# University of Sussex Students' Union Mental Health Report

June 2019

# Mental Health Report Contents

# Foreword

This report was conducted as one of my Annual Plan priorities during my year as Welfare Officer of the University of Sussex Students' Union (2018-19). During the past year, I have spent much of my time fighting to make mental health provisions better for students' on campus. However, despite these efforts there needs to be a cultural and radical shift to the way that Universities care about mental health issues. I have a firm belief that in order to fix the issues, we need to know the issues and this report aims to do just that - give a comprehensive picture of the current mental health experience at the University of Sussex.

In this report, there will be no set recommendations as I am leaving this report in the hands of the very passionate and capable 'Student Mental Health Strategy Task Force' which is run and led by students who will help to create the University of Sussex's new mental health strategy.

I would like to say a huge thank you to all the students who took part in the survey, the focus groups and those who are on the task force. I would also like to thank Rachel Robb (Policy and Research Assistant), Jadesola Orekoya (Research and Comms Administrator), Dr. Cassie Hazell and Prof. Robin Banerjee for making this report possible.

**May Gabriel**
**Welfare Officer 2018-19**

# Executive Summary

Conducted in partnership with the University of Sussex, the University of Sussex Students' Union have created this report in order to look at the real life student journeys and experiences of mental health and wellbeing prior to and while at university. It explores pre admission/admission disclosures of mental health diagnoses and both positive and negative experiences of university as well as its impact on mental health and wellbeing.

The report also takes a look into the in-house services offered by the university that are meant to support students with the aim to feed into the recommendations for improving these. The responses collected were from a general survey that was sent out to all students except those in their final year of undergraduate study, as well as a series of focus groups that were held with harder to reach populations.

## Findings include:

### Experiences of admission to and arrival at university

- 40.2% of respondents reported disclosing a pre-existing mental health condition to the university upon admission, and 41% of respondents have disclosed a current mental health condition during their degree.
- If students responded that they did not disclose a mental health condition to the university either prior to admission or during their studies, they were asked to give a reason. Reasons for not disclosing a mental health condition fell under the following themes: the respondent did not know how to disclose; they did not believe it was relevant or necessary to disclose; or did not want to disclose. There were also some demographic specific responses.
- The most common type of mental health issue that respondents reported experiencing was anxiety (80% of respondents) , followed by depression (67%) and then isolation (59%). Only 2% of respondents reported experiencing no mental health issues.
- Respondents also spoke of the difficulty they experienced during the transition to university, including the reduced structure to daily life; the difficulty balancing studies with free time; and the large academic jump from college (or school) to university.

## General Mental Health Landscape

- Only 35.4% of respondents reported that they felt confident managing their mental

health in the past month, while 50% did not. Gender had a significant effect on participants' ability to manage their mental health, with female students being the most confident in their ability to manage their mental health, while UG students in their third year and PGR students reported feeling the least able to manage their mental health.

## Effect of University Experiences on Mental Health:

- Overall, 28.8% of respondents agreed that being at university has helped them learn to positively manage their mental health and wellbeing. Meeting new people was the most endorsed factor associated with positive mental health. Other common factors reported in the 'other' section included housemates, living in Brighton, part-time jobs, as well as studying abroad.
- There was a significant main effect of ethnicity to the extent of which university had a positive impact on participants' mental health, with University having the least positive impact on the mental health of Chinese, Black and mixed ethnicity students.
- Factors related to studies (e.g. academic pressure and deadlines) were the most endorsed factors associated with negative mental health, followed by isolation and finances. White British and those with an 'other' ethnicity reported that university had the smallest negative impact on their mental health, while results also suggest that university had the greatest negative impact on Chinese and Asian students. Home students reported that university had the least negative impact on their mental health, while International EU and non-EU students found university had a greater negative impact on their mental health.

## Support Services

- While 70.4% of respondents knew where they could go on campus to receive support for mental health problems, 26.9% of students reported that not knowing what help was available to them was a barrier to them accessing support. Knowledge of support services was poorest amongst international and 'other' students as well as first year UG students.
- Though the terms are used interchangeably, students spoke highly of their DOSE and Student Experience coordinator, however, only a small number of comments were made about this support, and the data shows that only 14% of respondents are aware of their DOSE or student experience coordinator.
- The counselling service received the most qualitative comments. While there were many positive comments regarding the quality of the service, many students reported issues with long waiting lists, poor communication, and limited session

numbers. Certain responses from the focus groups were unique to different demographic backgrounds, including EU Students, men and BAME students.

- While some students commented about their positive experience seeing the on-campus GP for mental health support, there were many more qualitative comments that spoke of the service .negatively. The majority of these spoke of concern about how quickly medication was prescribed, the lack information about other support and issues around trans healthcare.
- Respondents spoke mainly positively of the Student Support Unit, with high praise being given for the level of support offered, while negative comments concerned the amount of paperwork required to access support, the lack of confidentiality when having to disclose sensitive issues in an open-plan room, and the feeling that some advisors suggest too quickly to drop out or intermit a term or year.
- Comments on the improvement of support services touched on a number of areas, with the encouragement of an open dialogue around mental health being the suggestion with the most comments. Other suggestions include better communication between support services and improved staff training.

# Introduction

Across the UK there is a growing number of students in higher education who are experiencing levels of mental illness, mental distress and low wellbeing. Around three quarters of adults with a mental illness experience their first symptoms before the age of 25[1]. A National Union of Students survey[2] showed that 10% of students reported a diagnosed mental illness. Similarly in a 2016 survey, Unite[3] reported that in over 6,000 students, 12% considered themselves to have a mental illness.

This generation of young adults are more likely to report having a mental illness compared to previous generations. Data presented by the Office for National Statistics[4] shows a rise in the number of suicides for students in higher education, with 4.7 deaths per 100,000 students. In comparison to the levels of disclosure, the IPPR survey also reported that under half of students who report a mental health difficulty chose not to disclose this to their university.

The survey conducted by the Institute of Public Policy Research also revealed that the demand for counselling services has increased greatly. 95% of higher education institutions reported an increase in the demand for counselling service; in 61% of these, the increase was greater than 25%. The Royal College of Psychiatrists London[5] demonstrated that across the UK, around 4% of university students are seen by counsellors each year for a range of emotional and psychological difficulties. Data from a 2016 YouGov[6] survey found that a majority of students were aware of the mental health services at their university. While running these services are costly, they are helping to improve the overall experience of being at university or college, help student retention and improve academic attainment[7].

Looking at crisis care statistics, Mind[8] revealed that services were understaffed, with 41% of mental health trusts having staffing below established benchmarks. People were also not getting the help that they needed and only 14% of service users said that overall, they felt that they had had all the support they needed. These figures

1 Thorley C (2017) Not By Degrees: Improving student mental health in the UK's Universities, IPPR. http://www.ippr.org/research/publications/not-by-degrees

2 National Union of Students, Mental Distress Survey Overview, May 2013

3 Unite, Student Resilience: Unite Students Insight Report, August 2016

4 Office for National Statistics., 2018. Estimating suicide among higher education students, England and Wales: Experimental Statistics. Retrieved from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/estimatingsuicideamonghighereducationstudentsenglandandwalesexperimentalstatistics/2018-06-25

5 Callender, J., Fagin, J., Jenkins, G., Lester, J. and Smith, E., 2011. Mental health of students in higher education. London: Royal College of Psychiatrists.

6 YouGov, U.K., 2016. One in four students suffer from mental health problems

7 Wallace, P., 2012. The impact of counselling on academic outcomes: The student perspective. AUCC Journal, 7, pp.6-11.

8 Mind, 2012., Mental health crisis care services 'under-resourced, understaffed and overstretched'. Retrieved from: https://www.mind.org.uk/news-campaigns/news/mental-health-crisis-care-services-under-resourced-understaffed-and-overstretched/

have progressively worsened in that mental health trusts' income in 2018 were lower than the income between 2011-12[9]. In England, 62% of mental health trusts at the end of 2016-17 reported lower income than the amount for 2011-12. This has also had an impact on universities recent spending on in-house mental health services, creating a strain. Services are now under-resourced and underfunded. A Higher Education Policy Institute report[10] recommended that universities spending the least on these services needed to increase funding at least threefold to meet the requirements of their services.

The present study explored both quantitative and qualitative data in order to gather a comprehensive insight to the mental health landscape at Sussex. Although many variables were collected, the qualitative analysis looks at gender, ethnicity, sexuality and age in depth as well as level of study, mode of study, fee status and accommodation type.

9 Royal College of Psychiatrists, 2018. Mental health trusts' income lower than in 2
011-12. Retrieved from: https://bit.ly/2MiwOWB

10 Brown, P., 2016. The Invisible Problem?: Improving Students' Mental Health. Higher Education Policy Institute.

# Method

Data was collected using a volunteer sample method, allowing participants to self-select themselves to partake in the survey. In addition to the survey, focus groups were conducted with individuals from underrepresented groups including BAME women, non-EU and EU International students and male students. The data from the focus groups was transcribed and analysed.

A thematic analysis method using NViVO was employed to qualitatively analyse the data. Qualitative data was uploaded onto NVIVO and coded to reflect key words and themes. These codes were refined into 5 overarching themes by combining nodes that were very similar or considered the same aspect within the data. Five overarching themes were established; (1) disclosure, (2) academic experience, (3) non-academic experience, (4) support services, and (5) suggestions. Data was further categorised into a number of sub-themes. When producing the report, responses from the dataset were identified to illustrate elements of the themes. These extracts clearly highlighted issues within the theme or sub-theme and presented a lucid example of the point being made.

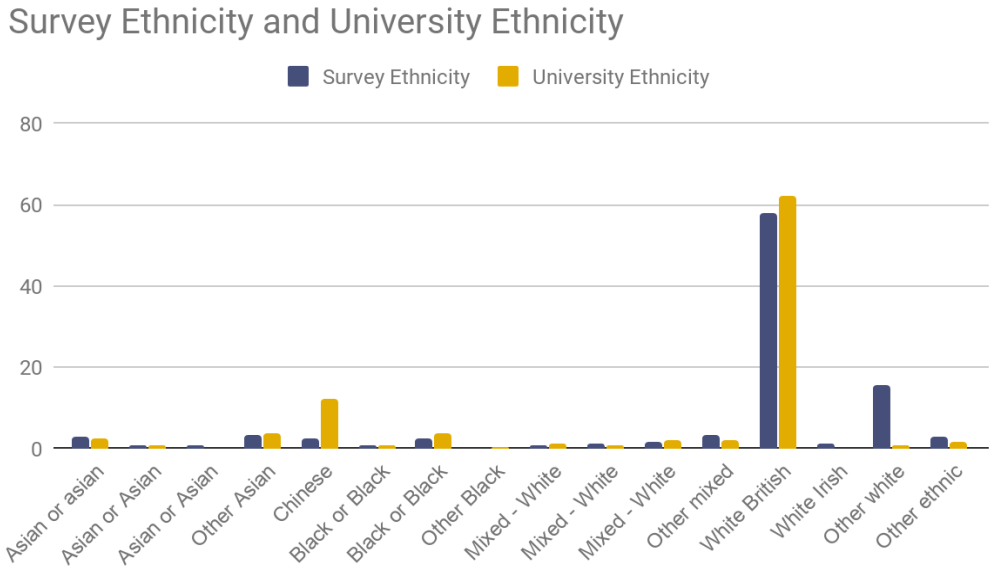
The quantitative data was analysed using two four-way independent samples MANOVA models: one looking at personal demographics, and then other looking at study demographics. In both MANOVA models, 9 dependent variables were included: (1) general mental health, (2) ability to manage mental health, (3) negative impact of university on mental health, (4) positive impact of university on mental health, (5) number of factors negatively impacting on mental health, (6) number of factors positively impacting on mental health, (7) number of barriers to help-seeking, (8) knowledge of services, and (9) negative impact of mental health on university experience.

The independent variables included within each MANOVA model are as follows: (1) personal demographics model: (a) gender (6 levels: male, female, trans man, trans woman, non-binary, other), (b) age (6 levels: under 21, 21-24, 25-29, 30-39, 40-49, 50+), (c) sexuality (5 levels: heterosexual, homosexual, bisexual, asexual and 'other'), (d) ethnicity (7 levels: Asian or Asian British, Chinese, Black or Black British, mixed ethnicity, White British, Other White, Other); and (2) study demographics model: (a) level of study (7 levels: foundation, 1st year, 2nd year, 3rd year, 4th year, postgraduate taught, postgraduate research), (b) mode of study (2 levels: full time, part time), (c) fee status (5 levels: home, EU, international, other, unspecified), (d) accommodation type (on campus, off campus – university owned, privately rented, family home, other). To address non-normality, bootstrapping was performed with bias corrected accelerated confidence intervals. Where significant overall effects were found, these were followed up with discriminant analysis.

# Demographics

The survey was filled out by 1070 current students at the University of Sussex. The survey was distributed on the Students' Union social platforms as well as sent out in emails, except to those in their final year of undergraduate study. The breakdown of participant demographics are listed below:

Ethnicity: The present sample was biased towards white British participants as well as those from other white backgrounds, making up over 50% of the studies' sample. Representation of BAME participants was lower than the university population where BAME students make up 37.5% of the student body. In the current sample, BAME students made up 24.2%. For a further detailed breakdown of participants ethnicities, please reference graph Graph 1. BAME students make up 37.5% of the student body. In the current sample, BAME students made up 24.2%.




Graph 1: Survey ethnic group population compared to university population

**Gender:** Females were overrepresented within the present survey, accounting for 73.3% of responses, while males were underrepresented making up only 22.8% of responses compared despite 44.7% of the student population at Sussex University being male. In the present study, those of trans, non-binary and other identities were also recorded, accounting for 4% of overall responses.

**Sexuality:** As of 2018, the University of Sussex did not collect demographic data on sexuality so there is no point of comparison between the study sample and the student population. In the present study, 68.5% of participants were heterosexual, while 4.3% were homosexual, 21.1% bisexual, 1.2% asexual and 4.8% identified as 'other'.

**Disability:** 21.8% of the sample identified as having a disability, while 65.2% did not, and 13% were unsure. Within the student population, only 16% of students identify as having

a disability however there are limitations with this statistic as up until 2018/2019 students were unable to alter their disability status within their student records.

**Level of Study:** There were low levels of turnout for undergraduates in years 3 and 4 in the present study - this was due to researchers being unable to actively target these cohorts due to the timing of the survey.

**Fee Status:** The University does not collect separate data for home/EU students. In the present survey, international (overseas / non EU) students were underrepresented making up only 12.1% of the respondents, compared to 24.7% of the student population.

**Dependents:** The University of Sussex does not collect data on those with caring responsibilities. Within the present survey, 95.7% of respondents had no dependents, while 4.3% did.

**Pre-existing mental health concerns:** 56.7% of respondents have said that they arrived at university with previous experience of mental health issues and concerns, the remaining 44.3% stated that they did not.

## Focus Group Demographics

**Ethnicity:** Of the participants, 4 were from BAME backgrounds, 3 were from white or white other backgrounds and 1 student did not specify.

**Gender:** Female participants dominated the focus groups with 6 participants. There were therefore only 2 male participants.

**Sexuality:** 5 of the participants identified as being heterosexual, 1 student identified as being queer with another identifying as gay. One student chose not to disclose this information.

**Disability:** 3 participants reported having at least one disability which included either dyslexia, psychosis or visual stress. 4 students stated that they did not have a disability while one was unsure.

**Level of study:** Focus group participants were evenly split between postgraduate taught courses and undergraduate courses. Of the undergraduate students, 3 were in their third year of study, with only 1 being in their first year. All students were on a full time course.

**Age:** 4 of the participants were 21, other participants ages ranged between 23 to 31.

Other demographic information such as type of accommodation and mode of study were also taking into account within the study. For a full breakdown of the demographics within this report, please look at Table 1.

| | Survey Data | University Data |
|---|---|---|
| **Ethnicity** | | |
| Asian or Asian British - Indian | 2.90% | 2.40% |
| Asian or Asian British -Pakistani | 0.70% | 1% |
| Asian or Asian British - Bangladeshi | 0.70% | - |
| Other Asian background | 3.40% | 3.70% |
| Chinese | 2.46% | 12.40% |
| Black or Black British - Caribbean | 0.90% | 0.90% |
| Black or Black British - African | 2.60% | 3.60% |
| Other Black background | 0.10% | 0.30% |
| Mixed - White and Black Caribbean | 0.80% | 1.10% |
| Mixed - White and Black African | 1.40% | 0.80% |
| Mixed - White and Asian | 2.80% | 1.90% |
| Other mixed background | 3.30% | 2.10% |
| White British | 58.10% | 62.20% |
| White Irish | 1.10% | - |
| Other white background | 15.90% | 1% |
| Other ethnic background | 3.00% | 1.70% |
| **Gender** | | |
| Female | 73.30% | 55.30% |
| Male | 22.80% | 44.70% |
| Trans Man | 1.20% | - |
| Trans Women | 0.20% | - |
| Non-binary | 1.90% | - |
| Other | 0.70% | - |

| | Survey Data | University Data |
|---|---|---|
| **Level of Study** | | |
| Foundation | 8.20% | 5.20% |
| UG year 1 | 33.40% | 22.60% |
| UG year 2 | 27.20% | 21.60% |
| UG year 3+ | 8.90% | 23.40% |
| PGT | 15.10% | 18.10% |
| PGR | 7.20% | 4.80% |
| **Mode of Study** | | |
| Full Time | 96.80% | 92.60% |
| Part Time | 3.20% | 4.50% |
| **Fee Status** | | |
| Home (UK) | 76.30% | 75.30% |
| EU | 11.00% | - |
| International | 12.10% | 24.70% |
| Other | 0.70% | - |
| **Accommodation type** | | |
| On-Campus University | 32.80% | - |
| Off-campus university | 5.80% | - |
| Privately rented | 52.40% | - |
| Family home | 6.30% | - |
| Other | 2.70% | - |
| **Dependants** | | |
| Yes | 4.30% | ? |
| No | 95.70% | ? |

| **Sexuality** | | |
|---|---|---|
| Heterosexual | 68.50% | - |
| Homosexual | 4.30% | - |
| Bisexual | 21.10% | - |
| Asexual | 1.20% | - |
| Other | 4.80% | - |
| **Disability** | | |
| Disabled | 21.80% | 16% |
| Non-disabled | 65.20% | 84% |
| Unsure | 13.00% | - |

| **Entered University with MH concerns** | | |
|---|---|---|
| Yes | 57.60% | - |
| No | 42.40% | - |
| **Age** | | |
| Under 21 | 52.30% | 43.30% |
| 21-24 | 31.90% | 35.20% |
| 25-29 | 8.80% | 8.90% |
| 30-39 | 4.40% | 6.10% |
| 40-49 | 1.70% | 2.30% |
| 50+ | 1% | 1.20% |

Table 1: Demographic breakdown on survey participants ethnicity, gender, age, level and mode of study, accommodation type and experience of mental health issues prior to starting university. (Gaps in data are where the University did not collect the specific data).

# Experiences at admission and arrival to university

Recent research suggests that 16.9% of 17-19 year olds have experienced a mental disorder[11], suggesting that Universities would be expecting at least some students to enter University with pre-existing conditions. This section explores not only the number of students' entering University with a pre-existing mental health condition, but the number of students who chose to disclose this to the University upon arrival. There are many studies which demonstrate the negative impact of stigma on disclosure and help-seeking[12], the qualitative analysis will further explore attitudes and barriers to disclosure.

## Transition to university

It is to be expected that for many students, the move to university would be a drastic change in their life - from new friends, to new cities, to living by themselves for the first time. This section demonstrates some challenges that come along with this change:

It's a very intense experience being independent for the first time and trying to balance everything. Personally I have found the balance extremely hard and have not been able to maintain a good relationship with myself and others and also stay on top of my work.

"My life prior to university was extremely structured. Although lack of structure and increased independence is inevitable as I get older, university has stripped me of any ability to have a stable routine."

"Not understanding how university exams work, how they differ from a level exams, there's no bridge it's massive jump"

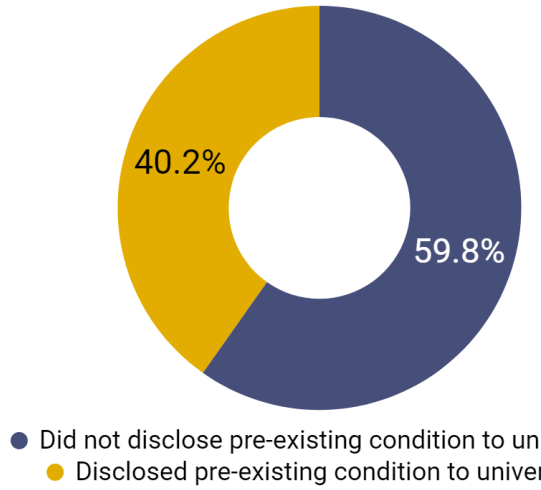
While the present study did not explicitly ask about the transition to university, many students noted that the transition, both in lifestyle but also academically put pressure on them.

11 Sadler, K., Vizard, T., Ford, T., Marchesell, F., Pearce, N., Mandalia, D., Davis, J., Brodie, E., Forbes, N., Goodman, A. and Goodman, R., 2018. Mental Health of Children and Young People in England, 2017.

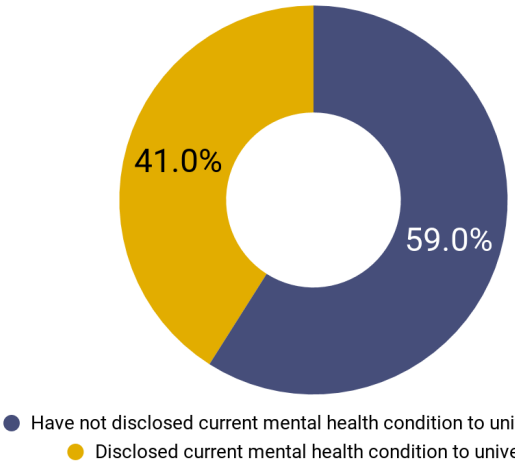
12 Neil Quinn , Alistair Wilson , Gillian MacIntyre & Teresa Tinklin (2009) 'People look at you differently': students' experience of mental health support within Higher Education, British Journal of Guidance & Counselling, 37:4, 405-418, DOI: 10.1080/03069880903161385

## Disclosure of Mental Health at Admission

This section explores the disclosure to the University of existing mental health issues, and reasons as to why some students did disclose, and why some students' didn't.




Graph 2: Percentage of students with pre-existing mental health condition who did not or did disclose.




Graph 3: Percentage of students who did or did not disclose mental health condition during degree

Quantitative analysis implied that there was little difference in rates of disclosure between different demographic groups. Several of the demographic variables have low sample numbers, and the results should be interpreted in light of this limitation. The results of the chi-square analysis reveal that only age had a significant effect on the rate at which people disclosed mental health problems prior to starting university ($X^2(5)=16.49$, $p=.01$). The frequency data suggests that pre-disclosure of mental health difficulties occurred less amongst the youngest students. Rates of disclosure versus non-disclosure were similar amongst older students. All other relationships were non-significant (Gender: $X^2(5)=4.15$, $p=.53$; Ethnicity: $X^2(6)=6.23$, $p=.40$; Fee status: $X^2(4)=4.61$, $p=.33$).

Qualitative analysis was conducted on students' responses for those that did not disclose a mental health condition to the university either prior to admission or during their studies. Responses were categorised into the following 5 sub-themes:

**Theme A: Did not know how to disclose a mental health condition**
Many students reported that they either did not know how to disclose a mental health condition to the University, or did not recall being given the opportunity to disclose when registering with the university. For example: 'I wasn't aware that it was an option, and I didn't know what difference it could make to my experience of university' and 'I don't know who to tell or who to ask for help'.

**Theme B: Did not not seem relevant or necessary at the time**
Many students reported that they did not feel it relevant or necessary to disclose any

previous or current mental health conditions. This can be split into 3 sub themes:

**Theme B1: Student did not require mental health support**
On the one hand, some students reported that their mental health was stable or not bad enough to require any official support, for example: '[I] did not consider it to be relevant because it did not significantly affect my daily life at that time and I was confident in my ability to handle my mental health' , 'I didn't think it was necessary since the mental health problems I have experienced have not reached a point of impacting my studies' and 'I experienced mental health issues before starting university but didn't feel as if I still had these issues when joining, so didn't feel it was necessary'.

**Theme B2: Student did not have an official diagnosis**
Many students were unsure on if they should disclose an undiagnosed mental health condition: 'I have never had a formal diagnosis so I never felt that I was able to', and 'Because I've never been to a doctor, officially been diagnosed or received therapy or treatment for it, so it wouldn't be officially recognised at this point.'

**Theme B3: Student did not think the university could help**
Students stated that reporting a mental health condition did not seem relevant as they did not believe the University would be able to offer any help. Students responded that 'At the time, I did not realise the help I would receive by disclosing I had a mental illness', and 'I didn't think they would care or adapt anything for me so I didn't see why I would.' This indicates that many students are unaware of the support services available on-campus, and of the academic and non-academic support that can be given.

**Theme C: Negative consequences of disclosing**
Many students reported that they did not disclose any pre-existing mental health conditions, or any mental health conditions that developed once joining university, due to actively deciding that it may be better not to. This can be split into 3 subthemes:

**Theme C1: Wanting a fresh start**
Some students decided not to disclose their mental health condition out of a desire to 'make a fresh start' and to try to 'leave [their] mental health condition behind' when arriving at university: 'I don't like being labeled with it and I wanted to start fresh' and 'I wanted to move on from it'.

**Theme C2: Discomfort from talking about mental health**
For others, this was due to feeling uncomfortable talking about their mental health:'I didn't feel comfortable at the time and just wanted to ignore it', 'I just don't feel comfortable with people knowing, I don't like being labeled with it and I wanted to start fresh' and, 'I find the prospect of going to see someone very intimidating, especially as I could be taking the time from someone else who needs the services more'

**Theme C3: Fear of stigma**
Many students were also concerned about the impact disclosing a mental health condition would have on them as a result of existing stigma: 'I didn't want to be judged by my peers or seen as inadequate by my lecturers. I didn't want to be babied or treated any different', 'Fear of not being allowed on the course because of my mental health issues' and 'I am worried that I will have to disclose this to employers if I have an official diagnosis and that it will affect my chances of employment.'.

**Theme D: Demographic specific comments**
Certain responses given were unique to the student's demographic background, with specific comments being given from international, trans, male and BAME students:

**Theme D1: International Students**
Comments relating to international student specific issues referenced the stigma surrounding mental health in their culture, and the feeling that support services were more tailored to Home/UK students:'I find it hard to take my mental health seriously, due to stigma around depression and related conditions back in my country. I only reach out for help when things are completely out of control.' and 'I don't think uni can help. I feel like uni's student health support programme is just superficial. Also, I feel like it's not for me, a non-EU student, but for british/EU students.'. Other students in focus groups felt that their culture created a barrier for them accessing services because of the way mental health is seen: 'Where I come from, mental health in Sri Lanka within a large proportion of the population is seen as an illness so you're going to have a lot of students here who come from Asian/ South Asian backgrounds who won't access the services through the fear of stigma'.

**Theme D2: Trans Students**
These comments focused around the excessive amount of paperwork required to get support, especially in the event of a name change: 'Providing 'evidence' in order to let SSU know was a lot of effort, particularly since I have changed my name so a lot of my medical info is in my deadname.'

**Theme D3: Male Students**
These comments highlighted how men felt it was less acceptable and more difficult for them to discuss their mental health compared to women: 'It's not something I think many people feel the need to or are particularly comfortable discussing. As a male, mental health is often overlooked and frowned upon, and you're just expected to get on. You burden yourself a tremendous amount with expectations and tend to try and deal with everything yourself.' One student countered this in a focus group: 'I'm confident in myself and my sexuality enough to not let fragile/toxic masculinity stop me from talking about my mental health issues'.

**Theme D4: BAME Students**
Similar to international students, comments in focus groups highlighted the role that

their parents culture has to play on the stigma they feel around disclosing and talking about a mental health issue. One student discussed how her mother was against the idea of low mental health which meant that she was never able to discuss this with her. Another explained the struggle of trying to explain what low mental health was to her family without them not taking her seriously.

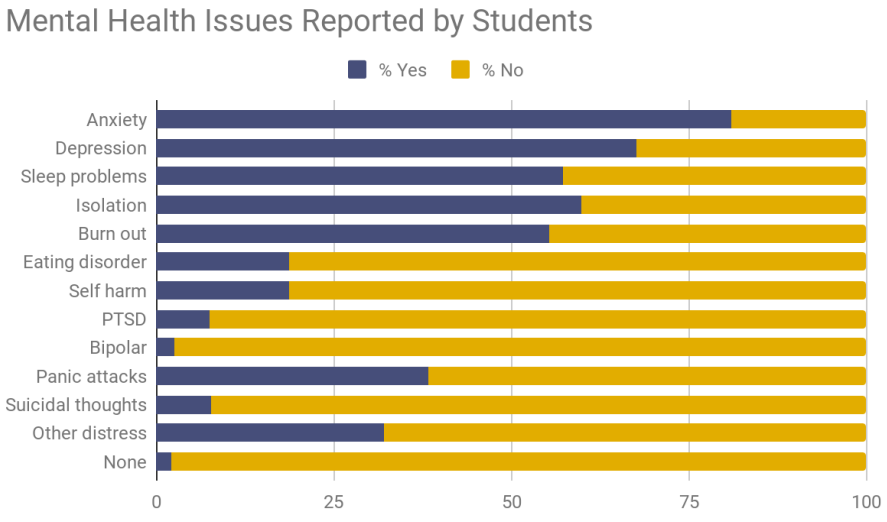
**Theme E: Negative experience of seeking support**

Students also reported that they did not initially seek support for their mental health due to either encountering barriers themselves, or hearing that others had difficulty in accessing support: 'I've heard from friends that the university wait times to see mental health specialists are too long, and doctors are reluctant to help.', 'I've heard from various people and from research that it is pointless due to the long waiting times and lack of support', and 'Getting help from the student support was a long process and the stress of jumping through the hoops'.

# General Mental Health Landscape

Previous Mental Health surveys conducted by the University of Sussex Students' Union in 2013 and 2016 suggested that the general mental health of students at Sussex was relatively poor, with around three quarters of all students experiencing mental health difficulties. In the present report, it was important to gain an understanding of how many students' were dealing with mental health issues, what these issues were and also students general ability to manage their own mental health.

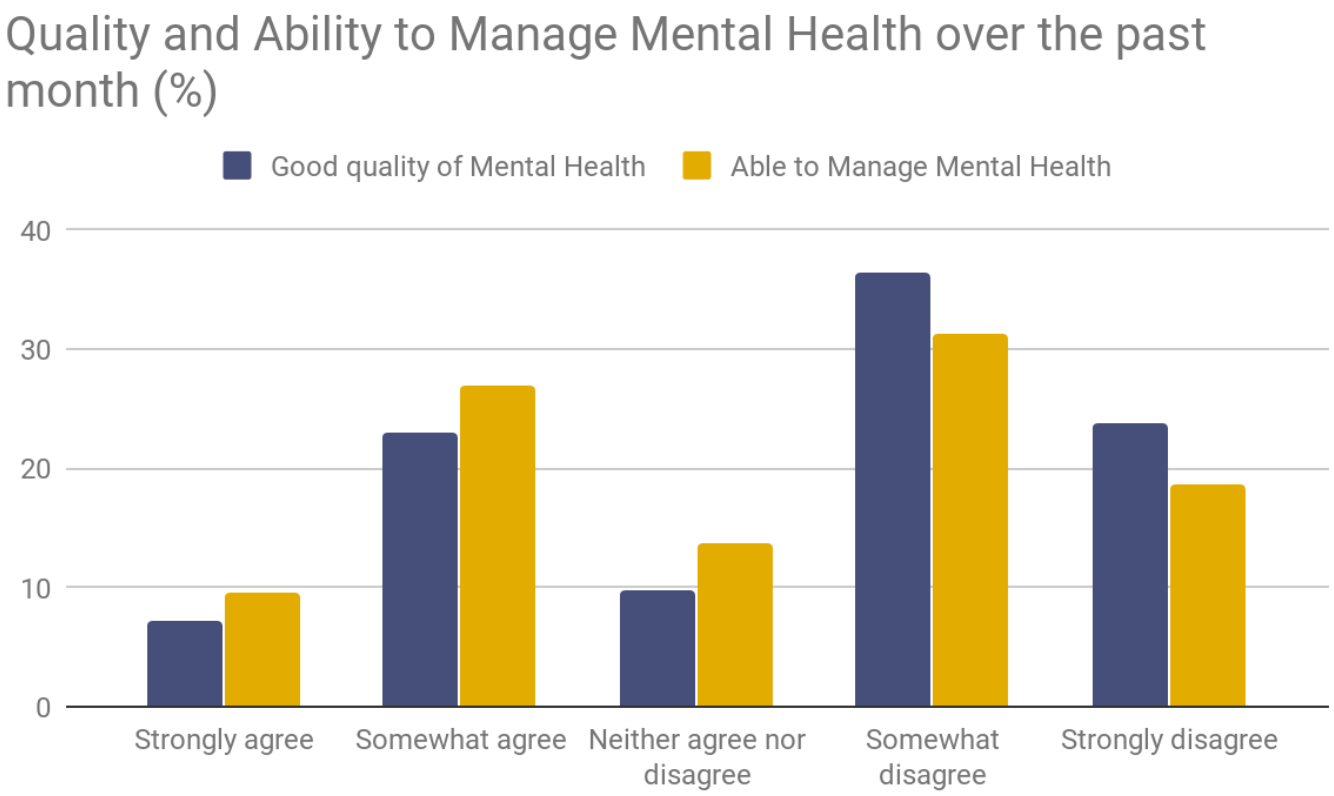
The present study suggested that the general mental health of students' at Sussex is poor, with very few students reporting not experiencing mental health difficulties. The most common type of problem was anxiety, followed by depression. See Graph 4 for a more detailed breakdown of the issues faced by students. A small number of students (n = 84) also reported 'Other distress', the most commonly reported being OCD, bereavement, Personality disorders (including Borderline Personality Disorder), Depersonalisation Disorder, and Psychosis.




Graph 4: Percentage of students who reported experiencing mental health issues

The students were asked to rank the quality of their mental health over the previous month. The results indicated that 30.1% of respondents had a good quality of mental health in the past month (strongly agree or agree), while 60.2% had not (strongly disagree and disagree). Further quantitative analysis demonstrated there was no significant effect of gender (p=.09; partial $X^2$=.01), age (p=.11; partial $X^2$=.01); sexual orientation (p=.95; partial $X^2$<.01), or ethnicity (p=.07; partial $X^2$=.01) on general mental health. None of the interactions were significant. There was a significant effect of level of study (F(6, 964)=2.29, p=.03; partial $X^2$=.01) on general mental health ratings. There was no significant effect of mode of study (p=.76; partial $X^2$<.01), fee status (p=.94; partial $X^2$<.01), or accommodation type (p=.63; partial $X^2$<.01) on general mental health. None of the interactions were significant. Levels of general mental health were lowest amongst UG students in their 3rd year and PGR students.

Graph 5: Percentage of students who have good quality of mental health and are able to manage their mental health




## Managing mental health

Results from the survey indicated that only 35.4% of respondents felt confident managing their mental health in the past month, while 50% did not. A further breakdown of these results indicated that there was a significant main effect of gender on participants' ability to manage their mental health (F(5,866)=2.43, p=.03; partial $X^2$=.01). All other main effects were non-significant: age (p=.29; partial $X^2$=.01), sexual orientation (p=.95; partial $X^2$<.01), or ethnicity (p=.45; partial $X^2$=.01). None of the interactions were

significant.  Female students were the most confident in their ability to manage their mental health. Those who did not identify with any of the specified gender identities had the least confidence.

There was no significant effect of mode of study (p=.85; partial $X^2$<.01), fee status (p=.94; partial $X^2$<.01), or accommodation type (p=.79; partial $X^2$<.01) on participants' confidence in their ability to manage their mental health. However, there was a significant main effect of level of study (F(6, 964)=3.21, p=.004; partial $X^2$=.02) on participants' ability to manage their mental health. There were also significant two-way interactions between level and mode of study (F(2, 964)=3.05, p<.05; partial $X^2$<.01), and level of study and accommodation type (F(21, 964)=1.65, p=.03; partial $X^2$=.04). All other interactions were non-significant.

UG students in their third year and PGR students reported feeling the least able to manage their mental health. While part-time students in the early years of their undergraduate study reported feeling the most confident in their ability to manage their mental health; whereas part-time PGR students reported feeling the least confident. Interestingly, living in the family home during the earlier years of UG study was associated with a greater ability to manage mental health – however third year UG students in the family home reported feeling the least confident.

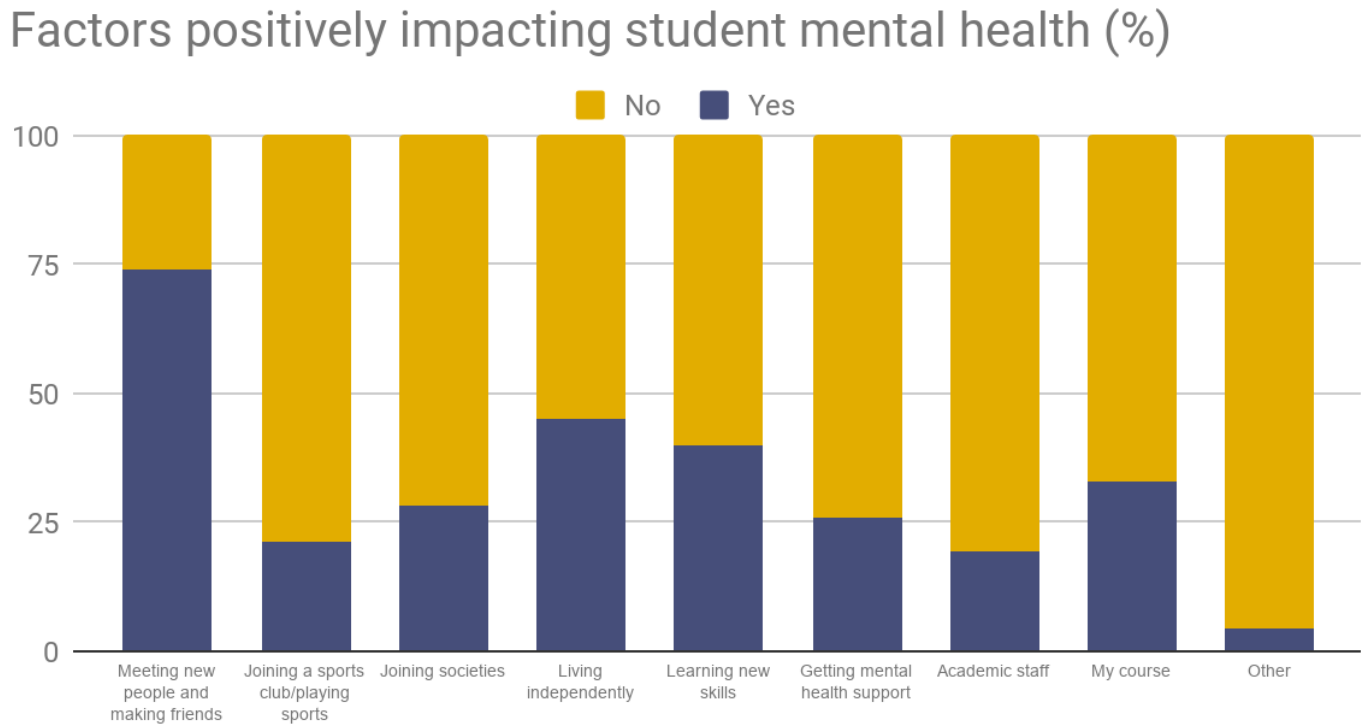
## Impact of Mental Health

Mental health issues  were also seen to have a negative impact on students' University studies with 66.6% of respondents feeling that their mental health has had a negative impact on their grades and studies. There was a significant main effect of level of study on the extent to which mental health negatively impacted on the university experience (F(6, 964)=2.21, p=.04; partial $X^2$=.01). All other main effects were non-significant i.e. mode of study (p=.64; partial $X^2$<.01), fee status (p=.62; partial $X^2$<.01), or accommodation type (p=.91; partial $X^2$<.01). Mental health had the greatest negative impact on the university experience for postgraduate research students and 4th year undergraduate students.

Mental health did not only negatively impact university studies, with 78.9% of respondents indicating that their mental health has had a negative impact on their quality of life at university, and 69% reporting that their mental health has had a negative impact on their relationship with others. Quantitative analysis suggested that demographically, the extent to which males mental health negatively impacted upon their university experience was greatest amongst students who were Asian and aged 30-39, and Chinese and White Other students aged 25-29. For female students, results were similar across ethnicities for young students; whereas for older students, those identifying as White Other reported the greatest negative impact. The oldest students (50+) reported that their mental health had the greatest negative impact on their university experience.

## Effect of University Experiences on Mental Health

There are many factors that can influence the mental health of students, both in positive and negative ways. For instance, previous research suggests that participating in sports and physical activity can be beneficial to wellbeing[13], while factors such as workload and student finance can be triggers for poor mental health (Brown, 2016). In this section, both positive and negative experiences of university will be explored, both quantitatively and qualitatively.




Graph 6: University experiences contributing to positive student mental health.

## Positive experiences

### Quantitative Analysis

Overall, 28.8% of respondents agree that being at university has helped them learn to positively manage their mental health and wellbeing. Meeting new people was the most endorsed factor associated with positive mental health. Other common factors reported in the 'other' section included housemates, living in Brighton, part-time jobs, as well as studying abroad.

Quantitative analysis of the data suggested that there was no significant effect of gender ($p=.77$; partial $X^2<.01$), age ($p=.73$; partial $X^2<.01$), or sexual orientation ($p=.74$; partial $X^2<.01$). There was no significant main effect of level of study ($p=.25$; partial $X^2<.01$), mode of study ($p=.16$; partial $X^2<.01$), fee status ($p=.65$; partial $X^2<.01$), or accommodation type ($p=.34$; partial $X^2<.01$) on the extent to which university has a positive impact on mental health.

13 Student Minds. n.d. University Sport & Mental Health. Retrieved from: http://www.studentminds.org.uk/uploads/3/7/8/4/3784584/university_sport___mental_health_resource.pdf.

However, there was a significant main effect of ethnicity to the extent of which university had a positive impact on participants' mental health ($F(6,866)=2.72$, $p=.04$; partial $X^2=.02$). University has the greatest positive impact on mental health for students who identified as an 'other' ethnicity. University has the least positive impact on the mental health of Chinese, Black and mixed ethnicity students.

### Qualitative Analysis

Respondents were asked to explain what aspects of university life have had a positive impact on their mental health. Responses were themed into academic and non-academic aspects of university, which were then split into further subgroups:

## Academic

### Theme A: Staff

Some students praised the academic and professional services staff in their department for offering a high level of help and support with their wellbeing: 'Some tutors have gone above and beyond to be supportive and help as much as possible' and 'The subject department at university I am in makes me feel really welcome and like I am really part of something. I've established really good relationships with tutors and other students studying the course so I always have easy access to help. The tutors all understand that studying can not always be easy and they are really supportive.'

### Theme B: Passion for Course

Students also reported that the interest and passion they have for their course has had a positive contribution to their mental wellbeing: 'Being on a course I thoroughly enjoy and which gives my life structure and direction has made an enormous difference to my mental health.' , 'Studying Philosophy has helped me distract myself from certain problems as well as deal with issues I face in a more logical fashion.' and 'I love my course and when I feel I am succeeding i feel pride and satisfaction.'

## Non-Academic

### Theme A: Sports and Exercise

When referring to aspects of university life that have had a positive impact on mental wellbeing, playing sports, doing exercise and getting involved in societies had the highest number of qualitative comments compared to any other aspect of university life. Many students talked about the positive aspects of joining university sports teams: 'my sports team (rugby) has a welfare officer who is there to chat for whatever we want. This is less intimidating than going to the uni and less formal so it has been extremely helpful' , 'Joining hockey was pretty much the only thing that got me through my first term as I was experiencing difficult circumstances with my family and life back home' and 'Being a part of the football team has really made my university experience. Without meeting such amazing people I don't think I would have been able to complete University. The community feeling and exercise that is involved in football is a real

benefit for my mental health.'

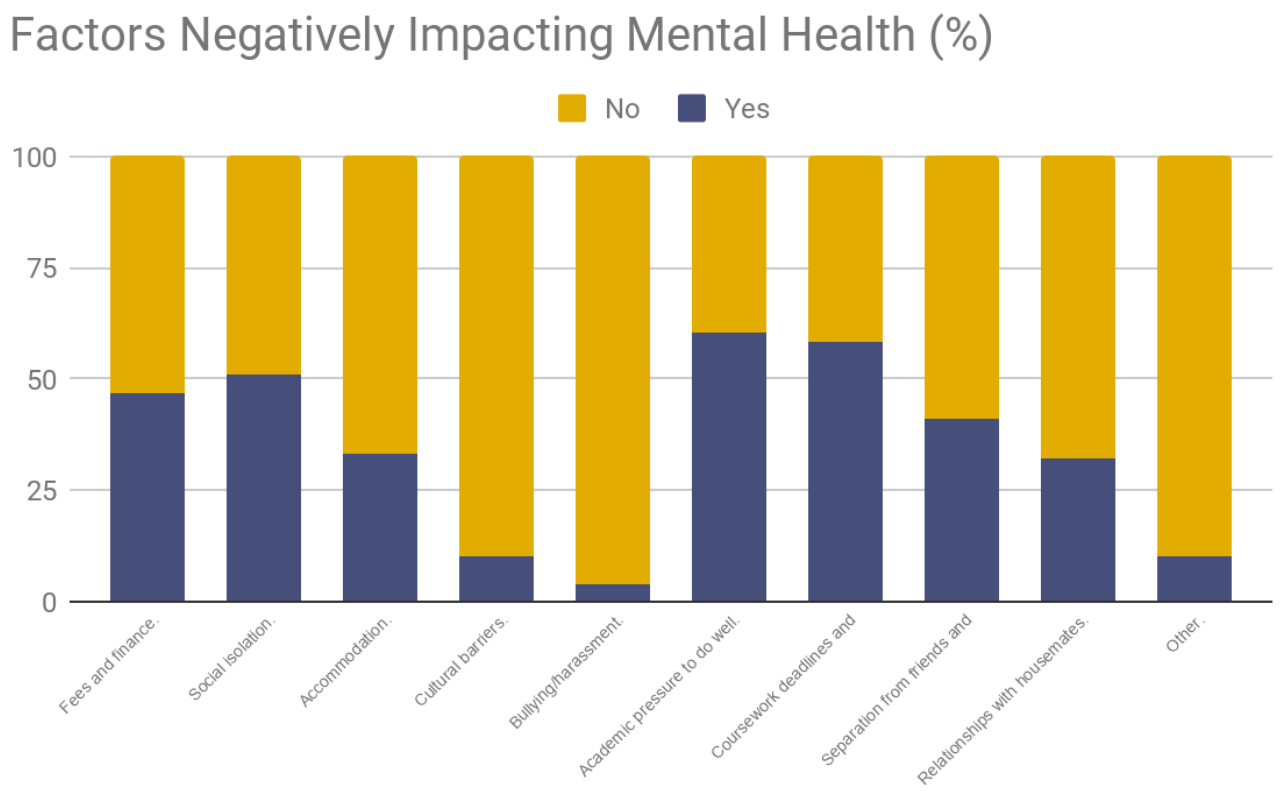
Other students talked about the positives of exercising and playing sports in general: 'Sports has been a huge part of my life and has massively helped my mental health.', and 'Making use of the gym is important to me as regular exercise has a huge positive impact on sleep patterns and personal confidence.'.

**Theme B: Societies**
Many students reported how joining a society has had a positive impact on their wellbeing : 'I think throwing myself into getting involved in the union and societies has given me perspective and something to concentrate on outside of my course that isn't pressured in the same way as uni studies. Learning new skills and living independently has helped me feel like a real and capable person.', 'Running a society made me feel important and meeting other people also contributed positively. Moreover, learning new skills and developing knowledge allowed me to better myself, definitely making a positive impact on my mental health.' and 'My main society is made up of the nicest people, who make me feel at ease and accepted. They also put a huge emphasis on mental health and their welfare officer is amazing at checking in on people, and making sure they aren't having a hard time or feeling left out.'

**Theme C: Living independently**
Many students reported that moving away from home has had a positive impact on their mental wellbeing, with reasons ranging from gaining self-confidence, personal-development, and leaving difficult family situations: 'I feel like living independently and truly being on my own for the first time, as well as being in a whole new environment in which I feel I have to start all over again (relationship wise, for example) has helped me become a stronger and more confident person and to rely more on myself'. 'Living independently has just given me a whole new perspective on life, what is important, how to be the best person I think I can be, and being self-sufficient allows me to take control over my life.' and 'I lived in a very dysfunctional household and it contributed to most of my depression before I started uni. Escaping that had a huge impact on my happiness.'

**Theme D: Making New Friends**
Many students also attributed positive mental wellbeing to meeting a strong support network of friends at university: 'Living with friends is probably the best thing that has ever happened to me' , 'Making good friends has helped me tremendously.' and 'Living independently and having a routine/ talking to friends that I feel I can trust when I feel down'.

## Negative Experiences




Graph 7: University experiences contributing to negative student mental health.

### Quantitative Analysis

Analysis of the data from the present study suggests that factors related to studies (e.g. academic pressure and deadlines) were the most endorsed factors associated with negative mental health. The negative impact of university on mental health remained relatively stable for White British students across the age groups. For Chinese, Black, Asian, and mixed ethnicity students we see an increase in the extent to which university negatively impacts their mental health in the 30-39 age range. For White Other students, the most vulnerable age group is 50+.

There was a significant main effect of ethnicity on the negative impact of university on mental health ($F(6,866)=2.32$, $p=.03$; partial $X^2=.02$). Moreover, there was a significant interaction between age and ethnicity ($F(22,866)=1.66$, $p=.03$; partial $X^2=.04$). All other main effects (i.e. gender ($p=.44$; partial $X^2=.01$), age ($p=.69$; partial $X^2<.01$), and sexual orientation ($p=.06$; partial $X^2=.01$)) and interactions were non-significant. There was a significant main effect of level of study ($F(6, 964)=2.32$, $p=.03$; partial $X^2=.01$) and fee status ($F(4, 964)=5.09$, $p<.001$; partial $X^2=.02$) on the extent to which university negatively impacted on participants' mental health.

White British and those with an 'other' ethnicity reported that university had the smallest negative impact on their mental health. The results suggest that University had the greatest negative impact on Chinese and Asian students. Home students reported that university had the least negative impact on their mental health, while International

EU and non-EU students found university had a greater negative impact on their mental health.

**Qualitative Analysis**
Respondents were asked to explain what aspects of university life have had a negative impact on their mental health. Responses were themed into academic and non-academic aspects of university, which were then split into further subgroups:

## Academic

**Theme A: Staff**
Some students responded that they had experienced unsupportive or inappropriate behaviour from academic staff: 'Academic advisors seem to be too busy to care, my dissertation advisor said to me "How do you expect to get a job if you can't cope with this"'. 'Being told to "man up" by my tutor.' 'One thing that would be hugely beneficial would be to set up a genuinely functioning anonymous system so that students and staff can make complaints about bullying and predatory behavior from senior academics and faculty. Despite Sussex's rhetoric, there's still a lot of people out there who feel they can't speak up about inappropriate behavior and this probably has a huge impact on the sense of safety and mental health.' 'My lecturers seem to view me more as lazy and disorganised than as having an illness that gets in the way of my attendance and studies.'

**Theme B: Workload**
Many students also reported that workload at university has significantly contributed to poor mental health, which in many comments was linked to having multiple deadlines on one day: 'The constant pressure of deadlines and university work, as well as a lack of structure and general support, has left me often struggling significantly with my mental health and has sometimes left me being too mentally ill to do my assessments', 'University deadlines are now the biggest cause of my anxiety and I experience panic attacks multiple times in assessment weeks. It doesn't help that lots of assessments all come at once. ( 3 due in on the 20th May)' and 'My deadlines have always been too close together. This term I have three essays due in at the same time on the same day'.

There were also specific comments concerning the workload and structure of PhD students: 'Extreme learning curve and lots of immediate research pressure and deadlines as soon as I joined the PhD, with insufficient support.' and 'PhDs are largely unstructured, there are no clear working hours or deadlines. This lends itself to a feeling of untethered inadequacy and perpetual guilt.'

**Theme C: Pressure to Succeed**
Many students reported experiencing poor mental wellbeing as a result of feeling a high pressure to succeed: 'Having to meet targets, watching others around you do well and talk about their achievements, the majority of Sussex students being high achievers and creates a culture of competition. Also the stigma of doing a foundation year, not

feeling good enough, feeling embarrassed to tell people and feeling judged.', 'So much pressure to do well, especially as fees are so high - I feel I really need to work as hard as I can (which burns me out and makes me depressed/isolate myself).', 'The pressure to do well has led me to isolate myself, to compare myself to others and to think I'm not good enough.'

**Theme D: Demographic specific**
Certain responses given were unique to the student's demographic background, with specific comments being given from international students and student parents:

**Theme D1: International Students**
Some international students reported that they felt unsupported in regards to the language barrier and trying to navigate a new academic system: 'At the Law department, unfortunately, lecturers treat all the students the same and have the same expectations from all the students. They do not consider the fact that international students particularly from Asia have language barriers, different educational backgrounds and systems and students like me on degrees other than law need more support. ', 'There is so much more support to the home students than international students. This is unfair'

**Theme D2: Student Parents**
Some students noted the strain of balancing family life with their studies: 'I am a part time student with working and family responsibilities and do not always feel I can commit to my studies as much as I want to'

## Non-academic

Comments about non-academic causes to poor mental health and wellbeing can be split into the following themes: accommodation, isolation, financial concerns, social pressure and transition to university. It should also be noted that these themes often intersect with one another, so should not only be considered in isolation

**Theme A: Accomodation**

**Theme A1: University managed accommodation**
Comments about university managed accommodation made reference to poor maintenance and the poor location of off campus accommodation: 'Our off campus university accommodation is located in Lewes (a 20 minute walk away from Lewes high street). While the natural beauty is calming and extremely enjoyable, the distance from any social activity increased the feeling of isolation I already was feeling. With only 3 food delivery options, no Uber service and a bus only every 30 minutes, it exacerbated my existing depression.' and 'The university accommodation has been a big part of it. The cheaper the accommodation is, the less the university care about maintenance and student wellbeing. I have asthma and I've had recurrent black mould, which they blamed on me.'

**Theme A2: Non-university managed accommodation**
Many students made comments about the negative effects that expensive but poor quality housing in Brighton has had on their wellbeing: 'Housing has been a real added stress that has no doubt influenced my mental health - particularly whilst being in privately rented accommodation in Brighton for the last 2 years. The quality of housing is ridiculously poor considering how expensive it is. The constant back and forth with awful letting agents makes renting a stressful and tiresome experience. This also impacts finances - I work 2 part time jobs on top of my degree and still struggle to meet rent and other expenses throughout the year.' and 'Housing in Brighton is simply too expensive, and having to work almost full time to support basic living costs is ridiculous and makes me worry if I'll be able to continue studies on a monthly basis.'

**Theme B: Isolation**
The theme with the largest number of qualitative responses for the causes of negative mental wellbeing at university was isolation: 'Being in an environment where you don't know many people and you're trying to figure out who you are at the same time can be very isolating', 'Moving to a new city with no support network, where the primary form of making new friends it through getting wasted', and 'In first year I was completely alone and would sit in lecturers offices to have someone to talk to.'

Many of these comments also came from international students, who expressed the struggle of integrating into Sussex: 'I am still struggling to understand the culture sometimes which in combination which my self esteem issues sometimes hinders me from expressing myself', 'I'm from Canada. It's hard coming into a new country with an expectation you will meet friends and have the locals almost shut you out at first.' and 'Leaving my family and not being able to be close to them, feeling isolated in a new culture made me anxious to meet new people, nothing was familiar.'

**Theme C: Financial Concerns**
Many students spoke of experiencing financial stress and its negative impact on their mental wellbeing. These comments also frequently linked to previously mentioned themes of accommodation and isolation:
'Struggling with money has extremely impacted my time at uni. Due to my loan not even covering my accommodation fees, I'm finding it hard to eat properly and that's really affecting my mental health,', 'I get massive anxiety about money, part time jobs and asking for money. My mum's single handedly supporting 5 people including herself...it's hard for her. I've considered sex work.' and 'Struggling to pay rent, wondering when I will be able to buy more food, not having money to go out to do stuff with others.'

**Theme D: Social pressure**
Some students linked their poor mental well being with the social pressure at university to drink alcohol and take drugs: 'Drugs are absolutely everywhere at university. I personally object to drugs and have found it difficult to be around people who take them so regularly.', 'My mental illness revolves around paranoia to do with drugs and my

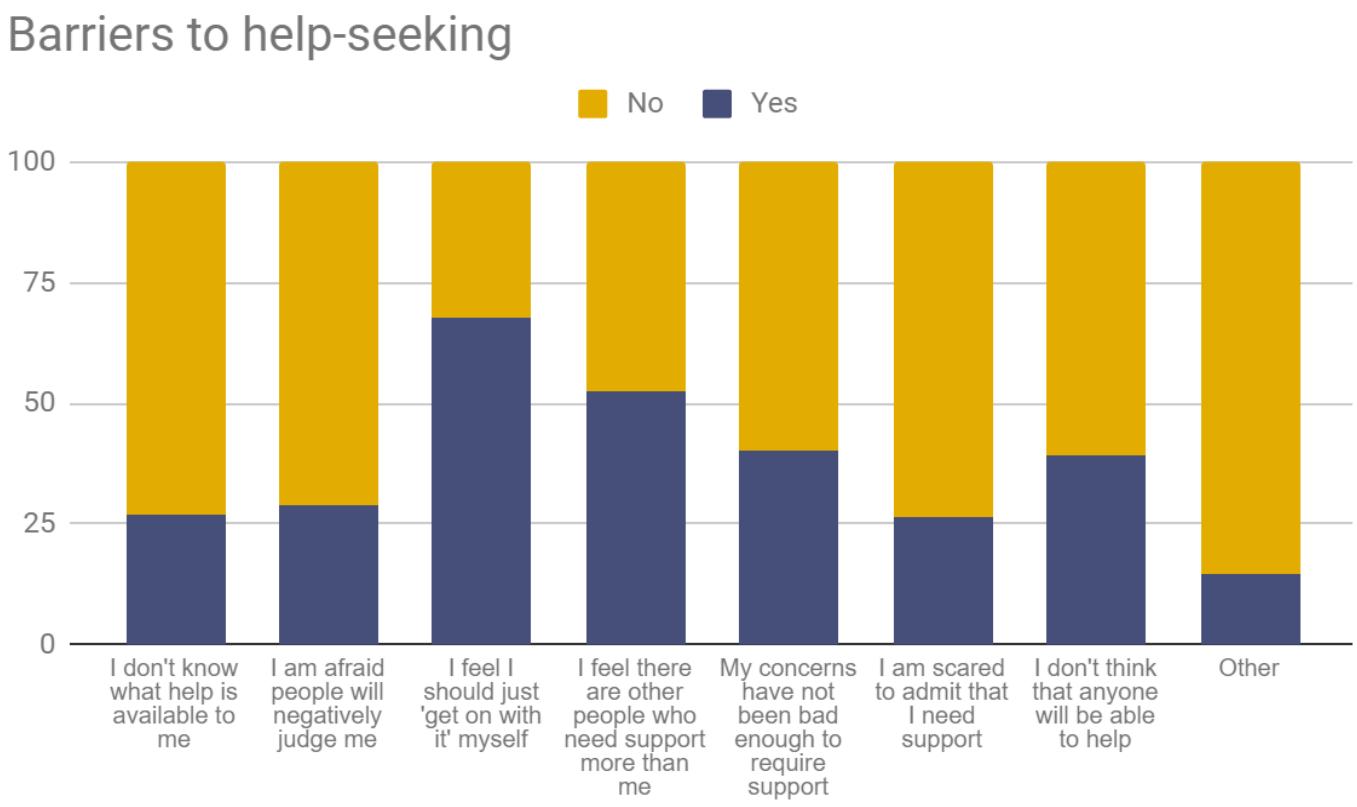
housemates last year were inconsiderate of this to the extreme - doing as much drugs as possible most of the time. This led to me having panic attacks almost every day.' and 'I feel very lonely and isolated from my friends a lot of the time. I feel like I have to always drink alcohol to be able to fit in.'

# Support Services

Sometimes students need additional support to help them manage their mental health needs. This section of the present study explores not only which services students are aware are available to them, but also their experiences and views of these services.

70.4% of respondents knew where they could go on campus to receive support for mental health problems, however, 26.9% of students said that not knowing what help was available to them was a barrier to them accessing support. Just over half of respondents had actually sought help. The most frequently endorsed barrier to help-seeking was feeling that they should get on with it. The most well-known services were counselling, GP, and the student life centre.

Graph 8: % Reported barriers to students seeking help for mental health issues



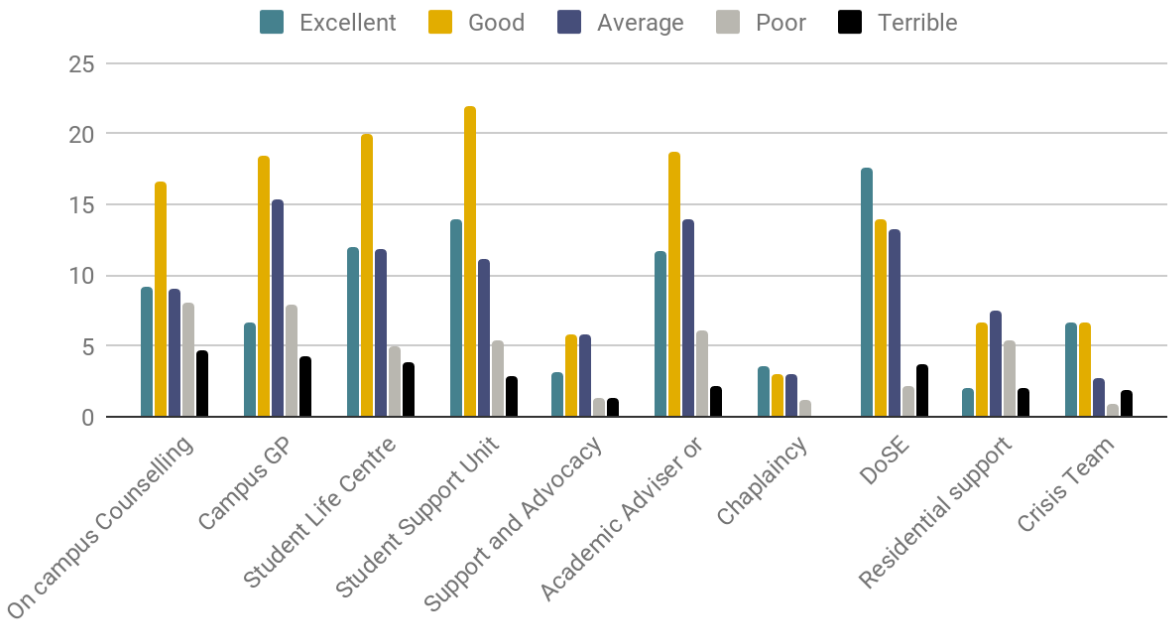
Knowledge of support services was poorest amongst international and 'other' students as well as first year UG students – especially those who lived in privately rented accommodation. Knowledge was greatest amongst 3rd year UG students living in the family home and 4th year UG students living on campus.

When asked where they would turn to for support, over half of respondents ranked their family or partner as their primary preference. The Chaplaincy service was rated as the least preferable source of support, with almost 50% of respondents placing this as their last preference. Interestingly, over half the respondents placed the GP service as their 4th or 5th preference to seek support.

The most commonly reported barrier to help seeking was students feeling that they should 'just get on with it', and over a quarter of students didn't know what help was available, were afraid of being judged, or were scared to admit that they needed support. Analysis of the data showed that there was a significant main effect of age on the number of barriers reported by participants that prevent help-seeking ($F(5,866)=2.57$, $p=.03$; partial $X^2=.01$). There were no significant effect of gender ($p=.72$; partial $X^2<.01$), sexual orientation ($p=.66$; partial $X^2<.01$), or ethnicity ($p=.52$; partial $X^2=.01$). All other demographic data was also not significant. The youngest students reported the greatest number of barriers that prevented them from seeking help for a mental health problem.

Respondents were asked to give details of their experience using any of the on-campus support services. Qualitative responses have been grouped by the name of the respective service and whether the experience was positive or negative:

Graph 9: Students rating of in-house wellbeing services.



### Academic Advisors

Comments regarding Academic Advisors ranged greatly in terms of positivity and negativity, indicating that there are inconsistencies in the amount of support an Academic Advisor offers and in their confidence of supporting students in distress:

## Positive

'My academic advisor is incredibly supportive, and I can always talk to them when i feel like i am struggling'.

'My academic adviser in my first year of uni was absolutely amazing. So supportive when the student life centre couldn't help. I really don't know what I could have done without my adviser.'

## Negative

'Academic adviser taking three months to respond to a really pressing matter. No one else flagged me up to tell me that they had gone away on research etc.'

'Academic advisors seem to be too busy to care, my dissertation advisor said to me "how do you expect to get a job if you can't cope with this".

'I feel like they are not helpful at all and they don't know how to deal with mental health issues.'

### Demographic specific issues

Certain responses from the focus groups were unique to the different demographic backgrounds. Specific responses were given from International Students, EU students and International Students.

### International Students

These comments highlighted the struggles of academic advisors signposting students to relevant on campus services: '[I] had approached my academic advisor and got help from there, but some of these things are very obscure even when you want to find out about it'. Having changes in academic advisors did not help with rapport and the freedom to discuss challenges one might be facing: 'He doesn't know my history whereas she and I had built a rapport and I felt free enough to talk to her about things, but I don't know this other tutor.'.

### EU students

Students touched on academic advisors not taking into consideration the fact that English might not be their first language. With this, academic advisors are failing to signpost students to services that could help them academically: 'My lecturer hasn't mentioned any support services available for those who English isn't their first language.', 'The only thing I've had as feedback is them suggesting getting my work read by a native speaker'. Some students mentioned that they do not see their academic advisors as someone to turn to for support with non-academic related issues: 'I don't feel supported academically. My academic advisor isn't seen as someone to go to if you want to ask more about non academic support.'.

**BAME students**
The comments from BAME students reported that academic advisors contributed negatively to their mental health and wellbeing. Students commented on their advisors insensitivity to issues that they were experiencing with coursework: 'Another academic advisor shouted at me saying that I need to just read more, which has put me off seeing her until recently. This has been bad, especially since I am starting to write my dissertation and its giving me anxiety.'. Other students highlighted the impatience academic advisors showed when students turned to them for help: 'My academic advisor slammed her mouse on the table so I didn't go back to see her until I was being taught by her again.'.

**Student Experience Coordinator/ DOSE**
Both Student Experience Coordinators and DOSEs have been grouped together, as they were used interchangeably in the quantitative comments. Only a small number of comments were made about this support, as the data shows that only 14% of respondents are aware of their DOSE or student experience coordinator. All comments made were positive, and the majority referred to the school of MFM:

'Student Experience Coordinator for MFM was extremely helpful, understanding and sympathetic. I really felt that she cared about my time at uni. She continues to check up on me regularly.'

'The director of Student Experience at my school is fantastic, she made sure I was registered with the SSU. I wasn't aware my health condition made me eligible for that. She was very supportive and still has suggestions for specific things I can ask them for that might help.'

'The Global Studies director of Student Experience and Head of School have been incredible with helping with one of my housemates mental health crisis over the last few weeks, and have reached out to everyone in the house to make sure we are also okay.'

'The Student Experience advisor picking up on issues made me feel ok, it's a good practise to have. I would've felt worse if they didnt do anything.'

**Chaplaincy**
Very few comments were made about the Chaplaincy service on campus. Positive comments referred to the advantage of having a 'quiet space' with 'really welcoming, informal support'.
Negative comments did not refer to the actual service, but more about its perceptions: 'Not used services but thought they would only be for people of faith - should advertise clearer that they can offer support to those both with and without faith. ' and 'Concerned that they may not be accepting of LGBTQ+ people if faith based'.

### Counselling

The counselling service was the support service with the most qualitative comments. While there were many positive comments regarding the quality of the service, many students reported issues with long waiting lists, poor communication, and limited session numbers:

## Positive

'The counselling services have been extremely helpful, the counsellors I have worked with have been very professional, knowledgeable, and kind. Although there is a waiting list to book counselling sessions, I have always received the help I needed.'
'The counselling service was great, we tackled a new issue each week and I always left feeling more confident than before. I recently had my last session and felt I have come a long way and feel proud of my progress.'

Positive comments were also made about the SHERPA programme offered by the counselling service:

'Having been in and out of therapy for most of my teenage years, this was the first time I felt like any mental health treatment really got to the core of my problems. [...]The SHERPA group has done more for my mental health than any other treatment I've had, and I feel very strongly that this is the kind of service that the SU should be pushing the university to invest in!'

'The University Counselling Service SHERPA course has made the biggest difference to my mental health. The staff are incredibly kind, patient and understanding and the ongoing nature of the group means that I know I will have a weekly outlet and source of support. '

## Negative

'I felt my concerns were downplayed and i was told i would hear back within six weeks but i was never contacted and I felt too embarrassed to ask why.'

'Went to the counselling services as I was having suicidal thoughts. They booked me in for a 5 session set of counselling with a sleep specialist (sleep was not my main issue). Despite no change in my suicidal thoughts, I was told they had done all they could and told not to come back after 3 sessions.'

'I've been on the waiting list for counselling for the past 6 months, I haven't been offered anything after having an initial assessment.'

### Demographic specific comments

Certain responses from the focus groups were unique to the different demographic backgrounds. Specific responses were given from International and EU Students, men and BAME students.

**EU students**
These comments centered around the quality of the service, with students being aware of its negative reputation: 'I expected the services to be quite bad, so I haven't tried to use the service.', 'some people can't deal with a pause in seeing their counsellor as it might feel like a sense of abandonment- especially when you just get to open up to your counsellor and then they're just not available to you.'. Other students talked about fear of using the counselling service due to stigma around this in their home country: 'I've had a bad experience with my home unis counselling service where they would shame students which put me off'.

**Male students**
Some students noted the disparity between counselling methods being offered to them based on their gender: 'Unlike my friends, I wasn't offered group counselling or CBT. I would have appreciated knowing that there were different counselling options'. Male students also made the distinction between why they might not have drawn on other counselling services: 'Those services were offered to people who needed it with actual mental health problems, but I didn't feel like I could use these services because I hadn't been diagnosed even though I'd been to the GP wanting a diagnosis.

**BAME students**
Comments from BAME students touched on having to explain the difficulties that come with being from certain backgrounds: 'They don't understand the added pressure when you're the first child from a single parent background, and I had to explain this to them'.

This has lead to some students feeling like they have to change counsellors because they were not understanding of family situations: 'I tried to switch counsellors which didn't work out because I felt that the counsellor was really judgmental towards my family situation.'. This difficulty added to struggles faced with bureaucracy, especially in the case of female students: 'There was difficult trying to change counsellors- the bureaucracy. This experience might have come about because I'm female.'

**International students**
The feeling of having unequal access opportunities was one that was voiced by some international students:

'We can't apply for the disabled students allowance, so we are very limited to the support we get compared to the DSA, just in terms of financially, I can't see a reason for why there shouldn't be more funding especially for international students health.'

Students felt that with limited access to services, they have to be strategic with when they use the services offered to them at university:

'I still have to plan strategically...so its like this weird plotting out of when will you most need mental health help? But at the same time, how long can we leave it until they can

help you? So it's like we're paying twice the fees, so why are we only allowed half the support?'.

### Crisis Team

There were a low number of qualitative responses about the crisis team, however this is unsurprising as this service is only aimed at those in crisis. There were an equal number of positive and negative comments:

### Positive

'After a suicide attempt the crisis team got in touch and made sure they kept an eye out and also checked on the friends that were with me.'

'University Crisis Team are always really quick to respond, and really good at dealing with situations, including dealing with the person who needs help and those with them.'

### Negative

'I have never heard of the campus crisis team ... they weren't there when i was being arrested and sectioned on campus after trying to kill myself, clearly they are irrelevant, what do they actually do? Can they do anything?'

'Crisis support also seems severely lacking. I had a breakdown last year and was essentially told if I'm not actively suicidal and needing immediate hospitalisation then I just needed continue to wait for regular counselling sessions.'

### Early Intervention

There was a low number of qualitative responses about early intervention. Focus group data showed that students highly valued the service, and they have become a more regular point of contact compared to the university:

'I have had more contact with them compared to the SSU. They're my core support. I had to contact early intervention because of my psychosis. This preplanning has definitely helped and has stopped me feeling some symptoms which might have made her drop out.'

### GP

While some students commented about their positive experience seeing the on-campus GP for mental health support, there were many more qualitative comments that spoke of the service negatively. The majority of these spoke of concern about how quickly medication was prescribed, and the lack of information about other support:

### Positive

'The GP was great. She showed concern and I felt as though she took it very seriously and was very useful in telling me what steps to take to cope and referring me to the counselling services.'

‘Campus GP - Gave me the medication I wanted right away and made the process very easy, the nurses and doctors were absolutely lovely and made me feel very comfortable’

My experience at the GP surgery on campus was really positive. The nurses I have spoken to have made me feel really supported and offered a lot of advice and pointed me to self-help and self-referral places to receive extra support should I want it. The GP was really informative with putting me on anti-depressants and I now go for regular mental-health check ups and medication referrals which is good

### Negative

‘I have also been to the GP on campus, and filled out a questionnaire/ talked to a nurse in which I was told my depression score was extremely high. I was referred to the Dr and when I explained my feelings he was exceptionally cold, unemotional, and dismissive - asking me ‘Do you want pills for it then?’ - which I didn’t. So he briefly mentioned I could have a look at the counselling service and printed off some sheets on pills and counselling and sent me on my way.’

‘I felt they were too quick to want to prescribe me anti-depressants but as I was in the middle of dissertation deadlines, they decided I wouldn’t see the benefits in time so instead prescribed me sleeping pills. I felt they were too quick to prescribe me medication without explaining other methods I could use to help myself. [...] I ended up attempting suicide because I felt I had noone to go to and that if I went to the GP, they would just give me antidepressants to “control” my emotions.’

‘The GP didn’t ask how I was or why I was suffering, they tried just giving me medication without asking.’

## Demographic specific issues

**Trans students:**

‘The campus GP is quite hit and miss with trans healthcare. Some don’t understand how to properly monitor hormone therapy or are unwilling to engage in shared care with private gender clinics which traps people in private care for longer when they don’t have the money to spare.’

**Residential Support**

The number of qualitative comments about residential support were limited, although the range of positive and negative comments indicates that there may be inconsistencies in the level and quality of support that is offered.

Positive comments underlined the positivity of having 24 hour support: ‘Residential support has been most helpful because it is 24/7 and I know that I can reach out to them

before I reach crisis point.' and 'The RAs are good for 24hr help'

Negative comments concerned students feeling unsupported by their RAs: 'RA did nothing really in my first year in fact he actually made the issue worse by accidentally sending our email chain around my issues to my entire flat.' and 'Our RA in first year didn't seem to care much about problems in our flat so I didn't bother going to them either after the first time.'

## SSU

### Positive

Many students spoke positively of the Student Support Unit, with high praise being given for the level of support offered:

' My mental health advisor has supported me endlessly with all my mental issues and academic obstacles. He is so kind, passionate, patient, caring and supportive. Without his support, I would have ended my life.',

'The student support unit have been really important in helping me at university and without their help I can't see myself having still being at uni.' and 'I was registered with the SSU for dyslexia, mental health and disability - the adjustments put in place have been brilliant and they have done much more than I had anticipated before starting university in order to make things as easy and accessible as possible for me. '

### Negative

Negative comments concerned the amount of paperwork required to access support, the lack of confidentiality when having to disclose sensitive issues in an open-plan room, and the feeling that some advisors suggest too quickly to drop out or intermit a term/year:
'The SSU in Bramber is a bureaucratic nightmare and the process of registration is long winded and confusing.', 'SSU mental health advisors have a "drop out" attitude. As soon as you tell them that things have been difficult they suggest dropping out or taking temporary withdrawal. They don't give any advice aside from that.', and 'I think that for sensitive subjects such as victims of sexual assault it should be handled a bit better. I had to fill out a mitigating evidence form in the middle of the waiting room with at least 20 people around me. Wish I had been advised to come later in the day and given more time.'

## Demographic specific

**EU students:**
Students voiced their discomfort with some SSU staff assumptions that exchange students should have good mental health because they are enjoying their time abroad: 'Feels like being an exchange student has had a slight role on me needing to access the

services on campus but I feel awkward with the SSU especially since they asked me why I was here when I'm on exchange. People assume that you should be good if you're on exchange'

## Student Life Centre

### Positive

Many students commented that they found the Student Life Centre to be helpful and supportive:

'Student life centre- it's amazing to be seen on the day without having to book (and indeed crucial), on the whole highly skilled, professional, empathetic advisors, who really make you feel heard and understood and act as a bridge to other support, give considered, balanced advice.'

'The student life centre helped me from the first moment I reach out. X was very helpful in listening it my problems and helping to break them down and figuring out the best people who could support me. She checked in regularly to see how I was doing and helped prepare me for my meeting with the director of student experience.'

### Negative

There were still a number of comments about the SLC where students felt that their issues were not taken seriously:

'I went to see the student life center when I was having a crisis and the receptionist said I would have to wait 2 WEEKS to speak to someone. I started crying at the reception for her to call someone to come speak to me. Terrible service that the university prides itself in but doesn't actually help it's students, I felt lonely and isolated and scared for my safety and was handed leaflets on stopping racism to "leave around my house"'

'When I initially met with student life centre with a student adviser, I was simply encouraged to defer my studies. Also a joke was made by the adviser that was simply idiotic "maybe you'll get lucky and have a manic episode and be able to do some work" This a) shows no knowledge of bipolar - mania doesn't make you effectively productive, it makes you manic hence the name and b) is such a callous thing to say, mania literally leads to complete life breakdowns it rarely makes me feel lucky.'

## Support and Advocacy

There were very few comments about this service, which indicated it may not be used by many, or that students are not aware of the support it offers (as mentioned in the comments).

Positive comments referred to the helpfulness of the Student Voice Advocates: 'X and

X at support and advocacy also do a fantastic job as they provide advice on where to disclose issues of sexist behaviour students had been encountering on our course which affected them in the classroom,' and 'X was really helpful in attending a university meeting with me - I wouldn't have been able to make the complaint without him.'

Negative comments mostly referred to students being unaware of the support that Support and Advocacy offers, and that they would have liked more practical support when writing complaints/contacting the university: 'Unclear what services they offered', 'Would have appreciated letter templates to use when communicating with the university or making a complaint', and 'A comment was made about checking with the university about the level of my complaint, which then made me concerned about if my case really was confidential or not. '

## General

Comments that fall under this category either did not specify the support they were referring to, or spoke more generally about support services as a whole.

Many of the negative comments referred to being passed from service to service, with no service saying they were the correct place to go to for support: 'I have, for the most part, felt woefully under-supported by the university. My student support officer is always busy, the student life centre keep suggesting I just drop out or restart the year. The SHERPA group has been really good but other counselling services resulted in me being handed loads of leaflets for the 6 sessions that I was provided with. In January, I had a suicide attempt and did not feel that I could even go to the doctors of campus because it is honestly so traumatic having to deal with someone that clearly does not understand your illness and will just try to shove you on medication that will make you worse when you are really unwell already.'

'I went to the support unit, the counselling service and the GP in a moment of crisis, clearly very distressed and could not be seen by anyone. I went from one to the other and no one offered help.'

'The amount of different services and being referred back and forth is confusing '

## Other

Additional support services that students reported being aware of under the 'other' category included the Tea and Talk Peer Support Service, DSA Mentoring and Study Skills Tutoring and BSMS student support.

# Support Services Suggestions

These comments come from the questions 'What could be done to improve support for mental health on campus?' and 'What could be done to improve support for mental health on campus?'. Responses can be categorised into the following sub-themes:

**Theme A: Better advertising**
'Make sure students actually know about services- one girl on my course had been suffering depression all term and when I spoke to her during January exams she had never heard of student support'

'All PhD students should receive a mental health/wellbeing guideline at inductions prior starting their course. They should be advised to keep such sheet.'

'There should be far more active promotion of the support available to students across the university and there should be emphasis placed on making students aware on starting university that these services are there before they may have the need to access them.'

**Theme B: Better communication**
These comments referred to the desire for there to be more follow-ups with students once they have disclosed mental health concerns, and also complaints around the tone and content of emails sent out when a student has poor attendance:

'More active involvement with students that have a declared mental illness, chase up emails etc. If there hasn't been a response in a while, check in every few weeks to make sure they are okay.' and 'Send monthly emails/reminders of who is there to help and what they can help with. I feel they tell you at the beginning of uni where to go but at the time I was fine and didn't think about needing help. Now I don't know who to go to.'

'Stop threatening people who find it hard to attend lectures/seminars, due to issues like anxiety, with being removed especially if they have made their course department aware they are struggling', 'Rather than sending a stern email with attendance concerns, send one that has links etc to ways that someone could cope with mental health problems in case that is why they are missing lectures or seminars.' and 'Rather than very generic and impersonal emails sent when attendance is poor, actually reach out properly to students rather than threatening with removal from the course.'

**Theme C: Longer counselling**
Many students reported the need for more long-term support, and the possibility of having more than 6 counselling sessions where appropriate:

'There needs to be an option to extend the counselling sessions available (usually six), depending on the severity of the problems (based on the judgement by the

counsellor). Sometimes it seemed like the sessions ended just at the moment when I needed support most, as I had began to explore something important. This may reduce repeated referrals - it would be more helpful to work with the same therapist for longer.' and 'Offer a long term counselling option for those with long term mental health conditions, maybe something like group therapy maybe'.

In cases where services already exist, it would be suggested that these services are better advertised to students.

**Theme D: More staff training**
These comments were largely made by students who had previously had a poor experience of one of the support services on campus, or their disclosing of mental health concerns to academics: 'Improve training for all staff on campus, especially academic advisers and the SLC.', 'Train academic staff on mental health issues and how to recognise them.' and 'Give RAs and Student Reps more training and make them more accessible; students might feel more comfortable when talking to a fellow student.'

**Theme E: Reduced waiting times**
Comments under this theme referred to the waiting times for the counselling service: 'The waiting list is far too long. It is extremely difficult to get a first appointment with the counselling service. There needs to be many more counsellors and support for students. Some may be waiting months for an appointment, and this is worrying when people are in desperate need of help and with the high prevalence of mental illness at university'

'Providing shorter or no waiting times to see people for support. Such as counselling. I was really struggling and was on the verge of leaving university altogether I was struggling so much. I needed to see someone, but had to wait nearly a month before I could be seen.

'Masters students have shorter term times, and the waiting list to see a dyslexia advisor is a month so I feel like masters students should be prioritised. Students with multiple condition should also be prioritised.'

**Theme F: Encourage open dialogue about mental health**
Many students commented that the university should encourage a more open dialogue around mental health and wellbeing, and the support services available:

'I think the stigma around mental health, although it is getting better, is one of the biggest challenges. By keeping the conversation going and normalising discussions about these issues is important'. 'Inform students about, what the possible/common mental health issues students face and provide ways to deal with them or prevent them.' and 'I think it should be more widely talked about too to help end the stigma and encourage more people to get the help they need - should they need it'.

‘We live unfortunately, in a society where well-being is the massive achievement so we are faking with everyone. So we think we are alone, but we are not. What we are experiencing, maybe in different degrees, another person is experiencing. But no one wants to show it because they are afraid, so this makes you feel alone and that is the worst thing. Mental health is seen as something you have to cover but we should be aware in a social way- more generally’.

**Theme G: New or different support**
Many suggestions were made about new support services that could be put in place at the university. Many suggestions were repeated by various students, so here are quotes representing the different suggestions that were made:

‘Online anonymous chat where you can message a counsellor or GP or just ask for advice.’

‘Regular events and workshops on dealing with different aspects of well-being while at uni’
‘It would be ideal to have more secondary support (like SHERPA) from the counselling service for people who don’t feel like the 6 week course of counselling is enough.’

‘Drugs and alcohol service’

‘I would like to see more mindfulness sessions offered and perhaps some kind of gardening or craft group therapies offered.’

‘More PhD-focused services’

‘Schools should have someone trained on mental health issues. To me, academic advisors are just for academics so I wouldn’t go to see them for mental health support, but having someone in schools that students are signposted to would help.’

**Theme H: Demographic specific**
These comments refer to responses that were specific to the student’s demographic:

‘Better counseling services - ethnically diverse councillors who can empathise on race related issues’

‘Offering counselling in different languages seems important to me, as being far away from home can affect you a lot and not being able to talk to someone in your mother tongue can be hard. Additionally, it should not be necessary to explain your counselors the context you are coming from in order for them to understand and help you.’

‘Improve trans healthcare at the GP. This would reduce stress levels for a lot of trans students.’

‘More mental health support services for international students, and not limiting our access. We should receive the same access at least that local students do.’

‘The university should work harder to make international students feel more integrated at uni- offer the chance for students to meet other tutors and students to talk to them and feel more supported during their time here.’

‘Homesickness is not really talked about. Maybe it doesn’t hit every international student but sometimes it does, and you can almost ties those two together, so maybe advertise services as a maybe homesickness/wellbeing chat or workshop as opposed to mental health support

# Conclusion

In many areas, the findings outlined in this report reflect those reported in previous literature. The current report revealed that 41% of respondents have disclosed a mental health condition to the university during their studies, but only 2% of respondents reported that they experience no mental health issues. Similar to the YouGov (2016) survey[14], anxiety and depression were the most commonly reported mental health issues by respondents.

While other similar research shows women, LGBTQ+ and disabled students to be more vulnerable to mental health issues[15], the current study reveals third year, PGR, Chinese, black, and international students to be significantly more vulnerable to poor mental health and wellbeing at Sussex.

Factors related to studies (e.g. academic pressure and deadlines) were the most endorsed factors associated with negative mental health, as found in both the YouGov (2016)[16] survey and the UPP (2016) Annual Student Experience Study[17]. Meeting new people was the most endorsed factor associated with positive mental health.

Looking at the awareness of on-campus support services, three quarters of students were aware that their university had a counselling service they could access and 14% weren’t aware of any services available to them, which reflects the exact same percentages as the YouGov (2016) survey for the same information. Knowledge of support services was poorest amongst international students as well as first year undergraduate students – especially those who lived in privately rented accommodation.

There are several limitations with the current study that should be taken into consideration when interpreting findings. Due to the timing of the survey and it coinciding with the NSS, we were unable to directly target final year students when

searching for participants. As a result, we did not obtain a representation of third year students that was proportionate to the demographics of the entire student body.

Furthermore, there is a self-selection bias to the results as all Sussex students were permitted to complete the survey, causing a biased sample with non-probability sampling. While self-selection may have had an impact on the statistical quantitative aspect of the study, this approach remained suitable for the in-depth qualitative research of analysing responses to free-text questions.
The self-selection of participants also led to the underrepresentation of students from certain demographic backgrounds, namely male, Chinese, and international students in general. In order to ensure that the experiences of underrepresented groups were still considered in the study, we conducted additional, separate focus groups with students from an EU, international, BAME, and white male background.

Despite these limitations, the study still produced rich and useful data on the mental health and wellbeing of Sussex students and their experiences of on-campus support services.

The report will be used to inform the 2019 University Mental Health Strategy, which will in turn hopefully improve the provisions for students studying at the University of Sussex. It is recommended that a survey is redistributed in three years, in order to ascertain any improvement in wellbeing in the student population.

14 YouGov (2016) One in four students suffer from mental health problems. Accessed 6 March 2019. https://yougov.co.uk/topics/lifestyle/articles-reports/2016/08/09/quarter-britains-students-are-afflicted-mental-hea
15 ibid.
16 YouGov (2016) One in four students suffer from mental health problems. Accessed 6 March 2019. https://yougov.co.uk/topics/lifestyle/articles-reports/2016/08/09/quarter-britains-students-are-afflicted-mental-hea
17 UPP (2016) Annual Student Experience Study

# Appendices

Findings from the Student Mental Health and Wellbeing Survey, 2015. https://www.sussexstudent.com/asset/News/6412/Summary-studentmentalhealthandwell-beingsurvey2015.pdf

Mental Health Report survey questions, 2019. https://drive.google.com/file/d/1KZniCqEXhAUtp3zN2ugxM_RPt88d7BXa/view?usp=sharing

Student Mental Health and Well-being report, 2013. https://drive.google.com/file/d/1hqTBAmYcWma8ehAJNzzI8Cub9Kozvd1p/view?usp=sharing

University of Sussex Students' Union Student Mental Health Survey: Quantitative analysis, 2019. https://docs.google.com/document/d/1R91NBhqr7KW0m_m8eSee27EmwkCD2mw8Whl2T1QPW1U/edit?usp=sharing

Sussex Students' Union