of years. Think Positive aims to find ways to support students experiencing poor mental health, tackle stigma and discrimination, and promote wellbeing in colleges and universities, including through supporting the development of Student Mental Health Agreements (SMHAs) between students' associations and their institutions. In 2017, the Scottish Government published its ten-year mental health strategy (Scottish Government, 2017), which included a focus on further and higher education and a commitment to support NUS Scotland to further develop the Think Positive project.

Ministerial direction to the Scottish Funding Council (SFC) the following year outlined expectations that colleges should have in place a range of support services that can meet the varying needs of all students, in partnership with care providers and NHS Scotland. Fundamental to this, was a requirement that all institutions develop a strategy for mental health and work with NUS Scotland and their local students' association to develop a SMHA (SFC, 2018). Having an institutional mental health strategy and a SMHA in place became a requirement of SFC outcome agreements (OAs), which link to institutional funding, from 2019/20 (SFC, 2019a; SFC, 2019b). Another development was the announcement by the First Minister of funding to support 80 additional mental health counsellors in colleges and universities, to be distributed and monitored by the SFC's OA reporting mechanisms from 2019/21.² At the time of this research, institutions were at various stages in putting in place additional counselling provision.

To support the continued development and expansion of Think Positive, the Scottish Government awarded new funding to NUS Scotland in March 2018, which included ringfenced funding for the current research.

1.2 This research

While much is being delivered by institutions and the evidence base UK-wide is growing (Barkham, 2019), prior to this research 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:

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

- Little Scottish specific research;
- Little research focused on the breadth of student experiences of mental wellbeing beyond disclosed mental health and wellbeing issues;
- A lack of student voice relating to access to and experience of student support services in relation to mental health and wellbeing in Scotland; and
- A lack of literature relating to the college sector, particularly in Scotland.

NUS Scotland therefore commissioned this Scotland specific research taking into account the experiences of students at both college and university. This study was designed as an initial point of reference in addressing identified research evidence gaps.

1.2.1 RESEARCH OBJECTIVES

The objectives for this work, set out in the invitation to tender, 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 is intended that the research will illuminate existing and generate new knowledge to provide a robust evidence base and recommendations to inform:

- Policy and practice approaches across key stakeholders, for example colleges and universities, health and social care partners, and the SFC;
- NUS campaign work on the issue of student mental health and wellbeing and the future work of the Think Positive project; and,
- The work of the Scottish Government's working group on student mental health and wellbeing as part of the delivery of its mental health strategy.

1.2.2 APPROACH AND METHODOLOGY

The research was undertaken as a multi methods study combining analysis of sector wide data and literature with online survey data and qualitative consultation data to explore students' experiences of mental health and wellbeing and the services they have accessed, as well as institutional perspectives on provision offered. Analysis took account of the complexity of the issues of student mental health and wellbeing, including the different needs of different students. The following methods were utilised to undertake the research:

Literature review

Our review examined the body of evidence relating to student mental health and wellbeing relevant to Scottish colleges and universities. This focused on identifying:

- i) Contributory factors and trigger points in the student journey affecting student mental health and wellbeing;
- ii) Institutional mental health provision;
- iii) Gaps in the evidence base to inform the subsequent stages of the research.

The review examined UK-wide sources as well as sources relating specifically to Scotland, Wales, England, and Northern Ireland. It included a targeted grey literature search of relevant organisations' websites identified at the outset of the research, with input from NUS Scotland and the Think Positive Steering Group; and an academic literature search of relevant academic databases limited to sources published in the last ten years in the English language. All literature sources identified through the searches were subject to a relevance check to determine which should be included in the final dataset, using pre-determined criteria. Given timing and capacity, the 50 most relevant sources were selected for inclusion in the final dataset.

Findings from the literature review informed the development of an overarching analysis framework for our institutional consultation exercise. The framework enabled identification of institutional and sectoral key themes and, within these, commonalities and differences across institutions and sectors, as well as examples of practice.

Student survey

An online survey was designed with the purpose of gathering quantitative and qualitative data about students' experiences in relation to:

- i) Any environmental, social and cultural factors that affect student wellbeing whilst at college or university;
- ii) Accessing and using services to support mental health and wellbeing, with reference to institutionally based provision as well as that delivered by external partners.

Findings from the literature review informed the development of our survey instrument, which comprised multiple choice questions as well as many opportunities for respondents to provide free text comments. NUS's Think Positive Steering Group provided input to steer refinement of the survey. The draft survey was reviewed by NUS Scotland and its Insight Team and tested by a group of students and sabbatical officers, with feedback used to finalise the questions. The final survey was circulated during January-February 2020, open to all students who were currently studying at or recent graduates of all colleges and universities in Scotland. Overall, 3,097 survey responses were received (see Appendix 1 for an overview of respondents). It is important to note that respondents were self-selecting. Therefore, our sample was not necessarily representative of the student population as a whole.

Institutional consultation exercise

A consultation exercise with a sample of eight institutions was undertaken to develop an understanding of the breadth and variety of what different institutions are providing for their students to support their mental health and wellbeing to inform this report.

With input from NUS Scotland, a sample of eight institutions, comprising three colleges and five higher education institutions (two of the latter involving FE and HE delivery), was invited to take part. The sample was chosen to be representative of the sector, as far as possible, through consideration of geography; region; size and, in relation to universities, institution type (i.e. ancient, chartered, post-1992, small and specialist). All of those invited agreed to participate.

The consultation exercise was comprised of two parts:

- i) Review of institutions' key documents relating to student mental health and wellbeing provision, including strategies, plans, policies and webpages;
- ii) A set of structured questions to gather further detail and reflection from institutions on their provision, including strengths, challenges, future priorities and specific examples of effective practice.

During the consultation exercise, the BSV research team worked directly with key institutional staff who oversee and/or deliver mental health and wellbeing provision within the eight institutions. They, in turn, consulted with other colleagues internally when responding to our request for documents and to complete the consultation questions.

1.2.4 RESEARCH SCOPE AND LIMITATIONS

The following point should be noted in terms of the scope and limitations of this research study:

- i) As highlighted above, the causes and triggers of poor student mental health and wellbeing are complex and highly individual and are not confined to experiences at college or university (Tudor, 1996; Huppert & So, 2011; Tenant et al., 2007; Scottish Government, 2019). Consequently, although we were able to examine the points in the student journey and the environmental, social and cultural factors which can impact student mental health and wellbeing whilst studying, this research could not seek to understand everything that contributes to poor mental health and wellbeing among students.
- ii) Our research did not undertake an audit of institutional mental health and wellbeing provision. It was therefore not possible to capture nor seek to evaluate all of the work institutions are undertaking in this area.
- iii) It was not within the remit of this research to examine the clinical treatment of student mental ill-health either by college and university services, or those provided by their external partners. Rather, this research identified an overview of the range of mental health and wellbeing support and services provided by different institutions working in different contexts, investigating the student experience of support at a sector level.

- iv) Although a significantly higher volume of data has been collected during the course of this research, the timeframe allowed and research scope has allowed only for a high level analysis of these data.

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 the following sections which align with key areas identified through our literature review and include:

- Factors which influence student mental health and wellbeing;
- Points across the student journey which tend to trigger poor mental health and wellbeing;
- Mental health and wellbeing in relation to background and identity;
- The experiences of students of mental health and wellbeing services.

Each section comprises a short overview of related literature; survey findings; and a short section summary.

2.1 Factors influencing student mental health and wellbeing

In this section we group our findings into broad categories of factors affecting student mental health and wellbeing while studying, identifying both positive and negative aspects which influence student mental health and wellbeing.

2.1.1 LITERATURE OVERVIEW

Upton (2013) identifies that mental health and wellbeing is influenced by a wide range of psychosocial factors that can change and shift during a person's lifetime, with a range of different factors having the potential to create a cumulative impact on mental health and wellbeing. As is recognised by practice across the HE and FE sectors, becoming a student can encompass such factors, creating new or additional pressures and demands not previously experienced or worked through. This has the potential to impact on mental health and wellbeing for some students (Macaskill, 2013; Williams et al, 2015; Brown, 2016; Thorley, 2017; Gibson et al., 2018).

Prior to this study, research relating to the UK university sector and a handful of sources encompassing or focusing on FE colleges had identified a number of potential contributory factors to students' ability to maintain their mental health and wellbeing. These can be grouped together as follows:

(i) Financial security

The impact of financial pressures on student mental health and wellbeing has been the subject of significant study in recent years (McCloud & Bann, 2019). The NUS Scotland (2010) identified that not having enough money to get by is a major cause of stress for students. Subsequent research indicated that inadequate financial resources causes worry or concern (Stefanov & Nicholson,

2014; NUS, 2017) and has been associated with poor mental health (AoC, 2017; NUS-USI, 2017; McCloud & Bann, 2019). In addition, pressures relating to the need to work alongside academic study in order to achieve financial security have been found to contribute to student stress and wellbeing (NUS Scotland, 2010; NUS, 2017; Thorley, 2017).

(ii) Programme of Study

The literature review identified various curriculum, learning and teaching related factors as common and significant contributors to students' mental health and wellbeing in relation to feeling able or unable to cope with and succeed on their course. This includes:

- Coping with course workload, exams and assignments (NUS, 2011; Stefanov & Nicholson, 2014; Harris et al., 2016; AoC, 2017; NUS, 2017; Waight & Giordano, 2018);
- Having to adapt to different methods and modes of teaching and learning, eg self-directed learning, large group learning, part-time rather than full-time study (Student Minds, n. d.; Stefanov & Nicholson, 2014; Brown, 2016; NUS, 2017; Thorley, 2017);
- Acquiring the new study skills required to be successful on the programme of study (Student Minds, n. d.; Stefanov & Nicholson, 2014; Brown, 2016; NUS, 2017; Thorley, 2017);
- Pressure to gain high level or grade qualifications in order to be in the best position to get a good job or go on to further study (NUS Scotland, 2010; Harris et al., 2016; NUS, 2011, Brown, 2016; NUS, 2017; Thorley, 2017).

(iii) Social Interaction

Drawing on existing and developing new social support networks has consistently been identified as important to student mental health and wellbeing (Williams et al., 2015; Thorley, 2017; McIntosh & Shaw, 2017; Waight & Giordano, 2018). Factors which relate to social support networks include:

- i) Potential positive factors
 - Having friends to engage with in a range of contexts has a positive association with good mental health and wellbeing (NUS, 2015; McIntosh & Shaw, 2017; WonkHE, 2019);
 - Positive family relationships (McIntosh & Shaw, 2017).
- ii) Potential negative factors
 - Loneliness (Waight & Giordano, 2018; WonkHE, 2019; Insight Network, 2019; Unite, 2019), particularly for disabled, international and Black,

- Asian and Minority Ethnic (BAME) students (WonkHE, 2019) and PhD and part-time/distance learners (Waight & Giordano, 2018);
- Difficult family circumstances (AoC, 2017; NUS-USI, 2017);
- Pressures caused by living arrangements either with others or alone (Brown, 2016)
- Social media in relation to self-esteem, body image, and life satisfaction, and as a platform for harassment, bullying and trolling (Brown, 2016; AoC 2017; NUS, 2017).

(iv) Health

Research which considered health related behaviors of students has confirmed the positive link between physical activity and positive mental health and wellbeing (Tyson et al., 2010; Gibson 2018). However, it is also identified that some behaviors can impact negatively, including an unhealthy diet (El Ansari et al., 2014); lack of sleep (NUS, 2015; Evans et al., 2019); peer pressure in relation to, or increased consumption/misuse of drugs and alcohol (Student Minds, n.d.; AoC, 2017; Insight Network, 2019).

(v) Resilience and confidence

The literature indicates that resilience, confidence, optimism, self-control, self-efficacy and self-compassion may act as factors which protect mental health and wellbeing, positively influencing how students cope with the stressors they encounter at college or university (Macaskill, 2013; Denovan & Macaskill, 2017; Kotera et al., 2019). The concept of student resilience has received increased attention in recent years (eg Student Minds, n.d.; Brown, 2016; McIntosh and Shaw, 2017).

Resilience is not only related to overcoming adversity, or a stressful/distressing situation, but also to the ability to move on from that situation being able to function well and effectively. Resilience means that a person bounces back from adversity as a stronger, more resourceful individual (Richardson, 2002; McIntosh and Shaw, 2017). Where students are able to develop their resilience skills they are better able to cope with the changes and pressures associated with becoming and succeeding as a student, both in FE and HE (McIntosh and Shaw, 2017; Short et al, 2018; Unite Students, 2019).

It is important to note McIntosh and Shaw (2017), who assessed students against a resilience index. They found students with a mental health condition scored lower on their resilience index than average, and lower than any other identified group. However, Unite Students' 2019 study found that students are more resilient than we might think:

"applicants and students are strongly self-determining when it comes to their wellbeing. Far from being 'snowflakes', this generation of students demonstrates an unrecognised strength in the face of challenges to their wellbeing" (Unite Students, 2019: p7).

2.1.2 SURVEY FINDINGS

Respondents to our survey were asked what factors had negatively impacted on their mental health and wellbeing while studying. They were able to choose multiple factors. See table below. The five most significant factors, three of which are course or curriculum related, were: a lack of money/financial pressures (48.92%); coping with course workload (48.76%); a lack of confidence (47.56%); assignments or exams (45.53%); and work life balance (44.01%). Below we consider the most significant factors in further depth.

(i) *Financial security*

Responses to our survey align with previous research, with almost half of respondents identifying that a lack of money or financial pressures can impact negatively on their mental health and wellbeing. Similarly, the need to undertake paid work was identified as a negative factor by just less than a quarter of respondents (Table 1).

Table 1: Financial Impact – Negative Factors

Impact factors	% of all respondents
Lack of money / financial pressures	48.92%
Undertaking paid work	22.22%

Students' comments frequently highlighted finances as a primary concern, cause of anxiety and poor mental wellbeing:

"Constant worry over finances and a perceived lack of understanding from college finance." (FE College student)

"Lack of Money/ Financial Pressures: This is one of the biggest factors that negatively impacts my mental health." (University student)

"Struggling financially. Unable to buy food, needing to borrow money etc. ... This has had a massive negative impact on my mental well-being." (University Student)

"Having to work to earn money makes me worry about having enough time to complete coursework but if I don't work, I can't afford food so there's no way out of it' (University Student)

"Money issues have been a major factor as I am unable to work and study at the same time due to my mental health condition." (University Student)

Conversely, and importantly, more than a quarter of students indicated that receiving a bursary or other financial support provided by their college/university had a positive impact on their mental health and wellbeing (Table 2).

Table 2: Financial Impact – Positive Factors

Impact factors	% of all respondents
A bursary or other financial support from my college/university	26.6%

Student comments quantify the extent of impact:

“I am most grateful for a part-time fee grant which has paid for my course fees, without which I would not be able to study at all due to financial constraints.” (University Student)

In terms of response rate, it should be noted that not all respondents will have been eligible for such financial support and therefore not able to benefit from its positive impact. The need to consider how to reach the broadest constituent of students who need financial support is highlighted through students’ comments which indicate a lack of access to financial support can become a cause of anxiety and stress:

“Worrying about money/income/bursary and waiting to find out has made me really anxious and worried” (HE College student)

“Due to the unfair way students are treated when on universal credit - no financial help, student loan taken off £1 for £1, no travel expenses etc paid for placements, it has been very hard to be able to finish this course and I doubt I will be able to continue my education.” (HE College Student)

(ii) Programme of study

Although the vast majority of students who responded to our survey identified that they have benefited from good quality on-programme support, they highlighted a range of programme related factors as significant in relation to mental health and wellbeing (Table 3). These align with findings of previous research outlined in 2.2.1 above.

Table 3: Programme of study – Negative Factors

Impact factors	% of all respondents
Coping with my course workload	48.76%
Assignments or exams	45.53%
Work/life balance	44.01%
Pressure to do well/achieve high grades	40.14%
Adjusting to new academic ways of working	33.74%
Adjusting to the requirements of my course	32.22%

Of respondents to this section of our survey, 48.76% indicated that the level of course workload, and 45.53% their lack of work/life balance had had a negative impact on their mental health and wellbeing. A similar proportion, 45.53%, noted that assignments had also had a negative impact. Students highlighted that adjusting and adapting to new academic ways of working (33.74%) and the requirements of their course (32.22%) were difficult and a potential source of stress, with some feeling that this had not been adequately taken into account by their tutors/learning and teaching staff. They also indicated that they feel under pressure to do well and achieve high grades, with 40.14% indicating that this can impact negatively on their mental health, being highlighted by both under- and post-graduate students.

"The stress of coursework, and the course topics have sometimes caused stress and anxiety, the stress has led to poor health at times." (University Student)

"Work/ life balance is virtually non-existent and has affected my anxiety and stress." (HE College Student)

"Being at university is an immensely stressful time. I felt that the pressure to be a high achiever damaged my mental health the most as my peers were all always receiving high mark and yet I was not, and this really panicked me and stressed me out." (University Student)

"There's just a lot of stress from my family to do well as I did well in high school, and I have the fear of disappointing them if I don't do well. I tend to tell them that everything is fine and start to struggle on my own which in turn impacts my mental health." (HE College Student)

"I am too demanding with myself, so I put too much pressure on myself to achieve high grades and do well and that sometimes has caused me to become very anxious." (University Student)

However, in terms of coping with these factors, students identified that teaching staff and student support services were extremely important in providing on-programme support both academically and personally (Table 4). This points to 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. See Section 3 for further discussion.

Table 4: Programme of study – Positive Factors

Impact factors	% of all respondents
Support from my tutors/lecturers	45%
The content and learning on my programme of study	39%

'I have found that my lecturers have all been very supportive and provided me with a great deal of confidence by believing in me and abilities' (HE College Student)

'Speaking to student services during my first few days when I was really missing home, they really helped me in calming me down' (University Student)

(iii) Social interactions

Our literature review confirmed the significance of existing and new social support networks to the maintenance of good mental health and wellbeing for students. Our survey corroborates these findings, highlighting the importance of relationships and social interaction to student wellbeing.

As in the literature, respondents indicated that they often turned to friends and family for support (Table 5). More than half identified them as important sources of support, 59% and 54.2% respectively. We also note that being part of a community outside college or university can be helpful to students in maintaining their wellbeing through a sense of belonging. Some students also highlighted how their college or university experience had reduced their isolation and had a positive impact. These factors are discussed further in Section 3.

Table 5: Social interactions – Positive Factors

Impact factors	% of all respondents
Positive friendships/support from my friends	59%
Support from my family	54.2%
Being part of a community outside my college/university, eg network of friends; church; interest or activity group	19.2%
Opportunities to socialise, eg through the students' association	16%

"I have had wonderful positive friendships, so I have had people to rely on." (University Student)

"My family is a really good support system, they always are happy to talk." (HE College Student)

"Living in shared accommodation meant I met a lot of people who had similar experiences and we built a good support network for each other." (University Student)

"Being around people and interacting with my course has made a positive impact as I usually isolate myself." (FE College Student)

However, our survey suggests, as in other research, that a lack of positive social interaction can impact in a negative way on mental health and wellbeing for some students (Table 6).

Table 6: Social interactions – Negative Factors

Impact factors	% of all respondents
Family issues	38.88%
Isolation/loneliness	32.68%
Ability to make friends	21.96%
My accommodation/living situation or circumstances	15.82%
Social media	13.30%
Bullying	5.68%
Discrimination	4.71%

More than a third of respondents indicated that family issues impact negatively on mental health and wellbeing (38.88%), as well as loneliness (32.68%), their ability to make friends (21.96%), and living circumstances, including homelessness (15.82%). Two institutions in our consultation exercise particularly noted domestic or family circumstances as common factors which impact negatively on student mental health.

"I struggled a lot with things I had going on at home meaning my concentration and attendance at college suffered putting me under more stress to keep up with the course load." (FE College Student)

"I felt I could not make any friends at uni, and this caused me to feel very anxious every time there would be team coursework or a trip together as I will end up being isolated." (University Student)

"I had an awful experience in student halls, the flatmates I was placed with were unbearable. I used to isolate myself and not ask for help when I needed it as I was scared of embarrassment."
(HE College Student)

Again aligning with previous literature (Brown, 2016; AoC, 2017; NUS, 2017), some students identified on-line social media as a potential source of direct (bullying) and indirect (self-esteem/inadequacy) negative impact (13.3%). Experience of face to face bullying/discrimination from other students and staff was highlighted by a minority (5.68%) of respondents. Whilst this number is small (n=176), this is an area where colleges and universities may want to review current approaches to ensure no student (or member of staff) is subject to any form of bullying or discrimination.

(iv) Health

Our survey confirmed the positive link between physical activity and wellbeing with more than a third of respondents indicating positive benefits (Table 7). Student comments indicate that this relates to both the activity itself and the sense of community derived from participation.

Table 7: Health – Positive Factors

Impact factors	% of all respondents
Being physically active	36.67%

"Deciding to get back into running was the best thing for me, it gave me a way to clear my head while working out any frustrations I had." (FE College Student)

"Getting into sport and having a fitness community has been incredibly important for me and my mental well-being as the exercise has a positive impact on my emotions but also the support I received from that community is excellent." (University Student)

However, other students reported that their poor physical health had negatively impacted on their mental health and wellbeing (31.16%), as well as alcohol consumption and drug use (8.88%). One participating institution highlighted the latter as a growing area of concern.

(v) Resilience and confidence

Drawing on the research of MacIntosh & Shaw (2017) and Unite Students (2019), the survey explored internal resilience factors. As Unite Students' (2019) found, students are armed with a range of attitudes and skills which enable them to be resilient in the face of the challenges they have met. Survey responses suggest quite high levels of strength, self-dependence, and perseverance, indicating that students are taking responsibility for themselves and their successes and failures (Table 8). No significant differences were observed in relation to any protected characteristic.

Table 8: Positive resilience factors

Resilience Factor	% of all respondents
I depend on myself to find a way through anything	52.86%
I have clear idea of goals I would like to achieve in the year ahead	42.62%
Disappointment does not stop me from trying again	40.34%
I am able to plan my way out of negative situations	33.21%
I tend to take on short term discomfort for long term gain	33.15%

"Stress is necessary in order to grow and develop. I do not see it as a problem - it is a part of life." (University Student)

"These factors I feel are just what happens when I begin a new chapter in my life and you firstly need to put yourself in an uncomfortable position fight your way through it in order to reap the benefits" (FE College Student)

"Made me stronger and been able to develop my skills better by understanding myself" (FE College Student)

"Self-imposed pressure of starting university negatively impacted my mental health initially but once I settled into my course I have returned to my base-line." (University Student)

The factors identified by almost half of respondents as areas of challenge were a lack of confidence, and, relatedly, avoidance of undertaking tasks due to a fear of failure (Table 9). These factors were highlighted in student comments, alongside a lack of motivation. Given the significance of these factors the consideration of how a programme of study and learning on that programme can promote confidence and motivation is a key aspect of taking a mainstream approach to supporting good mental health and wellbeing among students.

Table 9: Factors impacting negatively on resilience

Resilience Factor	% of all respondents
Lack of confidence	47.56%
I avoid doing something for fear of failure	38.46%

"Due to my lack of confidence, when a challenge comes, I feel like I am not able to achieve a goal" (University Student)

"Faith in myself and my abilities are a big issue for me." (University Student)

"My lack of confidence in my abilities has held me back in my studies (in the past) and my career to date (FE College Student)

"Lack of motivation, which leads to work piling up and seeming impossible" (HE College Student)

Summary: Factors influencing student mental health and wellbeing

Survey findings confirm previous research, highlighting the following factors which have the potential to impact 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, 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 are 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 to negatively impact 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 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

Here we explore the points in the student journey identified as trigger points for poor mental health and wellbeing, and we end with a consideration of the impact of individual backgrounds and identities.

2.2.1 LITERATURE OVERVIEW

Although previous literature is limited in volume, studies indicate that year of study and particular points in the student journey can act as pinch point in relation to student mental health and wellbeing. This has informed our survey and analysis follows this format.

It is important here to acknowledge that colleges and universities have long been aware of the impact of transition into, through and out of further and higher education for some students and have undertaken a great deal of excellent work to support students throughout their academic journey. This is further highlighted through our consultation with institutions, discussed in Section 6. Our findings here will therefore not be unfamiliar to colleagues across both sectors, confirming the focus of work which continues to be developed and delivered.

(i) Year of study

First year

Current literature suggests that transition to first year of university is a point of stress for new students, giving rise to a range of experiences, such as moving away from home/support networks; new financial responsibilities and pressures; and adapting to new ways of living and being which can impact on their mental health and wellbeing (Student Minds, n.d.; Macaskill, 2013; Williams et al, 2015; Brown, 2016; Gibson et al., 2018). Where a student has previously accessed support for a mental health condition a lack of continuity in such support is also problematic (Williams et al, 2015).

Second year

Entry to the second year of study also involves significant changes, including increased academic and financial pressures; moving out of college/university accommodation; and splintering of friendship groups formed in the first year (Williams et al., 2015; Thorley, 2017). Literature suggests that this can be exacerbated as institutional support is less focused on this transition than it is on induction and support systems for first year students (Ibid), contributing to poorer wellbeing for some (Macaskill, 2013).

Later years/transition out

Literature highlights stresses/pressures for final year students as the need to achieve a good level or grade of qualification, as well as concerns about their future career prospects in a competitive job market (NUS Scotland, 2010; Williams et al., 2015; WonkHE, 2019). The transition out can be equally as challenging as the transition into the institution for some students, attributed to uncertainties and changes, for example returning home for students; the need to find employment; and the loss of friendship groups (Williams et al., 2015).

(ii) Key point in the year

First term/semester

Current literature identifies this as a key pinch point, particularly for first and second year students, coinciding with an increase in demand for mental health support in many Scottish institutions. Berwick (2010) found a significant increase in student anxiety in semester one of year one and year two but dropping in semester two in each year. Scottish HE specific research identified that most students do adjust to university life over a period of months, with concerns peaking at the beginning of the semester then decreasing incrementally thereafter (Stefanov & Nicholson, 2014).

Exam and assessment times

The literature also indicated that exam and assessment times can impact negatively on students' mental health and wellbeing. In their research within one Scottish university, Stefanov & Nicholson (2014) identified December and March as peak times for student concerns, with a gradual increase of academic pressures in the two months prior to each peak. SFC's counselling survey (2019)

also identified that there is increased demand for mental health and wellbeing support around exam and assessment times.

Placement and Exchanges

Past research found that periods of work-based learning can be particularly challenging for students with moderate to severe mental health needs (Williams et al., 2015).

2.2.2 SURVEY FINDINGS

Our survey inquired into when the experience of the factors identified in Section 2 above impacted on students' mental health and wellbeing. We also inquired as to what point in the academic year they accessed support. Respondents were asked to indicate all options offered which applied to them, which could include multiple years and time points in each year.

(i) *Year of study*

Reflecting our literature review, a significant proportion of respondents indicated they were impacted or had concerns about their mental health and wellbeing, triggered by the identified factors, in the first (71.95%) and second (32.46%) year of study, falling with increasing year (Fig. 2). Similarly, students were proportionately more likely to access support in their first (65.07%) and second (33.7%), then increasingly less likely as studies progressed (Fig. 3). It should be noted that second year students will include those moving, for example, into from college and therefore their initial experience may reflect that of first year students.

Figure 2

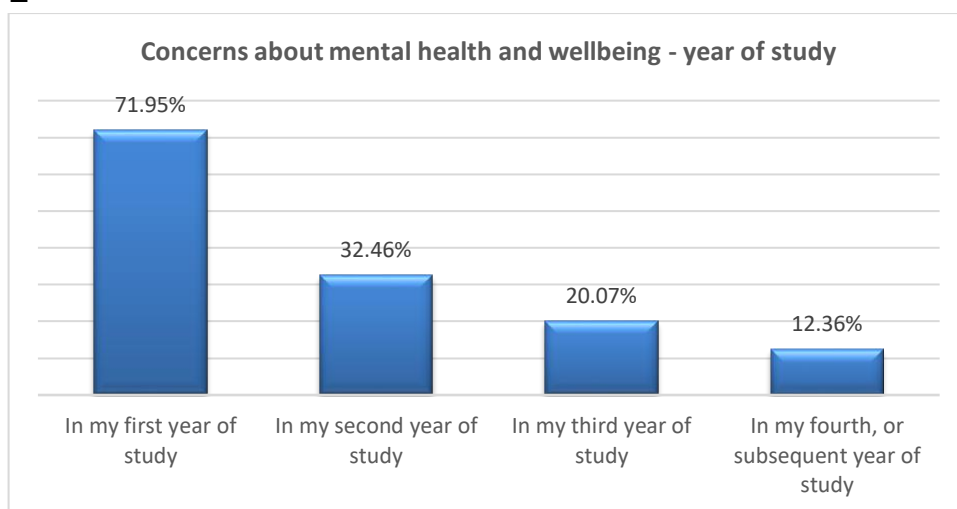
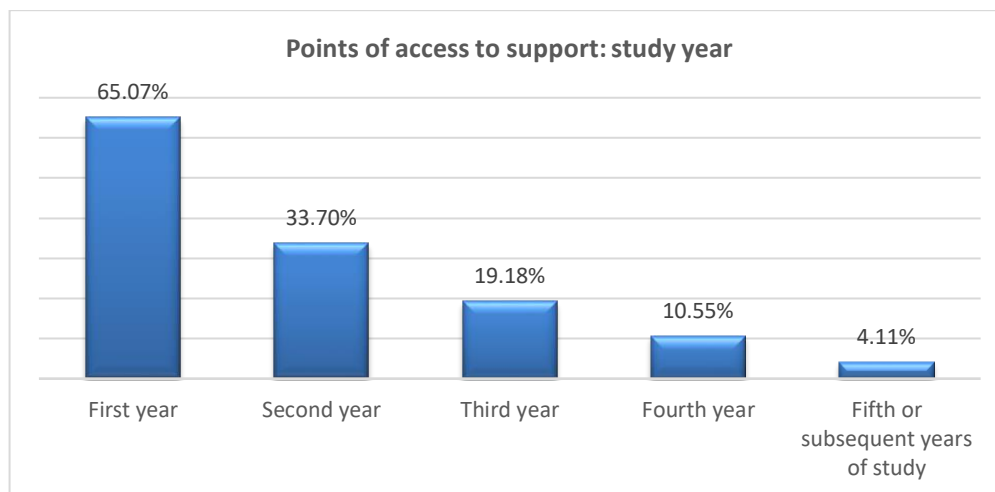


Figure 3



Five of the eight institutions involved in our consultation exercise noted transition into college or university as an important trigger point of poor student mental health and wellbeing, with one also identifying transitions between years of study (moving from one to the next) as significant. The significance of first and second year transition is reflected in student comments. Importantly, for some, although it was a challenge, it was also a period of growth and positive development.

The challenge of transition:

"The overall university experience was a change I felt underprepared for and was disappointed in myself for not coping as well as I thought I should be" (University Student)

"After living in halls in first year, adjusting to living in a regular flat was hard and I felt isolated at times" (University Student)

"Transition from school to uni was major - I hadn't considered the impact on my mental health in regard to spending much more time on my own" (University Student)

Positive outcome of transition:

"Starting college is a step that has terrified me to the point of severe stress and anxiety, but it has also been a point of light and hope for my future and proving my progression to myself." (FE College student)

The clear downward trend in students concern about, and access to support for their mental health and wellbeing across academic years is indicative that early years of study are more likely than later years to be trigger points for negative

impact on student mental health and wellbeing. This is corroborated by the fact that none of the institutions involved in our consultation highlighted the final year or transition out of the institution as particularly important points in the student journey in relation to students' mental health and wellbeing. Notwithstanding, student comments confirm that access to support students across all years of study remains important.

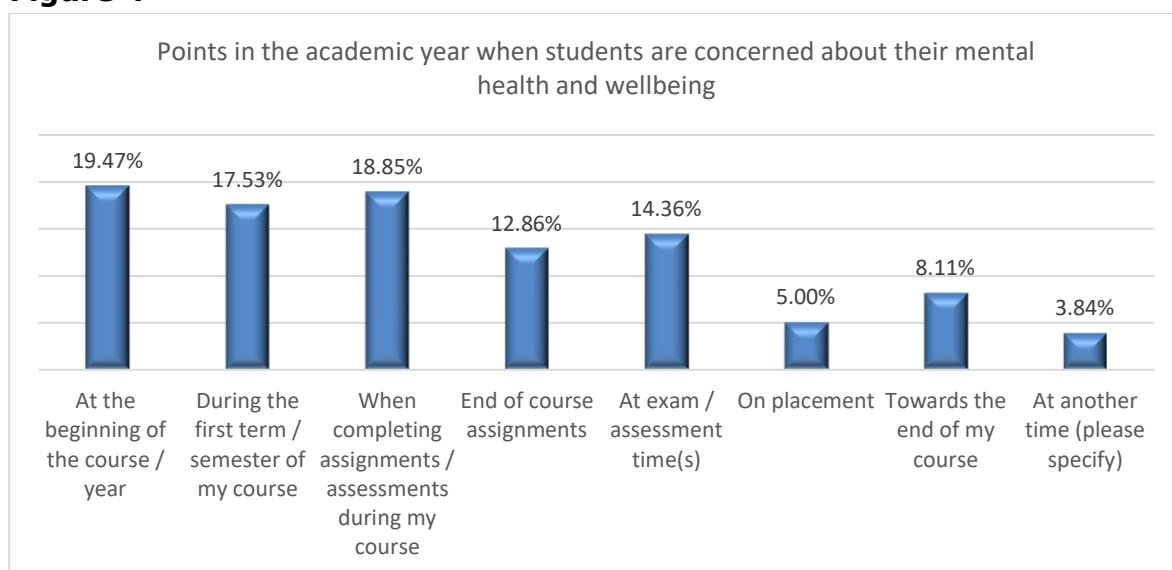
"Third year has been a massive hit on my mental health. Due to the increased reading and what is expected of you makes it harder." (University Student)

"The jump into honours years and fears of not getting a 2:1 and the increased workload has definitely heightened by struggles with anxiety and fear of failure." (University Student)

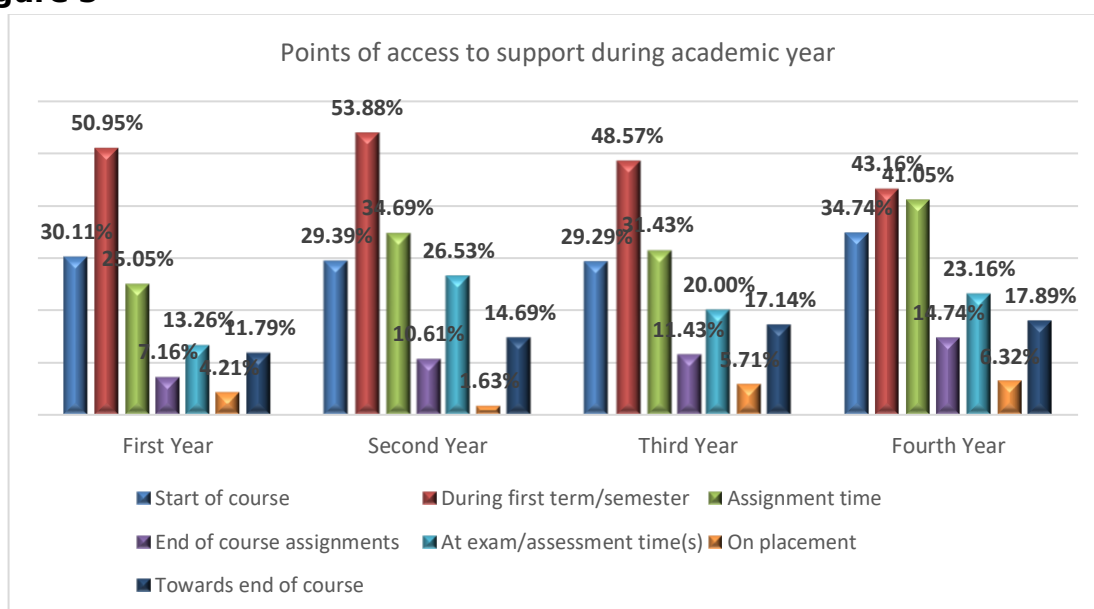
"Having the pressure of trying to find work in the final year of my stipend meant that I didn't have the time or energy to put into my PhD" (Post-graduate university student)

(ii) Key points in the student journey

Building on questions regarding factors which impact on students' mental health and wellbeing, we asked respondents to indicate the points during the academic year when they were most concerned about their mental health and wellbeing. With regard to factors which heighten concern, these correlate with the factors that students indicate can negatively impact on their mental health and wellbeing, confirming previous research and the understanding of the impact of study which already exists within colleges and universities (Fig. 4).

Figure 4

We also asked students when they were most likely to access support. Across all years, for those students who accessed support the points at which they are most likely to do so are the start of the academic year, during the first semester and at all points of assessment. For students in their second year onwards, assignment and exam times are notably significant, suggesting added pressure as years progressed (Fig. 5). As above, these findings confirm previous research and current sector-wide understandings, with one institution in our consultation particularly noting that 'referrals (to their mental health services) increase around assessment time' and reflected in student comments.

Figure 5

"In first year, uni experience was very overwhelming during 1st semester" (University Student)

"My mental health got worse in the run up to each end of module assessment." (University Student)

"Before assignments and exams my anxiety level peaks" (HE College Student)

Although there were not proportionately significant numbers of students who indicated that they accessed support whilst on a placement, we note that numbers increase in years three and four of study when students are most likely to be on placement, also highlighted by one institution in our consultation.

We also observe that some students who are approaching the end of their course, whether a one year or four year+ programme, access support. This may be due to uncertainty about the future and/or entering a new and unknown phase in their lives.

Summary: Trigger points in the student journey

Survey findings corroborate the findings of previous research and confirm 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.
- ii) **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.
- iii) 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. However, prior research has identified differences in the maintenance of mental health and wellbeing and/or differential access to support among particular groups of students (eg Brown, 2016; Student Minds, 2018; Insight Network and Dig-In Box, 2019; Unite Students, 2019). We examined how background and identities might impact on students' mental health and wellbeing through our literature review and survey. Analysis indicates the following:

i) Younger students:	<ul style="list-style-type: none"> • Younger students (18-29 year olds) among the sample indicate they had the most concerns about their mental health and wellbeing (48.17%); • Students aged between 18-22 (36.74%) and 23-26 years (42.98%) were most likely to have a diagnosed mental health condition.
ii) Those with caring responsibilities:	<ul style="list-style-type: none"> • Although students with caring responsibilities made up a small number of survey respondents (9.85%), a high proportion (82.3%) indicated that they had concerns about their mental health and wellbeing or had a diagnosed mental health condition. • Parental responsibilities also emerged in student comments as an area of challenge whilst undertaking a programme of study.
iii) Care leavers:	<ul style="list-style-type: none"> • Students who identified they had experience of local authority or kinship care made up a small proportion of respondents (5.9%). However, among these students 78.8% indicated they had concerns about their mental health or had a diagnosed mental health condition.
iv) Disabled students	<ul style="list-style-type: none"> • 24.93% of our respondents considered themselves to have a specific learning disability, other disability, impairment, or long-term health condition. • More than half of these (52.32%) indicated that this was a mental health condition. However, this does not correlate with the overall number of respondents who indicate they had a diagnosed mental health condition (37.9%), suggesting not all students with

	<p>diagnosed mental health conditions consider themselves to have a disability.</p> <ul style="list-style-type: none"> • This may impact on the support these students seek or access.
v) Gender	<ul style="list-style-type: none"> • Reflecting other studies, women are over-represented in our survey respondents (69.5%). Small numbers identify as non-binary (1.4%). • Similarly, our survey indicates female students are most likely to have concerns about their mental health and wellbeing (49.65%) or have a diagnosed mental health condition (40.85%) aligning with previous research findings where a higher prevalence of poor mental health among female than male students has been observed (Brown, 2016; Harris et al., 2016; Unite, 2019). This may be a reflection of the fact that men are less likely to disclose a mental health condition or concerns about their mental health.
vi) BAME students	<ul style="list-style-type: none"> • Analysis for this report does not reveal significant differences between levels of diagnosed mental health conditions nor concerns about mental health and wellbeing without a diagnosis between those from a BAME background and white students. It should be recognised, however, that the term 'BAME' includes a diverse group of people from different backgrounds with different needs.
vii) Sexual orientation	<ul style="list-style-type: none"> • Our survey again concurs with previous research considering LGBTQ+ identities (Brown, 2016; Student Minds, 2018; Insight Network and Dig-In Box, 2019; Unite Students, 2019), indicating that proportionally, significantly more of the respondents who identify as gay/lesbian (51.85%); bisexual (60.17%); and queer (59.42%) indicated they had a diagnosed mental health condition compared with heterosexual respondents (32.94%). • However, proportionally more heterosexual respondents (45%) compared with those identifying as gay/lesbian (38.52%), bisexual (35.31%) and queer (36.23%), said they had concerns about their mental health and wellbeing without a diagnosis. The reasons for this are not clear and not illuminated by previous research.

viii) Estranged students	<ul style="list-style-type: none"> • Although a small number of overall survey respondents (4%), a high proportion of those who indicated they were estranged indicated they had a diagnosed mental health condition (66.14%) or had concerns about their mental health and wellbeing (29.92%). Similar findings emerged from previous research (McIntosh & Shaw, 2017; Unite Students, 2019). • Student comments indicate this is due to financial, social, and emotional factors.
ix) Socio-economic background	<ul style="list-style-type: none"> • Our survey analysis did not reveal significant differences for students from lower socio-economic backgrounds. • However, Unite Students' research (2019) indicates that this can impact on students' mental health and wellbeing. This is corroborated by students' comments in our survey which highlight pressure to succeed; financial difficulties; and social pressures can have a negative impact.
x) International students	<ul style="list-style-type: none"> • Prior research identifies a range of factors that particularly impact on the mental health and wellbeing of international students, including language barriers; cultural adjustment; expectations from home; immigration/funding issues (Student Minds, n.d.; Williams et al., 2015), are less likely to disclose a mental health condition (Advance HE, 2018b, and experience loneliness and homesickness (WonkHE, 2019). • These factors are confirmed by student comments. • Comments also reveal challenge in common with UK-domiciled students, such as loneliness (also identified in WonkHE, 2019); pressure to succeed and distance from family and friend networks.

Summary: Students' background and identities

The reasons for students' experience of poor mental health and wellbeing should not be ascribed to any particular characteristic or circumstance. However, we recognised that students' individual circumstances and identities can play a part in mental health and wellbeing. 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 may be due to the fact that they are 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].

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

Central to this research was the aim of examining and understanding student experiences of support for mental health and wellbeing, primarily that provided by colleges/universities, but also support provided by others. This section sets out our findings, drawing mainly on the student survey and comparing and contrasting with those of previous research where helpful.

As the literature overview below indicates, the way students experience services designed to support their mental health and wellbeing is predicated on how services are accessed and whether they are provided by their institution, or by an external agency. Additionally, contextual factors such as funding and sector priorities, influence what is offered and how services are structured.

2.4.1 LITERATURE OVERVIEW

(i) *How services are provided/developed*

Previous literature has examined how services to support students' mental health and wellbeing are provided internally and externally to colleges and universities, identifying the following contextual factors which influence provision.

➤ **INSTITUTIONAL STRUCTURE/MAINSTREAMING APPROACH**

Previous research identifies student mental health and wellbeing support typically sits within student support services, and may include disability, mental health and/or counselling teams or staff (Williams et al., 2015; Thorley, 2017), with many institutions restructuring their provision in recent years to create a more student-centered approach or one-stop-shop (Williams et al., 2015). Thorley (2017) also highlights that in UK universities, a range of other services play an important role in supporting students' mental health and wellbeing, such as international student support, chaplaincy, financial advice, and residential support.

The support provided by learning and teaching staff is also identified as central to helping students maintain good mental health and wellbeing, with a recent HE study identifying that staff were aware of the need to support students in this regard as part of their learning and teaching/pastoral practice. Staff regarded it as a university's role to enable students to recognise and cope with 'normal emotions' and the demands of their course, as well as signposting them where appropriate to support for mental health problems (Spear et al., 2020). Staff, however, highlighted that they needed to increase their knowledge and skills, with more than half of survey respondents (56%) having received no training in providing such support, for example through mental health first aid training (Spear et al., 2020).

➤ **SERVICE PROVISION**

From analysis of current literature, the following types of service are identified:

(a) *Counselling*

Access to counselling is widely offered by most UK colleges and universities (Williams et al., 2015; AoC, 2017), with the majority reporting a significant increase in demand for this provision over recent years (Thorley, 2017). Scottish specific literature highlights two key areas for consideration:

- How services are delivered: SFC research (2019) highlighted differences in approaches between the college and university sectors, and among institutions. This study identified that in 2018/19, eight colleges employed counsellors while the majority of others signposted or referred students to relevant NHS or other agencies' support. By contrast, all Scottish universities employed counsellors in 2017/18, although numbers per

institution varied. In terms of the amount of counselling offered to students, SFC found that 13 colleges (62%) and 12 universities (63%) made a standard offer of, typically, six counselling sessions, with some flexibility (ibid).

- Demand for counselling: Since Thorley's research (2017), as is widely acknowledged, demand for counselling has continued to grow, confirmed by SFC's research (2019). This confirmed that there was a gap between the number of students seeking and accessing counselling services across the Scottish FE and HE sector, though the size of the gap varied between institutions (SFC, 2019) and has prompted the increased resources provided by Scottish Government to Scottish colleges and universities.

(b) Other forms of support

Although little literature in respect of forms of support other than institutional counselling was found, two better studied areas were identified as:

- Online support: Although mentioned, this has not been extensively researched (Thorley, 2017). A systematic review and meta-analysis of web-based mental health interventions for students undertaken by Davies et al (2014) found that these improved most students' outcomes and provide the opportunity to reach students who may not access face-to-face services.
- Peer support (eg student-student mentoring): Unite Students (2019) identified that this type of support could be helpful for the current generation of students who increasingly rely on their peers. However, appropriate training for those involved and clear guidelines on what peer support can and cannot offer is an essential requirement (Student Minds, 2014; Batchelor et al., 2019).

➤ **EXTERNAL COLLABORATION**

Collaboration with external partners to support student mental health and wellbeing is identified as highly important to institutions across the UK (UUK, 2015; AoC, 2017; Thorley, 2017). This includes collaboration with NHS primary and secondary care services, third sector organisations and agencies, other institutions and public sector organisations (Thorley, 2017). In addition, Williams et al (2015) highlight that the majority of students' associations are actively concerned with mental health promotion and undertake a wide range of activities. Some have a sabbatical officer with a remit for student mental health and wellbeing (ibid).

Colleges and universities have developed links with local services across broad geographies (Williams et al., 2015) to ensure students are able to access appropriate services when needed. The following points which may impact on availability of this support but are outwith the control of colleges, are noted in the literature:

- Limited availability of NHS and other agency mental health and wellbeing services (Student Minds, n.d.; Williams et al., 2015; Brown, 2016; Batchelor et al, 2019);
- Lack of mental health resources and funding in their local regions as a major factor in the increase in demand for support (SFC 2019);
- Difficult and lengthy referrals processes to NHS services (Student Minds, n.d.; AoC, 2017);
- Long waiting times for NHS services (Brown, 2016; NUS, 2017; Batchelor et al., 2019).

➤ **MONITORING AND EVALUATION**

Current literature suggests that monitoring and evaluation of student mental health and wellbeing support across UK institutions needs to be strengthened. While counselling services often use established clinical outcome measures, for other mental health and wellbeing provision, literature suggests that there are some gaps in data collection and, commonly, a reliance on anecdotal evidence rather than systematic monitoring and evaluation (Williams et al., 2015; Thorley, 2017).

(ii) Students' access to and awareness of pre-entry and on-course services

As we have seen in section 2.2 above, the transition into college or university is a crucial point in the student journey in terms of mental health and wellbeing.

For students with pre-existing mental health conditions, the disruption to existing professional or personal support that can occur when they commence college or university may impact particularly adversely on wellbeing (Williams et al., 2015). Literature indicates that late disclosure of a mental health condition can limit access to support (Williams et al., 2015) and that transition of NHS and other agency care from home to institution for students with a pre-existing condition can be problematic (Student Minds, n.d.; Williams et al., 2015; Brown, 2016; Insight Network, 2019).

Previous research suggests a lack of knowledge among students of what mental health and wellbeing support is available to them (NUS, 2015; Harris et al., 2016; NUS, 2017; Waight & Giordano, 2018), although this is not borne out by our research. What we do find, however is that, far fewer students are accessing support than may benefit from it, echoing the finding of low uptake of services in a range of research studies (ECU, 2014; Stefanov & Nicholson, 2014; NUS, 2015; Williams et al., 2015; Waight & Giordano, 2018; Insight Network, 2019; Unite, 2019).

Past research suggests a range of reasons why some students do not do so even if they would benefit. These include:

- Perception of / actual stigma around mental health (NUS Scotland, 2010; ECU, 2014; Harris et al., 2016; NUS, 2017);

- Students do not think services are for them, even when their issue is serious (Stefanov & Nicholson, 2014; Harris et al., 2016; Unite Students, 2019);
- Student perceptions of services are influenced by what they hear from other students (Unite Students, 2019);
- Students do not trust their institution can provide them with appropriate mental health and wellbeing support (Unite Students, 2019).

Aligning with previous research (McIntosh & Shaw, 2017), students identified family and friends as significant sources of support.

Previous research indicates that GPs are a common avenue for support, often approached before institutional services (Stefanov & Nicholson, 2014; NUS, 2015; Waight & Giordano, 2018).

Recent SFC (2019) research highlights both an increase in demand for counselling services, as well as growing waiting lists for access to these services in colleges and particularly in universities. Previous research has also highlighted long waiting times for students seeking to access external mental health services, notably NHS services (Brown, 2016; AoC, 2017; NUS, 2017; Batchelor et al., 2019).

(iii) Quality and Impact

Substantial evidence was identified in previous research showing that when students used institutional services they were generally positive about their experiences (ECU, 2014; NUS, 2015; Unite Students, 2019).

2.4.2 SURVEY FINDINGS

In order to understand students' experiences of the services and support available to them, both internally and externally to their institution, our survey was structured to gather data in relation to:

- 1) **Pre-entry and transition** – experiences of those with a mental health diagnosis of pre-entry support and continuity of prior support;
- 2) **On-course awareness of support** – what students know and what they are not aware of;
- 3) **Accessing support on-course** – who and who does not access support and why; where students turn to for support (institutional and other sources); and which are most helpful;
- 4) **Quality and impact of support** – what is the quality and impact of institutional support.

(i) Pre-entry and transition

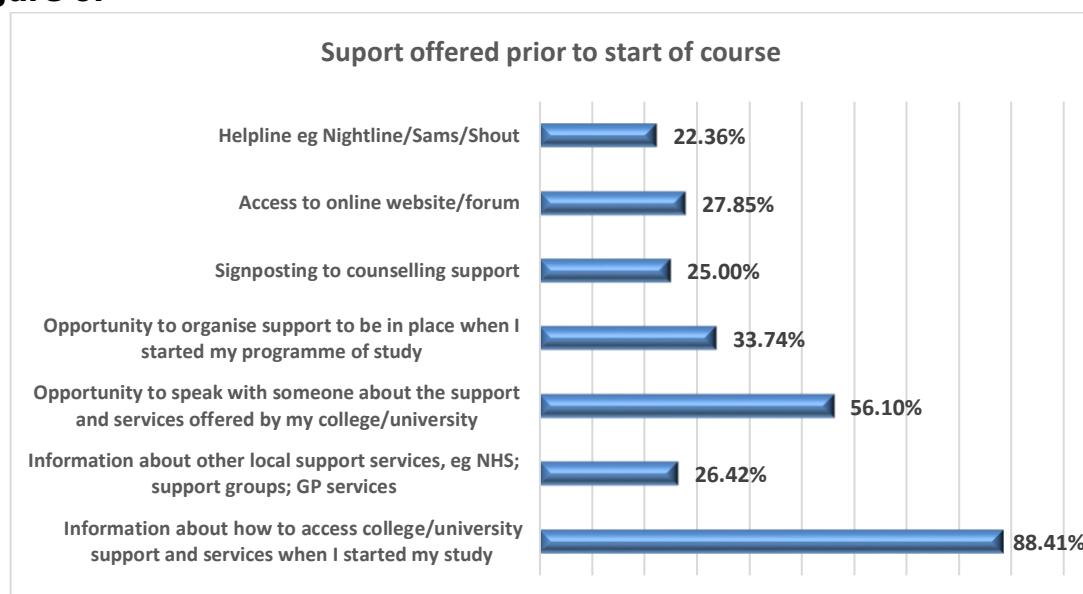
➤ INFORMATION AND ADVICE

Institutions in our consultation concur with Williams et al (2015) that late disclosure of pre-existing mental health conditions is a major challenge in ensuring students access appropriate support. Levels of disclosure were indicated in our survey findings. Of survey respondents with a diagnosed mental health condition, the majority (82.3%) were diagnosed prior to starting their programme of study. However, only 38.62% disclosed this to their college or university before they started their programme of study.

Our institutional consultation demonstrates the great efforts that are being made to reach out to students' pre-enrolment to enable support to be put in place as early as possible (see section 3). Survey analysis indicates that the majority of students (88.4%) were offered information about how to access college/university support when they started their course, and more than half (56.1%) the opportunity to speak to someone about this support before they started (Fig. 6). However, responses disaggregated by FE and HE indicate that students entering HE are 12.6% less likely to receive information or advice before they started their course. It is noted that lower numbers of students were also offered a range of other information and advice. This is not necessarily surprising as institutions are limited as to the extent of support that can be offered before students enrol.

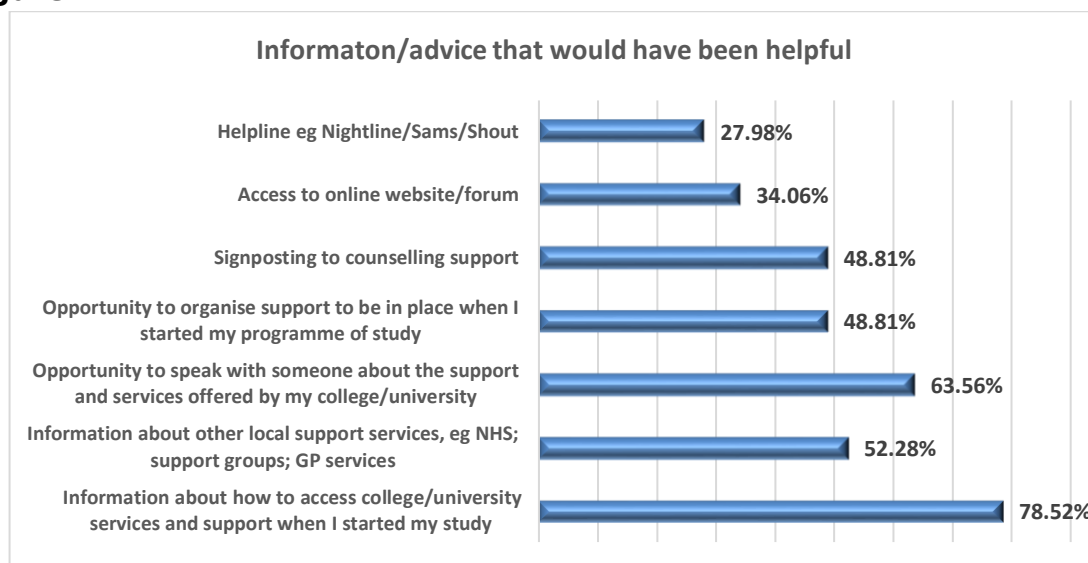
The demographics of the student body, as well as the structure/organisation of external services, will also influence what is offered or signposted. For example, only 26.42% of respondents indicated that they had received information about NHS/GP services, compared to 71.11% who indicated that their GP was the most used source of support prior to them starting their course (see section 2.4.2 iii). Where students are predominantly local, institutions will know that they already have access to GP services which provides the gateway into NHS mental health support.

Figure 6:



Students who had not receive information and advice prior to starting their course indicated that it would have been helpful to do so, particularly information on how to access college/university services (78.52%) (Fig. 7).

Figure 7:

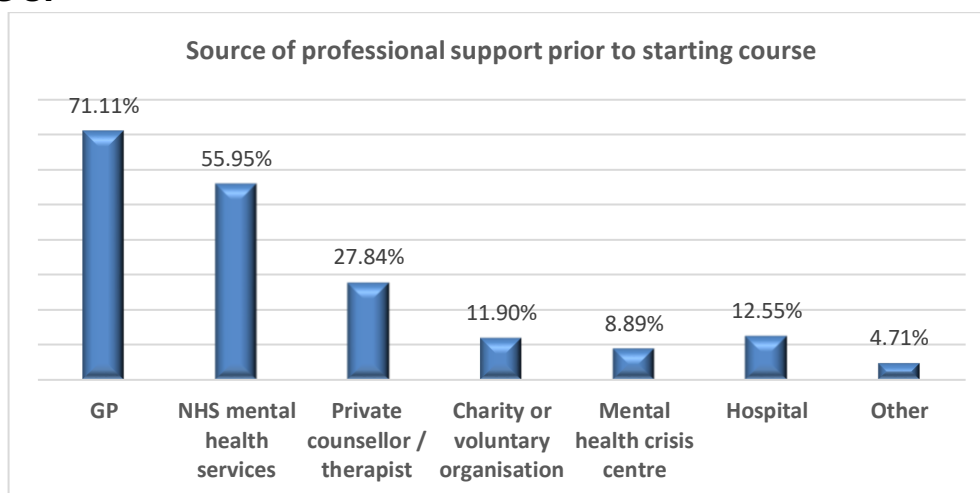


The survey responses from students who indicated they did not need pre-entry information and advice suggest that these students were able to independently manage their condition, for example through their support networks and their GP or NHS services.

➤ **CONTINUITY OF PRIOR SUPPORT AT START OF COURSE**

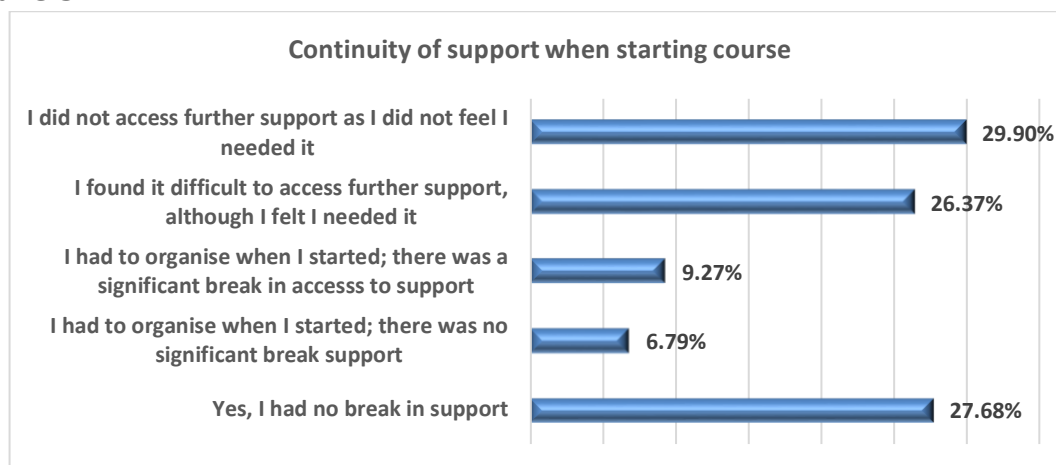
As would be expected, of students with a diagnosed mental health condition, the majority (65.5%, of which 70.66% were in HE) had received professional support through either their GP (71.11%) or NHS mental health services (55.95%) (Fig. 8).

Figure 8:



Respondents receiving professional support prior to starting their programme of study were asked about the continuity of that support after they started (Fig. 9).

Figure 9:



Survey results indicate that for some students there was no break (27.68%). This may be due to the fact that this group of students study in their home location and continue to access existing support. For others this is not the case: some students found it difficult to access support (26.37%); some had to organise their own support when they started their course (9.27%).

It is recognised that it is difficult for colleges and universities to assure continuity of NHS support. Students need to register with a GP as a gateway to NHS services and where moving from Child and Adolescent Mental Health Services to Adult Services different threshold criteria may apply. Some may not wish to make this transition in their care. Further analysis to examine this in greater detail may support the sector in maintaining and further developing relationships with local NHS mental health support services.

Summary: Pre-entry support and transition

- 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.

(ii) On-course awareness of support

Although previous research suggests a lack of knowledge among students of what mental health and wellbeing support is available to them (NUS, 2015; Harris et al., 2016; NUS, 2017; Waight & Giordano, 2018), our survey indicates that this is not the case (Table 10). Only 4.96% of respondents were not aware of any services offered by their college or university, with high levels of awareness of student support, wellbeing services and disability services; and around half of students aware of reasonable adjustments and support provided by the students' associations (Table 10).

Responses indicate low levels of awareness of online support provided via the institution, such as Togetherall (previously known as Big White Wall), despite this being an increasingly popular type of provision by institutions (see section 3), suggesting that more needs to be done to advertise its availability. There are also lower levels of awareness of other forms of support, but we recognise that not all of these will be offered at all institutions. Whatever services are on offer, increasing their profile will help to increase access.

For all services, survey findings indicate a greater awareness among students studying at HE level than FE level. Levels of awareness range between 78.4%-81% for HE students; and between 19%-21.6% for FE students. This could be an indication that either these were not on offer at the student's institution, possibly due to financial constraints or institutional context/structure, or they were not being well enough publicised. It may therefore be of benefit for consideration to be given to increasing the profile and access to these types of services/provision.

Table 10:

College/University Services	Level of Awareness %
College/university student support services, eg study skills support	70.60%
College/university wellbeing services, eg counselling	59.21%
Disability services	56.98%
Adjustments in teaching, assessment or facilities to support learning and different needs	51.85%
Students' association support	48.93%
College/university clubs and societies	37.70%
Information about other local mental health and wellbeing services	35.89%
Helpline eg Nightline/Sams/Shout	29.36%

Mental health and wellbeing campaigns	26.15%
Peer support eg mentoring from fellow students	26.12%
Mental health or wellbeing workshops	22.91%
Online support provided via your institution eg Big White Wall	17.65%
Quiet room	15.31%
Your college/university health centre	13.21%
Opportunity to engage with mental health and wellbeing issues as part of your course	11.42%
Out of hours support eg security, out of hours warden	9.28%
None	4.96%

In terms of mental health and wellbeing services provided by external organisations, again the majority of respondents (62.33%) agreed that these were well publicised. Of those who did not agree, the majority were studying in HE.

We note the lack of awareness of mainstreamed on-course opportunities provided to support mental health and wellbeing to facilitate learning, for example helpful timetabling, monitoring of workload and opportunities to build confidence and resilience skills. It could, however, be argued that students would not necessarily be aware if practice is effectively mainstreamed. Some courses, particularly at entry level in FE, may include specific reference to maintaining wellbeing.

Summary: On-course awareness of support

- 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.

(iii) 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.

• WHO ACCESSES SUPPORT?

Of the 3097 survey respondents, only 23% had accessed mental health and wellbeing support during their programme of study. When compared to the overall figures for students with a diagnosed mental health condition (37.9%) and those who have concerns about their mental health (43.5%), it is clear that far fewer students are accessing support than may benefit from it, echoing the finding of low uptake of services in a range of research studies (ECU, 2014; Stefanov & Nicholson, 2014; NUS, 2015; Williams et al., 2015; Waight & Giordano, 2018; Insight Network, 2019; Unite, 2019).

Our survey analysis indicates those most likely to access support are as follows:

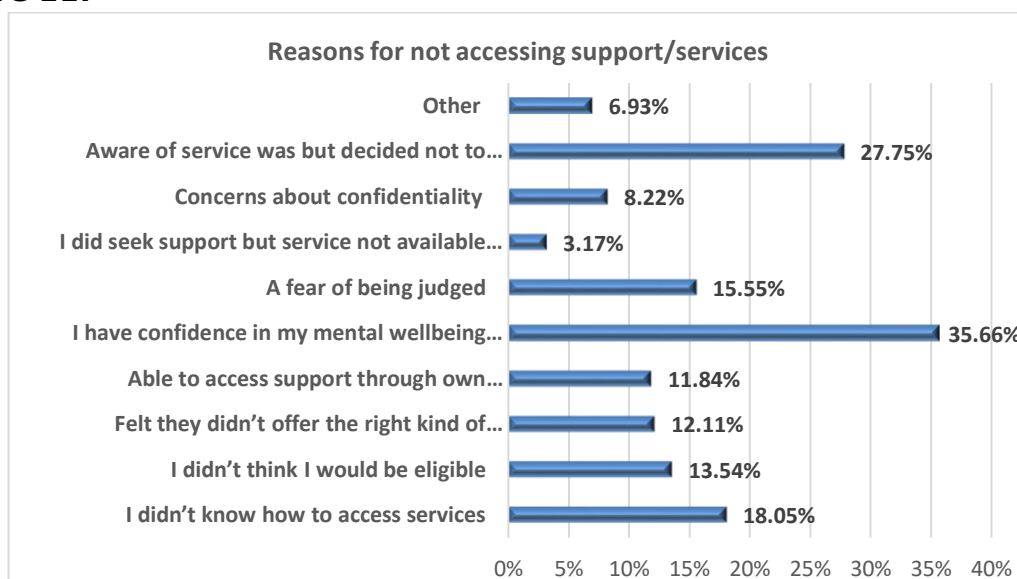
- Proportionally more HE level students (25.33%) than FE level (20.56%) had accessed support for their mental health and wellbeing during their programme of study;
- The age groups with the highest proportions of students accessing mental health and wellbeing support during their studies were 18-22 (27.17%) and 23-29 (27.03%) year olds. The lowest levels of accessing support were among those aged 16-17 (16.67%) and 60+ (12.70%), though the low numbers of respondents in these age groups mean it is not possible to draw firm conclusions.
- 24.26% of carers; 28.80% of care-experienced; and 30.71% of estranged students accessed support for their mental health and wellbeing during their programme of study, higher than students overall.
- Students with a disability (37.99%) were more likely to access mental health and wellbeing support compared to those without (17.45%). While this suggests a higher tendency to access support amongst disabled students, we identified a gap between those disabled students who identified their disability as a mental health condition (52.32%) and those who had accessed support. It may be that these students are able to manage their condition themselves and therefore do not need support. However, work to raise the profile of services and reduce stigma related to mental health will ensure that all students are able to access support if needed.

- Fewer male respondents (20%) than female (24.22%) indicated they had accessed support during their programme of study, suggesting men are slightly less likely to do so than women. A significantly higher proportion, 58.14% of those defining as non-binary had accessed support, though small numbers preclude meaningful analysis.
- Levels of access to support were lower among heterosexual students (19.70%) than among all other sexual orientations (ranging from 32.67% among bisexual students to 57.97% among queer students), suggesting a greater willingness to seek support among these groups than among heterosexual students.

As outlined above, many of the students in our study who might have benefitted from mental health and wellbeing support during their studies had not accessed it.

Contrary to evidence presented in previous research, which suggests the reasons students do not access services are largely negative, for the majority of respondents (63.41%) their reasons were affirmative, either being confident in their mental wellbeing, so did not feel it necessary (35.66%); as a conscious decision not to access the services that there were aware of (27.75%); or because they could access support through their own networks (11.84%) (Fig. 11), and were illuminated by student comments.

Figure 11:



"I would prefer to deal with any problems myself." (HE College Student)

"Have frequent contact with specific services outwith the university" (University Student)

"Get really bad anxiety spikes every so often but they tend to calm after a bit ... I know I can get through it, so I try not to take resources away from those who need them more" (University Student)

Again, diverging from previous research findings, more than half of respondents (67.28%) indicated that they trusted that their institution could provide them with appropriate support, with no significant difference between protected characteristic groups. However, survey analysis indicates that trust in institutional mental health and wellbeing support is lower for HE students than for those in FE (FE 73.96%:HE 64.86%), an area worthy of further investigation.

Some of our findings did however corroborate previous research evidence, with low proportions of respondents not knowing how to access services (18.05%); having a fear of being judged (15.55%); not thinking they would be eligible (13.54%); or feeling that the right kind of support was not available (12.11%) (Fig. 11). Although numbers are small we note the fact that 17.06% of students who preferred not to say whether they have a disability did not access services for fear of being judged. This is further confirmed when respondents were asked about their attitude towards their mental health, with almost a third of all students (27.25%), and more than a third of disabled (40.84%) and LGBT students (39.72%) indicated that they felt mental health and wellbeing carried stigma, supporting findings discussed above in relation to reasons for not accessing support.

"I did not think my needs were urgent enough to justify taking someone else's spot in the long queue for counselling from the uni" (University Student)

"Not being aware of mental health services available in the uni ... and the fear of being judged ... negatively affect[ed] my time at uni (University Student)

"Didn't feel like my problems were big enough" (FE College Student)

- ATTITUDE TO SEEKING SUPPORT**

With regard to seeking help, 36.48% of respondents were comfortable talking about mental health and wellbeing with their friends, and 31.01% with their family. Of note is that disabled students are less likely to feel comfortable talking about their mental health and wellbeing than students who do not have a disability. In addition, only 31.01% felt able to reach out for support when needed (Fig. 12). This data indicates 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 above, 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.

In terms of attitude to coping with their mental health and wellbeing, survey responses indicate that students tend to take responsibility for dealing with their own mental health and wellbeing, with 47.98% regarding it as something they needed to deal with themselves, and 46.7% as a challenge they need to work on (Fig. 13). Whilst there is little difference in this regard between protected characteristic groups, the slightly higher proportion of heterosexual students (51.04%) who regard their mental health as something they needed to deal with themselves is noted as this group are least likely to access support.

Figure 12:

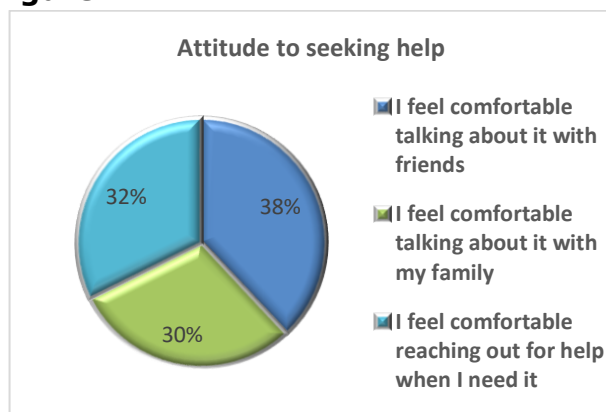
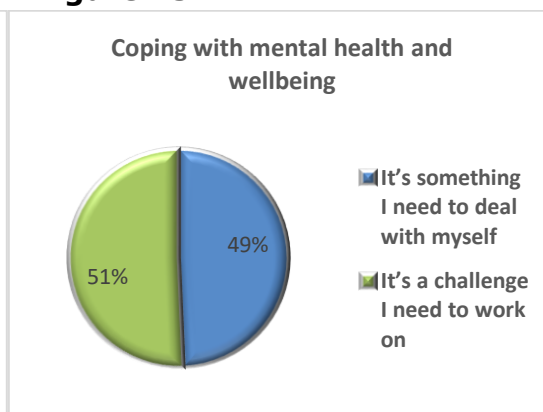


Figure 13:



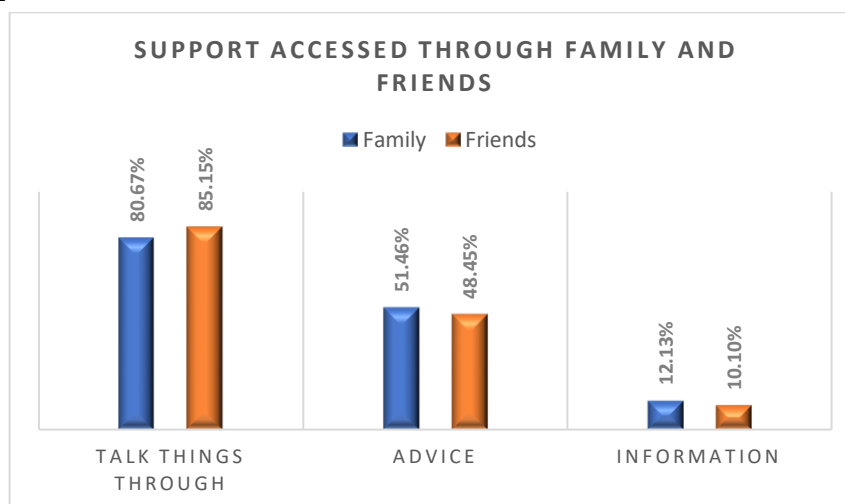
- SOURCES OF SUPPORT**

Our survey asked students where they looked for the support they needed, and what type of support they sought in relation to maintaining their mental health and wellbeing, both internal and external to their place of study. Respondents were able to select as many options as were relevant to them. Unsurprisingly, students indicated that they access different sources of support dependent on their needs.

i) **Family and Friends as a source of support**

Aligning with previous research (McIntosh & Shaw, 2017), students identified family and friends as significant sources of support. This was particularly the case when students needed to talk things through. Family and friends are also important sources of advice and information (Fig. 14). The accessibility that students have to their friends and family means that generally, these sources of support are readily available when needed. It should however be noted that this will not be the case for all students, particularly those who are care leavers or estranged.

Figure 14:

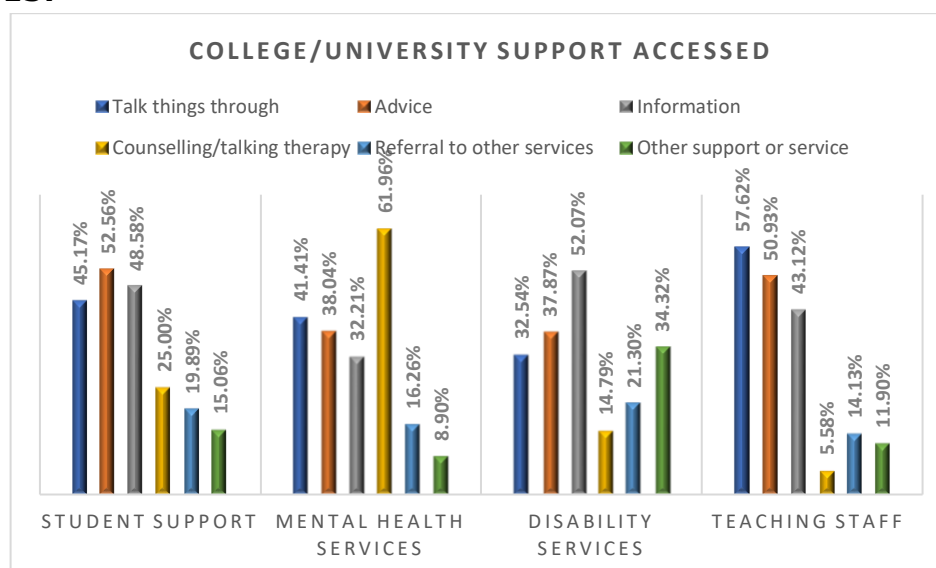


"The thing I found most helpful was when I spoke with my friends and family as it relaxed me and got me to see what was bothering me from another perspective" (HE College Student)

ii) **College/university support services**

Similarly, respondents identified that their institution's support services were important ports of call for talking things through as well as sources of information and advice, particularly teaching staff and student support services (Fig. 15). Disability services were identified as an important source of information. As would be expected, institutional mental health services were a key service in the provision of counselling or other talking therapies.

Figure 15:



"I have found that my lecturers have all been very supportive and provided me with a great deal of confidence by believing in me and my abilities, despite all the setbacks I face in my life."
(HE College Student)

"Most tutors have been very helpful particularly in extending assessment deadlines when I am having a hard time."
(University Student)

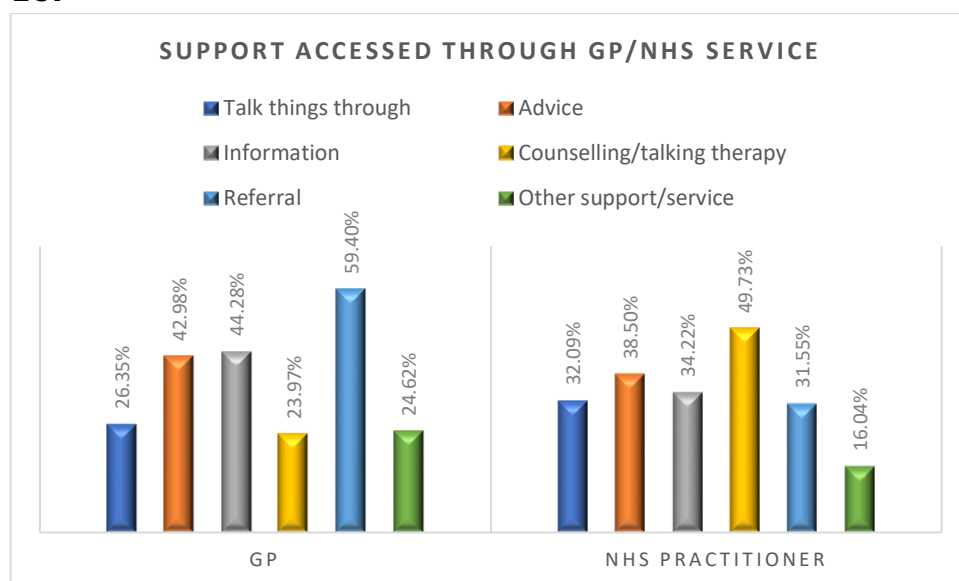
"The wellbeing support at Uni involved 12 weeks of counselling sessions which were really helpful in dealing with my illness."
(University Student)

"I wish I could say the university counselling service were helpful". (University Student)

iii) **GP/NHS services**

As GPs provide the gateway to other NHS mental health services, they were inevitably the most commonly used point of referral for our respondents (59.4%), aligning with previous research findings. Similarly, respondents who had accessed NHS services also identified them as an avenue for referral (31.55%). Respondents also identified NHS services as an important source of counselling and talking therapies (Fig. 16). Again, we would suggest that, as with institutional mental health services, this is to be expected. However, waiting times to access the support needed, reflected in our student comments, is acknowledged ('waiting for support' below).

Figure 16:

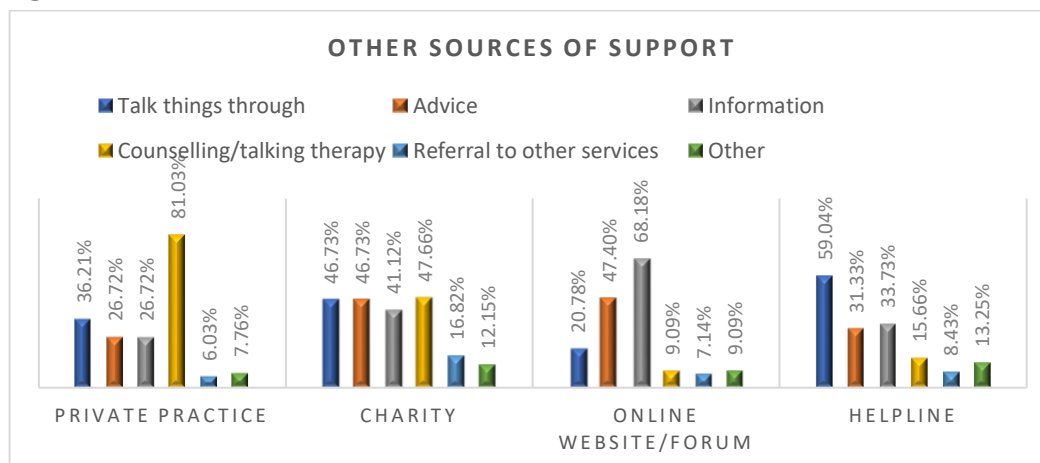


"The NHS has been helpful in getting me a diagnosis for my mental illnesses, however the waiting times are long, and I'm not sure I'll have access to the support I need until midway through my fourth year." (University Student)

iv) **Other sources of support**

Small numbers of respondents indicated that they had accessed other sources of support, particularly for information, with 68.18% of respondents who contacted an online website or forum doing so for this purpose; and to talk things through, with 59.04% of respondents contacting a helpline and 46.73% contacting a charity doing so for this purpose (Fig. 17). Private practitioners were also indicated as an important resource for talking things through but it is recognised that not all students will have the resource to access this support.

Figure 17:



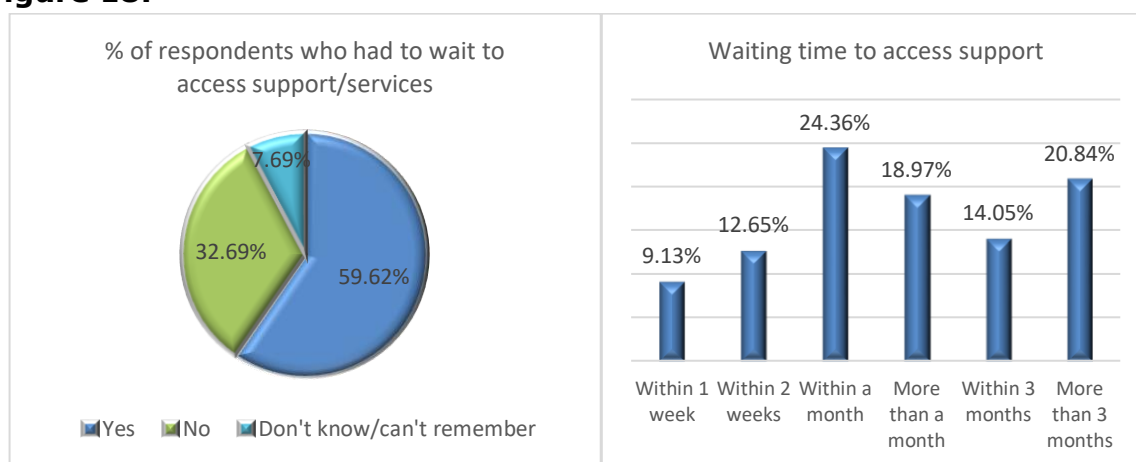
• **WAITING FOR SUPPORT**

Previous research highlights that students do have to wait to access the support they need. The SFC survey (2019) also indicates the amount of time students have to wait. Our survey confirms and illuminates these findings.

i) **Waiting times**

Of those respondents who used a support service, institutional or external, more than half of respondents (59.62%) had to wait to access the support they needed. For those students who had to wait just over half (53.86%) waited more than a month, and 20.84% waited more than three months (Fig. 18).

Figure 18:

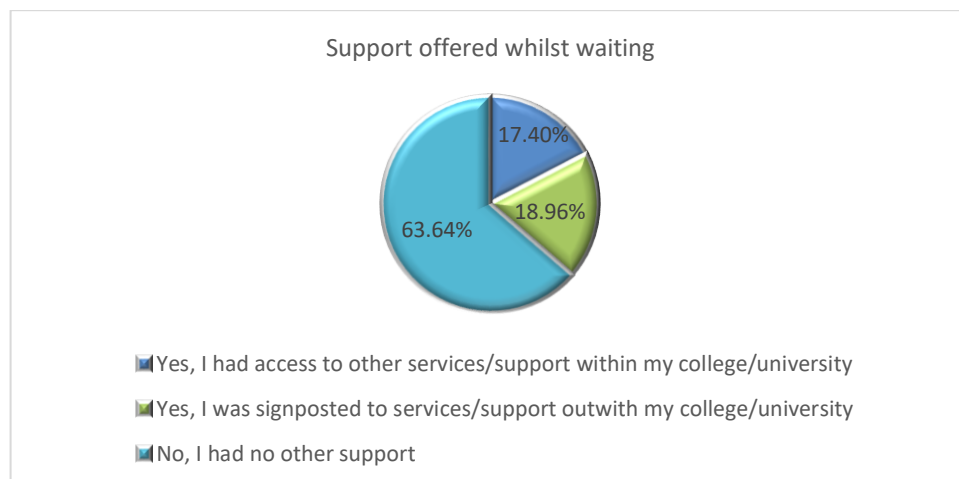


It is important to bear in mind the factors which are likely to impact on waiting times. The type of support or service accessed will play a part, with online or helpline services providing fairly immediate access, whilst access to both institutional and NHS counselling or specialist services are likely to involve a waiting time. This may be due to the process of diagnosis but may also be a result of a strain on or lack of resource, particularly for NHS services. The recent injection of Scottish Government funding to provide for additional counsellor in institutions may alleviate waiting times in college and universities (see 1.1.4).

ii) **Support offered whilst waiting**

The survey inquired into whether students who were waiting to access services were offered any support in the meantime. Just over a third (36.36%) of respondents waiting to access services indicated that they had been provided with such support either by their institution or an external service (Fig. 19). The number indicating that they had no access to other support is relatively high (63.64%). Resources may play a part here; in addition, students may not have been aware that they could access additional support where appropriate. We suggest that this is an area for further inquiry to understand why some students do not access further support whilst waiting, whether it would be appropriate for them to do so, in order to signpost areas for action if required.

Figure 19:



Summary: Accessing Support

- i) As a proportion of all respondents, 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 just over 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.

(iv) 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.

• QUALITY OF SUPPORT ACCESSED

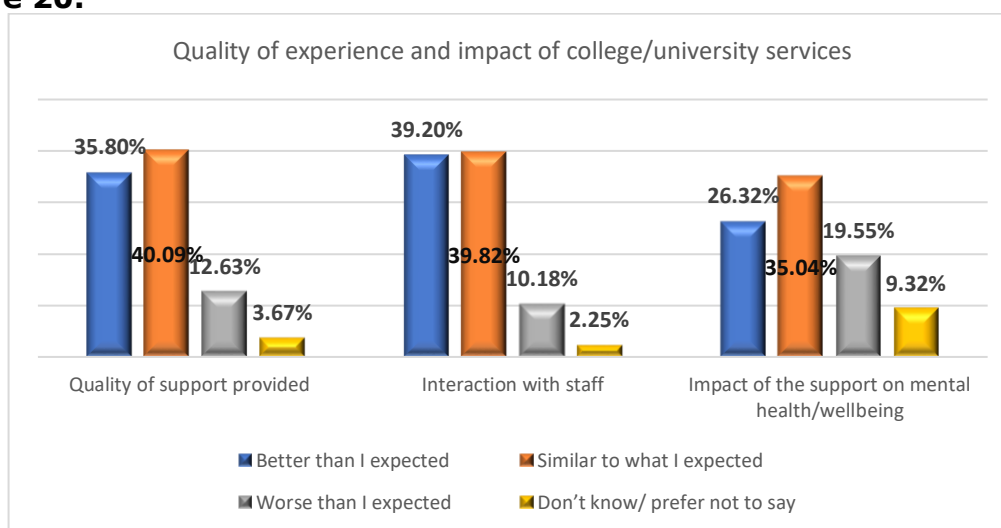
Respondents were generally positive about their experience of access to services, with the most helpful sources of support identified as family and friends (54.73% and 64.31% respectively); college/university student support services and teaching staff (49.81% and 45.86% respectively); and the GP (47.97%).

Respondents were also asked specifically about their experience of services they had received from their college/university. Survey analysis reflects previous research findings, indicating positive experiences of the services accessed for the majority of students, with 79.2% rating their interaction with staff and 75.89%

rating the quality of support either better or similar to what was expected (Fig. 20).

With regard to impact that these services had on their mental health and wellbeing, 61.36% of respondents identified positive impact. It is noted that 19.55% of respondents indicated that the impact of services accessed was worse than expected. However, it is not known what students' expectations were, whether these were realistic or not, or whether they derived little or no benefit from the service. This may be an area for further investigation to inform how services are articulated to students.

Figure 20:



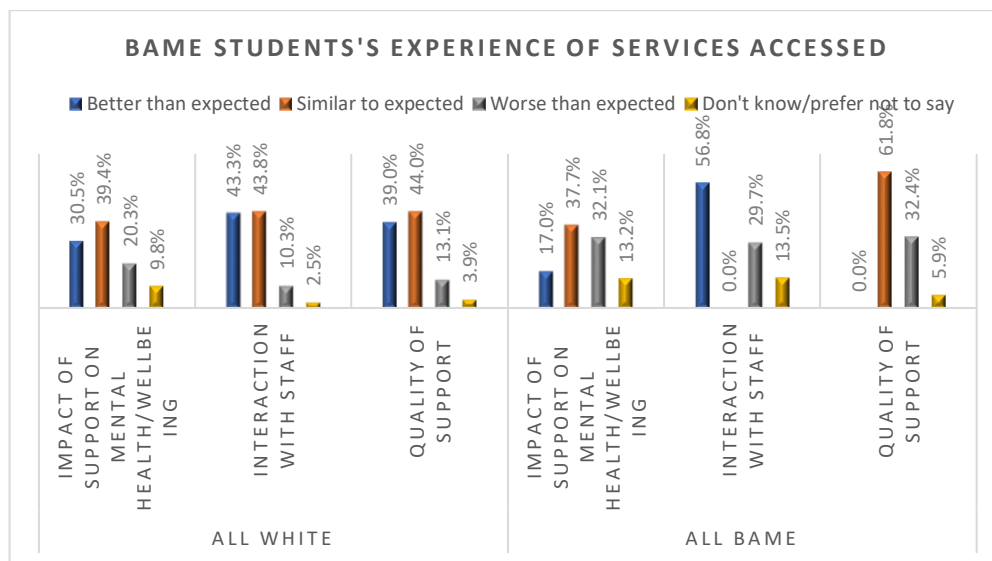
There were no discernible differences between the experiences of FE and HE students of the services they accessed at their college/university. Analysis by protected characteristic indicates that there were few significant differences in the quality of experience, interaction with staff and impact of support on mental health and wellbeing of support between protected characteristic groups, with the exception of BAME students.

BAME students indicated that the quality of their experience was less good than their white peers (Fig. 21). 61.8% of BAME students indicated that the support was of similar quality to that expected, whilst 83% of white students indicated it was either better than expected or similar to expected. Similarly, analysis indicates that white students have more positive interactions with staff than their BAME peers: 91% of white students rated their interactions either better than expected or similar to expected, compared to 56.8% of BAME students who rated them better than expected (with 0% of BAME students rating them similar to expected).

In terms of the impact of support on students' mental health and wellbeing, more white students (69.9%) than BAME (54.7%) reported that impact was better than or similar to expected (Fig. 21). These findings for BAME student warrant further

investigation to gain an understanding of these differences and how they might be addressed.

Figure 21:

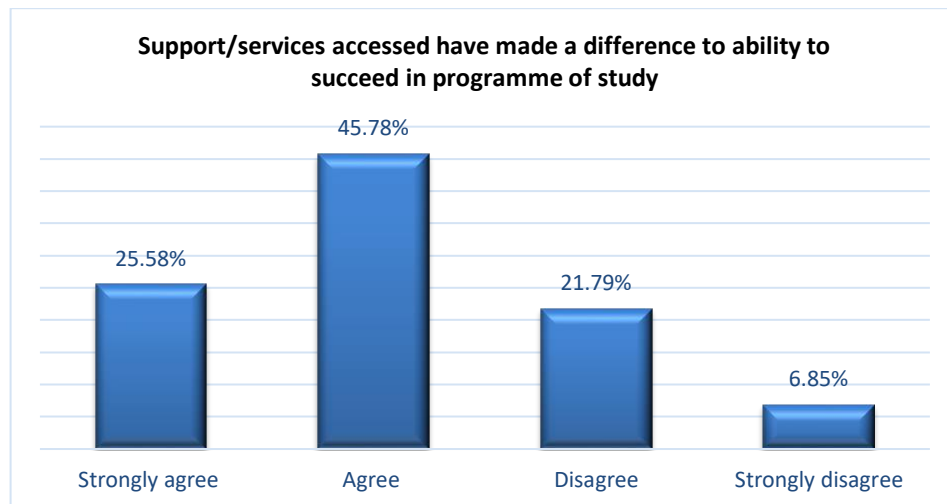


Similarly, and as highlighted by research undertaken by NUS (2015), account needs to be taken of those students who do not have a positive experience of the services they access. As for BAME students work needs to be undertaken to better understand the reasons for this and to inform the development of practice as appropriate.

- **IMPACT OF SUPPORT ON ABILITY TO SUCCEED**

Respondents were asked whether they felt the mental health and wellbeing support or services they had accessed had made a difference to their ability to succeed in their programme of study. 71.36% either agreed or strongly agreed that they had had a positive impact (Fig. 22). This is encouraging as it indicates that colleges and universities are making necessary adjustments, delivering effective services and support for the majority of students who accessed those services.

Figure 22:



In terms of protected characteristic, the only observable difference was for BAME students. Proportionately, compared to white students (47.5%), significantly more BAME students agree or strongly agree (72.8%) that the support and services they access have made a difference to their ability to succeed on their programme of study. This is a positive finding, and at odds with the findings outlined above relating to BAME students' experiences of the quality of support received and its impact on their mental health and wellbeing. This is an area for further inquiry to better understand how students from a BAME background experience college and university student support services.

As with findings in respect of quality, account needs to be taken of those students who identify that the services they accessed did not positively impact on their ability to succeed (28.64%). Again, further inquiry will illuminate why this might be and where areas for improvement in college and university practice may lie.

Summary: Quality and impact of support

- 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.

iii) Further inquiry here would be beneficial to better understand how BAME students are experiencing student support services.

iv) 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

Our consultation exercise with eight Scottish institutions was designed to collect 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. We have not been able to capture the full breadth of this work in this study, instead focusing on key themes identified from the literature; the policy context of the sector; and evidence from our consultation, in order to identify and share common areas of existing and emerging practice for each theme.

Much of this work is relatively new, so it is no surprise that firm evidence of 'what works' is not yet available in some areas (evaluative practice is explored at the end of the section). However, we illustrate our findings with a range of examples that appear innovative, or for which there is evidence of the approach being valued by or impactful for students, while representing a range of different institutional contexts wherever possible.³ The examples in bold font link to fuller descriptions in **Appendix 2: Compendium of institutional practice.**

This section presents the findings from the research grouped into consideration of:

- **Strategic oversight**
- **Mainstreaming approaches**
- **Institutional mental health and wellbeing support**
- **Students' association mental health and wellbeing activities**
- **Supporting the student journey**

As in Section 2, each section comprises a short overview of related literature; survey findings; and a short section summary.

3.1 Strategic oversight

In this section, we focus on the strategic level of student mental health and wellbeing – considering what strategies are in place to drive student mental health and wellbeing and what approaches are utilised for overseeing their implementation and monitoring and measuring their effectiveness.

³ It is important to note here the diversity of our sample of institutions, which reflects that of the college and university sector in Scotland, and that what might be effective practice in one institutional context might not be practical or appropriate in another. An additional factor is not all institutions were in a position to provide as much detail about their practices as others within the research timeframe, and thus appear less frequently.

3.1.1 LITERATURE OVERVIEW AND POLICY CONTEXT

It is identified that increasingly UK-wide, colleges and universities are regarding student mental health and wellbeing as a strategic priority (Aoc, 2017; Thorley, 2017), although only 29% of UK universities had a specific student mental health strategy by 2017 (Thorley, 2017). In Scotland, since academic year 2019/20, having a student mental health strategy in place, or firm plans to develop one, has been a requirement for colleges and universities, linked to funding through SFC Outcome Agreement (OA) requirements (SFC, 2019a; SFC, 2019b).

UK-wide evidence indicates that partnerships between institutions and their students' associations are vital to supporting mental health and wellbeing (Williams et al., 2015; Thorley, 2017). In Scotland, NUS Scotland's Think Positive project and in particular the development of Student Mental Health Agreements (SMHA), has driven this agenda for a number of years. SMHAs require that institutions and students' associations work together to develop and deliver the agreement. Agreements should cover both strategic and practical plans to make improvements in how the institution and students' association work together to tackle the stigma attached to mental health and work towards improving the mental wellbeing of their student body⁴. Having a SMHA was made a requirement for all institutions via SFC OA guidance in 2019/20 (SFC, 2019a; SFC, 2019b).

The literature indicates that monitoring and evaluation of student mental health and wellbeing support is an area in need of further development in many institutions across the UK. While counselling services often use established clinical outcome measures, for other mental health and wellbeing provision, there are some gaps in data collection and, commonly, a reliance on anecdotal evidence rather than systematic monitoring and evaluation (Williams et al., 2015; Thorley, 2017).

3.1.2 INSTITUTIONAL AND STUDENTS' ASSOCIATION STRATEGIES

At the time of this research, six of the eight (75%) institutions involved had a student mental health strategy in place. Given the drivers in Scotland outlined above it is to be expected that this represents a much higher proportion than reported for UK-wide universities (Thorley, 2017). The two that did not were in the process of developing their strategies.

Partnerships with students' associations in relation to supporting student mental health and wellbeing are strong across the institutions involved in this research. All participating institutions highlighted that they had good working relationships with their students' associations, who were actively involved in promoting and supporting student mental health and wellbeing (see section 3.4 for activities led

⁴ <https://www.thinkpositive.scot/projects/smha/>

by students' associations). As a key document setting out plans and provision, we reviewed the SMHAs for all the institutions involved that had these in place, which was seven out of eight (87.5%).

i) Approaches to institutional strategies and SMHAs

Each institutional student mental health strategy and SMHA reviewed by this research is unique and reflects the institution's context. However, there is wider variation in the approaches taken to the institutional strategies than to the SMHAs, perhaps due to institutions and students' associations having followed the guidance of Think Positive to produce their SMHAs. The following observations in respect of those from participating institutions are made:

- **Presentation** - SMHAs are succinct and clear documents in a user-friendly format. Some SMHAs are particularly well-presented, for example [Ayrshire College's SMHA](#). The institutional strategies are more diverse in their layout, with some being quite extensive documents and a minority being shorter and presented as an action plan rather than a strategy.
- **Context setting** - All SMHAs include a short introduction, with some setting out the background to the SMHA and how it was developed. Institutional strategies vary in this regard. The majority including a significant introduction with contextual information and a vision for student mental health and wellbeing, for example [UHI's strategy](#). Where this is not provided the document is less accessible for the college / university community.
- **Aims / priorities** - All of the SMHAs and all but one of the institutional strategies set out strategic aims or priorities, conveying what the institution / students' association hopes to achieve through its action. All include a range of actions, with the most robust actions being presented so that they are SMART⁵.
- **Evidence base** - Some institutional strategies present evidence used to develop the strategy. The strongest examples in this regard provide key statistics or evidence (internal or external) of the issues being addressed and outline consultation activity undertaken with staff and students to inform the strategy. For example, the [University of Edinburgh's strategy](#) outlines an analysis of the strengths and weaknesses of the university's current approach and outlines how a wide range of key stakeholders were consulted to develop the strategy. SMHAs typically include less detail about their evidence base.
- **Publication** - The majority of the institutional strategies reviewed do not appear to be published online. Conversely, most of the SMHAs are

⁵ SMART stands for specific, measurable, achievable, realistic and time-bound.

published. Publishing increases transparency and helps to communicate the institution and students' associations' commitment and plans to enhance student mental health and wellbeing. Two SMHAs mentioned work already completed or planned to help further communicate the SMHA to students, for example a [SMHA poster competition at NESCol](#).

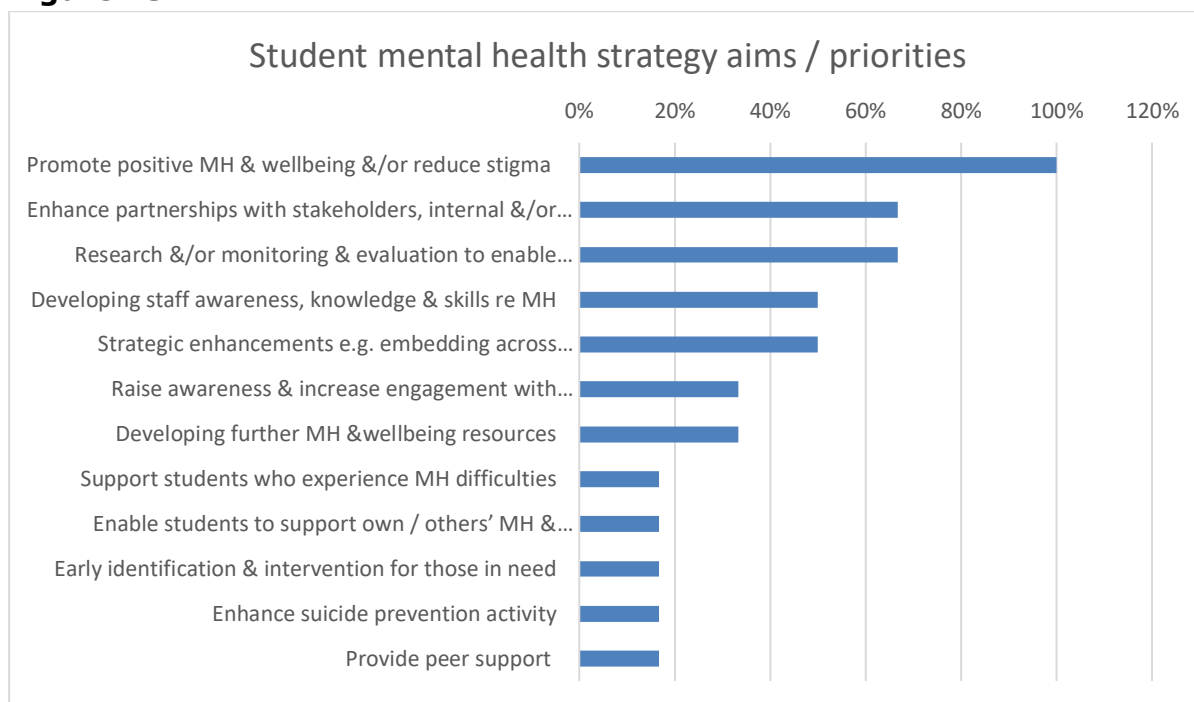
ii) Alignment of institutional strategies and SMHAs

There were differences in alignment across participating institutions between their institutional strategy and SMHA. Some institutional strategies and SMHAs shared much in common, with some duplication of areas of focus and identified actions. Others were more distinct with the two documents echoing one another but the SMHA having a clearer focus on how and in what areas the institution and students' association will work together to improve student mental health and wellbeing. Timing is a factor here, with some institutions having started work on SMHAs ahead of institutional strategies. Additionally, institutional strategies and SMHAs are both relatively new requirements and the relationship between the two is likely still developing.

A strong approach to partnership working can be observed in [NESCol's SMHA](#) which focuses on areas their students' association already leads on or is well-placed to contribute to, for example, increasing students' awareness of support available. It also outlines what the students' association will deliver and what the college will do to ensure it supports this activity.

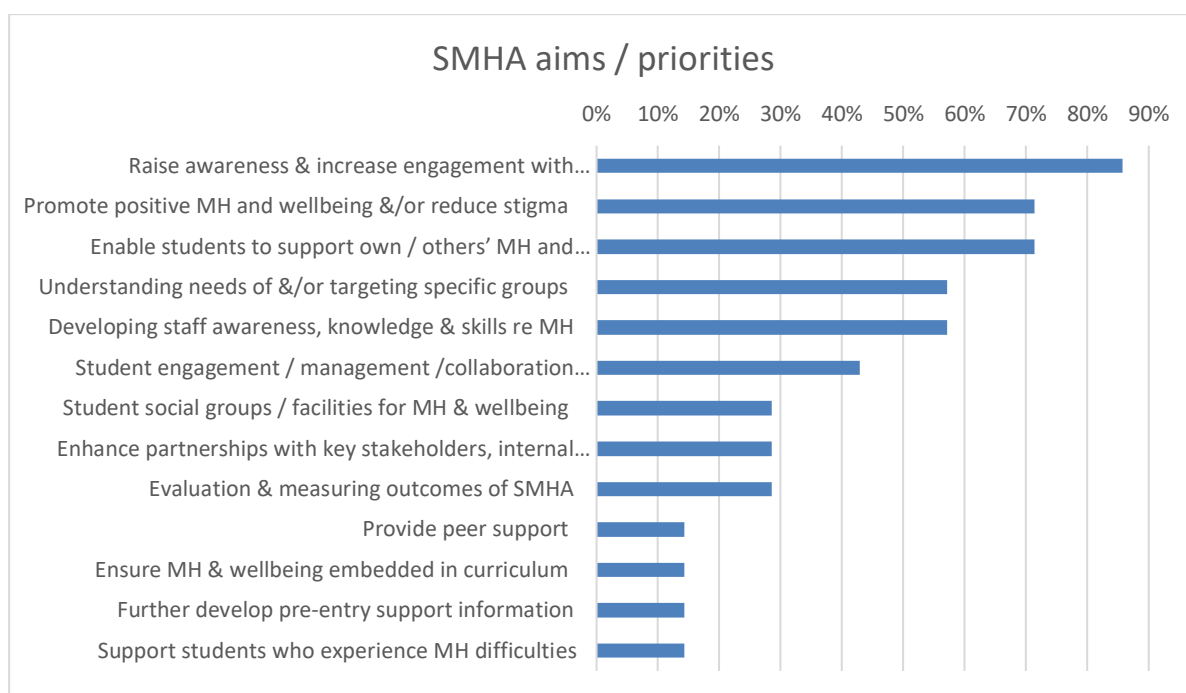
Alignment can also be observed between the strategic aims or priorities across the institutional strategies and SMHAs reviewed, indicating shared priorities across the sector. The three most common aims/priorities among institutional strategies are: promotion of positive mental health and wellbeing and reducing stigma associated with mental health; enhancing partnerships with external services and agencies, eg NHS, and/or internal partners, such as students' associations; and conducting research and/or enhancing monitoring and evaluation to develop further understanding of the issues and of what works to support students (Fig. 23).

Figure 23:



While the SMHAs share some of these priorities, including promotion of positive mental health and wellbeing and reducing stigma associated with mental health, their other most common priorities diverge from those in institutional strategies. They include: promotion of support and services available to students; enabling students to support their own mental health and wellbeing; developing greater understanding of and/or supporting specific groups; and developing staff awareness, knowledge and skills to support student mental health and wellbeing (Fig. 24).

Figure 24:



iii) Alignment with other strategies

A range of other institutional strategies and plans are relevant to student mental health and wellbeing. This includes OAs, published reports regarding meeting the Public Sector Equality Duty (PSED) requirements (eg equality outcomes and mainstreaming of equality)⁶, and student-facing strategies such as learning and teaching and recruitment and admissions.

The majority of the institutions involved in this research demonstrated that student mental health and wellbeing is embedded in one or more institutional strategy, most commonly highlighting commitments made in the institution's OA. Only [Ayrshire College](#) pointed us to their institutional PSED reports, where mental health and wellbeing feature in their equality outcomes. This may indicate a disconnect between teams/individuals working on equality and diversity and those working on mental health and wellbeing and suggests opportunity for further synergy between mental health strategies and PSED related work.

3.1.3 GOVERNANCE

i) Key groups / committees

In participant institutions, oversight of student mental health strategies and SMHAs is typically undertaken by a key cross-institutional group or committee. For example, [GCU's Student Wellbeing Advisory Group](#) is a cross-institutional working group which steers its student mental health action plan and includes staff from across the Glasgow and London campuses and Students' Association.

⁶ See <https://www.advance-he.ac.uk/knowledge-hub/public-sector-equality-duty-specific-duties-scotland-revised>

These groups also provide opportunity for cross-institutional and partnership working, such as [UHI's Student Mental Health Group](#), which offers a platform where sharing of ideas and resources and development of partnership initiatives can occur across its partners. Several participants highlighted these groups, some recently revised, as examples of good practice in supporting a wellbeing culture within the institution.

ii) Key roles supporting a strategic approach

Three of the institutions in our research reported having recently created new roles to support the institution to take a coordinated, strategic approach to student mental health and wellbeing. GCU has an Associate Vice Principal for Health and Wellbeing, and its Director of Student Life and Head of Student Wellbeing regularly meet with colleagues and attend committees across the institution to ensure a holistic approach. It has also recently employed a full-time project officer for student mental health who works to co-ordinate a whole institutional approach to enhancing student mental health and wellbeing. SRUC has established three wellbeing champions – two among institution management staff, and UHI has created a new role to lead on mental health and wellbeing across the partnership, to strengthen the support services across the partnership and lead on the mental health strategy.

3.1.4 MONITORING AND EVALUATION

Within participating institutions we found a mixed picture in terms of evidence of formalised approaches to monitoring and evaluation across the breadth of mental health and wellbeing provision. This reflects the findings of previous research.

Overall, with the exception of counselling provision, the focus appeared to be on monitoring delivery rather than evaluation of efficacy and/or impact. Consequently, whether interventions beyond counselling are making a difference for students is not routinely identified. However, a number of the institutions reported their commitments and plans to further enhance their approach to evaluation or pointed to corresponding priorities or aims set in their student mental health strategies (66.67% had an aim or priority focused on this). There were also some examples of existing effective practice in evidence, which we explore below.

i) Monitoring

In response to the consultation exercise, the majority of participant institutions mentioned the use of student statistics, for example the proportions of students disclosing a mental health condition, student retention and completion outcomes to undertake high-level monitoring. Two mentioned they had specific key performance indicators (KPIs) in place. Monitoring of student uptake or participation in mental health and wellbeing support services and activities was

also evidenced by all institutions, though not typically across the full breadth of an institution's mental health and wellbeing provision.

While SMHAs include indicators of success, many of the institutional student mental health strategies do not. How monitoring will be undertaken, and success evaluated is therefore unclear. An exception is [City of Glasgow College's Mental Health Strategy](#), which includes success measures throughout its action plan, including qualitative and quantitative measures.

ii) Clinical outcome measures

Monitoring and evaluation were most clearly embedded in counselling provision. Five of the institutions, which represents all of those in our sample who already have in-house counselling services, shared evidence that students in counselling complete some form of clinical outcome measure at the start and end points of their counselling. The most frequently mentioned measure was the Clinical Outcomes in Routine Evaluation-Outcomes Measure (CORE-OM)⁷, though some had adapted existing measures or developed their own approaches to best suit their context. For example, [RCS's counselling service](#) uses an internally developed outcome measure, the 'Counselling Disability Questionnaire' (CDQ). Counselling teams also use other means to measure the efficacy and impact of counselling, including gathering student feedback through evaluation forms.

iii) Undertaking research

In our sample, [UHI's annual student mental health survey](#), a bespoke activity to gather research data, was noted as an example of good practice in undertaking research into student mental health and wellbeing. In addition, two universities in our sample highlighted current or planned specific research to enhance their understanding of student mental health and wellbeing within their institutions and/or to track the impact of their services on students. Other research activity in participating institutions was limited to the use of student experience and other student surveys as a mechanism to collect data in relation to student mental health and wellbeing. Data gathered was universally used to identify the institution's progress; any issues or gaps; and to inform its future work.

iv) Evaluation and review processes

Four institutions shared examples of formal evaluation or review processes that had recently included or focused on their mental health and wellbeing provision. Each example was distinct, but all evidenced a strategic approach to periodic

⁷ CORE-OM is a commonly used self-report measure of psychological distress, suitable for use as an initial screening tool and for assessing the response to psychological therapy, though not associated with a particular school of therapy. See Barkham et al (2006).

evaluation and review of mental health provision to enable continual enhancement:

- [UHI](#) conducted a university-wide mental health service review during the 2017/18 academic year, which informed its institutional mental health strategy;
- Ayrshire College shared its most recent college evaluation report and enhancement plan, which showed consideration of its progress on supporting student mental health and wellbeing was a part of the review;
- RCS recently commissioned the Charlie Waller Trust to review its mental health support;
- University of Edinburgh's counselling service produces and publishes an annual review report, which analyses its performance.

Summary: Strategic Oversight

- 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 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 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

In this section, we consider approaches being taken to mainstream and embed consideration of mental health and wellbeing in staff practice, teaching and curriculum.

3.2.1 LITERATURE REVIEW AND CONTEXT

Across the literature reviewed all student-facing staff, including teaching/academic staff, are identified as having important roles and responsibilities in regard to student mental health and wellbeing. They are often the first port of call for students seeking support, as demonstrated by our student survey (see section 2), with effective student/staff relationships delivering positive impact (ECU, 2014; Stefanov & Nicholson, 2014; Williams et al., 2015; Harris et al., 2016; Thorley, 2017).

Houghton & Anderson (2017) identified that teaching/academic staff, as learning and teaching practitioners, have a responsibility to ensure all their students are enabled to learn effectively, including through providing a positive learning environment that fosters positive mental wellbeing. This aligns with responsibilities under the 2010 Equality Act to consider the needs of students with protected characteristics, which includes those with poor mental health in relation to disability, and to facilitate reasonable adjustments within the sphere of learning, teaching and assessment provisions. Houghton & Anderson (2017) also point to the opportunity to go further, for example through embedding discipline/subject-relevant mental health and wellbeing learning and resources into the curriculum.

Core to any mainstreaming approach are staff knowledge and skills. Spear et al (2020) highlight the importance for teaching/academic staff, and other staff who provide supervision or assistance in all levels of study, to have the knowledge and competence to have conversations with students about mental health and wellbeing and to direct students to institutional mental health and wellbeing support if needed. Spear et al also note the lack of staff knowledge and confidence in supporting students in areas of mental health, also highlighted by Student Minds (Spear et al, 2020; Student Minds, 2017). However, available literature suggests that staff training and development with regard to student mental health and wellbeing is undertaken by many UK colleges and universities. In a 2017 survey, most English colleges indicated they have trained staff in

mental health first aid and almost half had carried out mental health awareness training for all staff (AoC, 2017).

Prior research suggests that only a minority of UK universities formalise the role teaching/academic staff play in supporting student mental health and wellbeing. Among those that do, the most common examples are the allocation of responsibility to designated key staff at a faculty or department level rather than embedding a level of responsibility in all relevant staff roles (Williams et al., 2015).

Notwithstanding, UK universities provide a wide range of learning and teaching related adjustments for students with mental health difficulties, such as study support, individual learning plans, adjustment to course assessment and adjustments to deadlines (ECU, 2014). However, embedding an equality lens (Equality Act, 2010) and taking a proactive approach to integrating mental health and wellbeing into programme/course design and delivery so as to help improve student mental health and wellbeing has been identified as an area for development by UK-wide university research (Thorley, 2017) and by colleges in England (AoC, 2017).

3.2.2 EMBEDDING MENTAL HEALTH AND WELLBEING IN TEACHING/ACADEMIC ROLES AND RESPONSIBILITIES

Only two institutions in our sample reported that they have formally embedded mental health and wellbeing into the roles and responsibilities of academic staff. [NESCoI](#) has recently expanded the role of its academic and teaching staff in supporting student wellbeing as part of its introduction of an Academic Tutoring role; City of Glasgow College highlighted their model of having a 'link' contact within each curriculum team for each student support service, who ensure curriculum teams and student support services work closely together.

It is likely that other institutions take a similar approach but may regard it as part of good learning and teaching practice rather than specific practice in relation to mental health and wellbeing. This is an area worthy of further inquiry.

3.2.3 SUPPORTING STAFF KNOWLEDGE AND SKILLS

Increasing the knowledge and skills of staff to enable staff to promote positive wellbeing and support students experiencing poor mental health or wellbeing emerged as a priority for all of the institutions involved in our research, with 3 out of the 6 institutions who had student mental health strategies identified this as a priority or strategic aim in these strategies and 4 out of the 7 who had SMHAs doing so within these. The institutional approaches being taken to achieve this can be broadly split into provision of information and advice; and provision of training for staff. While there was some evidence of the uptake rates of the provision, little information was provided regarding the efficacy or impact of this

activity, suggesting a need for institutions to enhance their methods of monitoring and evaluating this provision to ensure it is having the desired results. Additionally, specific development for teaching/academic staff was less commonly highlighted.

i) Information and advice for staff

All institutions involved pointed to information they provided for staff to inform them about the institutional services available to support student mental health and wellbeing, how they are accessed, and what to do if a student experiences a mental health related crisis. This information and advice took a range of formats, including:

- Information provided on staff intranet or portals;
- Dedicated sections of institutional websites focused on mental health and wellbeing information for staff;
- Leaflets, booklets and guides in printed and/or digital formats, such as the [University of Edinburgh's 'Helping Distressed Students' guide](#).

ii) Training provision for staff

While all the institutions involved had already undertaken staff training of some form or other with regard to student mental health, this was a common area identified for further development, especially within SMHAs. The types of training that had been provided included the following:

- *Mental health awareness training* – This was typically entry-level training aiming to increase understanding of mental health and issues that staff or students may face, as well as what support is available, and delivered to a wide staff audience;
- *Mental health first aid training* – This was a popular form of training among the institutions involved, with four mentioning they had provided this for some of their staff, and occasionally also for student representatives, in recent years. Staff who had undertaken this training were typically assigned as contacts for other staff and sometimes for students for mental health support;
- *Safeguarding training* – For two of the colleges in our research, this was mentioned as an important part of staff training and development in relation to mental health and wellbeing;
- *Staff induction* – Two institutions highlighted that they had embedded information on mental health and wellbeing, including about institutional services, into staff induction materials or induction training.

For an example of a multi-pronged approach including all of the above, see the [Ayrshire College](#) training example.

3.2.4 CURRICULUM CONTENT AND DELIVERY

Some institutions involved in our consultation exercise indicated that embedding of mental health and wellbeing in the curriculum was occurring on an ad-hoc basis in different parts of their institution and was an area identified for development. However, several cited examples of initiatives underway to embed mental health and wellbeing education and training within course content for specific programmes. Some were pilots that were still ongoing, but institutions reported seeing early indicators of positive impact.

To ensure that student mental health and wellbeing is consistently supported through curriculum delivery as part of learning and teaching practice, [GCU is undertaking two projects](#) to expand knowledge and enhance practice, working within the institution and with the wider HE sector. This includes an internal project aiming to build the capacity of GCU's academic staff to design curricula and create teaching and learning environments that promote student mental wellbeing. Additionally, GCU is leading a collaborative QAA Cluster project for the Building Inclusivity and Promoting Student Mental Wellbeing cluster in partnership with the University of Stirling, Heriot Watt University, SPARQs and GCU Students' Association. This important project should contribute to the evidence base regarding effective practice in embedding student mental health and wellbeing into the curriculum, learning and teaching. No equivalent research or projects located within the college sector were identified, suggesting a gap in considering the college sector in this regard.

Two examples of specific curriculum work were also shared. [RCS](#) has incorporated mental health and wellbeing content in a BMus 1 core module, which students have reportedly found useful in developing understanding of wellbeing. [Ayrshire College](#) also shared specific examples of progress made in embedding mental health and wellbeing into the curriculum across many curriculum areas, including a guidance structure focused on building resilience for students in its Media Department, which it believes has had a positive impact.

Summary: Mainstreaming Approaches

- 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 effectiveness of this was provided.
- iii) Examples of work to embed mental health and wellbeing into curriculum design and delivery were identified, relating to increasing capacity among staff to enhance learning and teaching practice; and embedding mental health and wellbeing into course content for some programmes. 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 consideration of the college sector in this regard.

3.3 Institutional mental health and wellbeing support

The following section outlines findings from our consultation in relation to what services and support participating institutions currently provide to support student mental health and wellbeing, highlighting effective practice.

Findings suggest that primary student mental health and wellbeing support usually sits within a student support-related function or department. However, each institution is unique and organises their support services differently, for example different services or teams may be grouped under one service or department, such as disability support, counselling support, learning support etc., or be provided as separate services. For institutions delivering across wide geographies, local teams often manage and provide local services, with central institutional input.

Like many English universities, two institutions had recently restructured their support services. [GCU's](#) student services were redesigned in 2016 to bring services and support together for a more joined-up approach. Meanwhile at [NESCoI](#), as a consequence of a new whole-college support model, a one-stop-shop Student Advice Centre has been established at each major campus.

In larger participating colleges and universities wider services and departments also played a key role in supporting students with their mental health and wellbeing, for example at the [University of Edinburgh](#). It is important to note here the role of teaching / academic and other student-facing staff in signposting

students to and collaborating with mental health and wellbeing services where appropriate.

3.3.1 COUNSELLING PROVISION

i) Current provision

Counselling is a core aspect of the mental health and wellbeing provision of the majority of participating institutions. However, the way in which this is provided differs according to institutional context. Within our sample of institutions, counselling provision at the time of this research spanned:

- Dedicated inhouse counselling teams or staff;
- Partnership or collaboration models for counselling provision;
- Signposting and/or referrals to local external services.

Among those with in-house counselling provision, most provide a standard offer of counselling sessions, usually six, although RCS mentions on its website that there is no limit to the number of counselling sessions students can access.

The types of counselling and therapies provided varied in our sample. As well as counselling, which is often described by institutions as 'person-centred counselling', several, including [GCU](#), offer Cognitive Behavioural Therapy (CBT) and two mentioned group therapy. [RCS](#) also offers British Sign Language counselling. All of the institutions who employ counselling staff or teams demonstrated that they had relevant qualifications and accreditation, including being accredited by the British Association for Counselling and Psychotherapy (BACP).

ii) Plans to increase counselling capacity

With additional funding for counselling provision provided by the Scottish Government via the SFC from 2019/20⁸, provision was in the process of expansion at the time of the research. The institutions taking part in this research explained their plans to use the funding, which encompassed a range of different approaches. Those with existing counselling or wellbeing teams were recruiting counsellors to extend existing provision. For some, this will also enable provision of a wider range of therapies, such as therapeutic groupwork at City of Glasgow College. Institutions without existing counselling staff were taking various different approaches, including recruiting counsellors or finding mechanisms to provide access to external counselling services.

At the time of this research, institutions were at various stages with implementing their new counselling capacity. Some had already recruited new counsellors, others were in the process of doing so, for example having advertised the new

⁸See: <http://www.sfc.ac.uk/news/2019/news-77391.aspx>

posts, while one, who had not previously provided counselling in-house, was still determining the best approach to take.

A shared concern by three of the institutions who were in the process of recruiting was the availability of qualified counsellors in their areas. Two institutions also mentioned that they would value more flexibility in the requirements relating to the funding to enable them to expand on established or proven mental health and wellbeing support other than counselling.

iii) Online counselling

At the time of this research, which was conducted prior to the Covid-19 pandemic, delivery of online counselling was not prominent among our sample of Scottish institutions. Only [UHI](#) had an established online counselling service, available to all its academic partners, with an increase in uptake in 2019/20. Since the start of the pandemic the [University of Edinburgh](#) has extended their provision of online support, which includes counselling via email and MS teams, and it is likely that this type of provision will become more widely used as a result of Covid-19 restrictions. Its quality and efficacy will need to be evaluated accordingly.

3.3.2 OTHER MENTAL HEALTH AND WELLBEING SUPPORT

i) Non-clinical support roles

The majority of institutions participating in our research provide students with individual mental health and wellbeing support other than counselling via specific roles, usually employed by the institution. These are generally non-clinical roles with various remits, including one or more of the following:

- Coordination/signposting/referrals for students' mental health and other support, including internally provided support and external support (such as to NHS services);
- Acting as a key point of contact for students with mental health conditions throughout their studies;
- Undertaking risk assessment and risk management of mental illness, self-harm and suicide and supporting the institution's response to critical student incidents;
- Provision of psychoeducation to students, such as through workshops;
- Provision of one-to-one self-management and self-help strategies to improve students' mental wellbeing and/or support them with their studies.

All institutions regarded these roles as extremely important and impactful, citing positive feedback from students and staff and reporting observations of positive impacts, though none had yet undertaken formal evaluation of the impact of these positions (see examples in Table 10).

Table 10: Examples of non-clinical support roles

Role	Institution	Support provided
Student mental health coordinator	University of Edinburgh	In place for 7 years, the role provides support to students with acute, complex and enduring mental health conditions, including making sure they are engaged in the right level of services. The role works closely with local NHS services to provide care.
Mental health liaison officer	Ayrshire College	Created in 2016 and part funded by the college and by the Ayrshire Health and Social Care Partnerships, the aims of the role are to provide psychoeducation and advice, to signpost to support, offer brief intervention and encourage self-management. Role holder is a registered mental health nurse and conducts risk assessment and management of mental illness, self-harm and suicide in line with safeguarding processes. Works in a joined-up way with the college's Drug and Alcohol and Police Scotland Liaison Officers. Feedback has been very positive.
Mental health mentors	University of Edinburgh	Provided by the Disability Service to students since 2008, the mentoring is specialist one to one support for students who have long term mental ill-health focused on supporting students to progress academically and to develop the necessary skills and tools to manage their academic work while managing their mental wellbeing. Currently supports 301 students and can offer approximately 255 mentoring appointments per week during term. This has grown consistently over the last 12 years, with a 300% increase over the last 5. In general, it has been very well received.
Occupational therapist	SRUC	Provides students with access to an on-site Occupational therapist for face-to-face appointments (weekly, if required). Most students who attend learn self-help strategies to improve their wellbeing and with this support in place continue with their studies.

ii) Peer support

Other than specific mention of a mentoring scheme at the University of Edinburgh, there was limited evidence of well-established or formalised peer support initiatives for student mental health and wellbeing among our research participants. However, three institutions had made commitments in their mental health strategies or SMHAs to investigate new or enhanced options for peer support:

- GCU is exploring mechanisms for peer support, such as mental health mentors;
- UHI has set out plans in its 2019/20 SMHA to conduct research to map the current peer-to-peer work going on across the partnership and developing a peer support quality assurance paper to ensure the safe running of all university peer support activities;
- The University of Edinburgh is considering expanding its current peer mentoring scheme to post-graduates.

Peer support is a potential area for future development which could help build capacity to support student mental health and wellbeing.

iii) Online platforms and services

Provision of online support of various types is an area that institutions participating in our research are exploring and developing, with the majority subscribing to or offering external online platforms or services to their students.

The most common is **Togetherall** (formerly Big White Wall), provided to students by Ayrshire College, City of Glasgow College, RCS, SRUC and the University of Edinburgh. Other examples are support from **SANE**, provided by SRUC, **The Feeling Good App**, for University of Edinburgh students provided by the Foundation for Positive Mental Health, and **SilverCloud** online mental health treatment packages also for students at the University of Edinburgh (for full details [see table of examples](#)).

These services are relatively new to institutions which perhaps explains the low levels of awareness of online support provision among our survey participants (see Section 2). However, it appears a promising area and warrants further specific investigation.

iv) Education and activities to promote wellbeing

All of the institutions involved in this research provide activities or educational opportunities to help students look after their mental health and wellbeing. These included:

- Mindfulness, meditation or yoga sessions (see [City of Glasgow College](#) example).
- Pet therapy, often in collaboration with Therapets⁹.
- Promoting physical activity, including through discounts/fee waivers to gyms (see [City of Glasgow College](#) example).
- Workshops on a range of wellbeing-related topics, including stress, anxiety, sleep, mood (see [University of Edinburgh](#) example).
- Social support activities eg meet-ups, support groups, societies and clubs (see [SRUC](#) example).

However, little evidence of the efficacy or impact of this provision was made available.

3.3.3 INFORMATION AND ADVICE

i) Online information and advice

All of the institutions involved in this research provide information and advice on their websites regarding mental health and wellbeing and the support available to students. Typically, this includes information on the support services offered by the institution and how to access them; links to self-help resources and/or signposting to external websites and support services; and information on what to do in a crisis.

Some institutions provide much more than this, for example [City of Glasgow College's](#) mental health and wellbeing support webpage provides information about what mental health is, including a NHS video with BSL, and links to webpages on the services they offer, a directory of self-help resources, an a-z of mental health, access to Big White Wall, and information on crisis support.

As part of our review of grey literature as part of the consultation, it was observed that the positioning of information on websites varies across institutions. Some provide it in one section or page of their website, with links to other pages or to a student Moodle or intranet, while others provide information in several sections of their websites. In order to enhance the visibility and accessibility of online information three institutions highlighted that they are undertaking work to consolidate and/or enhance online information. For example, GCU is creating a centralised area within its website, using an interactive infographic to enable students, staff, and the general public to gain a full understanding of the support provided by the university.

ii) Written materials

⁹ <https://www.canineconcernscotland.org.uk/therapet>

There are many examples across the participant institutions of written materials, such as leaflets and guides summarising student support services and how to access them, which are available to download online. Additionally, three institutions have developed more in-depth mental health and wellbeing resources such as online toolkits for students. These provide some similar information to institutional webpages but expand upon this with additional information and signposting to other resources. They are typically interactive platforms, such as [NESCol's interactive mental health and wellbeing toolkit](#) on its student portal.

iii) Promoting mental health and wellbeing services to students

Several institutions cited one of their main challenges in supporting student mental health and wellbeing as increasing awareness in the student population of the support available at the institution, or externally. Aside from the general approaches to information and advice outlined above, participating institutions shared examples of approaches being taken to attempt to increase students' awareness of and engagement with available support, which include events, written communications, signage around campus and technology like apps (see [table of examples](#)).

Our student survey results suggest that these are largely successful given the high levels of awareness of some, if not all available services, but highlights gaps where more could be done to increase awareness of the full breadth of the support available.

3.3.4 WORKING WITH EXTERNAL PARTNERS

Collaboration with external partners to support student mental health and wellbeing is highly important to all of our research participants. This includes collaboration with NHS primary and secondary care services, third sector organisations and agencies, and other institutions and public sector organisations. Below we explore these relationships and collaborations in further detail.

i) Working with the National Health Service

➤ SUCCESSFUL PARTNERSHIP WORKING

Among the institutions in this study, the majority indicated that they work with local primary and secondary NHS mental health services to support students requiring NHS support. Typically, the liaison with external services was undertaken by specific individuals within the institution, who had developed good working links with local services. The relationships and arrangements ranged from signposting to direct referral and close working links with specific members of staff responsible for supporting students to receive joined-up care, including a

specific remit to liaise with NHS services (see section 3.3.2(i)). Examples of partnership working with the NHS are provided below.

Two colleges described arrangements for direct referral of students to a specific service; Ayrshire College noted a direct referral arrangement to Child and Adolescent Mental Health Services, and UHI shared an example from Inverness College who have a direct referral arrangement to a local psychiatric hospital. Ayrshire College and GCU specifically mentioned their working links with Community Mental Health Teams (CMHT):

"The Student Mental Health Liaison Officer – direct referral to CAMHS and close working links with CMHT." AYRSHIRE COLLEGE

"At Inverness College, 2 years ago, our counsellor established the ability to directly refer students to New Craig's, the local psychiatric services, this has enabled us to get immediate support for those in crisis whom Inverness College cannot provide specialist support for." UHI

"Our Mental Health Advisers are in contact with GPs and Community Mental Health Teams as well as wider NHS services when supporting individual students eg where a student has been hospitalised we maintain contact to support their return to study." GCU

GCU also has external NHS public health representatives on their Promoting Wellbeing Group and, along with the University of Edinburgh highlighted how they work with GPs to support students' mental health. The University of Edinburgh also outlined a productive relationship with its University Medical Center within its Student Mental Health Strategy.

City of Glasgow College and the University of Edinburgh outlined approaches taken to support students to receive continued care from NHS or other providers when transitioning to the institution, perhaps having moved from one area of the country to another and thus between different services. For City of Glasgow College, eliciting information on any external support previously in place is a part of their initial assessment of students coming to their service.

"Mental Health tool elicits information about external support and care teams to enable sharing of information (with students consent) to ensure best support and risk management. Mental Health and Wellbeing Co-ordinator routinely links in with external support as part of support plan." CITY OF GLASGOW COLLEGE

➤ CHALLENGES EXPERIENCED

Our research findings concur with the picture painted by the literature review. Not only did many students in our survey tell us about long waiting times (3 months+) for NHS support, but this was also confirmed by several institutions, who cited overstretched local NHS mental health services as one reason for the increase in student demand for their mental health and wellbeing services, especially for counselling, with under-capacity in the NHS leading to institutions having to attempt to 'backfill' these services.

"Students tell us frequently that they have been advised to seek support through Student Wellbeing Services due to the lengthy period of time they would have to wait for support through the NHS...Students in some areas are advised that they may have to wait up to a year for appropriate support, including students with long term mental health illness, and those where there appears to be a heightened level of risk to themselves and possibly others around them." GCU

The challenges of developing links with local NHS and third sector agencies across broad geographies was mentioned by UHI, which delivers across a wide geography.

"As we are such a large geographic area this varies depending on resources available and third sector waiting lists. We have strong links on the whole with NHS... but recourse and referral routes are difficult to source in smaller areas and this causes us grave concern." UHI

These challenges inevitably put a strain on service provision within institutions. However, institutions on their own cannot meet this increasing demand.

ii) Working with other external agencies and institutions

All participating institutions work with a range of different national and local agencies and organisations, beyond the NHS, to develop and deliver their student mental health and wellbeing provision. The type of organisations mentioned by one or more of our participants include:

- Third and voluntary sector organisations, such as Scottish Association of Mental Health (SAMH), Penumbra, Moray Wellbeing Hub and Lochaber Hope.
- Regional public sector bodies, eg the Police, local authorities.

- NUS Scotland, especially in relation to its Think Positive project;
- Other college and university sector agencies, such as the Quality Assurance Agency (QAA), College Development Network and SPARQS;
- Other colleges or universities, regionally or nationally.

There is, however, variation in the nature and extent of collaborations between institutions and external organisations, which appears to be context and resource dependent. Relationships and partnership activities included:

- Collaborative events or training delivery in the institution;
- External agencies providing resources and support to the institution;
- External agencies inputting to the development of institutional strategies and action plans;
- Networking with other colleges and universities to share practice and resources;
- Partnerships for delivery of specific projects and initiatives.

For an example of a multipronged approach involving all these elements, see [GCU example](#).

Summary: Institutional mental health and wellbeing support

- i) Institutions in our sample provide a wide variety of support for student mental health and wellbeing, which varies according to institutional context.
- ii) Mental health and wellbeing support is situated in different places in different institutions, depending on institutional context. Two have recently revised their structures to provide enhanced support. Wider institutional services also play an important role, particularly in larger institutions.
- iii) 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.
- iv) 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.

- v) 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.
- vi) 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

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. This work is wide-ranging and extensive, but some common themes emerged. 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.

i) Specific student roles

A common approach across the students' associations involved in this research is provision of specific student roles with responsibilities relating to mental health and/or wellbeing. These roles serve a range of functions, for example [GCU's officer for student health and wellbeing](#) actively shapes and enhances the institution's action plan while [Ayrshire College's student mental health and wellbeing champions](#) raise awareness and signpost to support where appropriate.

ii) Events

Mental health and wellbeing focused events delivered by students' associations were common initiatives among our research participants. These commonly involved contributions from external partners and organisations, and often coincided with key recognition dates throughout the year (eg university mental health day, mental health awareness week or national stress awareness day). For

example, [NESCol's students' association](#) organises mental health and wellbeing fairs throughout the year, inviting many local support organisations.

iii) Campaigns

Delivered by the students' association or in collaboration with the institution, examples of campaigns aiming to raise awareness about mental health and wellbeing were seen in four of the institutions included in this research. Some were described as highly successful and will be repeated in subsequent years. For example, [Ayrshire College's](#) #PassingPositivity campaign, which aimed to tackle mental health stigma and engaged many high-profile figures from the world of sport.

iv) Online information

Four of the participating institutions' students' associations, who may be the first port of call for students seeking information and support, provided online information for students on mental health and wellbeing. For example, the [University of Edinburgh's](#) Students' Association Mental Health Week webpage provides a range of information and links to support in an accessible format. In a few cases, the students' associations have developed extensive resources and directories of support regarding mental health and wellbeing, for example [RCS's Student's Union](#) has created a thorough and user-friendly guide on mental health for students.

v) Advice services

More than half of our participating institutions shared examples of initiatives run by their students' associations that offered both formal and information mental health and wellbeing advice.

GCU and the University of Edinburgh's students' associations run formal services. GCU's students' association runs an Advice Centre and a Nightline services in partnership with Strathclyde University Union, while the [University of Edinburgh's students' association](#) runs The Advice Place, a free advice and information centre for all students at the University.

Both NESCOL and RCS shared examples of students' association officers running or providing mental health and wellbeing support. NESCol's students' association officers offer peer support – they listen to and signpost students to appropriate internal and external support. While RCS's Student's Union's mental health officers run a Facebook page for anyone at the RCS seeking support for their own or someone else's mental health and emotional wellbeing.

Summary: Students' Association Mental Health and Wellbeing Activities

- 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) Information gathered from participating institutions indicates that students' association mental health and wellbeing activity is extensive, spanning specific student officers/positions, events, campaigns, online information and advisory services.
- iii) SMHAs will be central to driving the evaluation of activities delivered by students' associations.

3.5 Supporting the student journey

Discussion of literature and our student survey throughout 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.

3.5.1 SUPPORT FOR KEY STAGES IN THE JOURNEY

Evidence from our consultation provided a real sense of cross-institutional activity taking place to deliver support for students across their academic/learning journey, with some led by mental health and wellbeing or student support teams, some by other institutional services or departments, and some by students' associations. Consultation evidence indicates that participating institutions deliver activities at different points in the student journey when students may struggle more with their mental health and wellbeing. This aligns with the points at which students identify they need the most support, although evidence of provision at all points varied.

- ***Pre-entry/transition:***

Examples of the provision of mental health and wellbeing information and advice prior to enrolment were identified at the **University of Edinburgh**, which delivers a range of information and advice on mental health and wellbeing to students in recruitment and pre-arrival communications to help inform and prepare students for the transition to university, and

SRUC, which is planning to update student support service information available to prospective students and students prior to the start of their course.

In addition, three institutions shared different approaches to pre-entry and transition support to those with mental health conditions to help ensure they have the right support in place when they commence their courses:

- **City of Glasgow College** has a 'student pre-entry guide' for students with mental health concerns and has developed a new pre-entry referral system that ensures those declaring a mental health condition receive information and support;
- **SRUC** holds meetings at interview stage and induction stage where support can be discussed and put in place;
- **GCU** has developed a new summer transition programme for students who pre-disclose a mental health condition and already has an induction programme for these students.

- **Induction:**

Four institutions (**Ayrshire College, GCU, NESCol and SRUC**) highlighted work undertaken to raise awareness among all students of mental health and wellbeing and support available to all students during induction, two online and two face-to-face.

- **Exam and assessment times:**

Four examples (at **GCU, RCS, University of Edinburgh and UHI**) of specific initiatives around exam and assessment times were shared, including stress workshops, stalls and detox zones.

For full details, see [table of examples](#).

3.5.2 EVIDENCE-BASED PROVISION FOR DIFFERENT GROUPS

As identified in Section 2, in some cases a students' background and identity can impact on their mental health and wellbeing which may influence their likelihood of accessing and their experience of support, for example care experienced, those providing care, male students or those with particular learning needs.

A range of examples of activity or provisions developed to support the mental health and wellbeing of students of particular protected characteristic groups or in particular programmes based on internal or external evidence of need were shared. Some have been developed as an integral aspect of the institution's support/services or curriculum, hence taking a mainstreamed approach.

- **GCU and City of Glasgow College** have named contacts for students who are carers or care-experienced who can advise on mental health and wellbeing support. GCU also provides this for LGBT students.

- Two colleges shared activities relating to male students, developed against a backdrop of lower engagement by males with mental health services and national/local male suicide rates. **Ayrshire Colleges'** students' association has run a highly successful 'Wear it on your sleeve' campaign, which aims to tackle stigma in relation to male mental health. **City of Glasgow College** has partnered with Brothers in Arms Scotland to provide events and access to a self-help app.
- Both **NESCol** and **Ayrshire College** have embedded content on mental health and wellbeing awareness into courses for FE students on lower SCQF level courses.

In addition, plans were shared by four institutions to undertake further exploratory research and consultation with students to help inform evidence-based provision that takes account of specific needs of different groups.

For full details, see [table of examples](#).

Summary: Supporting the Student Journey

- 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.
- 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.
- 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.
- A number of institutions in our sample have developed evidence-based approaches to supporting mental health and wellbeing among particular groups or cohort, most commonly for male students, FE students on lower SCQF level course or students who are care experienced or carers.

4 DISCUSSION AND RECOMMENDATIONS

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. Below we bring together the findings of these different strands of the research to identify the key themes that emerged as central to the development of more effective support for student mental health and wellbeing.

Our research report sets out a baseline of Scotland's students' experiences of mental health and wellbeing and institutional support during their studies. It is a strong starting point from which further research, at a sector and institutional level, can develop more nuanced and in-depth understanding to further support institutional action to ensure all students are able to achieve a successful outcome. Our research indicates a range of areas where further in-depth inquiry needs to be undertaken, including at institution-level.

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. Discussion of our findings and related recommendations are outlined below:

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.

- Most institutions have developed institutional strategies to enhance support for student mental health and wellbeing and Student Mental Health Agreements (SMHAs), through the Think Positive project, to enhance partnership working on student mental health.

We observed that alignment across institutional strategies and SMHAs is variable. There is therefore opportunity for both colleges and universities to enhance both strategic approach and practice through greater alignment and synergy.

- In terms of governance, oversight of student mental health strategies has been strengthened by most of the institutions, including through new or revised groups and specific staff to support a joined-up and strategic approach to student mental health and wellbeing.
- Some alignment of mental health strategies with the delivery of equality outcomes and the PSED was observed. However, this is an area for further

development to ensure a whole institution approach to mainstreaming consideration of student mental health and wellbeing.

Recommendations: Policy Context/Strategic 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, often aligning with those identified in previous research studies.

- Financial pressures/lack of money was the most commonly chosen factor having a negative impact on mental health and wellbeing among our survey participants. However, where bursaries or other financial support is available, students told us this makes a positive difference to their mental health and wellbeing, easing the stresses and pressures they would otherwise face and enabling them to focus on their studies and their wellbeing.
- Programme related factors were also identified by students as areas of challenge, particularly adjusting to new ways of academic study/working, for example adjusting to the requirements of their course; workload; and exams and assessments.
- Survey responses highlight the importance of support received from teaching staff in this regard, pointing to the need to ensure that all staff are able to appropriately support their students as a mainstream aspect of their learning and teaching practice, referring students to other support provision as appropriate. Teaching staff and student support services were consistently identified by students as central to enabling them to cope with their studies and to succeed resulting in positive impact on their mental health and wellbeing. However, it was noted that this was not the case for all students.
- We would support Spear et al's (2000) assertion that most staff are aware of the need to support students as part of their learning and teaching practice, evidenced by our finding that tutors/learning and teaching staff are central to supporting students' mental health and wellbeing. Our evidence, however, highlights that this may not be consistent practice, and as Spear et al point out, staff are not always able to access the training and development opportunities they need to build their capacity in this regard. Therefore, to ensure a mainstreamed approach, and build capacity to deliver the PSED, staff knowledge and skills need to be increased and sustained through training and development provision.

- All participating institutions undertake some form of staff training with regard to student mental health and wellbeing, including mental health awareness; mental health first aid; safeguarding; and at induction. The consolidation/roll out of this type of training was a common area identified for further development by participating institutions, especially within SMHAs. The development of effective learning and teaching practice informed by mental health and wellbeing training and consideration has the potential to draw out and develop students' personal resilience toolkit, particularly for those who lack confidence and motivation.
- The pressure of exams and assessments was identified as a particular pinch point for students' mental health and wellbeing, often linked to the pressure to do well, achieve high grades/class of degree or secure a good job. Institutions participating in this research were undertaking work specifically related to supporting students through these pinch points with evidence indicating that this support is incorporated into courses/programmes of study. This aligns with a mainstreaming approach to embedding a mental health and wellbeing lens across learning and teaching practice and curriculum design.
- Positive social interactions and relationships emerged as important to students' mental health and wellbeing. Students told us they first turn to friends and family for informal mental health and wellbeing support, for example to talk things through and for advice. Where students are not able to access such support, they struggle with feelings of isolation and loneliness.
- Whilst it is known that, as part of their core functioning, students' associations provide many opportunities for students to interact socially and build friendships, engaging all students with these opportunities can be challenging. It is important for students' associations to ensure their social activities are inclusive and take account of the needs of all student groups, regardless of background or protected characteristic. SMHAs could be a vehicle to identify, implement and evaluate how provision of social opportunities supports student mental health and wellbeing.
- It appears that institutions rely on students' association for the provision of such support, with limited examples of such institutional provision shared as part of this research. It could be argued that this is understandable given the social remit of students' associations. However, partnership working through SMHAs could help to build work in this area, for example exploration of peer-to-peer support and advice aimed at parents/supporters of students, who emerged as an important source of support to many students in our survey.

Recommendations: Factors which impact on student mental health and wellbeing

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 and 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.

- Survey findings indicate that students' concerns about their mental health and wellbeing increase at key points in the student journey, namely transition into the institution/beginning of their course; the start of each academic year and during the first term/semester; and at all points of assessment.
- To support students' mental health and wellbeing at these key points, evidence indicates that institutions are providing specific activities at transition, for example through induction activities, and around exam/assessment times. Activities which focused on pre-entry/preparatory activity; the transition to second or later years; or for time away from the institution were less evident.

Recommendations: Key points in the student journey

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 to second year 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.

- Whilst awareness is high, there are identified gaps which may be due to the fact that some services are not offered in particular institutions due to context, structure or resources. Nevertheless, it would be worthwhile for institutions to ensure that communications are appropriate and clearly demonstrate the availability and benefit of all student mental health and wellbeing support services.
- Survey findings indicate a range of possible reasons why students do not access support. Some are affirmative, for example being confident in their mental wellbeing or being able to access support through their own networks. Where students indicated more negative reasons, these include not knowing how to access services; concerns about eligibility; trust that the right support was available; a fear of being judged/concerns about stigma.
- Our findings suggest lower accessing of support among FE than HE students; among men than women and among heterosexual students than students with other sexual orientations. In addition, we note the apparent lower levels of access to support by people with disclosed mental health conditions.

- Participating institutions shared their practice in respect of specific evidence based support for specific groups, eg male students, where take up is historically low or where students' circumstances may mean they could benefit from additional support, eg care experienced or students who are carers. Building on this practice and using evidence based approaches to the development of services has the potential to provide additional benefit to these students.
- Evidence indicates that stigma and a fear of being judged still play a role in determining whether students access support. The language used in communications about support services and the way in which staff relate to the students they work with is a key consideration in this respect. SMHAs will play a key role in developing effective partnership working between institutions and students' associations to address all aspects of stigma related to mental health.

Recommendations: Awareness, access and experience

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

Institutional provision to support students' mental health and wellbeing and how it is delivered is individual to each institution and its context and encompasses a range of support services, information and advice, and other initiatives and activities. Findings indicate good practice and some areas for development.

- Institutional support for student mental health and wellbeing is wide-ranging, though different in every institution, and includes counselling provision, non-clinical support, online platforms and services, information and guidance.
- Research evidence indicates that counselling is a central aspect of mental health and wellbeing support provision in most, but not all, participating institutions. Counselling is also what students indicated they accessed institutional mental health and wellbeing services for the most.
- Currently, counselling capacity is significantly overstretched in most institutions, with survey findings indicating that students are experiencing high waiting times to access this service. It is however anticipated that new Scottish Government funding will ease this situation through increasing institutional counselling capacity. In order to ensure that these additional resources support the development of sustainable models of

service provision, it will be important to monitor and evaluate the impact of this new funding.

- From our institutional consultation we found evidence that colleges and universities are also providing a range of different mental health and wellbeing support through non-clinical roles; and online/digital support options, often through external providers.
- 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, this kind of provision is growing in importance. The expansion of information and advice provision by some institutions, including self-management and self-help resources is also timely, though it may be limited by availability of funds at institutional level.
- Evidence also indicates that students' association mental health and wellbeing activity is extensive and spans specific student officers/positions, events, campaigns, online information and advisory services. Students' associations and Think Positive are well placed to share their practice and resources with institutions through SMHAs.

Recommendations: Structure and provision of services

Institutions are providing effective support for student mental health and wellbeing through wide-ranging provision. Further work to ensure sustainability through the expansion of counselling and other services 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 emerged as extremely important to all of the colleges and universities in this research.

- All participating institutions noted their work with the NHS, whether this was a close relationship with a specific local GP practice, mental health service, or a looser relationship based on signposting students to services. This work is designed to ensure that students have continuity of support on entry to their programme of study and access to appropriate clinical support when needed.
- However, 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.
- Connecting with other organisations to deliver specific mental health and wellbeing provisions were evidenced in all of the institutions, though the extent of these relationships varied and appeared to be resource and context dependent.
- Networks enabling sharing of practice across organisations appear more firmly established in the university sector than college sector, suggesting a lack of parity in this regard.

Recommendations: Working with external partners
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See recommendations 4.5 (iv); (v) and (vi) and 4.8 (iv) and (v).
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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.

- Overall, students were very positive about the quality and impact of support they received; its impact on their mental health and wellbeing; and their ability to succeed in their studies, demonstrating the commitment and effort in work being undertaken by colleges and universities, with no observable difference between experiences in FE and HE. The small minority of students who indicated through our survey that their experience was not positive is noted.
- Our research identified some issues in respect of continuity of support for students as they transition into further and higher education. However, it is important to recognise that it is difficult for institutions to assure continuity as this is largely out of their control. However practice to address this through partnership working is noted (see 4.6 above).
- With the exception of Black, Asian and Minority Ethnic (BAME) students, no differences were observed between protected characteristic groups. Although BAME students reported that services accessed had positively impacted on their ability to succeed, they indicated that overall their experience of services accessed was poorer than their white peers. Further inquiry is important to shed light on why this is the case and to develop appropriate ways to address this. Such work will align institutional work to address racism and decolonise provision.

Recommendations: Quality and impact of services
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Although the majority of students enjoy a positive experience of service to support their mental health and wellbeing, action to understand the experiences of those who do not is needed.
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Institutions:

- | |
|---|
| <ul style="list-style-type: none">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

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.

- In participating institutions evaluation and research activities appear inconsistent, with best practice evident for counselling services, where clinical outcome measures are used.
- Little evidence of evaluation practice across other areas of mental health and wellbeing provision was evident, though pockets of good practice are emerging, for example of specific initiatives or annual/periodic review processes.
- Inclusion of measures or indicators of success in mental health strategies was infrequent but more common in SMHAs. However, encouragingly evaluation and research activity is frequently identified as a priority in both institutional mental health strategies and SMHAs. This will support the co-ordination and development of monitoring and evaluation at a strategy-level, drawing together institutional progress and impact across the diverse strands of their activity relating to student mental health and wellbeing to evidence, over time, institutional progress and achievement.
- As highlighted at other points within our discussion, our research indicates a range of areas which merit further research at both sector and institutional level (see recommendation ii).

Recommendations: Evaluation and Research

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

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 (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>

Batchelor, R., Pitman, E., Sharpington, A., Stock, M., Cage, E. (2019) Student perspectives on mental health support and services in the UK. *Journal of Further and Higher Education* 0, 1–15.

<https://doi.org/10.1080/0309877X.2019.1579896>

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).

Davies, E.B., Morriss, R., Glazebrook, C. (2014) Computer-Delivered and Web-Based Interventions to Improve Depression, Anxiety, and Psychological Well-Being of University Students: A Systematic Review and Meta-Analysis. *Journal of Medical Internet Research* 16, e130. <https://doi.org/10.2196/jmir.3142>

Denovan, A., & Macaskill, A. (2017) Stress and Subjective Well-Being Among First Year UK Undergraduate Students. *J Happiness Stud* 18, 505–525.

<https://doi.org/10.1007/s10902-016-9736-y>

El Ansari, W., Adetunji, H., Oskrochi, R. (2014) Food and Mental Health: Relationship between Food and Perceived Stress and Depressive Symptoms among University Students in the United Kingdom. *Cent Eur J Public Health* 22, 90–97. <https://doi.org/10.21101/cejph.a3941>

Equality Challenge Unit. (2015) Supporting staff and learners experiencing mental health difficulties: FE colleges research. URL <https://www.ecu.ac.uk/guidance-resources/mental-health-in-fe-colleges/> (accessed 10.2.19).

Equality Challenge Unit. (2016) Equality in colleges in Scotland: statistical report 2016. URL: <https://www.ecu.ac.uk/publications/equality-in-colleges-in-scotland-statistical-report-2016/> (accessed 10.2.19).

Evans, J.M., Eades, C.E., Cameron, D.M. (2019) 'Health and health behaviours among a cohort of first year nursing students in Scotland: A self-report survey'. *Nurse Educ Pract* 36, 71–75. <https://doi.org/10.1016/j.nepr.2019.02.019>

Gibson, A.-M., Shaw, J., Hewitt, A., Easton, C., Robertson, S., Gibson, N. (2018) 'A longitudinal examination of students' health behaviours during their first year at university'. *Journal of Further and Higher Education* 42, 36–45. <https://doi.org/10.1080/0309877X.2016.1188902>

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>

Houghton, A.-M. & Anderson, J. (2017) 'Embedding mental wellbeing in the curriculum: maximising success in higher education'. URL: <https://www.advance-he.ac.uk/knowledge-hub/embedding-mental-wellbeing-curriculum-maximising-success-higher-education> (accessed 20.04.20)

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 (accessed 10.11.19)

Information Services Division. (2017) A profile of deaths by suicide in Scotland 2009-2015. URL: <https://www.isdscotland.org/Health-Topics/Public-Health/Publications/2017-11-14/2017-11-14-ScotSID-Report.pdf> (accessed 08.08.19).

Kotera, Y., Conway, E., Gordon, W.V. (2019) 'Mental health of UK university business students: Relationship with shame, motivation and self-compassion'. *Journal of Education for Business* 94, 11–20. <https://doi.org/10.1080/08832323.2018.1496898>

Macaskill, A. (2013) 'The mental health of university students in the United Kingdom'. *British Journal of Guidance & Counselling* 41, 426–441. <https://doi.org/10.1080/03069885.2012.743110>

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>

McIntosh, E., & Shaw, J. (2017) Student resilience: Exploring the positive case for resilience. URL: <http://www.unite-group.co.uk/sites/default/files/2017-05/student-resilience.pdf> (accessed 20.09.19).

Neves, J., & Hillman, N. (2019) Student Academic Experience Survey 2019. URL: <https://www.hepi.ac.uk/wp-content/uploads/2019/06/Student-Academic-Experience-Survey-2019.pdf> (accessed 22.09.19).

National Union of Students. (NUS) (2017a). Further Education and Mental Health. URL: <https://www.nusconnect.org.uk/resources/further-education-and-mental-health-report> (accessed 10.08.19).

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. (2015) Mental Health Poll. URL: <https://www.nusconnect.org.uk/resources/mental-health-poll-2015> (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)

Richardson Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, 58, 307-321.

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 (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 (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>

Short, C.A., Barnes, S., Carson, J.F., Platt, I. (2018) 'Happiness as a predictor of resilience in students at a further education college'. *Journal of Further and Higher Education* 0, 1–15. <https://doi.org/10.1080/0309877X.2018.1527021>

Spear, S., Morey, Y., & van Steen, T., (2020) Academics' perceptions and experiences of working with students with mental health problems: insights from across the UK higher education sector, *Higher Education Research & Development*, DOI: 10.1080/07294360.2020.1798887

Stefanov, I., & Nicholson, G. (2014). AMOSSHE Insight: "psychological" profile of an academic year. URL: <https://www.amosshe.org.uk/insight-2013-14-psychological-profile> (accessed 23.09.19)

Student Minds. (n.d.) Grand Challenges. URL: <https://www.studentminds.org.uk/grandchallenges.html> (accessed 10.09.19).

Student Minds. (2014). Peer support for student mental health. URL: https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/peer_support_for_student_mental_health.pdf (accessed 30.06.20).

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)

Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., Stewart-Brown, S. (2007) 'The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation'. *Health and Quality of Life Outcomes* 5, 63. <https://doi.org/10.1186/1477-7525-5-63>

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)

Tyson, P., Wilson, K., Crone, D., Brailsford, R., Laws, K. (2010) 'Physical activity and mental health in a student population'. *Journal of Mental Health* 19, 492–499. <https://doi.org/10.3109/09638230902968308>

Tudor, K. 1996. *Mental health Promotion: Paradigms and Practice*. Routledge, London.

Unite Students. (2019a). 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.

Waight, E., Giordano, A. (2018) 'Doctoral students' access to non-academic support for mental health'. *Journal of Higher Education Policy and Management* 40, 390–412. <https://doi.org/10.1080/1360080X.2018.1478613>

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 (accessed 25.09.19).

Wonk HE. (2019) Only the lonely - loneliness, student activities and mental wellbeing at university. URL: https://wonkhe.com/wp-content/wonkhe-uploads/2019/03/Only-the-lonely-8-Page_v2-003.pdf (accessed 24.09.19).

APPENDIX 1: OVERVIEW OF SURVEY RESPONDENTS

Demographics:

- Overall 3,097 students responded to the survey. Of these 36.9% were from colleges (n=1,143) and 63.1% from universities (n=1,954).
- Responses were received from students of all Scottish institutions, with the exception of three colleges and one university, which represents 91.1% of institutions.
- 82.2% (n=2,541) of respondents were UK citizens; 12.2% (n=376) were EU students; 3.6% (n=112) were international students; and 2% (n=61) were either another nationality or preferred not to say.
- Respondents were asked where they had been ordinarily resident for the last 3 years. A significant majority of respondents, 94.8% (2,406), indicated Scotland.
- There were significantly more female respondents (69.5%; n=2,147) than male (27.5%; n=850). 1.4% (n=43) of respondents identified as non-binary, 0.5% (n=14) in another way and 1.1% (n=34) preferred not to say.
- 96.4% (n=2,982) indicated that their gender identity matched the gender they were assigned at birth, with 2.3% (n=70) indicating that it did not. 1.3% preferred not to say.
- 76% (n=2,347) respondents identified as heterosexual; 4.3% (n=135) as gay or lesbian; 11.5% (n=354) as bisexual; 2.3% (n=69) as queer; 1.6% (n=51) in another way; and 4.3% (134) preferred not to say.
- The largest proportion of respondents were in the 18-22 age band (38.8%; n=1,200), with the majority of respondents being aged between 18-29 years (60.6%; n=1,877).
- 54.3% (n=1,680) of respondents indicated that they were single; 24.5% (n=756) had a partner; 17.4% (n=537) were married or in a civil partnership; 1.5% (n=48) in another type of relationship; and 2.3% preferred not to say.
- In terms of ethnicity, 91% (n=2,815) of respondents were white; 7.8% (n=242) were from Black, Asian and Minority Ethnic (BAME) backgrounds and 1.2% (n=38) preferred not to say.
- In terms of religion, the majority of respondents (50.5%; n=1,560) indicated that they had no religion. The next largest groups were Christian (23.7%; n=733), Atheist (14.7%; n=456), other religion (3.2%; n=97), and Muslim (2%; n=62). 3.8% (n=119) preferred not to say.

- The majority of respondents did not consider themselves to have a disability (68.2%; n=2,107). 5.2% (n=160) did not know and 1.7% (n=52) preferred not to say.
- Of the respondents (24.9%; n=770) who did have a disability, the largest number, 53.3% (n=410), indicated that this related to mental health difficulties; the second two largest group were those with a learning difficulty such as dyslexia or dyspraxia (32.1%; n=247), and those with an unseen disability or health condition (30.4%; n=234). 14.3% (n=110) have autistic spectrum disorder, and 11.2% (n=86) a disability not listed.
- Of all respondents: 5.9% (n=184) were care experienced; 9.8% (n=305) were carers; 4% (n=127) were estranged; 1.3% (n=43) were veterans; 1.3% (n=40) a service child.

Mental health and wellbeing

- 37.9% (n=1,173) of respondents said they have a diagnosed mental health condition, with 8.9% (n=274) indicating they were not sure. Only a small number of respondents preferred not to say (2%; n=63).
- For the majority of those who have a diagnosed mental health condition (82.3%; n=965) this was diagnosed prior to starting their programme of study.
- Of the 1,173 respondents with a diagnosed mental health condition, the majority have disclosed this to their college or university (62%; n=729). Of these, 62% (n=453) did so before they started on their programme of study, 38% (n=276) did so after starting.
- Significantly, of the total respondents with a diagnosed mental health condition, 35.6% (n=417), did not declare it at all, with 2.4% (n=27) stating that they preferred not to say.
- The survey asked whether respondents had ever had any concerns about their mental health regardless of whether they had a formal diagnosis. 62% of all respondents answered this question, with the majority, 70% (n=1348) indicating that they had. 24% (n=458) indicated that they had not with 5% (n=96) being unsure.

Study circumstances

- The majority of respondents in FE and HE were studying at HE level/SCQF 7-11 (76.7%; n=2,376), the biggest proportion of these, 58.8% (n=1,380) studying at undergraduate level.
- The majority of respondents (37.8%; n=1,170) were in their first year of study, with proportions of students in years 2 to 4+ decreasing incrementally to 13% (4th year +). 11.72% (n=363) were studying a programme / course of one year or less in duration, while 2.45% (n=76) had completed or left their studies within the last year.

- The majority of all respondents, 76.3% (n=1,395) either lived in their own accommodation (44.6%; n=1,382) or with parents, guardians or family (31.7%; n=982). 13.4% (n=413) indicated they lived in private shared accommodation, with only 8% (n=248) indicated that they lived in college or university accommodation.
- A significant proportion of respondents indicated that they stayed in their local area whilst studying / had not moved away to study (72.7%; n=2252).
- Respondents were spread across disciplines/areas of study in FE and HE.
- The majority of respondents were studying full time (72.4%; n=2,239, with 20.5% (n=634) studying part time. 15.5% (n=481) distance or online learners.

APPENDIX 2: COMPENDIUM OF INSTITUTIONAL PRACTICE

Strategic approaches

Student Mental Health Strategies

Institution	Example
Ayrshire College	The college has developed a Promoting Wellbeing Action Plan 2018-2021, which it has published on its website. The plan was developed to align with the NHS Ayrshire and Arran Mental Health and Wellbeing Strategy 2015-2027. In particular, the Promoting Wellbeing Group used three of the six identified areas in the NHS strategy, considered necessary for positive mental health and wellbeing, as a framework for the college's plan. These areas are set out as outcomes, with example actions laid out under each, and a detailed action plan with indicators of success and dates for achievement is also included. The college shows clear prioritisation of mental health and wellbeing in its PSED equality outcomes and mainstreaming reporting and links its equality outcomes to its wellbeing action plan and SMHA. Additionally, the college includes a section on 'enabling students to fulfil their potential' within its 2018/19 OA, which outlines its focus on supporting student mental health and wellbeing.
University of Edinburgh	The university's Student Mental Health Strategy for 2016-2019 is published on its website. The purpose of the Strategy is to ensure that the university is recognised as a community that promotes the good mental health of its students and treats all students with respect and empathy, and that students who experience mental health difficulties at the university are well supported. The strategy sets out the university's vision and aims for student mental health, provides an analysis of the strengths and weaknesses of the university's current approach, including a SWOT analysis, and sets out a range of priorities and areas for action. A wide range of key stakeholders were consulted to develop the strategy.
University of the Highlands and Islands (UHI)	UHI created a new Mental Health Strategy for 2019-2022. This was Informed by the findings of a review of mental health support conducted in 2017/18. Their strategy contains a vision for student mental health and wellbeing, six strategic aims and identifies key areas for improvement across the partnership, including a need to coordinate and promote parity of services in order to offer a consistent and effective provision of services to all students. Each academic partner will create its own Implementation Plan, which will set out the core offer of support available to all students, the proposed timeline for introduction of new services and performance indicators against which progress will be measured.

Student Mental Health Agreements (SMHAs)

Institution	Example
NESCol	NESCol's 2019/20 SMHA outlines 6 priority areas with specific actions for each. The agreement focuses on areas that the students' association already leads on, such as running a calendar of events, or is well-placed to contribute to, such as increasing students' awareness of support available, and outlines through the actions both what the students' association will deliver and what the college will do to ensure it supports this activity. To help raise awareness of the SMHA, the college invited a group of students to work on a student version. The resulting pop-art inspired poster presents the SMHA aims in an eye-catching design. The college report that this provided an opportunity to work closely with students and for students to feel ownership of the agreement.
Ayrshire College	The college's 2019/20 SMHA is a well-presented document with an introduction and forwards from the Head of Student Experience and Student President. It contains five aims/priorities with a range of actions and measures of success identified for each. There is also a statement to support and explain each of the priorities, for example 'we want all students to know that it's OK to not always feel OK and that we can support them'. The SMHA echoes some of the key actions within the college's promoting wellbeing action plan.

Oversight of student mental health

Institution	Example
UHI	The Student Mental Health Group is a steering group through which all UHI's partners come together and look at how they will offer mental health awareness provision, work with Think Positive and its Students' Association to deliver on its SMHA and address any particular theme or topic which may be affecting students. The group also offers a platform where sharing of ideas and resources and development of partnership initiatives can occur.
GCU	The Student Wellbeing Advisory Group is a cross-institutional working group which steers the student mental health action plan. It provides a forum for members of staff from across the Glasgow and London campuses and Students' Association to come together to enhance mental health and wellbeing provision for staff and students. The group works in close partnership with other wellbeing projects and has dedicated staff with a specific remit to link in with other projects across the university. This enables a central, whole-institution approach to enhancing wellbeing. Key outcomes from the group include additional staff within the Wellbeing Team and enhanced provision for transitions and inductions.

Monitoring and evaluation

Approach	Institution	Example
Success measures	City of Glasgow	The college includes success measures throughout its Mental Health Strategy action plan. These include quantitative measures, such as the proportion of students disclosing a mental health condition at the application and offer stages of student recruitment, and qualitative measures, such as the student experiences gathered via focus groups.
Student mental health survey	UHI	UHI undertakes an annual student mental health survey on University Mental Health Day. This gathers data on students' awareness of institutional services, workshops they would like, health behaviours, such as physical activity, healthy eating and sleep, and what negatively impacts on mental health. It has had a good return rate and provided useful data to inform future action.
Mental health service review	UHI	UHI conducted a university-wide mental health service review during the 2017/18 academic year. The review entailed seeking feedback from both staff and students and consideration of findings by a panel, who agreed on a number of recommendations and requirements for the future. UHI found this process extremely helpful as it highlighted the need to strengthen and co-ordinate the work that was taking place across the partnership. A key outcome has been the creation of a Mental Health and Counselling Manager position, which has already been instrumental in creating UHI's new mental health strategy and a number of other initiatives, all focused on improving student mental health.

Mainstreaming approaches

Mental health and wellbeing embedded in staff roles

Institution	Example
NESCol	NESCol has recently implemented an enhanced support and curriculum structure, with new Academic Tutor roles. The Academic Tutors (over 300 in place) provide the opportunity for effective relationships and trust to be built between staff and students. They work closely with student support services by referring students to seek additional support on mental health and wellbeing as well as being able to call on a Mental Health First Aiders and the Safeguarding team where emergency situations arise. The Tutors have participated in a range of training to increase their confidence

	<p>and ability to support students who are experiencing mental health and wellbeing issues.</p> <p>The college has seen, through its student support referrals, that:</p> <ul style="list-style-type: none"> • Staff are able to handle various conversations with students more confidently. • Staff are able to identify the relevant and appropriate channels of support following a disclosure
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Supporting staff knowledge & skills

Approach	Institution	Example
Information & advice	University of Edinburgh	The Student Disability Service provides advice to staff in supporting distressed students, including through the 'Helping Distressed Students Guide'. The university's Counselling Service also provides a webpage with guidance for staff on 'supporting your students'.
Staff training and development	Ayrshire College	Ayrshire College has a staff learning portal available to all college staff, which includes e-learning modules on and related to mental health and wellbeing. In addition to this, all new college staff complete a corporate induction – this includes information and signposts to support in relation to wellbeing and all staff must complete a safeguarding e-learning module, which includes references to mental health. At the time of this research, 322 members of staff had completed Mental Health at Work, Mental Health Awareness for Teachers and Safeguarding the College Community training. Additionally, many staff across the college have completed Mental Health First Aid training. Staff can access information on the Wellbeing Hub on Moodle and also have access to NHS training.

Mental health and wellbeing in the curriculum, learning and teaching

Approach	Institution	Example
Embedding mental health & wellbeing in course content	RCS	
Embedding mental health &	Ayrshire College	Ayrshire College is making progress in embedding mental health and wellbeing into the curriculum across many curriculum areas. For example, the Media Department has been developing a guidance structure

		whom play a different role in supporting mental health and wellbeing.
Role of wider services	University of Edinburgh	<p>The university has various different departments and services that all play a role in supporting students' mental health and wellbeing:</p> <ul style="list-style-type: none"> • Residence Life has innovations in relation to dealing with complex student welfare issues and a new mental health appointment within the team. • The Students' Association's Advice Place triages drop-in users to assist in manage volumes, increased demand and the impacts on students. • The Chaplaincy provides a range of opportunities and support, offering different perspectives and positively engages in dealing with complex student welfare cases.

Counselling services

Institution	Example
GCU	GCU's Counselling Service is a multi-disciplinary team offering CBT and person-centred counselling, within a focused short-term intervention framework. The service has membership of the BACP.
RCS	RCS offers person-centred counselling in office hours and out of hours, as well as CBT and British Sign Language (BSL) counselling via a specialist counsellor. All of its therapists are BACP accredited.

Online counselling

Institution	Example
UHI	UHI offers an online counselling service, which it sees as important and effective due to UHI having many students based in extremely remote locations who are unable to physically access a campus or who are studying at a campus that currently does not have a counsellor in post. The service is run by academic partner staff and therefore all counsellors have knowledge and understanding, not only of the educational setting, but also of the Highlands and Islands and the intricacies of UHI. Student evaluation forms show that students appreciate the flexibility of the service and the different modes of counselling available to them. This service has been in place and available to all UHI academic partners since 2014, UHI has seen an increase of 32% in the number of students engaging in the online provision (to January 2020).

University of Edinburgh	Prior to the COVID-19 pandemic, the Student Counselling Service had been developing a wide range of mental health support other than face to face counselling, including email counselling and online supports such as Big White Wall, Silver Cloud and the Feeling Good App. These online supports are being well used and the university has seen a 66% increase in use of email counselling since lockdown. Additionally, they developed a programme of psychoeducational workshops and groups that were well attended. Going forward, they will continue to deliver counselling via a hybrid model, with counselling available face to face, online via MS teams, by telephone and by email, and the psychoeducational workshops made available online.
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Online platforms and services

Platform / service	Description	Institution(s)
Togetherall (previously Big White Wall)	An online anonymous community where members can support each other, with trained professionals online 24/7 to keep members safe, and a range of self-assessments, resources and courses.	Five of the institutions in this research (Ayrshire College, City of Glasgow College ¹⁰ , RCS, SRUC and the University of Edinburgh) already subscribe to Togetherall.
Feeling Good App	An evidence-based self-help programme in app format from the Foundation for Positive Mental Health.	Free access to the app for the University of Edinburgh community. Take-up among staff and students was over 3,000 at the time of writing. The university received recognition for this partnership, winning an award at the Herald Higher Education Awards 2019.
SANE	Mental health support service providing a helpline, text support and support forum.	SRUC provides online out of hours support and access to a trained counsellor via SANE
SilverCloud	A package of online mental health treatment programmes, mostly based on CBT, which help people overcome common mental health problems.	The University of Edinburgh provides SilverCloud for its students.

Activities and initiatives to promote wellbeing

¹⁰ For City of Glasgow, this was enabled through funding from the Glasgow Regional Board, enabling all three Glasgow colleges to subscribe to the community element of the digital platform.

Institution	Example
SRUC	The Barony Campus 'Stress Club' provides a very relaxed atmosphere where people drop in and participate in a simple activity (eg crafts, lego, colouring). Participants report that they leave feeling lighter and more at peace. SRUC also runs 'Tea and Chat' events, mindfulness walks and a 'wellbeing and words' group, which is a book club to promote wellbeing and feeling connected.
City of Glasgow College	The college offers students yoga sessions, an 8-week mindfulness course and mindfulness taster sessions, access to the gym and a range of clubs and societies run by the students' association, including sports clubs to promote a healthy lifestyle. They also have a gym and student society fee waiver scheme for students accessing the student mental health team.
University of Edinburgh	The Counselling Service offers a range of wellbeing workshops throughout the year on a wide range of topics, including building confidence, managing exam stress, improving sleep, managing mood, anxiety management, how to get on with people, managing stress, mindfulness, perfectionism.

Information and advice

Institution	Example
City of Glasgow College	A clear and informative mental health and wellbeing support webpage provides information about its student mental health and wellbeing team, what mental health is, including a NHS video with BSL, and links to webpages on the services they offer, a directory of self-help resources, an a-z of mental health with further links, access to Big White Wall, and information on crisis support.
NESCol	Provides an interactive mental health and wellbeing toolkit on its student portal. The toolkit contains definitions of mental health and wellbeing and different mental health conditions, and overview of college support and how to access it, warning signs to look out for, guidance on looking after yourself to promote wellbeing, links to apps and external websites and support services. It is easy to navigate and interactive. They are currently enhancing it for use on mobile devices.

Advertising support available

Advertising medium	Institution	Example
Physical presence	City of Glasgow	Student mental health and wellbeing focused events with external support services for students to become aware of how to access localised and more specialised support.
	GCU	Student Wellbeing Team are present at open day events, induction and transition events, and the fresher's and refreshers fayres and they run events and stalls throughout the year.
Written communications	GCU	Student Wellbeing Team provide a weekly newsletter for students.
Advertising around campus	SRUC	Signage with information on student support services and contact details is displayed around its campuses.
Technology	NESCol	Mental health and wellbeing tab in main menu of student portal, links to toolkit and student version of SMHA.
	SRUC	'Wellbeing tile' has been added to the mySRUC App that guides students to the services available on their campus.

Working with external partners

Institution	Example
GCU	<p>Works with national and regional partners to enhance student mental health and wellbeing:</p> <ul style="list-style-type: none"> • Part of a West of Scotland network with colleges and third sector partners working together to share knowledge and explore how to share resources. • Member of the Scottish Heads of University Counselling Service, AMOSSHE, UHMAN and NADP Heads of HEI Disability Services, which meet regularly to share best practice. • Has a 'memorandum of understanding' with SAMH, which helps to outline how both organisations will work in partnership with one another in the enhancement of the mental health and wellbeing of students and staff. This relationship has had a multitude of positive impacts. • Holds regular on campus events to which external agencies are invited to review practices/activities in its mental health action plan and to share good practice. • Works with sector bodies including Think Positive, SPARQs, QAA and Student Minds to develop projects with input from expertise across the sector.

Students' association mental health and wellbeing activities

Approach	Institution	Example
Specific roles	GCU	The Students' Association identifies one of its full-time officers annually as the policy lead for student health and wellbeing, who is a member of the Student Wellbeing Advisory Group and actively shapes and enhances the student mental health action plan. It also has a student volunteer representation officer and student representation group for mental health and wellbeing, which help to ensure a cohesive approach with students for mental health and wellbeing work.
	Ayrshire College	The college and its Students' Association have identified a number of Student Mental Health and Wellbeing Champions. The students have been trained and their role is to raise awareness of mental health across the college, take part in events and campaigns and provide signposting support to students where appropriate.
Events	NESCol	The Students' Association organises mental health and wellbeing fairs throughout the year, inviting many local support organisations, Police, NHS, gyms etc., to speak and interact with students. They also organise regular visits from Therapets, who have been a huge success with students and staff.
Campaigns	Ayrshire College	In 2018/19, Sport and Fitness students led the successful campaign #PassingPositivity, which aimed to tackle mental health stigma. The campaign saw a number of high-profile figures take part, including Jim White, Adrian McCallum (Lionheart) and Steven Cree. It also had support from the Scottish Football Association and the Kris Boyd Foundation. It will be run again in 2019/20, with a single song written and recorded by Music Students and singer Jai McDowell being released during Mental Health Awareness week. The campaign was recently internationally recognised at the International Green Gown Awards, winning the 'Benefiting Society' Award.
Online information	RCS	The Students' Union has created a thorough and user-friendly guide on mental health for students. It explains what mental health is, outlines help available at RCS, how to find a therapist externally, and has an extensive directory of support sources, including helplines, websites and apps.

	University of Edinburgh	The Students' Association Mental Health Week webpage provides a range of information and links to support in an accessible format. This includes the topics: taking care of your mental wellbeing, learning more about mental wellbeing, managing emotions, talking to someone, and practical help with issues affecting mental health (eg finances). It links to the University's mental health provision such as counselling and mental health mentors.
Advice services	University of Edinburgh	The Students' Association runs The Advice Place, a free advice and information centre for all students at the University. The service offers independent and confidential advice across all aspects of university life, from finance and funding, accommodation and tenancy to health and wellbeing. They play a role in triaging of students and referral to appropriate support services.

Supporting the student journey

Stage of student journey	Institution	Approach / initiative
Pre-entry & transition information for all students	University of Edinburgh	<ul style="list-style-type: none"> Delivers a range of information and advice on mental health and wellbeing to students in recruitment and pre-arrival communications to help inform and prepare students for the transition to university, which it is further developing.. 'New students' section on its website supplies guidance on preparing for and adapting to university, managing wellbeing and accessing wellbeing services. Website contains guidance for parents or supporters of new students on how a student typically transitions into university, how the university supports them, how students can help themselves and how supporters can help guide them through the transition. This information is also presented at well-attended 'supporters' talks during open days and arrival weekends.
	SRUC	<ul style="list-style-type: none"> Commits in its SMHA 2019-20 to audit and update student support service information available to prospective students and students prior to the start of their course. The aim is to enable students to make informed decisions to study with SRUC based on their specific needs and the range of support it offers.

Induction for all students	Ayrshire College	<ul style="list-style-type: none"> Piloted an online induction that included a wellbeing focus (branded as I-matter) in 2019/21 with some curriculum areas. The aim was, at this early stage of the student journey, to raise awareness of potential stressors and ways to manage these positively. Overall, the pilot was evaluated positively and will be explored further.
	NESCol	<ul style="list-style-type: none"> All students are required to complete an induction checklist where they are informed of all support available, including mental health and wellbeing support.
	GCU	<ul style="list-style-type: none"> Wellbeing Service delivers a talk during inductions to all students at the beginning of their course. This outlines the different types of support available and what each can help with, including the counselling service, mental health advisors, the wellbeing adviser and the disability team. Students' association delivers induction slides highlighting wellbeing support available through its Advice Centre.
	SRUC	<ul style="list-style-type: none"> Therapets attend Fresher's Fayre and induction talks for new students to promote student support services.
Pre-entry and transition support for students with mental health conditions	City of Glasgow College	<ul style="list-style-type: none"> Provides a 'student pre-entry guide' for students with mental health concerns, which is designed to encourage these students to talk to the college so that the college can help ensure any previous mental health support is continued and offer learning and wellbeing support that is tailored to their needs during their course. New pre-entry referral system to ensure when a support need is declared at application stage a communication is received by the applicant with information on the support available, including in relation to mental health needs. Following this, the student is assigned to a member of staff who contacts the student to arrange a pre-entry meeting, where a Personal Learning Support Plan is created.
	SRUC	<ul style="list-style-type: none"> Most students are met at interview by the student support team and an assessment of requirements, support needs and triggers are discussed, with discrete strategies being agreed at the outset. This enables students to disclose information from an early stage so adjustments can be put in place. Additionally, when arriving for induction, students already have familiar staff whom they can make contact with for further support.

		<ul style="list-style-type: none"> All students declaring a mental health condition are met post-induction by the team, where support plans are formed.
	GCU	<ul style="list-style-type: none"> Summer transition programme, 'Mental Health Matters', for students who pre-disclose a mental health condition. Trialled in 2019/20, the programme aimed to provide a supportive beginning to their academic journey and included interactions with support provisions across the university, guided tours and presentations on different aspects and opportunities available to students throughout their student journey. Due to positive feedback, the programme will be embedded into transitions activities. Also offers a specific induction programme for students who have disclosed a mental health condition.
Exam and assessment times	UHI	<ul style="list-style-type: none"> Runs exam stress related workshops, provides handouts and web resources, pet therapy sessions and an increase in posts on its Facebook page around assessment times.
	University of Edinburgh	<ul style="list-style-type: none"> Provides 'exam success' workshops that identify the specific factors that contribute to exam-related stress and panic and help students to manage revision and exams more calmly and effectively.
	RCS	<ul style="list-style-type: none"> Committed in its 2019/20 SMHA to increase engagement with students regarding mental health and wellbeing during more challenging times of the academic year, including exams times
	GCU	<ul style="list-style-type: none"> 2019/20 SMHA sets out the students' association's plans to provide a stall providing information, resources and free fruit during each exam diet and a digital detox/de-stress zone in the 24-hour area during exam periods

Evidence-based approaches to support specific groups or cohorts

Group in focus	Institution	Initiative
Male students Evidence: <ul style="list-style-type: none"> • Lower engagement with mental health and wellbeing support • National /local evidence of male suicide rates 	Ayrshire College	<ul style="list-style-type: none"> • In 2018/19, the students' association launched a 'Wear it on your sleeve' campaign, which aims to tackle stigma in relation to male mental health. A number of male staff and the Student President wore pink campaign hoodies and disseminated support cards. It has become embedded, with these staff wearing their hoodies each month. The initiative is encouraging conversations on mental health and wellbeing. • Mental Health Liaison Officer has delivered workshops for Construction and Trades students.
	City of Glasgow College	<ul style="list-style-type: none"> • Worked in partnership with Brothers in Arms Scotland (BiA) to provide fortnightly pop-up events and a workshop to construction students to promote the use of the BiA digital app, which uses self-management tools to enable men to manage their mental fitness.¹¹ BiA noticed an increase in download numbers after the events, suggesting the work resulted in engagement with the app.
FE students on lower SCQF level courses Evidence: <ul style="list-style-type: none"> • Need for mental health and wellbeing awareness 	NESCol	<ul style="list-style-type: none"> • Has adopted additional mental health and wellbeing awareness units within supported programmes and SCQF level 4/5 mainstream courses.
	Ayrshire College	<ul style="list-style-type: none"> • Mental health awareness workshops have been mainstreamed into courses at SCQF Level 4, delivered by the college's Mental Health Liaison Officer, benefiting all students on these programmes.
Students who are carers, care-experienced or LGBTQ+ Evidence: <ul style="list-style-type: none"> • National / institution evidence of support needs 	GCU	<ul style="list-style-type: none"> • Key contacts for carers and trans students sit within the Wellbeing Team, enabling a joined-up approach to support their wellbeing.
	City of Glasgow College	<ul style="list-style-type: none"> • Named advisers are a single point of contact for students and provide appropriate referral, including regarding mental health and wellbeing. They will contact all new students who have declared they are care-experienced or a young carer at application and/or enrolment stage. • Tailored pre-entry student support guides for students who are carers and care-experienced, which signpost to mental health and wellbeing support.

¹¹ <https://www.brothersinarmsscotland.co.uk/>

