

# MENTAL HEALTH SURVEY REPORT 2022



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## **Executive Summary**

This report examines Durham University's mental health support services from the perspective of its student body. The study was conducted via a survey, interviews, and focus groups, and found that while students' perceptions of the University's mental health services were varied, there were opportunities for improvement in three key areas: clarity, communication, and the offer itself. The research indicates that there is a lack of understanding of the mental health support services, which stems from a lack of clarity. There are multiple support avenues available to students, such as colleges, departments, counselling and wellbeing services, disability services, faith services, and student groups, which can be overwhelming, and students often do not know where to go for support. Furthermore, the report suggests that the University needs to have clearer, approachable, and proactive points of access that reach out to students.

The report also emphasizes the need for the University to improve communication regarding its mental health services, given the potential stigma and clear feelings of shame, embarrassment, and mistrust associated with mental health issues. Additionally, the study highlights the need to improve the mental health service offer itself, with particular focus on reducing waiting times, increasing the availability of support during holidays and exam periods, and providing more flexible support options for those who cannot attend in-person sessions. Overall, the report provides constructive criticism for the University, complementing the Student Support Review and Mental Health Charter, and offers a tool for the Durham Students' Union to hold the University accountable and for the University to learn from, ensuring that students are supported through the stress and social upheaval of university life.

## INTRODUCTION

### Context

The 2020s have seen a reevaluation of mental health. The world was hit with a global pandemic forcing students into isolation – limiting activities, pushing spaces online, and making intrusive thoughts inescapable. Students faced the stress of university from their own bedrooms, cut off from one another – feeling forgotten, ignored, and isolated. It is no wonder this led to increased demands being placed on mental health services and reports of mental health problems.

The effects of the pandemic have not been felt equally<sup>1</sup>. The murders of George Floyd and Sarah Everard and the increase in anti-Asian racism pushed misogyny, violence, and racism to the forefront of conversation – reminding isolating students that the struggles many faces continue<sup>2</sup>. As the hospitality sector closed and public-facing work had the added risk of infection, students who depended on employment faced increased stress and reduced stability<sup>3</sup>. Research suggests disproportionately adverse effects on female and female-presenting, ethnic minority, disabled, students from lower socio-economic backgrounds, and LGBT+ students<sup>4</sup>. Further research is needed on a university level.

Durham University has increasingly prioritised mental health. The new Vice-Chancellor, Karen O'Brien, has named mental health a strategic priority. The Student Support Review, a multi-year project, addresses several current flaws within Durham's support offer. The University's plans to sign the mental health charter offer Durham the chance to compare its provision to national standards – and change for the better in the long term.<sup>5</sup>

### Purpose

This report aims to provide a deeper and richer understanding of Durham University's mental health offer through the eyes of its users – students. To improve this offer, we need to understand how students view support. The mental health offer is not just the Counselling and Mental Health service but their colleges, departments, the disability office, the chaplaincy service and more.<sup>6</sup> Here we codify the student narrative – their thoughts, misgivings, criticisms, compliments, and, most importantly, demands for change. We heard not only from students who have used the support resources but those to whom have chosen not. We have listened to their experiences – from the horror stories to the life-changing help and everything in between.

This report complements the University's work. We have channelled the narrative into fair and constructive criticism. It will sit alongside the Student Support Review and Mental Health Charter – a tool for the Durham Students'

<sup>1</sup> Frampton, N. & D. Smithies, (2021). University Mental Health: Life in a Pandemic. Listening to Higher education communities throughout 2020/21. Student Minds. p 17.

[https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/2021\\_ir\\_full\\_report\\_final.pdf](https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/2021_ir_full_report_final.pdf)

<sup>2</sup> Ibid. p10, p12.p17

<sup>3</sup> Ibid. p14

<sup>4</sup> Ibid p15, p23-24, p60, p65 p64

<sup>5</sup> University Mental Health Charter <https://universitymentalhealthcharter.org.uk/>

<sup>6</sup> Durham University Counselling and Mental Health Service

(<https://www.dur.ac.uk/counselling.service/>), Durham University Disability

Support (<https://www.dur.ac.uk/disability.support/>), Durham University

Chaplaincy (<https://www.durham.ac.uk/colleges-and-student-experience/student-support-and-wellbeing/faith-support/>)

Union to hold the University accountable and for the University to learn from. I hope it provides a solid foundation for myself and future Welfare and Liberation Officers. By understanding how students need change and development, we can ensure that the University supports students through the stress and social upheaval of university life.

I want to thank all students who took the time to complete the survey and participate in focus groups and interviews. Without you, we would not have these findings. We now set on the task of making your ideas, recommendations, and learning points a reality.

*Jonah Graham, SU Welfare and Liberation Officer 2021-22*

## Methodology

The survey started on 3rd April 2022 and ran until 30th April. In a month, we had 448 valid<sup>7</sup> responses. The questions<sup>8</sup> were designed to measure students' trust in the University regarding their mental health. We also focused not only on knowledge of and access to the University's mental health services, but also reputation and satisfaction. To contextualise the quantitative data, we conducted 5 interviews and 3 focus groups of about 4-5 students across four weeks. The writing and editing process finished in April 2024.

This report analyses the quantitative survey data across themes of knowledge, access, reputation, and satisfaction. The analysis focused on particularly interesting and informative answers. These responses assist the Students' Union in gaining contextual information and may inform future work. Whilst the survey enquired about Nightline, the Chaplaincy, and Silver Cloud again due to a smaller response section this report is wary about generalising findings and so does not analyse them.

The majority of this report utilizes qualitative data derived from the survey findings, focus groups, and interviews which is likely to provide a richer level of detail. The responses to open ended questions in the survey, interviews, and focus groups provide some of the potential underlying causes of satisfaction levels. Through the open-ended survey questions researchers were able to hear from a wide range of students to ensure the report best represents the student body. Then within focus groups and interviews the research expanded on the comments respondents gave.

The focus groups and interviews were semi-structured with 5 questions to prompt discussions. The questions were iterative from session to session to test the assumptions of previous focus groups and explore different areas. All focus groups and four of the five interviewees were asked two questions; "What does the University do well?" and "How can the University make their services more appealing?" to assess strengths and opportunities for improvement. The facilitators asked follow-up questions to probe students and gain a holistic understanding of students' attitudes towards the support on offer. This also allowed the report to assess strengths and weaknesses within students' understanding of University Provisions.

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<sup>7</sup> We considered valid responses from people who provided Durham University email addresses to ensure that respondents were members of the Durham community (the total number of responses was 579)

<sup>8</sup> For full set of questions, please see Appendix 1.

## Demographics

### A. Gender Identity

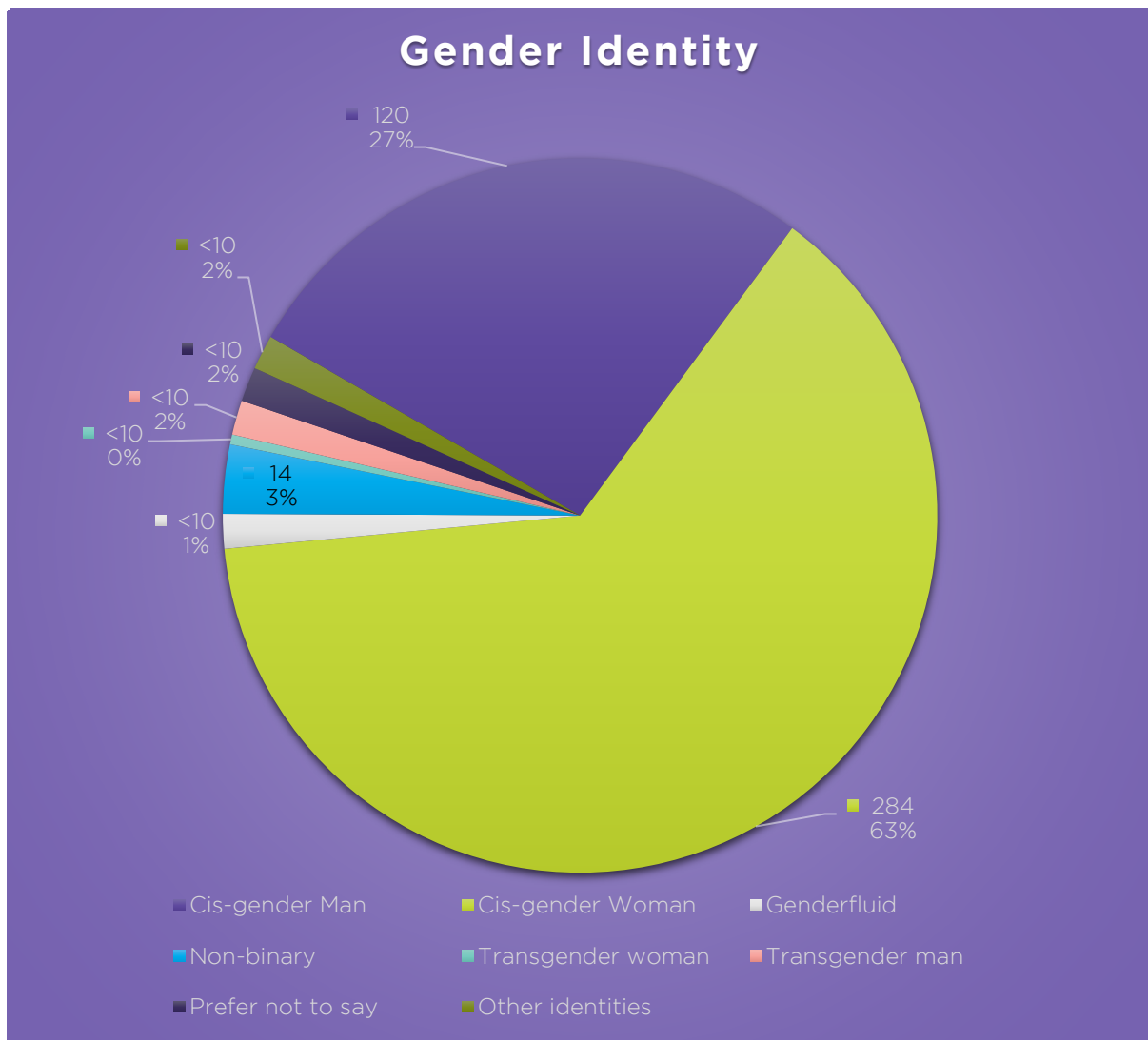


FIGURE 1: DEMOGRAPHICS: GENDER IDENTITY

Gender Identity: 63% identified as Cis-women, 27% as Cis-men, and 3% non-binary, for every other category (Trans-woman, Trans-man, Genderfluid, prefer not to say, other identities) we had less than 10 (1%) responses for each category<sup>9</sup>. The majority of the student responders were self-identified as Cis-women. This means that respondents who identified as women made up a larger percentage of respondents than they do in the wider population of the University (54% women in 2021-22)<sup>10</sup>.

<sup>9</sup> To preserve anonymity, we will only provide exact numbers for questions that received at least 10 responses.

<sup>10</sup> Higher Education Statistics Authority (HESA) 2021-2022 data (<https://www.hesa.ac.uk/data-and-analysis/students/where-study#provider>)

B. Sexual Orientation

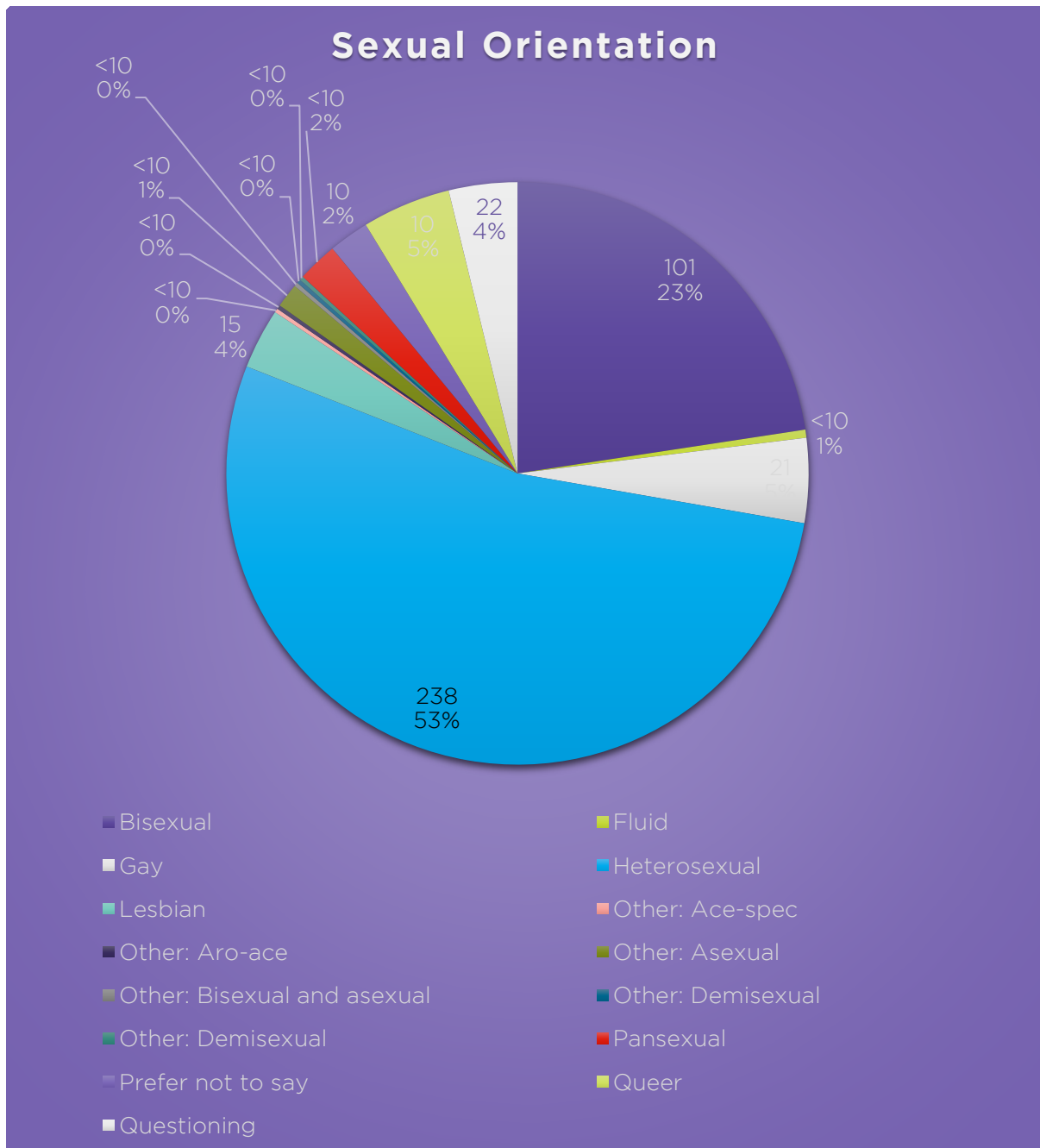


FIGURE 2: DEMOGRAPHICS: SEXUAL ORIENTATION

Sexual orientation: 53% identified as Heterosexual, 22,54% Bisexual, 4.91% Queer, 4.69% Gay, 3.79% Questioning, and 3.35% Lesbian; other identities were under 1%. The majority of students identified as Heterosexual. There is no public comparative data for this section.

## C. Ethnicity

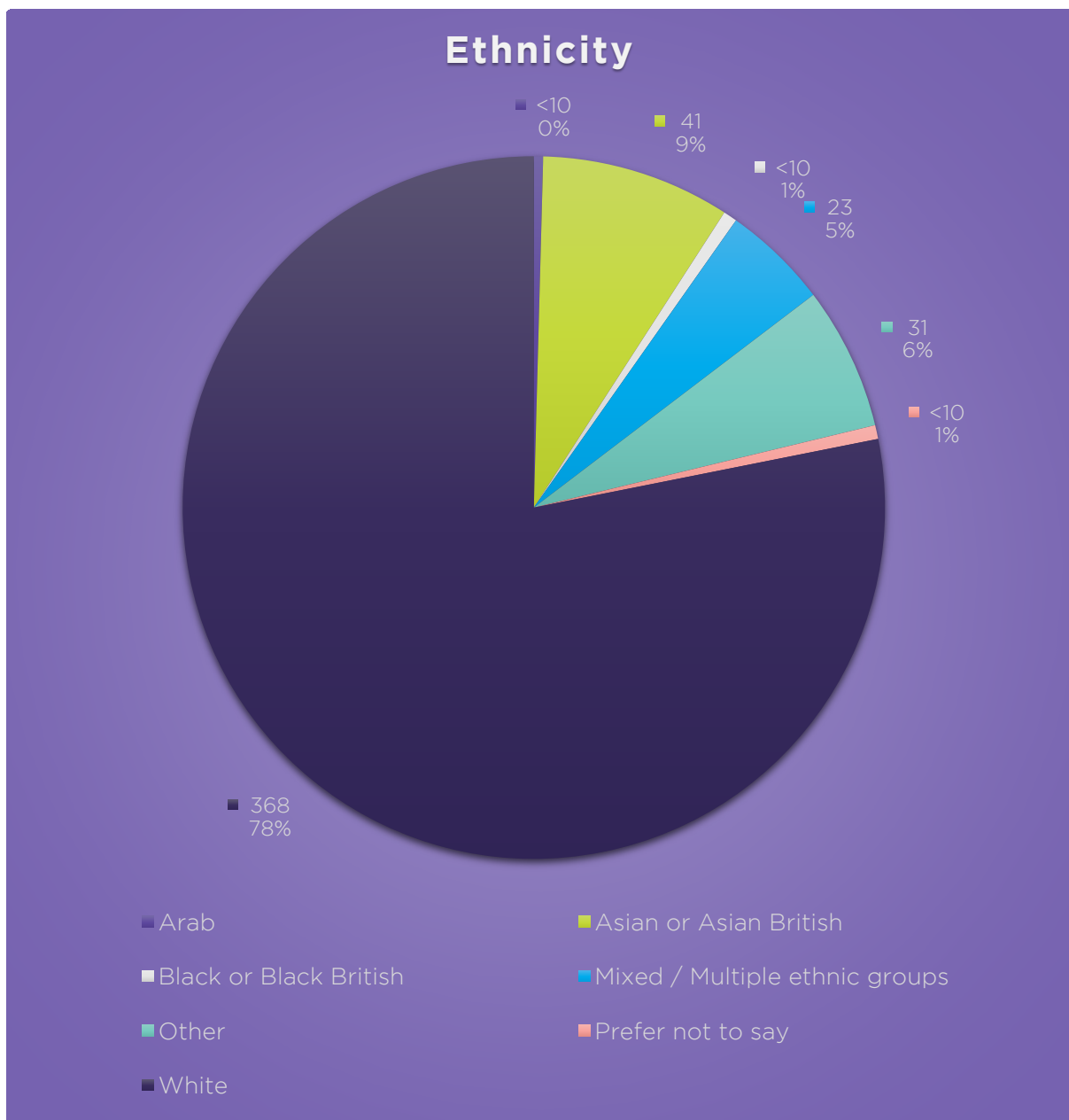


FIGURE 3: DEMOGRAPHICS: ETHNICITY

Ethnicity: 78% identified as White, 9% Asian or Asian British, 6% Other ethnicities, 5% Multiple Ethnicities, and less than 10 were Arab, Black, or Black British and prefer not to say. The majority students identified as White. 'Although comparative data is available for this section, it is segmented into either UK nationals or UG only, and so is not relevant for comparative purposes.

## D. Level of studies

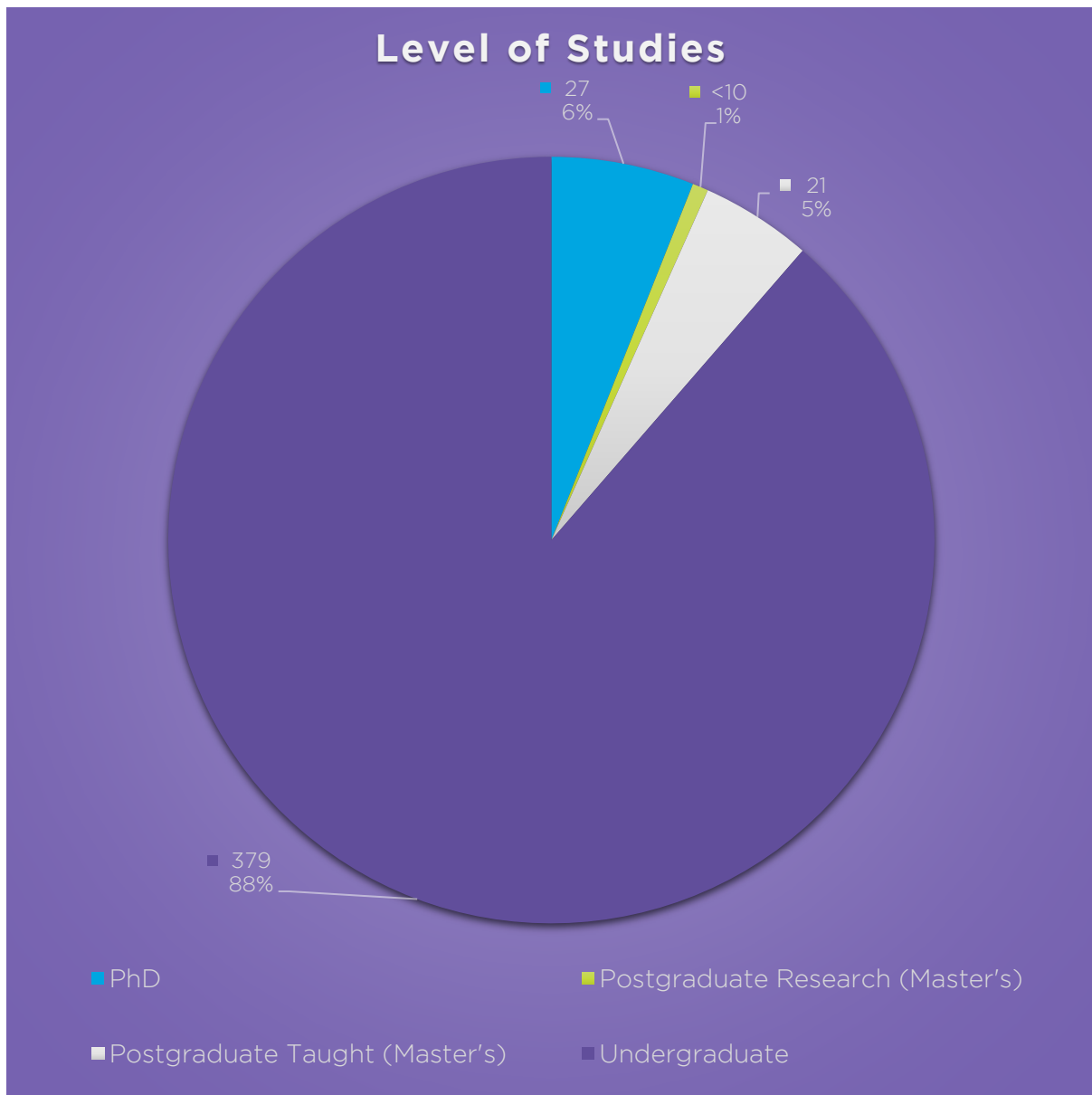


FIGURE 4: DEMOGRAPHICS: LEVEL OF STUDIES

Level of Studies: 88% were Undergraduates, 6% PhDs, 5% Master's Taught and less than 1% Master's Research. There is no clear comparative data for this section, however given that the undergraduate students are traditionally more than PGRs and PGTs it is not surprising that the the majority of students who participated in the survey were undergraduates.

## E. Year of study

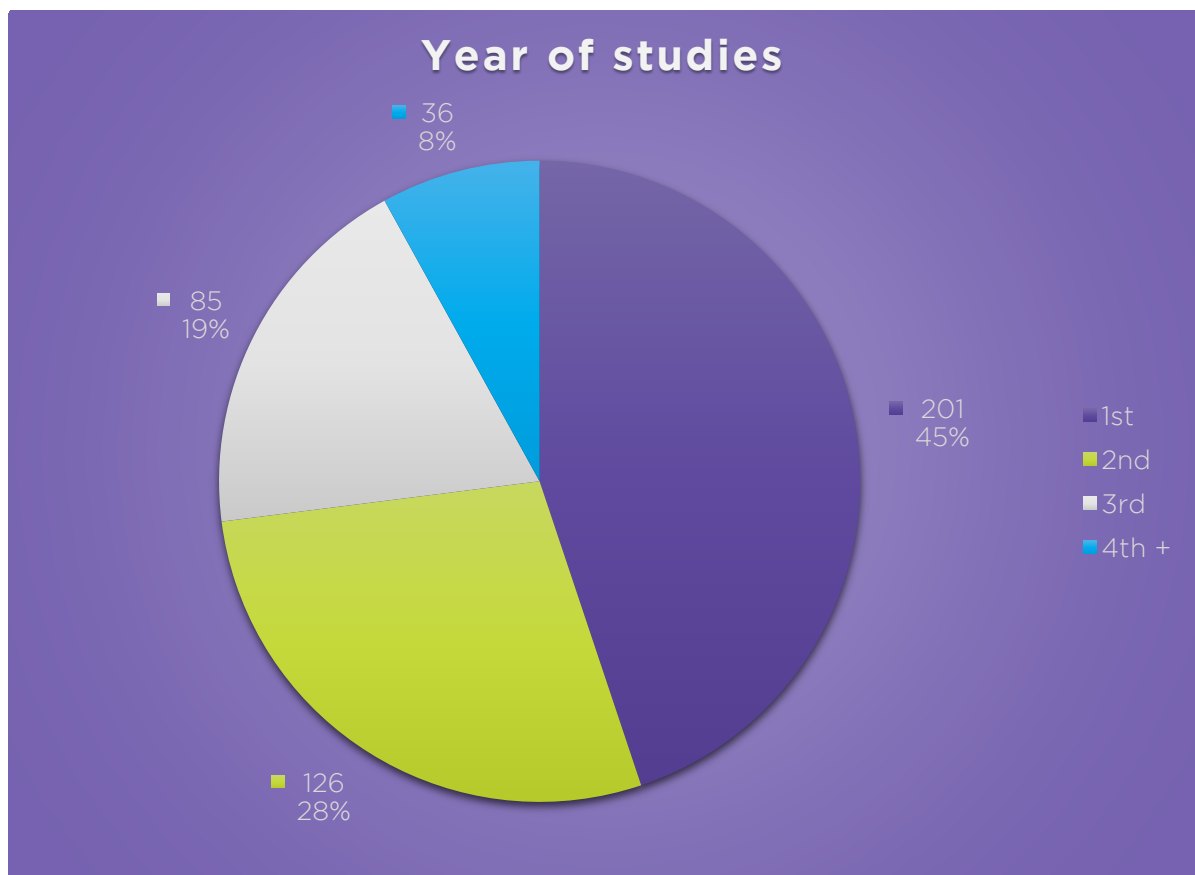


FIGURE 5: DEMOGRAPHICS: YEAR OF STUDIES

Year of studies: 45% were in their 1<sup>st</sup> year, 28% in their 2<sup>nd</sup> year, 19% in their 3<sup>rd</sup> and 8% in their 4<sup>th</sup>+ year. The majority of students were in their first year of studies.

## SECTION 1: ACCESS

### 1.1 Knowledge

In the question: “How comfortable are you with your knowledge of the University’s mental health support services?” (**Positive:** Completely Comfortable, Very Comfortable, **Neutral:** Moderately Comfortable, **Negative:** Slightly Comfortable, Not at all Comfortable).

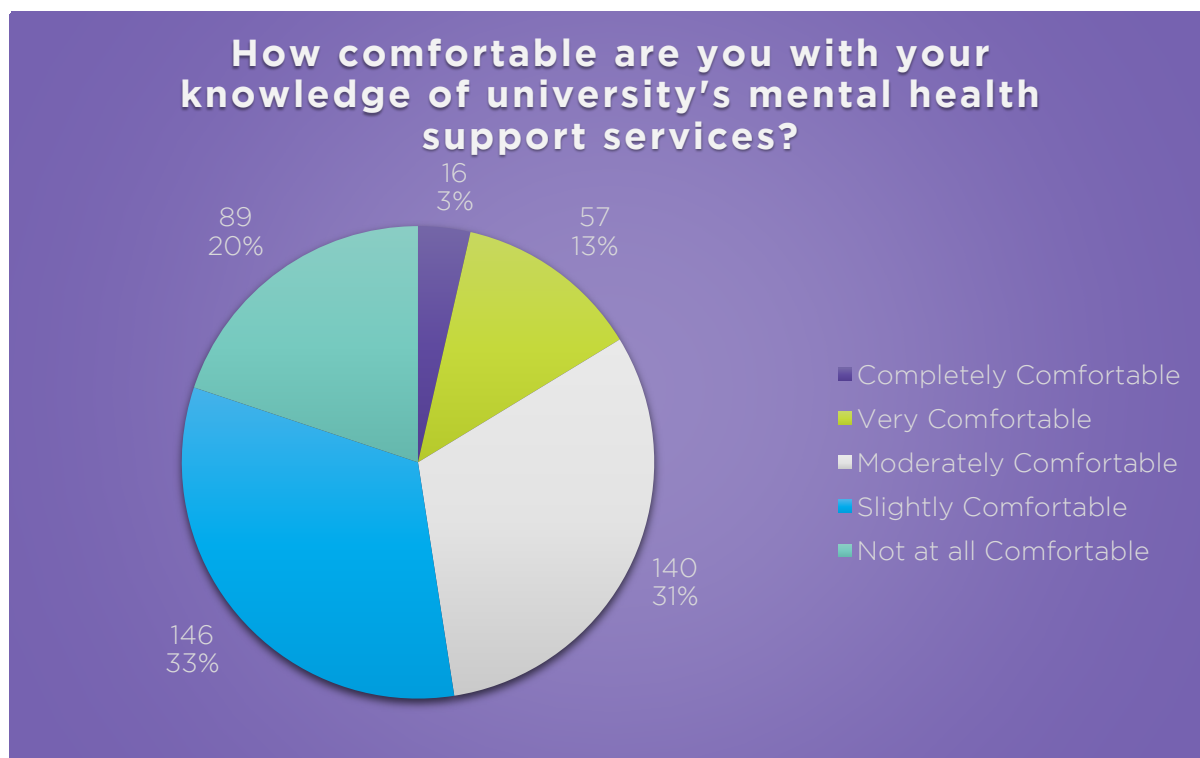


FIGURE 6: COMFORT LEVELS WITH MENTAL HEALTH SUPPORT SERVICES

Out of 448 participants, 16 (3%) replied that they were Completely Comfortable, 57 (13%) Very Comfortable, 140 (31%) Moderately Comfortable, 146 (33%) Slightly Comfortable, and 89 (20%) Not at all Comfortable, which indicates that the majority of the participants do not feel adequately informed about the services provided by the University. This result was found across the focus groups and interviews. Most students lacked an understanding of the overall support offered, and several were unclear on the roles of individual support. Students wished to understand more so they would know who to talk to before reaching a crisis point.

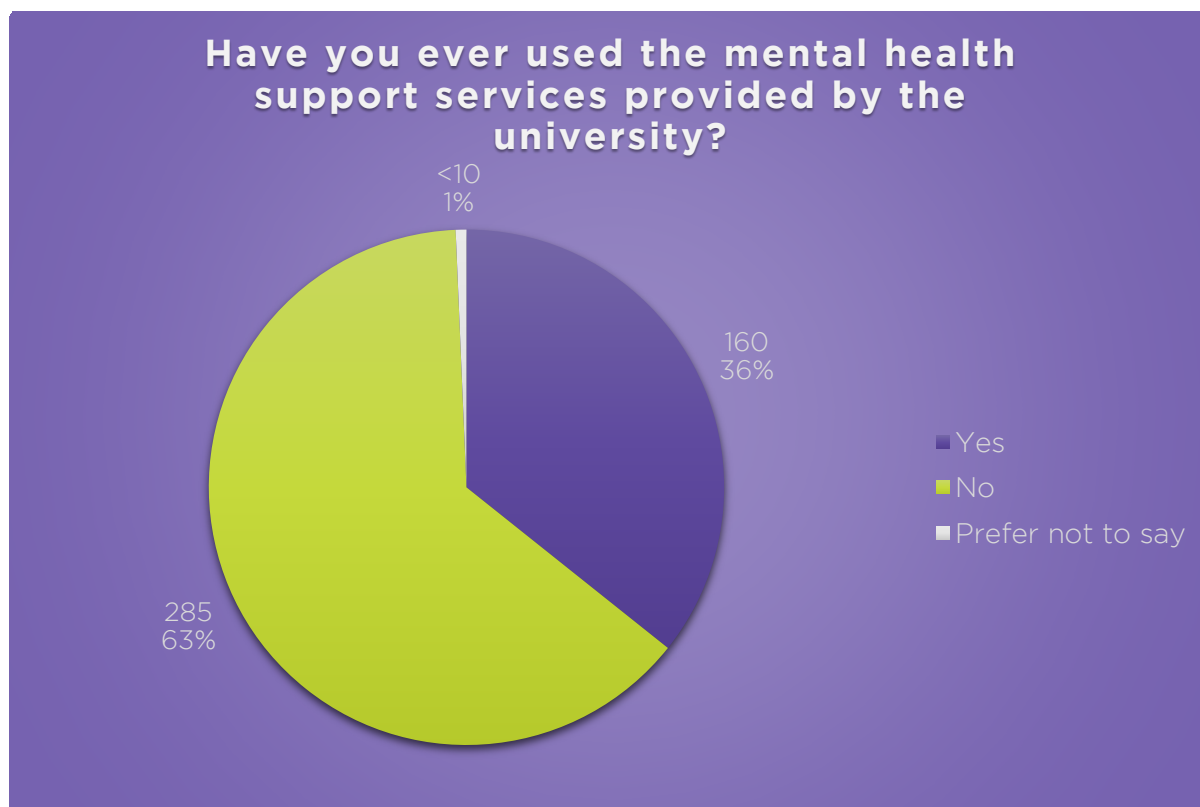


FIGURE 7: ACCESS LEVELS TO UNIVERSITY'S MENTAL HEALTH SUPPORT SERVICES

Out of 448 participants, 285 (63%) have not used the mental health services provided by the University, 160 (36%) have, and <10 (1%) preferred not to say. Of the 285 participants who replied that they **had not used the services** in the question: How comfortable are you with your knowledge of the differences between therapy and counselling? <10 (1%) said that they were Completely Comfortable, 17 (6%) Very Comfortable, 71 (21%) Moderately Comfortable, 112 (39%) Slightly Comfortable, and 82 (29%) were Not at all Comfortable. Therefore, 194 (60%) of the participants who have not accessed the services do not feel well informed about the services, while when 71 (21%) felt moderately informed, and only 20 (7%) feel well informed about the services.

Within focus groups and interviews, students showed a sense of detachment; they often said they were happy the resources were there but did not understand how they functioned - keeping the services at a distance until they were deemed necessary. However, this suggests students frequently do not understand how to navigate the numerous services at Durham and only find out when they become emotionally overwhelmed, or their academic performance is affected. Students within focus groups and interviews frequently did not know who was responsible for support - even within their own colleges and departments. This is likely to prove problematic when students are forced to navigate a complex system and do so when they are the most distressed.

The disparate system leads to frustrating 'bureaucratic labour' on the part of students. To get help, some students reported reaching out to as many support providers as possible. This trend is reflected by the high level of

students who reported using multiple support provisions, something that is to be expected given the current support system but illustrates an ongoing issue the University is working on. Ultimately, students are grateful, and in several cases satisfied with student support, but they expressed a belief that students must compromise to network demands and push resources as hard as possible to get what they need – an issue that will be expanded upon in the following sections.

The reason for the lack of knowledge appears twofold. Firstly, there seems to be a lack of proactivity in the student body – several students said they thought they did not need to know about support options until they needed them. The second reason is the perceived weakness of university comms; current university advice was regarded as helpful, but it was but across multiple channels. This meant students did not know where to look for help and in seek help and instead asked their peers for advice. Moreover, the information that is there is often buried in bloated formats; Dialogue was widely criticized for being overly long and overwhelming.<sup>11</sup> This is a clear problem that the University needs to address.

Multiple approaches are required to provide students with the relevant information. Different students want to digest information in diverse ways; For example, some prefer traditional emails and others social media, particularly Instagram, while international students especially sought physical forms of information within academic spaces. Additionally international students express the desire for information on external services such as GPs and NHs because they may lack the understanding of home students. Students felt messaging needed to be easy to access and visible – separate from non-relevant pieces of information, centralized and accessed in one easy-to-navigate space with clear guides about how the system works. This is similar to the Students' Unions' 'Signposting Guide'<sup>12</sup> which most students were unaware of. If a single physical and mental well-being with student-facing advisory staff cannot exist, then there should be a similar system virtually.

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<sup>11</sup> Dialogue at Durham  
(<https://durhamuniversity.sharepoint.com/teams/internalcommunications>)

<sup>12</sup> Durham SU Signposting Guide  
([https://nusdigital.s3.amazonaws.com/document/documents/50126/Signposting\\_Booklet.pdf](https://nusdigital.s3.amazonaws.com/document/documents/50126/Signposting_Booklet.pdf))

## 1.2 Obstacles to Access

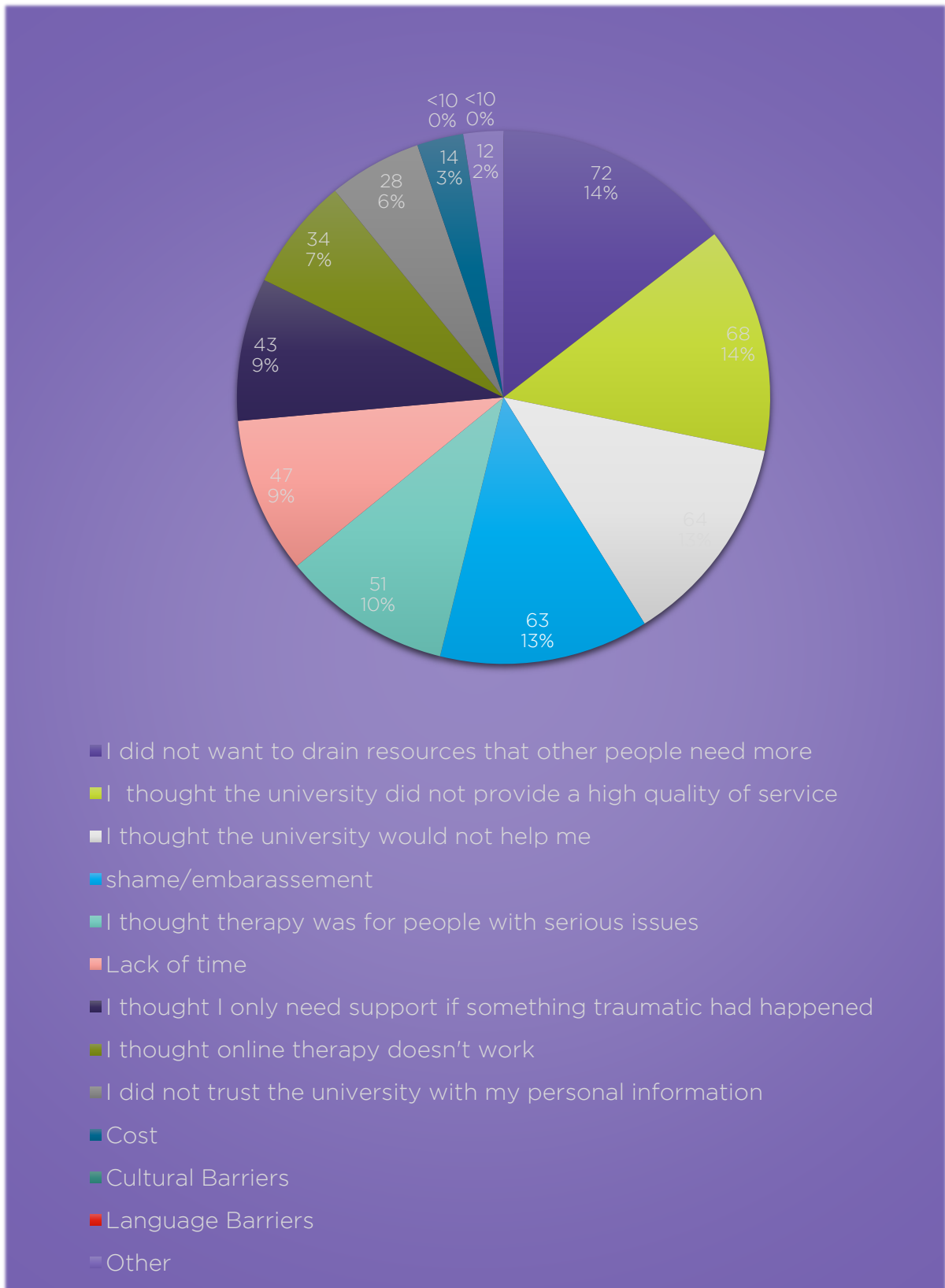


FIGURE 8: OBSTACLES STUDENTS OVERCOME TO ACCESS MH SERVICES

Obstacles students overcame to access MH services	Total	%
I did not want to drain resources that other people need more	72	14%
I thought the University did not provide a high-quality service	68	13%
I thought the University would not help me	64	13%
Shame/Embarrassment	63	13%
I thought therapy was for people with serious issues	51	10%
Lack of time	47	9%
I thought I only need support if something traumatic had happened	43	9%
I thought online therapy does not work	34	7%
I did not trust the University with my personal information	28	6%
Cost	14	3%
Other Various Reasons	12	2%
Cultural Barriers	<10	1%
Language Barriers	<10	0%

TABLE 1: OBSTACLES STUDENTS OVERCOME TO ACCESS MH SERVICES

The above graph and table show the obstacles the survey students had to overcome to access mental health services

### Stigma

This research found evidence of pervasive stigma in the minds of Durham students towards their own mental health and the mental health of others. Almost all students within focus groups noted cultural tension around mental health. A sense of stigma may underpin obstacles to reaching out for help. 63 students identified feelings of embarrassment as a factor they had to overcome when asking for help and 45 students blamed shame and embarrassment as factors which prevented others from asking for accessing support. A further 13 students blamed a sense of fear and intimidation, while 19 students blamed “stigma” as a factor that prevented their peers from reaching out. Furthermore, there is evidence of cultural barriers within other answers. Beliefs such as “I thought therapy was for people with serious issues”, “I thought I only need support if something traumatic had happened” and “I thought therapy was for people with serious issues” all stem from internal efforts to downplay possible mental health problems. 32 students believed their peers were less likely to access support because their problems are not serious enough to qualify for assistance.

A narrative of deserving and underserving students may prevent students from accessing help. The most common obstacle given - “I did not want to drain resources that other people need more” - shows the same sense of stigma as students form a narrative of those who ‘really’ need help and themselves; the limited resources are better given to a more ‘deserving’ student. This poses a serious challenge for students because to ask for help students must accept, that they ‘really’ need help and face the associated stigma. It underpins the behavioural pattern explained in section 1.1 - this stigma explains why some students only seek out help at crisis points - they overcome the shame because they feel there is no other option.

When asked about the stigma students face, students could not pinpoint a sole source, rather citing a general societal problem. This problem is not

unique to Durham, students believe it reaches far wider<sup>13</sup>. Explicit insults and mistreatment were deemed to be rare instead of a set of persuasive cultural myths that mis-characterise those with mental health needs.

Despite their inability to pinpoint sources, this belief altered the behaviour of students. Within focus groups students and interviews frequently described the counselling service, peer volunteers, academic supervisors, and college wellbeing teams as stretched beyond capacity. 29 students said they would like to improve the level of funding and resources of Durham's "mental health provisions". This heightened the urge to not "drain resources the other people need more" making it the biggest obstacle to overcoming support. If capacity is limited, then only those with the most need should use it – and those who do need may downplay the issues they face due to internalised stigma<sup>14</sup>. This fact is supported by the focus group and interview participants, several of whom had not asked for help believing they would be a more 'deserving' peer of the same help. A small number of participants even reported that their own mental health "is never going to be as bad as someone else" whilst others stated they would not want to take the space of someone who "needs" it more.

Moreover, this created a particularly competitive view of access as when students decided they needed help, several expressed an ardent desire to chase the services to get as much help as possible believing not only did they have to labour to navigate the system they also had to work to get desired responses once they found the right support.

### Trust and Reputation

This research also casts doubt on the level of trust students have in the University as an institution. The second most common response: 'I thought the University did not provide a high-quality service' in q. 9: What main obstacles did you overcome to ask for support, forming 13% of the answers, signals a negative reputation in the mind of a large group of students. Although we cannot be sure why students gravitated towards selecting "I thought the University would not help me" it is possible this could extend from negative images of Durham University's assorted mental health and support services. 23 students believed students choose to not access resources because the University will not care about them or take their problems seriously. A further 13 students expressed beliefs linked to fear – saying students are scared to disclose problems to the University, often due

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<sup>13</sup> Jennifer Marie Martin (2010) Stigma and student mental health in higher education, Higher Education Research & Development, 29:3, 259-274.

<sup>14</sup>On stigma: Eisenberg D., Golberstein E., Gollust S. (2007) 'Help-seeking and access to mental health care in a university student population', Medical Care, 45(7), pp. 594-601.

Byrne P. (2000) 'Stigma of mental illness and ways of diminishing it', Advances in Psychiatric Treatment, 6(1), pp. 65-72.

Lewis M. (1998) 'Shame and stigma', in Gilbert P., Andrews B. (eds), Shame: Interpersonal Behaviour, Psychopathology, and Culture, New York, NY, Oxford University.

Tangney J. (1990) 'Assessing individual differences in proneness to shame and guilt: Development of the self-conscious affect and attribution inventory', Journal of Personality and Social Psychology, 59(1), pp. 102-11.

to possible academic repercussions. Finally, less than 10 students believed students simply do not trust the University.

The same negative reputation was felt by students within the focus groups. One group cited the “horror stories you hear floating around” another commented that “everyone I know has a negative perception of the mental health services.” Some students expressed explicit distrust of the University after hearing how services had negatively impacted their close friends or peers on social media – reflected in the 28 students who would not give the University their own information. Within group discussions and interviews the negative reputation mostly centred upon the Counselling and Mental Health Service but negative stories were shared about all aspects of the student support apart from the Disability and Chaplaincy services.

Students did not conform to one single perception regarding the quality of mental health services. The student view of mental health services in Durham is not monolithic – some held more positive perceptions citing friends who were helped by their departments or colleges, while others had ambivalent perceptions. When asked how other students felt, those who were positive or neutral often said there was no, one, single way to view the service offer, strictly positive nor negative. However, research unearthed a repeatedly held view – the services are not strong and other students also believe this. In discussions, individuals were quick to share negative stories before positives and no one mentioned stories or pieces of information that the University was sharing regarding successes. Students’ opinions on quality were linked to the stories they had heard from friends and peers online as many cited negative testimonies and online criticisms.

The reputation of the University’s support offer is clearly affected by misconceptions. 14 students believed they could not use university support because they could not afford it, even though counselling, college, departmental, chaplaincy, disability, and peer support are all free.

It is important to note two caveats. Firstly, students noted a generational distrust within institutions, including the University at large. This could easily affect value judgements of the University’s service, especially in a year with critical press coverage and public outcry against the University. Secondly, there is a gap between the reputation of the service and the satisfaction of those who have used various parts of the support service with many praising the services, which is discussed in Section 2.

## SECTION 2: UNIVERSITY PROVISIONS

### 2. 1 College Provisions

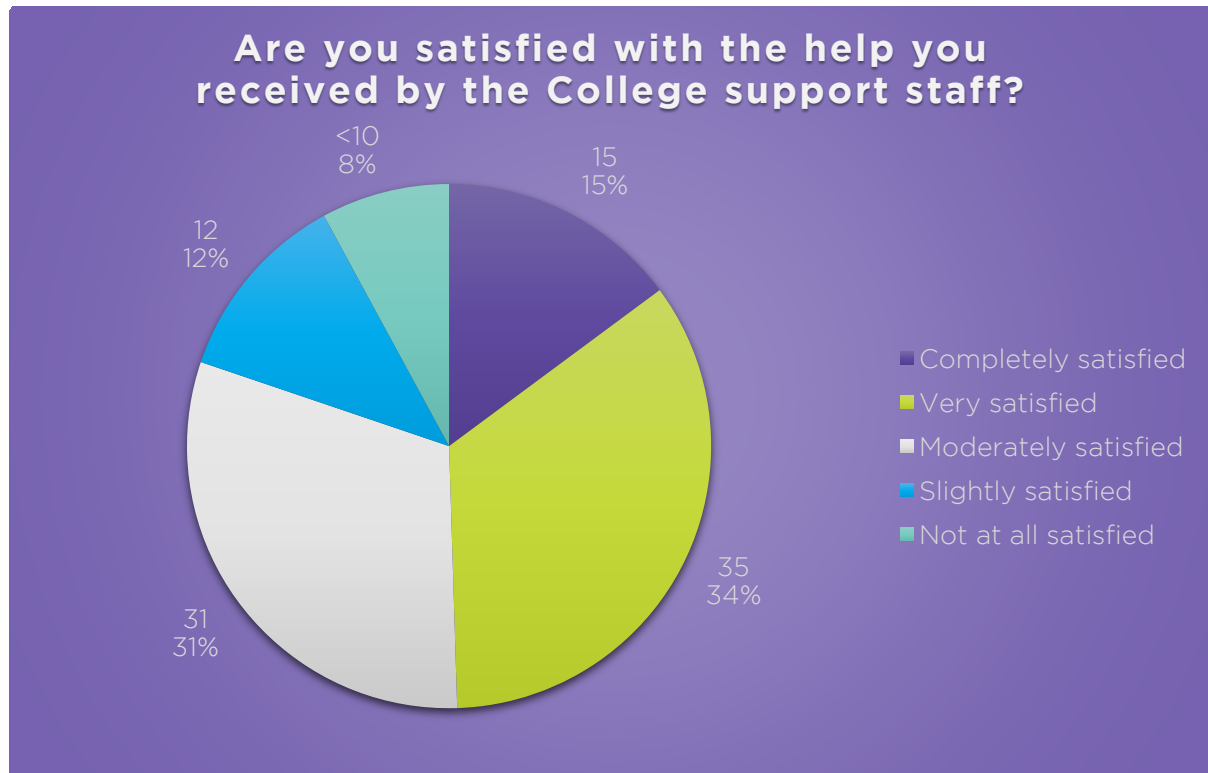


FIGURE 9: SATISFACTION LEVELS ON COLLEGE SUPPORT STAFF

In the question “Are you satisfied with the help you received?” (**Positive:** Completely Satisfied, Very Satisfied, **Neutral:** Moderately Satisfied, **Negative:** Slightly Satisfied, Not at all Satisfied) for College support staff, out of the 101 participants that have turned to College support staff, **15 (15%)** were Completely Satisfied, **35 (34%)** Very Satisfied, **31 (31%)** Moderately Satisfied, **12 (12%)** Slightly Satisfied, and **<10 (8%)** Not satisfied at all. This indicates that the majority of the users are satisfied with the service. As **50 (50%)** users were generally positive **31 (31%)** moderately positive and **20 (20%)** negative.

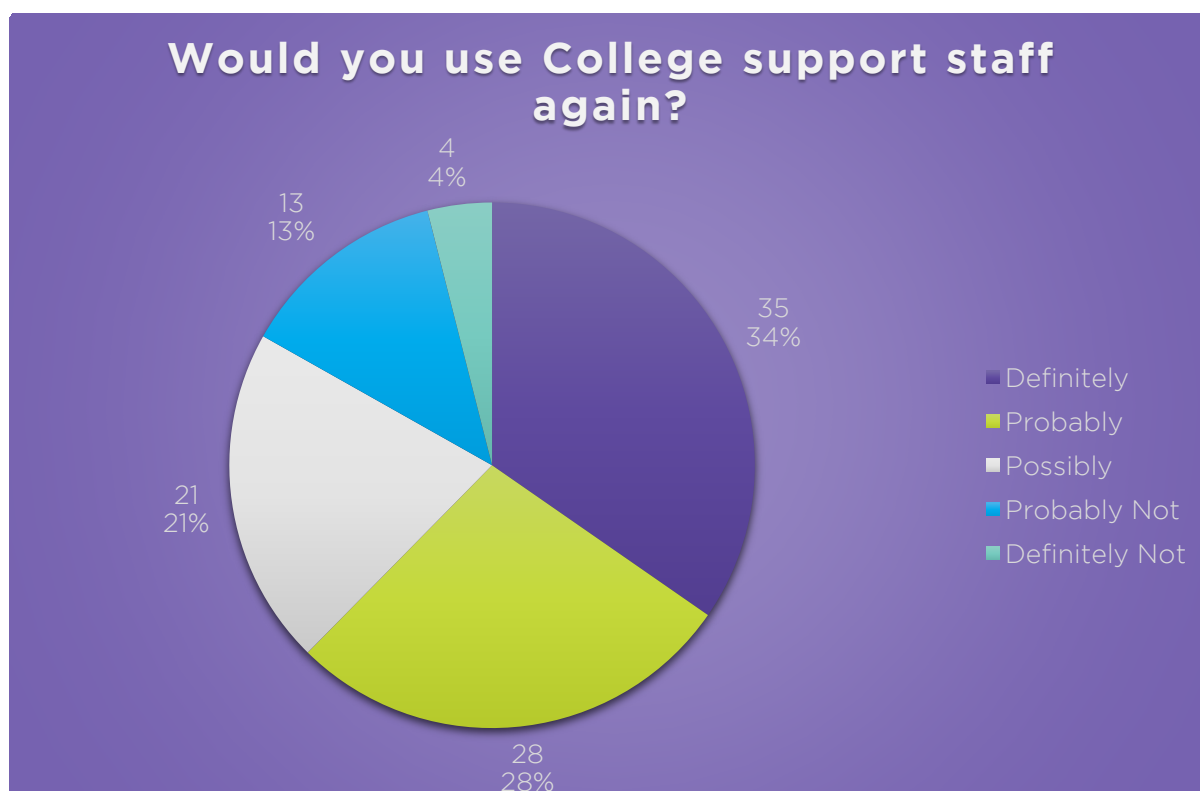


FIGURE 10: RETURN LEVELS TO COLLEGE SUPPORT STAFF

In the question “Would you use College support staff again?” (**Positive:** Definitely, Probably, **Neutral:** Possibly, **Negative:** Probably Not, Definitely Not), **35 (34%)** said that they would Definitely use the College support staff again, **28 (28%)** responded Probably, **21 (21%)** Possibly, **13 (13%)** Probably not, and **4 (4%)** Definitely not. When it comes to returning to the services the majority **63 (62%)** were **positive** about using the services again and **17 (17%)** would not, while **21 (21%)** were neutral.

Many respondents reported receiving help from college support staff. Several students praised the colleges’ services’ approachability, individuals working within colleges, and the help offered to them on a variety of issues. Participants within focus groups and interviews mostly believed their staff support were approachable and ready to listen to them.

Positive descriptions largely fell into three categories. Firstly, the students who praised the service in focus groups mostly praised their colleges for helping them gain access to other forms of support. These college services signposted and helped students access academic support, long-term mental health assistance, or advisory support.

Secondly, several students praised the individuals working within the colleges. They noted that placing welfare within communities enabled easy access and staff members with ‘open door’ policies who would be available for students were helpful.

Thirdly, the staff members with whom students reported the most satisfaction within focus groups were proactive. Support staff at **Josephine Butler** were praised for their ability to wrap around students, helping them as they engaged with other services and offering to find other avenues if

necessary. **University College's** welfare offer was praised for its efforts to regularly check in with students on a fortnightly basis.

However, the students who lacked check-ins and wrap-around support from their own colleges noted their frustration in the survey's comment sections and during in-person sessions. Several students felt "hand-waved" away, as they were signposted to resources and left to access those services by themselves. A small number of students believed they fell through the cracks between colleges and other resources as they were either incorrectly signposted, not signposted at all, or waited too long for college support staff to deliver on promises.

Discussions with students and free text feedback raised a question regarding the staff's community role. Out of the 21 free text responses to the survey explaining dissatisfaction, isolated examples showed unwillingness to speak to colleges. This sentiment was shared in the interviews. College staff support, those who become over-involved in college social life students may feel less comfortable talking to them as they will see them outside welfare spaces.

Students were also unwilling to talk to support staff because they felt they could not help in the same way as a department for academic issues or counselling for a serious mental health issue. Alternatively, a lack of clarity on data sharing prevented students from talking to their college leads as they expressed worries that other college members, or their departments, would learn what they said.

## 2.2 Counselling Provisions

The Counselling and Mental Health Service<sup>15</sup> received a lot of criticism from survey respondents and focus groups. Responses to the satisfaction question below (Fig. 6) indicate an overall negative experience. However, not all students had negative experiences, and our research showed there were students who reported being helped significantly. However, within focus groups the negative reputation of student support centred upon the counselling service providing barriers to access. A small number of responses conformed to the stereotype of under-resourced student support, arguing that counsellors are stretched thin resulting in rushed sessions. A higher number of responses show several students believe waiting lists are too long. 25 students named waiting times as a reason for students not using Counselling services in Durham with a limited number of students mentioning difficulties in booking appointments.<sup>16</sup> Indeed 17 students stated this is one thing they "would change about the University's provisions". The focus groups showed that self-referrals and bookings took so long that they abandoned trying to gain access to the service. Other students had heard of, or experienced, cancellations of appointments and unsatisfactorily slow rescheduling. Waiting times at the start of the process and the two weeks wait between booking and appointment were given as reasons for dissatisfaction in both focus groups and open responses. Some students

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<sup>15</sup> Most students referred to the Counselling and Mental health services as Student Counselling Services, which was the previous name of the Service.

<sup>16</sup> Although less than half mentioned the Counselling and Mental Health Service in particular, these focus groups and interviews suggest this service is normally the aspect students refer to when talking about waiting lists.

disliked fortnightly sessions because they identified this as a barrier in dealing with intense problems.



FIGURE 11: SATISFACTION LEVELS OF HELP BY THE COUNSELLING AND MENTAL HEALTH SERVICE

Of the 125 participants who have used the Counselling and Mental Health Service, in the question: Are you satisfied with the help you received? (**Positive:** Completely Satisfied, Very Satisfied, **Neutral:** Moderately Satisfied, **Negative:** Slightly Satisfied, Not at all Satisfied); 11 (9%) were Completely satisfied, 25 (20%) were Very Satisfied, 40 (32%) were Moderately Satisfied, 29 (23%) were Slightly satisfied, and 20 (16%) were Not at all Satisfied. In other words, the majority of participants had a negative experience 49 (39%), while 40 (32%) were neutral and 36 (29%) had a positive experience.

Another factor in dissatisfaction and avoiding the service from the start was the content of the counselling. Some students are drawn to the Cognitive Behavioural Therapy (CBT) and talking therapies offered by the service. However, some of the students that participated at the focus groups believe the service is not equipped to help 'serious' problems such as eating disorders or depression. Out of the 49 negative survey responses that measured student satisfaction levels with the Counselling and Mental Health service, 31 provided the qualitative data on why students would not use the service again; 19 of which indicated a lack of faith for the support complex needs. These students believed their issues were too complicated, or severe, to seek help. This meant they found the help on offer directionless or ineffective with little progression coming from their sessions. A reoccurring narrative was that the service was overly focused on academic issues, a view echoed in two of the three focus groups. Students in the focus groups believed the service is too general - focusing on "everyday" issues and how they affect studies through informal talks. These students would prefer more transformative aid that helps students to "*work on themselves*" and eliminate negative mental health patterns in the long term.

Another reason for dissatisfaction expressed both in focus groups and in the qualitative data as students believe the service cannot help them adequately because of the six-session cap. Overall, when asked “What would you change about the University’s provisions regarding mental health?”, 43 students named the six-session cap. Analysis of the Counselling and Mental Health Service shows the cap was the most frequent problem students had; this criticism was the most frequent specific problem students had with the service. Out of the 49 respondents to the satisfaction question (q10. B. i) and 31 to the re-use question (q10. B. ii) 13 and less than 10 students argued the service failed to provide long-term help. The vast majority of the students in both groups alluded to the session cap. The focus groups and interviews offered details of the impact of the session cap. A limited example of cases stated their JCR would offer students money from their JCR participation fund to pay for private counselling after multiple students had used their caps. One focus group detailed the strategic use of sessions with students holding back sessions, saving them for the end of the year during exam season in case their mental health spiralled despite the fact they would benefit from more sessions earlier. Finally, another focus group found some been caught unaware of the six-session cap so when a new problem has arisen students cannot access more sessions as they have reached the cap and are signposted way from the service towards Silver Cloud.

Additionally, it is possible the session cap prevents students from choosing to use the service. One focus group argued that students would use alternate services that provided longer-term support. Isolated examples indicate that students preferred to use student welfare instead of the Counselling and Mental Health service, because they could access two drop-ins a week for a year, a far greater number than 6 sessions. When asked why students choose not to access university support, students blamed the lack of long-term support and the session cap. Although these numbers are smaller than other concerns the session cap is worth noting specifically.

Group sessions on long-term health conditions, as well as grief and bereavement were praised. One focus group was especially positive towards the possibility of other issue-led groups, while the wellbeing staff received praise for their group work. It was clear students wanted to meet other students who are facing similar problems as them and receive help from the University well-being team within groups. Groups allow students to create networks of support and brave sharing potential trauma together, combining some of the positives of peer welfare with the benefits of receiving professional help.

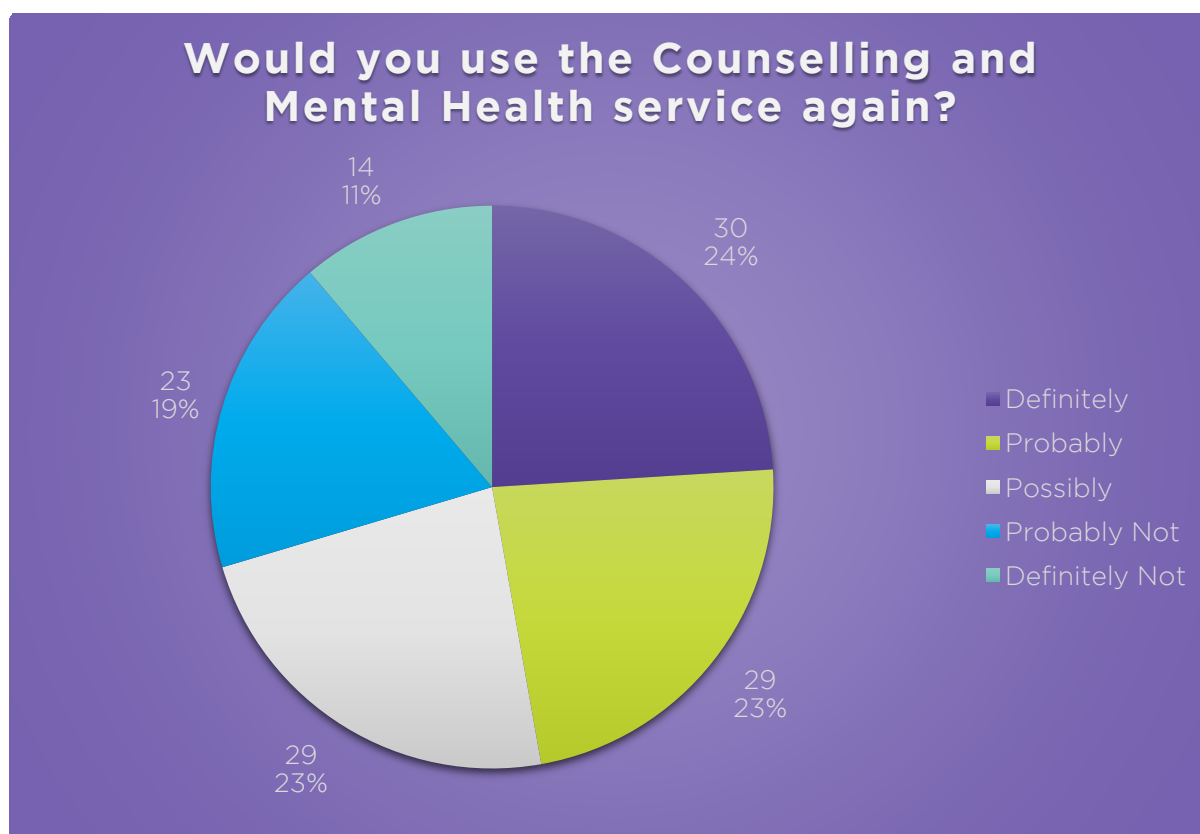


FIGURE 12: RETURN LEVELS TO COUNSELLING AND MENTAL HEALTH SERVICE

In the question “Would you use Counselling and Mental Health service again?” (**Positive:** Definitely, Probably, **Neutral:** Possibly, **Negative:** Probably Not, Definitely Not); Of **125** users, **30 (24%)** replied Definitely to use the Counselling and Mental Health service again, **29 (23%)** Probably, **29 (23%)** Possibly **23 (19%)** probably not and **14 (11%)** Definitely Not. This indicates that the **majority of users were positive** about the possibility of returning to the use the service, with **59 (47%)** replying positively, **29 (23%)** neutral and **37 (30%)** negatively.

Despite the negative satisfaction level of 29%, 39% of students would “definitely” or “probably” return to the service. This antithesis in data is hard to explain, and focus groups and interviews did not provide an answer. A possible suggestion is a lack of alternatives. Given public opinion regarding NHS mental health (i.e waiting times<sup>17</sup> amongst other issues inherited after the Covid-19 pandemic<sup>18</sup>), services and the cost of private services, students may believe there are no other viable alternatives -forcing them to go back to a service they deemed unsatisfactory.

<sup>17</sup> “How It Feels To Be On The NHS Mental Health Waiting List”, Huffington Post, 18 March 2022 ([https://www.huffingtonpost.co.uk/entry/how-it-feels-to-be-on-a-mental-health-waiting-list\\_uk\\_623078e2e4b0e01d97b0a5bd](https://www.huffingtonpost.co.uk/entry/how-it-feels-to-be-on-a-mental-health-waiting-list_uk_623078e2e4b0e01d97b0a5bd))

<sup>18</sup> “The New Normal; Balancing Covid-19 and other healthcare needs”, 14 May 2020 (<https://nhsproviders.org/media/689531/spotlight-on-non-covid-care.pdf>)

## 2.3 Departmental Provisions

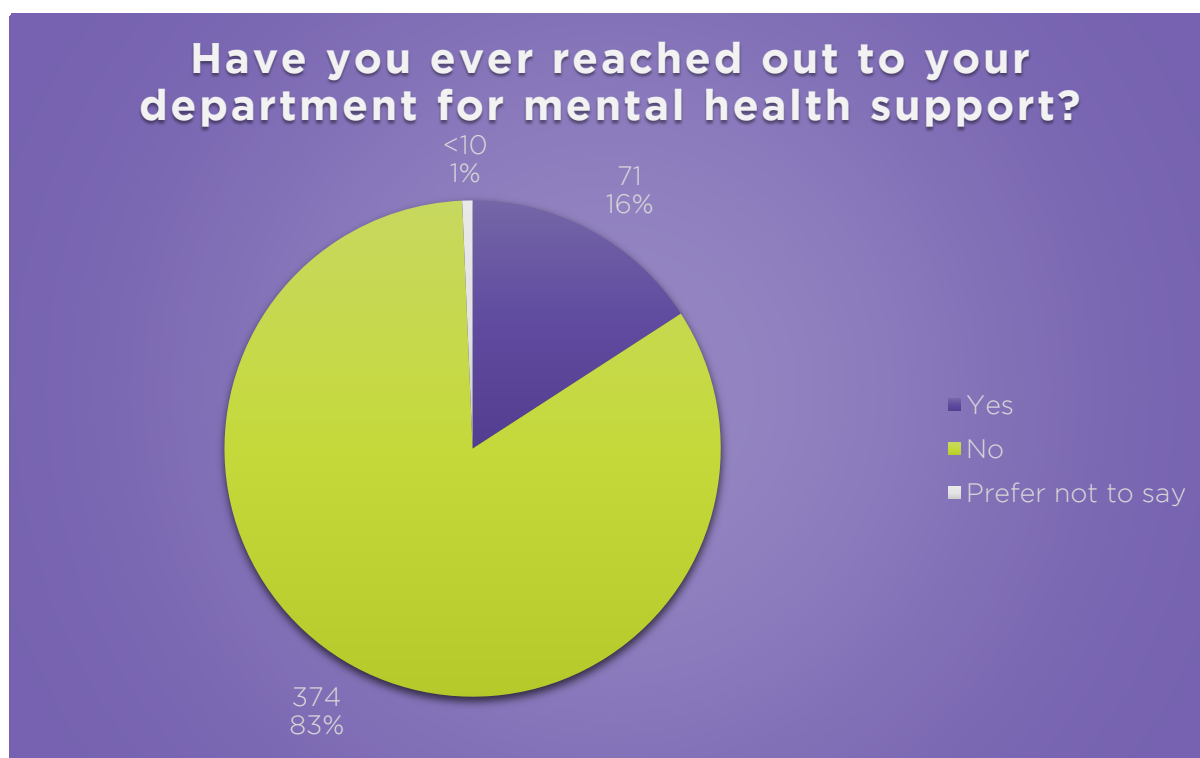


FIGURE 13: ACCESS LEVELS OF DEPARTMENT MENTAL HEALTH SUPPORT

Of 448 when it comes to reaching out to their department 374 (83%) replied negatively, 71 (16%) positive and less than (1%) preferred not to say. 42 (9.38%) students had reached out to both the Department and their academic supervisor. Of the 71 who have reached out to their department in the question “Are you satisfied with the help you received?” (Positive: Completely Satisfied, Very Satisfied, Neutral: Moderately Satisfied, Negative: Slightly Satisfied, Not at all Satisfied); less than 10 (10%) were Completely Satisfied, 16 (22%) were very satisfied, 32 (45%) moderately satisfied, less than 10 (13%) were slightly satisfied, and less than 10 (10%) were Not at all satisfied. The majority of users 32 (45%) were neutral as 23 (32%) were positive and 16 (23%) were negative. In the question “Would you reach out to your department again?” (Positive: Definitely, Probably, Neutral: Possibly, Negative: Probably Not, Definitely Not); 15 (21%) replied Definitely, 26 (37%) Probably, 18 (25%) Possibly, 9 (13%) Probably Not, less than 10 (4%) Definitely Not. The majority of the students who have reached out to their department would reach out again as 41 (58%) replied positively, 18 (25%) were neutral, and 12 (17%) negatively.

These findings show respondents had not reached out to their department for mental health support; however, it is important to note that not all respondents would have needed support. While departments do not offer mental health support, aside from mental health first aiders, instead, they help students manage the impact of their mental health on their studies and are signposted to other services. Nevertheless, this data taken from free text responses and focus groups and interviews provides vital feedback that departments should consider.

Students expressed a lack of awareness of support within departments. Within focus groups some students did not know they could go to their departments at all. Several students commented that they did not know where to go within their departments and multi-disciplinary departments were especially unsure of who was responsible for them. Moreover, limited examples indicated that accessing information from their department about less common forms of support such as study breaks was especially hard, so they had to go through university regulations themselves.

Some students showed resistance to the idea of going to departments. As previously mentioned, some students expressed beliefs that they would not go to their departments for mental health because of fear of academic repercussions. Another focus group agreed that there was more judgement among academics regarding mental health so it is important to take issues elsewhere – in a different interview a student stated they would not want to appear “weak” in front of their professors because it may impact their degree. Others blamed their degree, and even “academics” for their mental health problems so would not go to a department for mental health support. These reasons highlight the tension of those who teach and mark students whilst giving support or helping students access support.

There was a significant gap between different departments’ mental health support. The focus groups and interviews gave several possible reasons for this.

Firstly, students judge departments based on interaction with staff members. Departments with sensitive student-facing staff were praised. **Sociology** was highlighted for approachability. On the other hand, when staff lack sensitivity or understanding it can act as a barrier to accessing support both initially and repeatedly. Isolated cases suggested that they would sooner fail their degree than risk opening up to members of their department again after an unsatisfactory conversation with a member of staff. There were examples of frustration with teaching staff’s lack of understanding and advice to: (sic) “have a cup of tea and give it their best shot.” The **Psychology** department’s staff were described as being unapproachable and unwilling to help by focus group members exemplified by the statement “come if you really need it,” not “the door is always open.” Within the **English** department some students were unsatisfied with slow email response times. Within other undisclosed departments, students expressed frustration at teaching staff responses to queries and conversations – some academic staff coming across as rude, others uncaring, and some naïve about possible impacts of mental health on a student. These negative experiences build negative perceptions that can stop students accessing departmental support or push them to go elsewhere.

Secondly, departments that proactively share information were praised. For example, **Earth Sciences’** automatic emails sharing extension and support information before each deadline or **English** seminar leaders’ sharing of information around extensions and SAC forms. Some students praised staff for checking on them – various dissertation supervisors who gave told their students about stress management or **Physics** seminar leaders who asked students how manageable their workloads were so they could better help. This suggests teaching staff with a high level of student understanding are in a strong position to foster knowledge within the student body.

Thirdly, students value departments who accommodate their welfare needs. **SGIA** was praised for fairness when giving extensions and the **Earth Sciences’** extension form was revamped for accessibility. This allowed students to

manage their mental health problems whilst completing degrees. When asked if the volume of work within departments was manageable most students agreed it was, though some shared concerns over their departments setting multiple summative deadlines on the same days concentrating stress. An indexical example showcases the significance of adequate accommodation – they were tasked with giving an online presentation that they felt they could not deliver due to a disability, however, as presentations were not mentioned on their Disability Support Notification (DSN) they were forced to give one. Moreover, when they questioned this decision, they were accused of abusing the DSN service for their own ends.

The research poses a further question for departments regarding workload and management. This report concerns the support offered within departments – not how their workload and teaching are conducted. However, several students did not want to go to departments because their departments were seen as the causes of their mental health challenges. Less than 10 responses argued their department was part of the problem. This problem appears to be worse for postgraduates who struggle with intense workloads combined with a lack of funding, experienced by many.

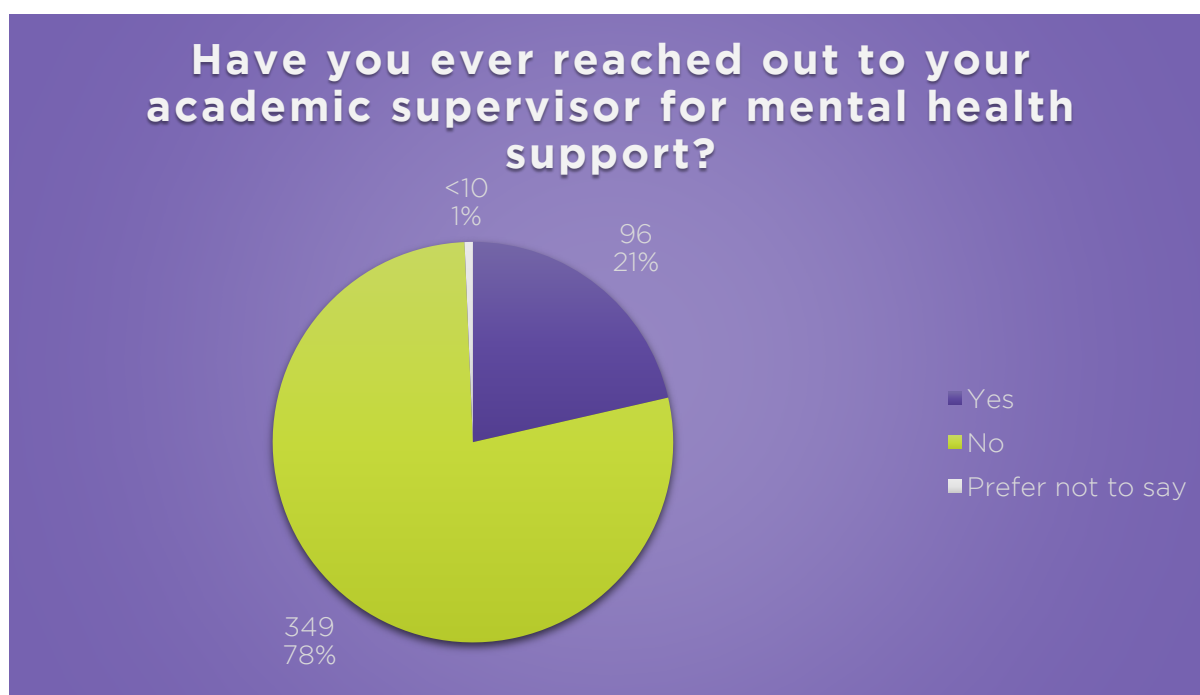


FIGURE 14: ACCESS LEVELS TO ACADEMIC SUPERVISORS SUPPORT

In contrast to the data above, the focus groups, interviews, and surveys did not offer a positive image of academic supervisors. Out of the three focus groups and five interviews, there were only two accounts of positive experiences. Which was also the case for the majority of the quantitative results. There are several themes that are repeated during discussions and survey responses.

The qualitative responses suggest a weak relationship between students and their advisors; students believe their academic supervisors are too busy as they are splitting their time between research, teaching, and supervising many students. This manifests in a lack of responsiveness, no show by supervisors in arranged meetings to discuss mental health issues, a “push through mentality” and low quality of advice. In addition, many students do not know they can go to their department or think about going to their department – including their supervisor. Supervisors’ attempts to reach out to students often go ignored, especially if they are about matters irrelevant to the content of the studies like graduation plans. In addition, several students did not know their supervisors’ names.

The biggest criticism of the supervisor system was the poor advice given to students in several cases. Students raised problems with the received advice as the advice was either too generalised to help students or showed a lack of understanding of the issues at hand. Here is an example extracted from the qualitative data where a supervisor told a student to ask for money from their parents, another was told to not use extensions and instead ‘push through it.’ They did not give the reason for this advice but named it as the reason for dissatisfaction because it would impact later work, while another student had their mental health problems ignored, being told to just “stay motivated” by dropping out of extra-curricular activities.

Several survey responses indicated students felt academic supervisors do not take mental health problems seriously. Some students gave negative feedback arguing supervisors are hard to approach as they are anecdotally known for negative responses to mental health queries. Multiple students stated talking to their supervisor made them feel worse because of poor initial responses – making them feel burdensome. Multiple supervisors reportedly showed a naivety about the impact of mental health on students by arguing that Durham University is a “hard experience for everyone” because it is a competitive institution. The supervisors who were praised showed care for their respective students by understanding their DSN or checking-in on the students as they received university counselling.

## 2.4 Disability Provisions

The results below show the University should be proud of the support given by the Disability Office. This is the offer with the highest level of satisfaction and likelihood for students to reuse the service.

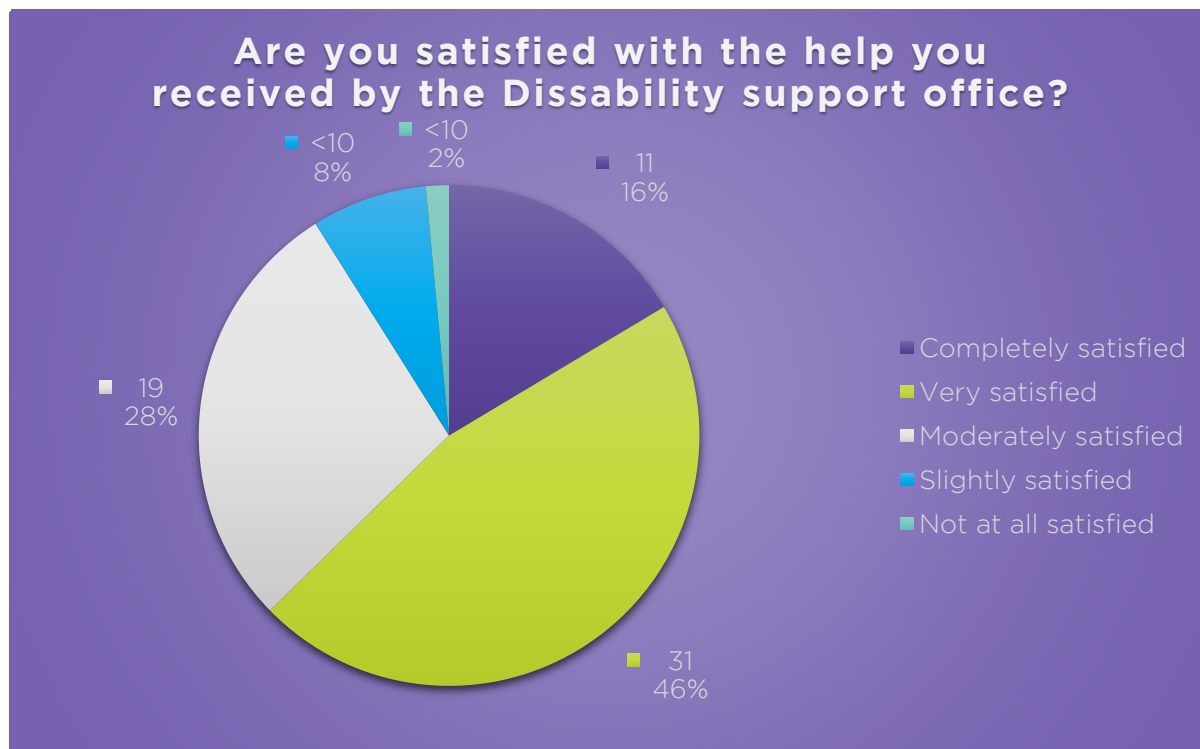


FIGURE 15: SATISFACTION LEVELS OF THE DISABILITY SUPPORT OFFICE

Out of **67** participants who have used the Disability support office, in the question “Are you satisfied with the help you received?” (**Positive:** Completely Satisfied, Very Satisfied, **Neutral:** Moderately Satisfied, **Negative:** Slightly Satisfied, Not at all Satisfied); **11 (16%)** were Completely satisfied, **31 (46%)** were Very satisfied, **19 (28%)** were moderately satisfied, **less than 10 (8%)** were Slightly satisfied, and **less than 10 (2%)** were Not at all satisfied. The majority was positive with **42 (62%)** participants having a positive experience, **19 (28%)** neutral and **less than 10 (10%)** negative.

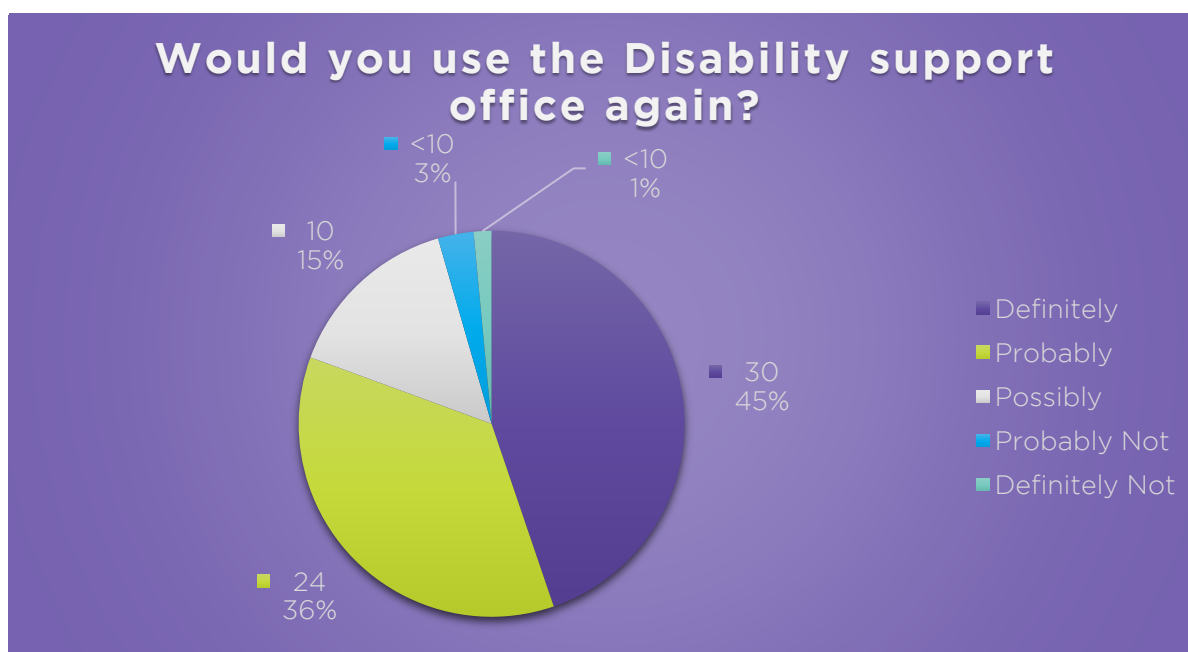


FIGURE 16: RETURN LEVELS TO DISABILITY SUPPORT OFFICE

Of the above respondents to the question “Would you reach out to the Disability Support office again?” (**Positive:** Definitely, Probably, **Neutral:** Possibly, **Negative:** Probably Not, Definitely Not); **30 (45%)** replied Definitely, **24 (36%)** Probably, **10 (15%)** Possibly, **less than 10 (3%)** Probably Not, and **less than 10 (1%)** Definitely not. The majority of the users would return to the service as **54 (81%)** replied **positively**, **10 (15%)** were neutral and **less than 10 (4%)** negative.

In the focus groups the Disability Support Office received unanimously positive feedback. The Disability Support Office was discussed fewer times than colleges, Counselling and Mental Health Service, student welfare, and departments, but was portrayed in a very positive light when mentioned. Students particular like DSNs and the freedom given to students to plan their own studies in accordance with their needs. Overall, students within the focus group that discussed the Disability Office the most felt “listened to” and “cared for.” Within the small handful of reasons given for not returning, 25% of students said it was because their needs had been met and did not need to return.

Students noted one possible area for improvement; Students find diagnosis and needs assessment very difficult. Further detail is not available as they were not disclosed by students. However, a small number of students wished the Disability Office checked in with them, went through needs assessments in person, and more and helped them get mental health diagnoses.

## SECTION 3: PEER SUPPORT

### 3.1 Student-Led Welfare



FIGURE 17: ACCESS LEVELS TO STUDENT-LED WELFARE TEAMS

Durham students hold clearly conflicting views of student-led welfare. Students close to their colleges are likely to place student-led welfare at the centre of their vision of student support and students, praising the fact they could speak to student counterparts. However, our findings suggest many students choose not to turn to peer support.

Out of **448** participants, **372 (83%)** replied No when responding to the question “Have you ever reached out to student-led welfare teams?” and **74 (17%)** Yes while **less than 10** preferred not to reply. Given the dominance of student support within the mind of students this appears to be a low rate of use. Moreover, focus group participants frequently misunderstood the role of student-led welfare. Some international students explained the term “welfare” did not make sense to them because there is no equivalent back home for the Durham-specific definition. Students were also frustrated by limitations – angry at student volunteers for not helping them beyond the remit of their roles.

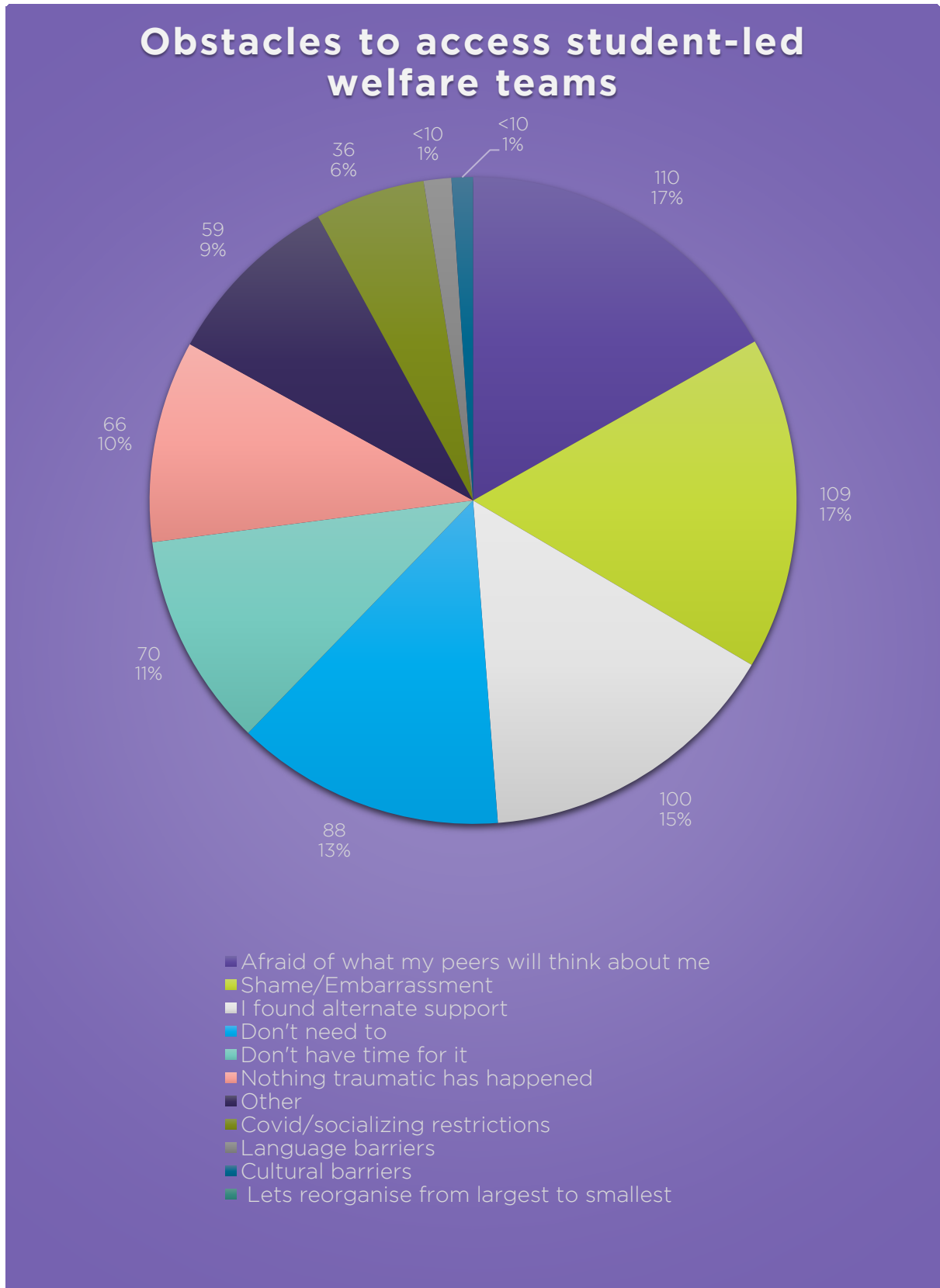


FIGURE 18: OBSTACLES TO ACCESS STUDENT-LED WELFARE TEAMS

Why haven't you reached out to the student-led welfare teams?	Responses
Afraid of what my peers will think about me	110
Shame/Embarrassment	109
I found alternate support	100
Do not need to	88
Do not have time for it	70
Nothing traumatic has happened	66
Other	59
Covid/socializing restrictions	36
Language barriers	<10
Cultural barriers	<10

TABLE 2: OBSTACLES TO ACCESS STUDENT-LED WELFARE TEAMS

The above graph and table show the reasons the participants chose to not to access the student-led welfare teams according to the survey responses.

Students chose not to seek peer-led welfare for 3 main reasons. Firstly, limitations of the service; students praised the active listening/signposting services but felt if they had good friends or support systems, they could get it elsewhere. Some were frustrated over the lack of advice given despite the fact that members of student-led welfare teams are not meant to give advice. Furthermore, if students needed serious help this service was not deemed desirable.

Secondly, students demonstrated low levels of comfort in talking to peers. If students went to their own college or group for the support, they felt they must be comfortable with a member of that group knowing potentially sensitive information. This partly explains the 110 students who did not use the service because they were worried about what their peers would think, and the 109 students who were impeded by shame/embarrassment. In focus groups, several students felt uncomfortable with going to friends within welfare positions because they do not want their peers to know the issues they are facing; "you will see [college welfare peers] at dinner after breaking down in front of them the day before."

Thirdly, and most prominently, is the perceived burden placed on student volunteers. One focus group expressed feelings of collective guilt over approaching students who were seen as overburdened. Other participants detailed their friends' stress - especially in times of high demand, such as fresher's week. One Nightline volunteer expressed the anxiety their team faced worrying whenever they picked up the phone that it could be a suicidal student caller. Those who know peer supporters expressed an unwillingness to talk to them because they saw how hard their friends were struggling. Overall, students believed welfare reps unfairly take up the slack left by other services.

Fourthly, the majority of students believed that welfare officers received a lack of support. This included adequate training on serious issues, a lack of professional oversight and/or guidance, a need for more assistance with signposting students with complex needs, and an absence of mental health

support for volunteers. Support was deemed stronger in colleges, but college volunteers stated they struggled to go to their peer teams because they have to work with them and college swaps, whilst effective, could be more frequent.

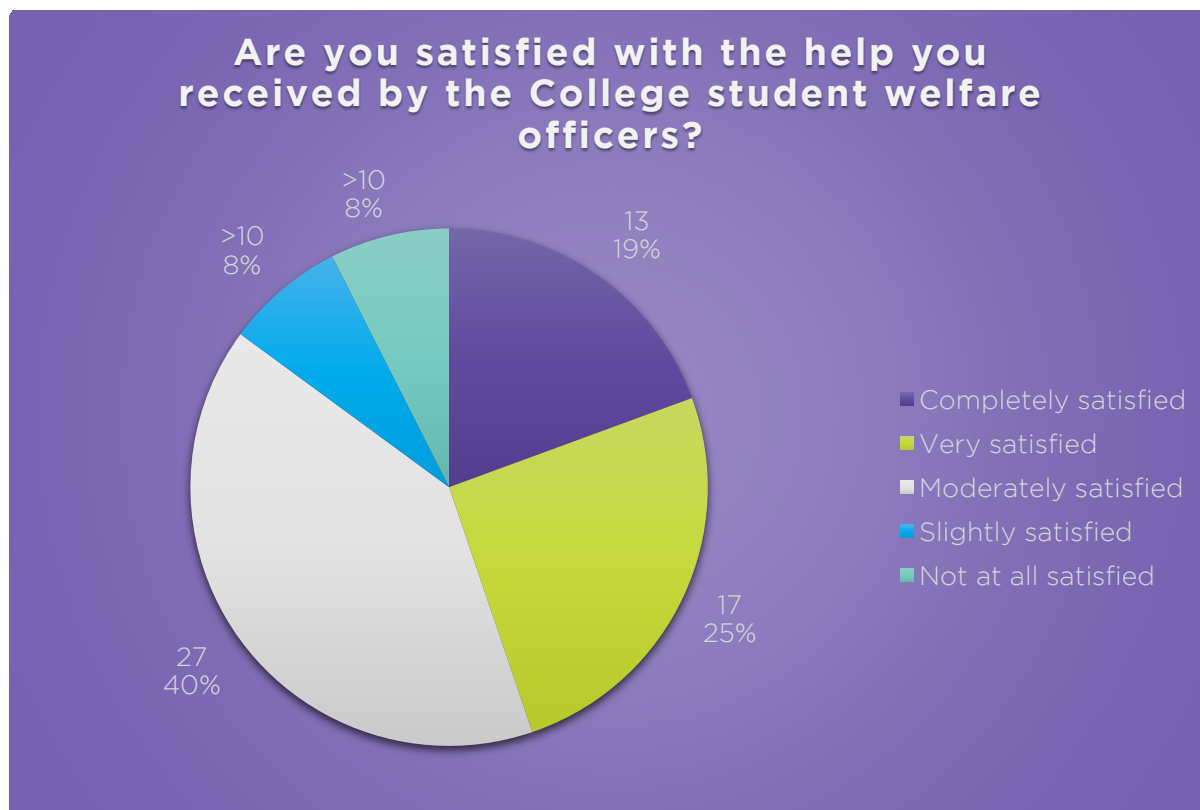


FIGURE 19: SATISFACTION LEVELS OF COLLEGE STUDENT WELFARE OFFICERS

Out of **67** participants, In the question “Are you satisfied with the help you received?” (**Positive:** Completely Satisfied, Very Satisfied, **Neutral:** Moderately Satisfied, **Negative:** Slightly Satisfied, Not at all Satisfied); **13 (19%)** replied Completely, **17 (25%)** Very Satisfied, **27 (40%)** Moderately Satisfied, **less than 10 (8%)** Slightly Satisfied, and **5 (8%)** Not Satisfied at All. The majority of the participants **30 (44%)** had a **positive** experience.

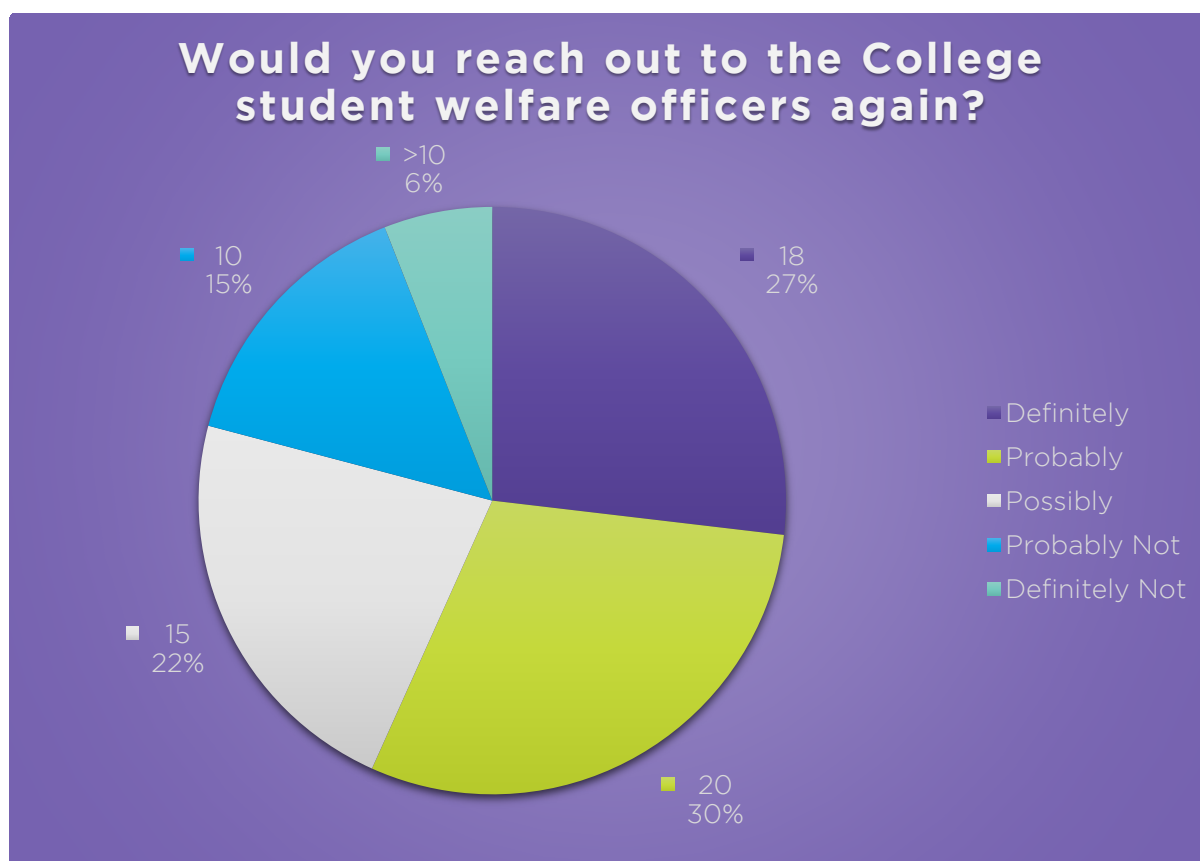


FIGURE 20: RETURN LEVELS OF COLLEGE STUDENT WELFARE SUPPORT OFFICERS

Out of the 67 participants, in the question “Would you reach out to the College student welfare officers again?” (**Positive:** Definitely, Probably, **Neutral:** Possibly, **Negative:** Probably Not, Definitely Not), 18 (27%) replied Definitely, 20 (30%) Probably, 15 (22%) Possibly, 10 (15%) Probably Not, and less than 10 (6%) Definitely Not. The majority of students would refer to the welfare officers as 38 (57%) replied positively, 15 (22%) were neutral and 14 (21%) were negative.

The above concerns were reflected in feedback from those who had used the service. Those who were unsatisfied were likely to say that they felt the service could not help them because their issues were too complicated. However, this reflects a possible misunderstanding by students concerning the support on offer rather than a reflection of volunteers’ performance.

Interestingly, peer-led welfare was often assumed to be JCR-centred. The survey did not specify peer-led support but in subsequent focus groups and interview discussions students saw peer-led welfare as JCR-led welfare. Several students were unaware of the welfare offer of Team Durham groups and the Durham SU Associations.

Overall, the support a student chooses is often led by personal preference; some students want to talk to peers and others chose not to. However, work needs to be done concerning the work-life balance of peer supporters and the assistance they receive.

## CONCLUSION

This report has shown clear opportunities for the University to improve its mental health service offer. Whilst students' perceptions are by no means monolithic, they have highlighted improvements across three key areas: clarity, communications, and the offer itself.

Our research indicates a lack of understanding of the mental health offer stemming from a lack of clarity. Whilst multiple support avenues provide students choice it can be equally overwhelming with colleges, departments, counselling and wellbeing services, disability services, faith services, and student groups. Furthermore, when asked about support within these branches students did not know where to go – especially within departments.

Given potential stigma, and clear feelings of shame, embarrassment, and mistrust Durham University needs to have clearer, approachable, and proactive points of access that reach out to students early on and check in on students throughout their time at Durham. To go to a college member of staff or student volunteer can be hard because they may be within that students' immediate community. Going to a department can be difficult if the student fears academic reprisals. Clarity is especially important among student-led welfare. Students need to know the role and limitations of welfare reps, as well as the alternate student groups that provide this service outside of the JCRs. Crucially welfare reps need to know who is responsible for supporting them. If the University and Durham Students' Union are to promote a system partly built on student volunteerism, then there needs to be adequate support for those volunteers.

There is a disconnect between the intent of university communications around student mental health services and Durham students' understanding of those communications. The University needs to better communicate the support on offer, so students know the pros and cons of each provision. Furthermore, all students should, regardless of how severe they perceive their struggles, be able to find, and access, appropriate support. For problems the University is unequipped to deal with, external support systems must be signposted, clearly and quickly. Furthermore, an effective communications strategy should seek to build trust within the student body. By dispelling pervasive myths regarding academic punishment, potentially waiting lists, and uncaring members of staff, and including positive messages of help, more students will be willing to access the support on offer.

There are improvements to the support on offer. If Durham students are to stay at Durham for 3 years and incur the stress inherent in higher education, then they deserve to be supported throughout the whole of their university experience. To do this the University should increase the facilitation of longer-term transformative support which helps students tackle the root causes of problems they face as well as how those problems impact their social and academic lives.

Moreover, if the stress is caused by academic work, especially given funding and teaching conditions amid a potential cost of living crisis, we need to consider how to centre wellbeing within learning. Through the makeup of its officer team Durham Students' Union separates welfare and academic concerns, without an acknowledgement of this separation, risks letting the mental health impact of academia go unchecked.

## RECOMMENDATIONS

### Clarity

Our research indicates a lack of understanding of the mental health offer and difficulties in navigating the system. The student support review is working to address this but can go further by:

- Create a **physical hub** which students can access. House wellbeing resources in one accessible building and create a wellbeing helpdesk who can help students navigate the welfare system in person with the materials from the digital welfare hub.
- **Centre wellbeing messages within departmental induction.** New academic wellbeing reps and existing academic reps should talk to the entire cohort to state their roles.
- **Strengthen peer-to-peer signposting.** The Durham SU should provide a physical up to date signposting guide for all college and society welfare teams that they can walk through with students when signposting.
- **Review of peer welfare support.** Each welfare officer should have a clear member of staff (either SU, Team Durham, or Collegiate) overseeing and supporting them. Welfare officers should know what non-peer support they can turn to. Welfare training should be held termly and made mandatory for practising welfare officers to attend (with attendance marked) so students know they are properly trained.
- Provide **clarity on information sharing**, making it clear to students what happens with their information when they use resources and debunk myths about academic repercussions of sharing personal information.

### Communications

Our research indicates a disconnect between university communications and Durham Students leading to negative stereotypes and distrust.

- **Create and continually re-evaluate a clear communications strategy.** Remove wellbeing messages from disparate messaging systems such as Dialogue and push the central wellbeing hub, while making that website easy to navigate. Use physical spaces such as the library, departments, and colleges to advertise mental health resources. Move to social media following the lead of peer supporters to tell students what resources are on offer.
- Create a **standardized communications** strategy and a **common language** around mental health support across all departments. Departments should signpost possible resources to students before deadlines and address insensitive messages regarding attendance and mental health. Departmental feedback should address how supported students feel in discussions of mental health. Language across all

services should be calibrated to international understandings of support.

- **Share positive stories** and impacts with the student body to proactively myth-bust about waiting times and quality of services.

## Offer

To address the growing complexity and demand of mental health issues the University should make the following changes:

- **Increase the number of counselling** appointments available to students and total number of sessions available to an individual.
- **Assess the use of therapies outside of the CBT model** for students with complex needs and mental health conditions.
- **Continue working towards greater diversity of counsellors** for culture-relevant support and waiting time management. Focus on finding support for Lesbian, Gay, Bisexual (LGB) and Trans (T) students, and counsellors who speak multiple languages and understand cultural differences among internationalised student groups.
- Explore offering and advertising **more group sessions** on sexual violence, eating disorders, and issues frequently disclosed by students to the Counselling and Mental Health service.
- **Recognise the relationship between academic work and mental health** through a lens of time pressure. Acknowledge a gap in support between academic work and welfare and begin to assess how teaching methods can be altered to address mental health. This should include “deadline bunching,” no-questions asked extensions, and postgraduate teaching funding as well as examining teaching conditions.
- Assess the **social role of staff welfare support** within colleges to ensure it does not prevent students from using services.
- **Increasing proactive measures** is critical. Organize an effective attendance system that will enable supervisors to sensitively reach out to students. Increase the amount of follow-up check-in meetings College, Wellbeing and Counselling staff offer. Explore the possibility of offering specific assistance to students on field trips.
- Provide **more comprehensive Signposting Training** to all staff, which is reviewed annually for accuracy and undertaken by all staff at least once every two years.

## Appendix 1

*In each case the possible response methods are listed in purple*

1. Demographic information comprising in 5 questions:
  - A. Gender Identity,
  - B. Sexual Orientation,
  - C. Ethnicity,
  - D. Level of Studies,
  - E. Year of studies.
2. Have you ever struggled with your mental health? (Yes or No)
3. Do you feel others' perception of your identity(ies) impacts your mental health? (Yes or No)
4. Have you ever had therapy/counselling (outside of the University)? (Yes or No)
5. Have you felt that you needed mental health support while studying? (Yes or No)
6. How comfortable are you with your knowledge of the differences between therapy and counselling? (Five-point ordinal scale: Completely Comfortable, Very Comfortable, Moderately Comfortable, Slightly Comfortable, Not at all Comfortable)
7. How comfortable are you with your knowledge of the University's mental health support services? (Five-point ordinal scale: Completely Comfortable, Very Comfortable, Moderately Comfortable, Slightly Comfortable, Not at all Comfortable)
8. Have you used the mental health support services provided by the University? (Yes or No).
  - A. Sub question: If No, why? (Free text response)
9. What main obstacles did you overcome to ask for support? (Multiple choice with the following possible responses:
  - A. Shame/Embarrassment
  - B. Cost
  - C. Language Barriers
  - D. Cultural Barriers
  - E. I thought therapy was for people with serious issues
  - F. I thought I only need support if something traumatic had happened
  - G. I did not trust the University with my personal information
  - H. I thought online therapy does not work
  - I. Lack of time
  - J. I thought the University does not provide a high quality of service
  - K. I thought the University would not help me
  - L. I did not want to drain resources that other people need more

*In the next multiple-choice questions (q. 10 & q.12) for each choice A, B, C, etc there were 2 sub questions answered by a Five-Point Ordinal Scale: (q. i)*

*about satisfaction and (q.a) about return to the service. If the answer was negative, there was another explanatory question answered by free text.*

10. Which services have you used? Multiple choice with the following possible responses:
- A. College support staff
  - B. Counselling and Mental Health Service
  - C. Disability support office
  - D. Chaplaincy and Faith Support
  - E. Student Support and Wellbeing Office
  - F. Silver Cloud
- i. Sub question: Are you satisfied with the help you received? (Five-point ordinal scale: Completely Satisfied, Very Satisfied, Moderately Satisfied, Slightly Satisfied, Not at all Satisfied)
    - a. Sub question: If "Slightly Satisfied" or "Not at all Satisfied," Why? (Free text response)
  - ii. Sub question: Would you use them again? (Five-point ordinal scale: Definitely, Probably, Possibly, Probably Not, Definitely Not)
    - a. Sub question: If "Probably Not" or "Definitely Not," Why? (Free text response)
11. Have you ever reached out to student-led welfare teams? (Yes or No),
- A. If No, why? (Free text response)
12. Which teams have you reached out to?
- A. College student welfare officers
  - B. Nightline
  - C. Students' Union Advice service
  - D. Associations
  - E. Societies' welfare officers
- i. Are you satisfied with the help you received? (Five-point ordinal scale: Completely Satisfied, Very Satisfied, Moderately Satisfied, Slightly Satisfied, Not at all Satisfied)
    - a. Sub question: If "Slightly Satisfied" or "Not at all Satisfied," Why? (Free text response)
  - ii. Would you use them again? (Five-point ordinal scale: Definitely, Probably, Possibly, Probably Not, Definitely Not)
    - a. Sub question: If "Slightly Satisfied" or "Not at all Satisfied," Why? (Free text response)
13. Have you ever reached out to your academic supervisor for mental health support? (Yes or No),
- A. Sub question: If No, why? (Free text response)
    - i. Sub question: Are you satisfied with the help you received? (Five-point ordinal scale: Completely Satisfied, Very Satisfied, Moderately Satisfied, Slightly Satisfied, Not at all Satisfied)
      - a. Sub question: If "Slightly Satisfied" or "Not at all Satisfied," Why? (Free text response)

- B. Sub question: Would you use them again? (Five-point ordinal scale: Definitely, Probably, Possibly, Probably Not, Definitely Not)
- i. Sub question: If “Probably Not” or “Definitely Not,” Why?  
(Free text response)
14. Have you ever reached out to your department for mental health support? (Yes or No),
- A. If No, why? (Free text response)
15. Are you satisfied with the help you received? (Five-point ordinal scale: Completely Satisfied, Very Satisfied, Moderately Satisfied, Slightly Satisfied, Not at all Satisfied)
- A. Sub question: If “Slightly Satisfied” or “Not at all Satisfied,” Why?  
(Free text response)
16. Would you use them again? (Five-point ordinal scale: Definitely, Probably, Possibly, Probably Not, Definitely Not)
- A. Sub question: If “Probably Not” or “Definitely Not,” Why?
  - B. (Free text response)
17. Have you ever reached out to your peers for mental health support? (Yes or No)
- A. Sub question: If No, why? (Free text response)
18. Who did you go to? Multiple choice with the following possible responses:
- A. Friends,
  - B. Partner,
  - C. Colleague,
  - D. Other
19. What would you change about the University’s provisions regarding mental health? (Free text response)
20. According to your experience, why do you think people do not use the University’s services for mental health support? (Free text response)
21. If you need support, where are you most likely to get it? (Free text response)