

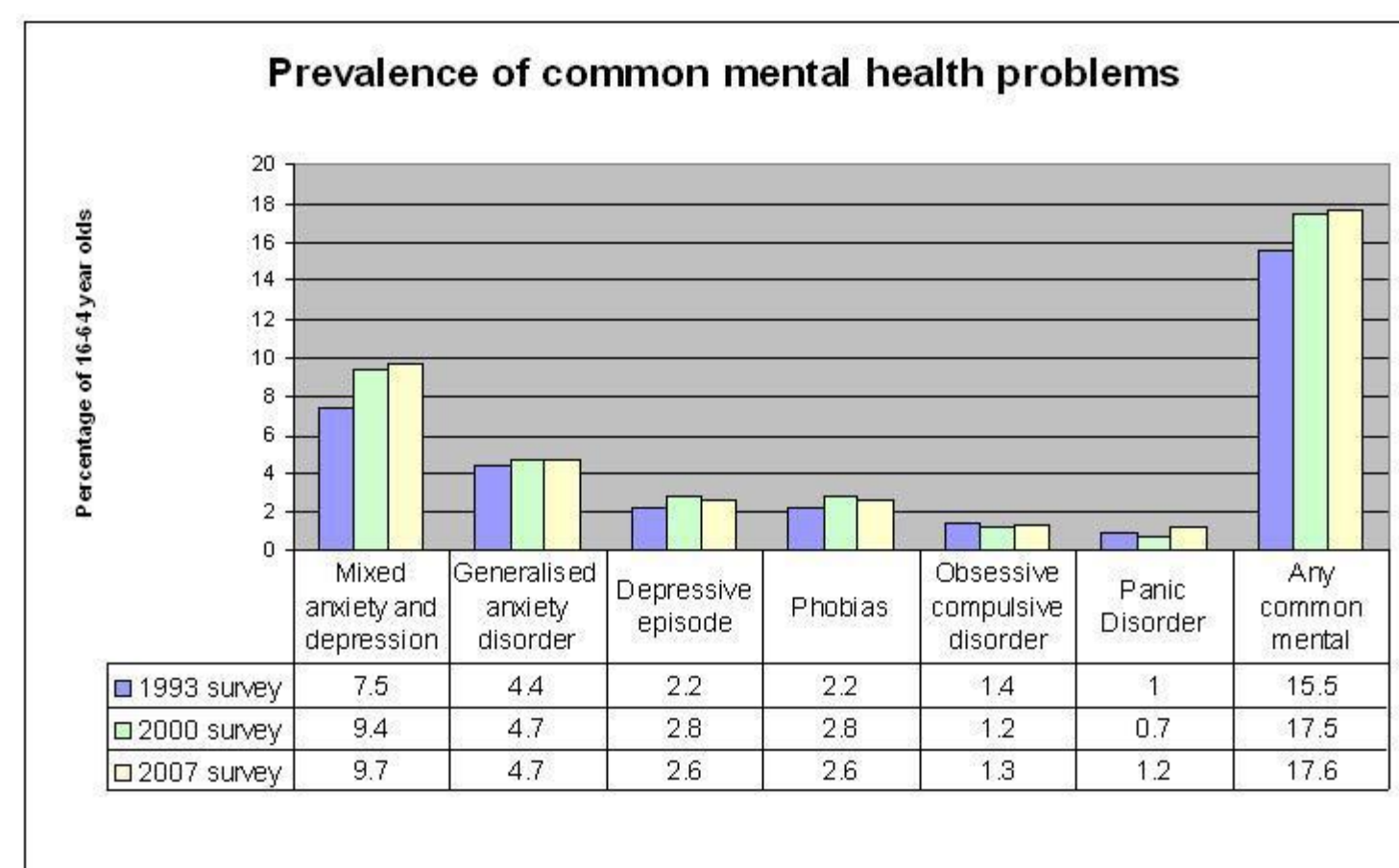


Widening Participation – Supporting Students with Mental Health Difficulties at Staffordshire University

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Introduction

There is a growing acknowledgement that individuals with mental health difficulties are becoming more prominent within society and thus within universities too. It is often quoted that one in four people will at some point experience mental health difficulties (Goldberg, & Huxley, 1992; Meltzer et al 1995). This figure is further supported by the results of all three Adult Psychiatric Morbidity Surveys(2009).



The above graph from the Adult Psychiatric Morbidity Surveys (2009) shows the results from the past three national surveys.

Why focus on students

The Royal College of Psychiatrists recent paper (Mental Health of Students in Higher Education 2011) suggests the need to improve support and focus with regard to mental health in higher and further education. Suggesting that first year undergraduate students are often most at risk. Furthermore it was highlighted that 80% of respondents to a survey of UK higher education institutions reported that demand for mental health provision had significantly increased over the previous 5 years, and a further 13% thought that it had 'slightly increased' (Grant, 2011).

Most mental health difficulties first onset before the age of 24 year (Kessler et al, 2005). It is estimated that 15.6% of undergraduates identify with symptoms of depression and/or anxiety (Eisenberg et al, 2007), of those with depression it is estimated that 16.1% will meet the criteria for bipolar (Smith et al, 2005). Schizophrenia is reported occasionally (Mental health of students in higher education 2011).

Method

A selection of semi-structures interviews were carried out in order to investigate the mental health services at Staffordshire University. An interview was carried out with a member of the service provider team as well as a service user. Further opinions were also sought from lectures to help further understand the data. Due to time restraints this was seen as the most appropriate method of investigation.

Analysis

All discussions were digitally recorded and later transcribed *verbatim* for Thematic analysis (Boyatzis 1998). Briefly, this involved familiarisation with data through extensive reading, generating preliminary codes and identifying and reviewing themes to ensure that they were data driven. This inductive approach was intended to extract and develop key themes to accurately reflect participant opinion (Smith et al. 1999, Willig, 2012)

Results

Service Provider

Service User

"I'm the point of contact for students with mental health difficulties, they come to me and say 'help'".

"When things got to much for me, when I thought I was going to have to leave uni, I went to see them"

"Students often come to me first as I introduce myself to all students when they start and try and make myself very approachable"

"I was struggling with work and my personal tutor organised a meeting for me... I was having a difficult time and she knew I needed help"

"It helps, it all helps. It's that point of contact, someone to speak too and because I'm approachable, different and not one of the academic staff they don't fear their marks will be effected, which is often a big fear"

"They helped me loads, I would have failed without them, they helped set up extensions, extra time and things like that"

"We work out a strategy to deal with the problem. Over time it does help reduce mental health symptoms, there is a reduction... not necessarily a reduction but the student have devised strategies through meeting us that help them cope"

"It was the first time I spoke openly about my mental health...they were very welcoming but it all felt a bit tick boxy. They were just taking everything down rather then conversing it was like talking to a brick wall"

"Awareness is the key"

"I thought I had to have a proper label to get help, I went in spoke about stuff and they helped"

"If someone has server mental health conditions it can impact on other students around them.. I would love to put something together for them"

"I wouldn't have achieved a degree without them, let alone a first. .. I was going to drop out, I was booking meetings to organise dropping out when I broke down in my tutors office"

"Academic staff try very hard here but they don't always understand the implications of mental illness such as problems with medication"

"It would me nice to see more published adverts to show they are there to help as I didn't know anything about them. I didn't know anything until I had a breakdown in my tutors office"

"We try and keep in contact with student so that we are there when they need us for support"

"It was nice that they stayed in contact with you, dropping you an email to see if everything was OK"

Discussion

The interviews bring to light some interesting points. The comments from both the service provider and the service user are very positive. The services provided appear to be a 'lifeline' for students that engage with them. The service user regularly indicates that without the service she would not have completed the degree and was actively looking to dropout before discovering the available services. However, the interviews identify disparages between statements, whilst the service provider is of the belief that the service is well promoted and advertised to all students it appears that the student does not share her opinion. The student identifies on numerous occasions that they had no knowledge the support was available let alone were to look until her personal tutor investigated on her behalf. Thus there are areas for improvement and various academic strategies that could be developed.

Innovative Academic Strategies

- **Develop training workshops for all staff** – allow staff the chance to attend a workshop to develop skills to aid and support individuals with mental health difficulties to facilitate life long learning – including implications of medication.
- **Highly specialised staff member** – In each department or faculty have one individual who's main role is to support individuals with mental health difficulties – preferably with previous experience of mental health.
- **Peer mentoring System** - Train up other students/peers who can provide relatable support to others with mental health difficulties. For those individuals that may have trouble speaking with staff.
- **Education is an individual process** – remind all staff and students that learning is an individual process and all individuals have different learning mechanisms.
- **Enhance communication channels** – so that all relevant staff and the student in question are kept updated as to progress and any assistance or interventions can be developed and delivered efficiently as all relevant individuals have been involved throughout.

Limitations and Future Research

Larger scale quantitative and qualitative research would allow for further information and investigation into the support available for students with mental health difficulties within Staffordshire University and the wider community. Research investigating the longevity of any stated benefits would also greatly add to our current understanding. Further understanding of these issues would allow for widening participation in higher education to support student with mental health difficulties.

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