UNIVERSITY STUDENTS EXPERIENCING MENTAL HEALTH DIFFICULTIES

The focus of this paper is upon the experiences of students with Mental Health Difficulties (MHD) at one UK University named Newfield. The paper includes the following sections: an introduction to DEIP; a description of the students interviewed; Students’ views and experiences: emerging themes including transition to employment. It concludes with some recommendations and questions for future research and debate.

DEIP: an introduction

This paper is one of a series of discussion papers produced by the Disability and Effective Inclusion Policies (DEIP) project that was funded by the European Social Fund. The DEIP project is a piece of collaborative research undertaken by Sussex and Lancaster Universities. The project aims to explore ways in which higher education institutions support disabled students through higher education and on into employment. The research is shaped by four research questions (see DP1) which provided the opportunity for considering the influence of disability models with respect to: sector and institutional HE policy; practice as reported by disabled students and university staff at Sussex and Lancaster Universities; the experience of disabled graduates making the transition into employment and the views of employers.

DEIP discussion papers

The DEIP project contributes to an increasing body of institutional research surrounding the experiences of disabled students in higher education. For a list of current and future DEIP project Discussion Papers (DP) see: http://www.sussex.ac.uk/equalities/1-2-9.html. For details of the thematic topics emerging from an analysis of institutional policy see DP1, methodology DP2, and an annotated bibliography of other relevant research DP13.

Terminology

Within the DEIP project we support the notion of everyone having a mental health status and recognise that there are numerous labels used by professionals and individuals to describe students who might fall within the UCAS category of having a Mental Health Difficulty (MHD). For consistency we use the term Mental Health Difficulty. We realise that many students prefer to refer to a specific diagnosis, such as depression, and that for many people with a hidden impairment the disability label is not one they recognise or in some cases accept with respect to themselves.

Mental Health and Higher Education

In recent years there have been increasing concerns about mental health of students in HE. For example, University Counselling Services have reported an increase in the numbers of seriously disturbed students (Phippen, 1995; Rana, Smith & Walkling, 1999). It has been argued that the increasing number of students with MHD is both a product of increasing numbers of young people attending university but also of the growing incidence of young people with MHD in the general population (Royal College of Psychiatrists, 2003).
The Participants

Participants were self-selecting and the interviews were open to anyone who had experienced Mental Health Difficulties (MHD). Students had been diagnosed with: Depression (5), Panic Attacks (1), Bi Polar Disorder (2), Asperger’s Syndrome (1) and Attention Deficit Disorder (1). Interestingly only 4 of the students diagnosed with MHD pre-university disclosed their disability on the UCAS form. Only 4 regarded their MHD as a disability and for some of these students this was only when they were unwell. The cyclical and periodic nature of many MHD differentiates them from some other disabilities. This raises important questions about how services are marketed and delivered to this group of students. The table below summarises other key information about the participants.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>3</th>
<th>Female</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>19-24</td>
<td>7</td>
<td>30+</td>
<td>3</td>
</tr>
<tr>
<td>Type of Study</td>
<td>Full Time</td>
<td>8</td>
<td>Part Time</td>
<td>2</td>
</tr>
<tr>
<td>Course</td>
<td>Undergraduate</td>
<td>7</td>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Postgraduate</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Students’ views and experiences: emerging themes

Coming to university

For many of the students interviewed, positive and negative attitudes to seeking advice and support at university were formed at school, which indicates the crucial role of the school environment for students experiencing MHD. Some students chose to study at Newfield because it was close to their homes and support networks. Students who had been linked in with university support services before arriving had found this helpful. For those who did not establish a link before arriving it was initially difficult to find their way around the support networks. Like other students, students experiencing MHD could find coming to university a difficult process. The combination of new social and academic pressures was often stressful as Sean explained:

The first week was alright. The second week - because the term was starting and also because I was trying to fit in - I went through a really stressful period where I was experiencing anxiety over the slightest little thing.

Disclosure

Disclosure happens at different stages in the student lifecycle. Only three of the ten students disclosed their MHD on their UCAS application form. Although the majority of students had told at least someone (e.g. support staff, academic staff or friends) since arriving, some of the students interviewed had chosen not to disclose their disability to anyone at university. For some students, the Mental Health Adviser provided support by disclosing to academic and other staff on their behalf. Another source of information was an online system whereby staff are alerted to students’ support needs and can retrieve information electronically about the students.

For those students who had told people about their MHD themselves, they described both positive and negative experiences. Negative experiences had led some students to be very cautious about discussing their MHD with anyone. Some students felt that disclosing details about their state of mind made them very vulnerable and invaded their sense of privacy. Others felt that sharing information about their MHD made things easier, as Sam explained:

"I’ve found it’s been easiest to be honest and just say - ‘Look, I’m in this situation.’ The friends I’ve made are very accepting to the fact that I’ve got depression and there has been no issues around it.”

Issues around disclosure are discussed in more detail in DP3.
Learning and teaching experiences

Mental Health Difficulties could affect students’ learning experiences in a variety of ways (e.g. causing inertia and problems in motivation or medication reducing concentration). Some students found it difficult to talk in front of groups or to spend time in particular physical spaces such as the library. Timely and appropriate adjustments and supportive and informed academic staff were key factors in reducing the negative impact of MHD on students’ study experiences. Maria described her positive experiences with one tutor:

*I’m not sure if I would have known what to do if that one tutor hadn’t been sensitive to it ... if I had gone to a tutor who didn’t know what was available, they probably wouldn’t have been so helpful.*

Michael had found the lack of knowledge about MHD among academic staff problematic and staff ill equipped to deal with his personal situation:

*I also have depression and I’m not sure all the supervisors/staff know what are the dangers of depression if you don’t manage it well and give good advice. There is a lack of complete information.*

Student Support Services

Universities offer a range of services which might provide a source of support for students with MHD. For instance, Newfield provides a careers service, health centre, psychological and counselling service and has Student Advisors in every school. It also has a dedicated Student Support Unit, which employs Disability, Dyslexia and Mental Health Advisors. Where students had accessed the Mental Health Adviser, Student Advisers and Careers Advisers, their experiences had been very positive. It was evident that once students accessed these services, they received appropriate and useful information and support. A few students mentioned that they had never received as much support before. However, students were not always clear about the range of services available and a few suggested that services could be more accessible. Informing all students about support especially when they first arrive at university (Thomas et al, 2002) remains a crucial task for higher education providers.

Social experiences and housing needs

Participants’ MHD could also affect their social experiences at university. MHD were linked to students feeling self-conscious and some participants said that they had found it hard to develop social networks or had experienced social anxiety. In some cases, where MHD were directly affecting students’ capacity to be responsive, patient or socially engaged, social experiences could be difficult to manage. A few students found Fresher Week activities intimidating and others reported finding it hard to develop friendships within the structure of their courses. Mary reflected on her initial perceptions of social life at university:

*My first impression was everyone was very hedonistic and intolerant to people who weren’t hedonistic and that made me feel quite uncomfortable going along to things. But that was a while ago.*

MHD had affected the housing needs of half of the participants e.g. needing to live at home or use campus housing. For those participants, having access to appropriate accommodation was as an important part of facilitating study at university.

Transition to employment

Participants had a number of concerns about securing and retaining employment. Some mentioned the possibility of discrimination against people experiencing MHD and others were daunted by the prospect of moving away from support networks in order to find work or the idea of high pressured working situations. It was generally acknowledged by students that they would or may need understanding and support from employers around their MHD. As Morgan explained:
I suppose it’s [work] scary because I don’t know how employers will react if you did have to interrupt employment. (Morgan)

Some participants thought that the university could do more to increase student confidence in their transition to work (e.g. more work placements and more focused careers education). Please see DP11 for a more detailed discussion of the issues facing disabled graduates in employment and DP5 for details concerning transition out of higher education.

**Students’ suggestions for improvement**

Students offered a number of suggestions for how university could improve the experiences of students experiencing MHD. Although focused on university, these suggestions all have an application within the employment context. Some of these are listed below:

- design courses or induction programmes so that it is easier to make friends and meet people
- set up a peer support group for students experiencing MHD or provide links to alumni with MHD who have experience of different work environments
- make the Personal Tutor or staff mentor / buddy system more functional
- make it clear that adjustments can be made for students or employees experiencing MHD
- be clearer about student or employee rights and responsibilities under the relevant legislation and within a specific context.

**Recommendations**

- To increase academic staff development and awareness around MHD issues by encouraging attendance at events already organised
- To raise awareness and understanding about MHD of all students by embedding issues within existing events, e.g. teaching and learning sessions, student support newsletters, websites
- To make sure all students know about support services and make sure those services are easily accessible by reviewing publicity, exploring ways of signaling other sources of support
- To ensure that career education and personal development planning sessions contribute to developing more explicit links between the university curriculum and skills needed for work
- To assist students to appreciate the effectiveness of strategies that they have developed over time and their usefulness in future employment
- To encourage discussion concerning issue of disclosure and the potential impact of MHD in future employment

**Questions for further research and debate:**

- How do we market and deliver support services to students experiencing MHD given the cyclical and periodic nature of many MHD?
- What are the conditions in which students feel able to disclose and seek support?
- What can universities do to reduce the likelihood of students experiencing MHD leaving university before completing their studies?
- How can the capacity of schools and workplaces be developed to foster supportive / positive environments for individuals experiencing MHD?
- How can universities build links with both schools and workplaces so that these key transitions are easier for students experiencing MHD?

---

**For further information about DEIP Project**

**Sussex University** – Pam Coare and Liz McDonnell  
Centre for Continuing Education, The Sussex Institute, Essex House, University of Sussex, Falmer, Brighton, East Sussex, BN1 9Q  
Tel: 01273 877888  

**Lancaster University** – Ann-Marie Houghton, Jo Armstrong and Linda Piggott  
Dept of Educational Research, Community Access Programme, County South, Lancaster, LA1 4YD  
Tel: 01524 592907  
[http://www.lancs.ac.uk/fss/projects/edres/cap/index.htm](http://www.lancs.ac.uk/fss/projects/edres/cap/index.htm)