
Mental health at third level: What are the issues facing students and what can we do about them?

Introduction

Levels of mental illness, mental distress and low wellbeing among students in higher education is increasing (IPPR 2017). 75% of adults with mental illness first experience symptoms before the age of 25. With peak onset from 18-25 (Kessler and Wang 2008). This high-risk period coincides with entrance into and time spent in third level education. A new report by AHEAD, which examines the numbers of students with disabilities in higher education in the academic year 2016/17, found a 46% rise in the number of new students registering with a mental health condition. This cohort now represents 14% of all new students registering with a disability in 16/17. In total there are 11,224 students who have disclosed a disability making up 5% of the student population (AHEAD 2018).

The primary purpose of disclosure is to ensure that students are able to access additional support while studying. The vast majority of students disclose during their first year however students can choose to disclose at any point throughout their time at the institution. Students may choose not to disclose if they feel that their relationship with peers or university staff, as well as other opportunities to succeed while at university or after graduating, might be adversely affected as a result. Among students with experience of mental health distress the main reason for not talking to other students about their mental health was 'not wanting students to think less of them'. They may also opt not to disclose if they believe there may be institutional stigma towards them and that they may receive 'unfair treatment' (ECU 2014). For students registered with the disability services, support is available to them. These supports are intended to correct the potential for mental illness to affect academic performance. However, for a significant number of students who choose not to disclose these formal supports are not available to them.

While mental illness, mental distress and low wellbeing can affect all kinds of people, they are more common among those from deprived socioeconomic backgrounds (Stansfeld et al 2016). Widening participation to students from deprived socioeconomic backgrounds may account for some of the increase in prevalence among students. This along with the reduction of stigma is likely to contribute to more students disclosing mental health conditions (IPPR 2017).

Impact on Higher Education participation

As well as an increase in the number of students who formally declare a mental health condition to their HEI, there are a high number who have self-reported mental distress. While not always meeting the threshold for mental illness, the distress is likely to have a significant effect on their ability to thrive both academically and personally and lead to an increase of demand for services including the counselling services. (IPPR 2017)

Academic demands and studying have been found to be likely to trigger mental distress (NUS 2013). In general higher education courses require a degree of self-directed learning which can be a major shift/change to what student is used to coming from school. This has the potential to affect a student's ability to cope. There appears to be increased pressure to gain a high class degree in recent times. There is a wide discrepancy in the proportion of students who receive a First, compared to the number who expect to achieve one when beginning their course

(Brown 2016). Finding a job after college has also been noted as a stressful experience/thought for students. This is particularly significant in today's competitive graduate jobs market (YouGov 2016). The graduate job market has failed to keep up with the supply of new graduates. In the UK the proportion of younger workers in non-professional/managerial jobs doubled from 7 to 13 percent. Young graduates in jobs for which they are overqualified are more likely to experience mental health problems (Thorley and Cook 2017). There is also a social pressure associated with college. Many can feel pressure to establish and fit in with a new group of friends; the pressure associated with living in such close proximity in halls or shared flats; the ability to cope while outside traditional support structures; and increased pressure associated with drugs and alcohol (NUS 2013). Financial pressure can also be worrisome for students. When entering higher education, many people will for the first time take on responsibility for budgeting and managing their own income and expenditure. Many also choose to work part time in order to support themselves, which can bring additional pressure. One in four students identified their job as a main cause of stress in the YouGov (2016) study.

Experience of mental health difficulties while at third level can have a number of adverse effects on students' lives. According to the Royal College of Psychiatrists (UK)

Early adult life is a crucial stage in the transition from adolescence to independence as an adult.

Underachievement or failure at this stage can have long term effects on self-esteem and the progress of someone's life (RCP 2011).

An associated risk with poor mental health is the effect on students' grades. They may receive lower grades than expected or may be required to repeat an academic year. Some services are restricted to repeat students further disadvantaging them at this crucial time. Poor mental health is associated with an added risk of dropping out of college, particularly when support is unavailable or not sought. Consideration of dropping out from university is stronger for those with poor mental health, with 4 in 10 considering dropping out (Unite 2016). Students with mental health difficulties are more vulnerable to withdrawal than any other category of student with disability. However, once supported appropriately they are more successful in higher education (Twomey et al. 2010).

A whole campus approach

The central function of a 'whole campus approach' must be to promote positive mental health and wellbeing among students and prevent the emergence of mental illness and distress as well. The second function of a 'whole campus approach' must be to ensure that students experiencing mental illness, distress or low wellbeing are able to access support, care and treatment. This is particularly important for students experiencing mental illness. For this HEI's must be equipped to manage risk, respond to crisis, and refer students to appropriate external services. HEI's must also ensure that these students thrive and meet their potential (IPPR 2017).

Examples of a whole campus approach include the University of Cumbria who have made training available for all staff in suicide prevention and awareness. It has proved very popular with over 12 percent of all staff been trained. The course's popularity is thought to be due to its condensed length – it is delivered via a one day half session and based on the Columbia Suicide Severity Rating Scale (CSSRS) screening tool. Arts University of Bournemouth is a small college with 3500 students. This HEI's size allows for routes from academic staff referring directly to student

services. At Brunel University London, security officers have been trained by the disability and counselling services in responding to mental health crisis. This forms one part of the security services wider remit to ensure 'safer campus communities' (IPPR 2017).

While HEI's are primarily education providers, they also have a responsibility for protecting and promoting students' mental health and wellbeing. It is recognised that a joined up strategy between higher education and health service authorities is essential in supporting students with mental health difficulties in higher education (HEFCE 2015). There needs to be clarity around who holds responsibility for students' mental health. This is needed between internal support services and also critically between external agencies (AHEAD 2016). In Ireland mental health services have been criticised for not being organised to support a model of continuing integrated care through adolescence into young adulthood (AHEAD 2016).

The Health Service Executive (HSE) has provided funding to the Union of Students in Ireland (USI) to carry out mental health related activities.

Current and completed projects

Current projects

1. In order to respond effectively with evidence-based interventions we must first have a clear understanding of mental health and wellbeing among our students. To meet this need USI is currently conducting a study into mental health on third level campuses across Ireland to examine services, help seeking behaviours and student mental health.
2. We are currently piloting a peer education programme in partnership with Jigsaw – The National Centre for Youth Mental Health. It involves implementing a peer education model across third level colleges (starting with DIT and ITB). The focus of the workshop is on the 5 a day for mental health. We are all familiar with the importance of eating 5 pieces of fruit and veg a day for our physical health, this idea has been borrowed to create a 5 a day for good mental health which we can use to improve our own mental health. In 2008 the New Economics Foundation (NEF) was commissioned by the UK Government's Foresight project on Mental Capital and Wellbeing to develop a set of evidencebased actions to improve personal wellbeing. The actions identified were ones that individuals could carry out on a daily basis to improve their mental health and wellbeing. The 5 a day are as follows:
 1. Connect
 2. Be Active
 3. Take Notice
 4. Keep Learning
 5. Give
3. Funding was applied for and granted from ESB Energy for Generations Fund for the creation of an app. The project will create a student mental health crisis support and educational app as part of the Student Mental Health Project. The app will have three main functions:
 1. Emergency button allowing students helping students or the user themselves to get advice and quickly access emergency contacts like the Gardaí or local helplines.
 2. Education/literacy on mental health and suicide.
 3. Services on-campus and off-campus.

Completed projects

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1. Chats for Change is USI's national campaign to get students talking about mental health. It encourages students to have that chat for change. There was a roadshow where officers and staff travelled around to campuses promoting the campaign. Packs were given to students that included a reusable cup, tea bag/coffee, and a student support card with information of national helplines should they need to talk to someone.
 2. USI launched 20,000 student support cards, encouraging students to seek help when needed. The card highlights helpline supports including Aware, Pieta House, Walk in my Shoes, Samaritans and the LGBT Helpline. The card also highlights the Jigsaw, ReachOut.com, Please Talk and yourmentalhealth.ie services.
 3. USI facilitated students to undertake SafeTALK (60), ASIST (40) and Mental Health First Aid training (80). Students trained in these programmes are better able to respond to students who may be going through a difficult time.

USI have a number of planned projects in the pipeline including campaigns, training and research. USI will continue to work to ensure that the needs of students with mental health difficulties are met and work towards a whole campus and integrated care approach. Contact – mentalhealth@usi.ie

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