

# Thriving Learners

EUAC Conference September 2022

Chris Maguire, Senior Research Officer, MHF

# Background

- The work came from the Universities Scotland Student Mental Health and Wellbeing Working Group
  - Chaired by Professor Pamela Gillies, Principal Glasgow Caledonian University
- Self-selecting student-facing survey about their mental health and wellbeing. Three validated measures:
  - Adverse Childhood Experiences (ACEs)
  - Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)
  - Patient Health Questionnaire 9 (PHQ-9)
- 15,128 responses in total – 6% of the Scottish university population



# Methodolgy Overview

- Interviews and focus groups with thirty-five professional stakeholders within HEI sector. Job roles included but were not limited to:
  - Student Services Lead/Managers/Directors, Student Support Advisors, Wellbeing Advisors, Counsellors, Counselling Leads, Mental Health Nurses, Student Presidents, Chaplain and Policy Managers
- Topic areas explored:
  - The student mental health ‘journey’ at university in Scotland – promotion, points of access, points of blockage
  - Student wellbeing – student unions/associations/groups, softer ‘informal’ support



# Key Trends overview

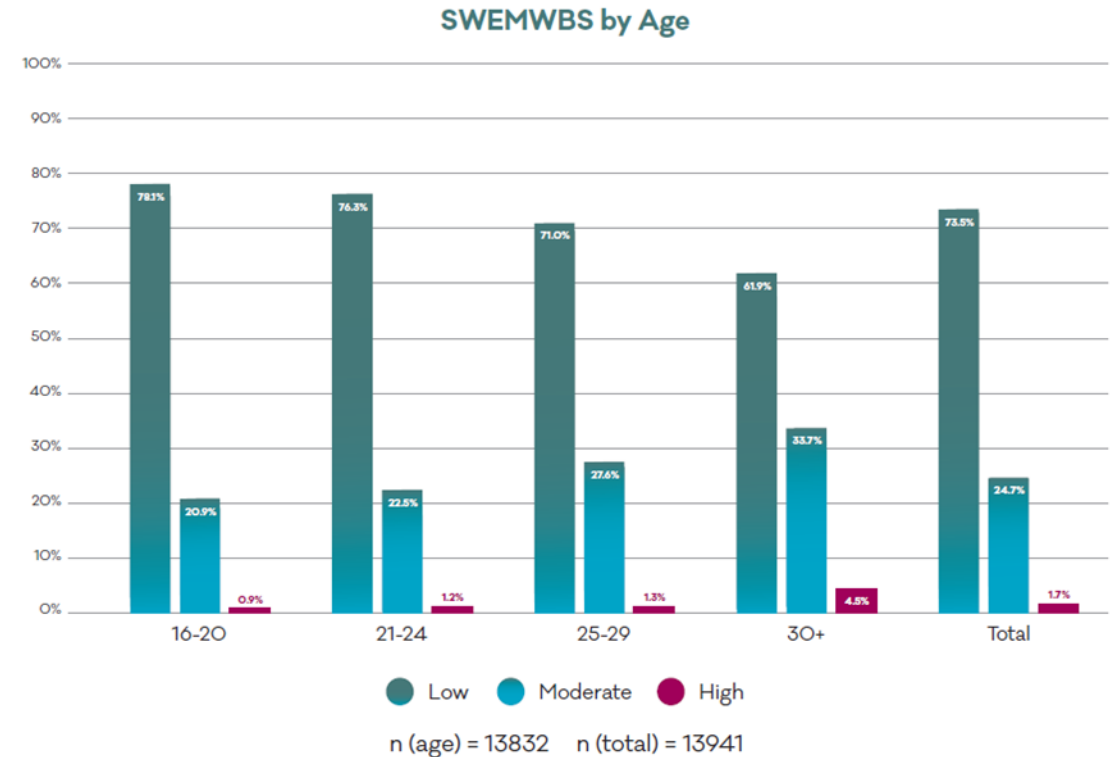
- In general, students who were younger (16-20) and students who identified as 'Other' gender were those who had the poorest outcomes across almost every category in the survey, including mental health, wellbeing, social factors and most life experiences, with some key exceptions
- Typically, female students had worse outcomes than male students, again with some key exceptions



# Health & Wellbeing Headline Findings

## Wellbeing

- Nearly three-quarters (73.5%) of respondents reported Low wellbeing, 24.7% Moderate wellbeing and 1.7% High wellbeing



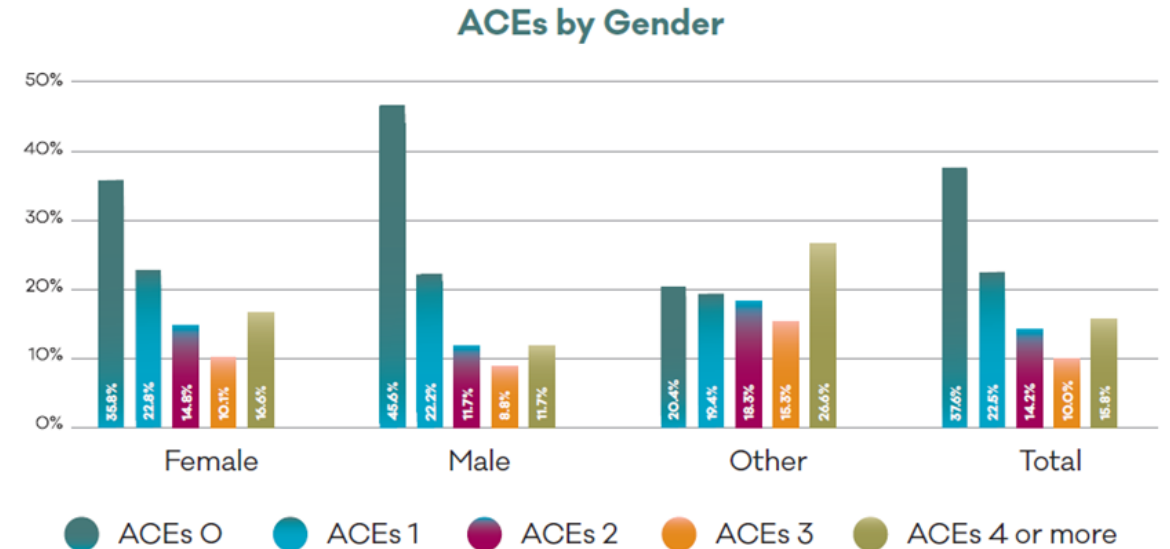
# Life Experience Headline Findings

## Adverse Childhood Experience

- **Nearly two-thirds** (62.4%) had experienced at least 1 ACE
- **Nearly 1 in 6** (15.8%) students had experienced 4 or more ACEs

## Food Insecurity

- **Over a fifth** (21.5%) of students worried about running out of food; **nearly a quarter** (23.5%) ate less due to a lack of resources or money; and **7.2%** resided in households that had ran out of food.



Graph 25. Adverse Childhood Experiences by Gender

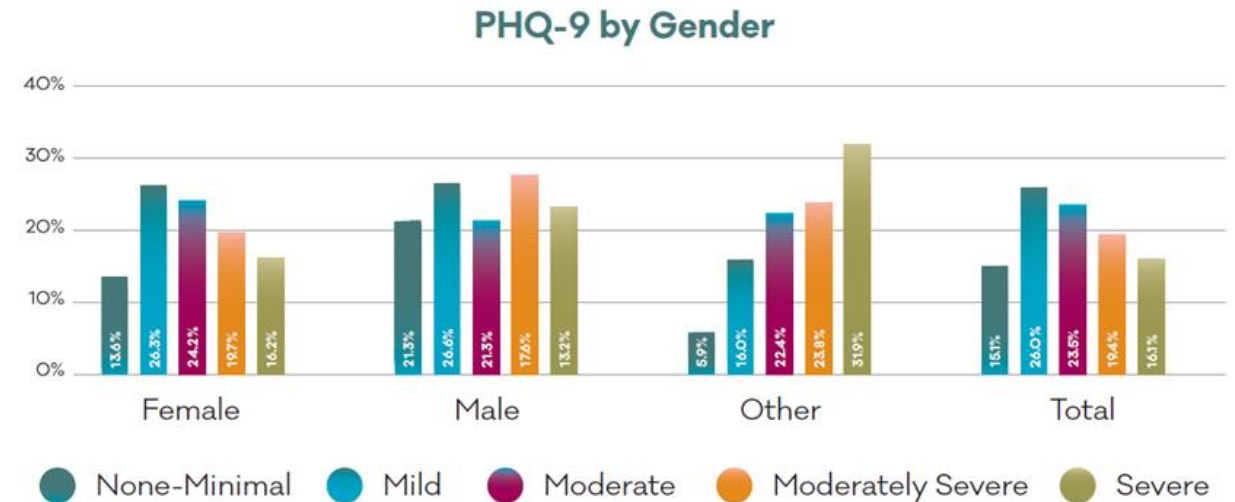
n (gender) = 13182 n (total) = 13195



# Mental Health Headline Findings

## Symptoms of Depression

- A collective 35.5% reported either **Moderately Severe or Severe** symptoms of depression compared with 40.1% reporting None to Mild symptoms
- Over half (56.9%) reported concealing a mental health problem for fear of **stigmatisation** and a further 1 in 6 (16.5%) were not sure



Graph 31. PHQ-9 by Gender  
n (gender) = 12592 n (total) = 12604





# Student Services Overview

## Service Awareness

- Participants who had no awareness of any services generally scored worse on the validated scales, food insecurity, general health and bullying questions
- They were, however, less likely to answer yes to direct questions on mental health such as stigma, mental health diagnosis, serious psychological issues or self-harm
- Participants who were not aware of services were noticeably less likely to use positive coping mechanisms more often when stressed, especially ones that required social interaction or active effort

## Service Usage

- 54.9% of respondents who were aware of any services ended up using at least one of them
- Participants that used services were more likely to have disclosed that they either had a diagnosis, had suffered a serious psychological issue or had self-harmed
- Participants who used services were more likely to have someone (friend, family or partner) that they were comfortable talking to about worries or concerns
- Participants that used services were more likely to increase their use of all coping mechanisms, both positive and negative, to deal with stress





# Qualitative Headline Findings

- Significant amount of activity taking place within HEIs to support student mental health and wellbeing. However, it can be a confusing picture and difficult to navigate support structures.
- Most of the support is focused on the provision of counselling however wide-spread agreement this is not the appropriate response to many situations.
- Students often come with high expectations of university supports and in many cases a lack of knowledge and understanding of the interface between HEIs and the NHS. The latter point is particularly true for overseas students.
- Increasing numbers of students are disclosing their mental health status at the outset of their university journey.
  - However, there continues to be barriers including this being asked within the context of having a disability.
- Some consensus around the increase in complexity of cases and an increase in demand overall.
  - Generally, was felt to be exacerbated by COVID-19.
  - HEIs adapted to provide a phone and online service during lockdowns but some students experienced barriers to accessing support through these mediums.



# Qualitative Headline Findings

- Key gaps across provision identified were around specific support for wellbeing, the need for a trauma informed approach and support for those with long term and enduring mental health problems.
  - For the latter this was aligned to discussion about the problematic interface between university support systems and the NHS.
  - There was consensus that student support as provided by universities should not be viewed as an alternative to NHS mental health teams.
- There were widespread reflections on the risks posed by a wider societal issue of the medicalisation of emotions of sadness and distress.
  - Concern that this may be disempowering young people and undermining their individual resilience, as a coping mechanism.
  - If medicalisation narrative is internalised by individuals it can lead to a situation whereby anything less than a clinical response is regarded as dismissive with the resultant strain on clinical services.



# Recommendations

- **Wellbeing recommendations:** Increased focus on and funding for wellbeing supports and wellbeing being incorporated as a measure of success as part of their enhancement model
- **Mental health recommendations:** NHS and HEI sectors agreeing the parameters on the duty of care of universities and universities undertaking consultation/research to understand the nature of mental health stigma among students
- **Trauma recommendations:** HEIs should implement a whole system approach to become fully trauma informed and research to gain fuller understanding of the impact of trauma on students
- **Poverty recommendations:** A roundtable discussion between key stakeholders on how to reduce student poverty and the supports required particularly in light of the widening access agenda.



# Next Steps

## Further Education Sector

- A similar study ongoing in the College sector

## Further Analyses

- Papers on priority areas within HEI data to be released imminently

## Expected Outputs

- Briefing papers
- Journal papers

## Follow-up Study

- Discussions are ongoing about securing funding to do a follow-up study – most likely in the second half of academic year 2022/23

