

Support for students with mental health difficulties in higher education: the students' perspective

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ABSTRACT *A massive expansion in student numbers in higher education, coupled with an overall reduction in funding, has led to higher staff–student ratios and a reduction in the amount of staff time available to support students. This has been linked to rising demands being placed on student support services. This article draws on case studies of five students experiencing mental health difficulties, to provide insight into these issues from the student perspective. The students confirmed that aspects of the higher education environment had exacerbated their difficulties. An innovative model of support is described. Traditionally interventions for students with mental health difficulties have focused at the individual level. We argue that attention also needs to be paid to changing aspects of the environment and that this would improve the learning experience for all students.*

Introduction

The number of students in higher education experiencing mental health difficulties is increasing. A recent report from the Heads of University Counselling Services (1999) reports an increase in the number of students with severe psychological problems presenting themselves to university counselling services. Student suicides have increased from 2.4 (1983–1984) to 9.7 per 100,000 (1993–1994) (Mental Health Foundation, 2001) and official statistics from the Higher Education Statistics Agency (HESA) suggest that the percentage of students declaring a mental health difficulty on entry to higher education rose from 1.8% in 1995–1996 to 3.3% in 1999–2000. In reality, the actual percentages are likely to be higher, given that these figures only include students willing to disclose a mental health difficulty on entry to

higher education. Many more cases are likely to go undisclosed or to emerge at a later stage.

The world of higher education is beginning to take note of this increase. A number of initiatives have been taken. For example, Universities UK have published a guide to reducing student suicides (UUK, 2002) and established a committee to promote collaboration between different sectors and agencies with respect to mental health in higher education. The Higher Education Funding Council for England (HEFCE) has funded a number of institution-based initiatives aimed at mapping the extent of student mental health difficulties, raising staff awareness and sharing good practice. In addition, a number of institutions see this as a priority area for development and have appointed specialist staff or committees to develop policy in this area. There is a long way to go, however. As part of a wider research project looking at policy and provision for disabled students in higher education (funded by the ESRC), the authors undertook 48 case studies of students in eight different institutions in Scotland and England. Management and support staff in the institutions made clear that provision for students with mental health difficulties, beyond the provision of counselling services, was an area that they were only just beginning to grapple with at a wider institutional level.

The students with mental health difficulties that we spoke to during the course of our research did not particularly identify themselves as 'disabled', but institutions saw their support as the responsibility of the disabled students adviser. Indeed, Part IV of the Disability Discrimination Act (DDA), which came into force in 2002, covers students with mental health difficulties, making it unlawful for institutions to discriminate against them on the grounds of mental ill-health. Provision for disabled students in higher education has been an area of policy concern for the past decade, with funding council initiatives, targeted funding and the employment of specialist staff to effect change in this area. Progress has been made, but given the low base from which most institutions started, there is still much to be done. A survey of institutions carried out in 2002 for our research project showed that almost all institutions had staffing and structures in place for disabled students, that they were moving away from a completely *ad hoc* approach to meeting their needs and that disabled students had been written into policies on admissions, estates and buildings, assessments and, in some cases, strategic plans (Tinklin *et al.*, 2004). Our case studies, however, revealed gaps between policy and practice and showed that significant barriers remain to the participation of disabled students in higher education, in the areas of physical access, access to the curriculum, choice of institution and varying levels of staff awareness. Provision for students with mental health difficulties was seen by staff and students in the case study institutions as a particular area in which staff lacked awareness and in which institutional policy and direction was needed.

Higher education in Britain has been through a period of major upheaval since the mid-1980s, with a massive expansion in student numbers, an overall reduction in funding, increased inter-institutional competition, greater accountability and pressures to widen access to under-represented groups. The increase in student numbers coupled with a drop in funding has resulted in higher staff-student ratios, which

Heads of University Counselling Services (HUCS) (1999) relate to the rise in students experiencing mental health difficulties.

‘The fact of increasing numbers of both full-time and part-time students since 1992 has created a much busier, less personal study environment which requires that students possess greater degrees of mental robustness and an ability to work independently. For many students, teaching staff are distant people to whom it is hard to gain access and it is possible for students to undertake their studies with few, if any, staff members being aware of their psychological well-being. In many cases this is because the number of students on some courses is very large and the amount of time that academic staff have available to interact with individual students is comparatively small’ (HUCS, 1999, section 16).

HUCS also see the increased pressures on staff to generate income and do research as reducing time available for pastoral duties with students. They argue that, in some institutions, modularisation of the curriculum has led to the loss of stable peer groups, instability in staff–student relationships and generally contributed to greater fragmentation in the student experience. They maintain that government pressure to widen access to higher education to under-represented groups, such as those with no family history of higher education, mature students and those with vocational rather than academic qualifications, has meant greater demands being placed on support services, with no corresponding increase in resources. Indeed there is evidence to suggest that non-traditional entrants to higher education may place greater demands on support services. An Office for National Statistics report on the mental health of children and adolescents (aged 5–15) in Britain (Metzer *et al.*, 2000) makes disturbing reading, showing increased prevalence of mental disorders among children from working class backgrounds, those with less well-educated parents, larger families, lone parents and those experiencing poverty. Naylor and Smith (2001) in a study of university student withdrawal made a clear link between socio-economic status and ‘dropping out’. Those with low socio-economic status were at greater risk of withdrawal, as were younger students, those who were married and those with lower entry qualifications. These points are supported by a recent report from the Royal College of Psychiatrists (2003), which suggests that the increase in numbers of students seeking help with serious mental health problems reflects: the rapid expansion in student numbers; ‘the progressive approximation of the characteristics of the student population to the general population, as university student populations may previously have displayed a lower incidence of mental health problems’; and ‘the increasing willingness and choice of young people to identify, disclose and seek help for a range of emotional and mental health problems’ (p. 7).

Traditionally students with mental health difficulties have been seen as the responsibility of student support services, in particular counselling services. Less commonly, the disabled students’ adviser might also be involved, for example, in requesting extra time in examinations or extensions on assignments. A survey of

academic and support staff carried out by the Mental Health Foundation (2001) found a reluctance among staff outside health and counselling services to take responsibility for student mental health. A separate survey of students identified inter-related issues as influencing mental health, including accommodation, fitting in and making new friends, finances and university systems.

‘Although staff generally identified the same stressors as students, most made no overt links between such structural issues and their effect on mental health nor did they see it as the university’s role to play a part in solving such problems. Many staff saw the causes of student mental health problems as lying within the individual student’s behaviour such as being anxious, generally unable to cope, or misusing drugs’ (Mental Health Foundation, 2001, p. 5).

How a problem is understood has a significant impact on solutions chosen to address the problem. In the case of student mental health, if it seen entirely as resulting from a deficit in abilities/skills within the individual, then interventions will be focused on assisting the individual to develop the skills that they are perceived to be lacking. In the case of students in higher education, this approach fails to address the wider structural factors identified by HUCS and the Mental Health Foundation as impacting on student mental health, such as the loss of pastoral relationships between staff and students, the reduction in staff time available per student, the general fragmentation in the student experience and increasing financial pressures on students. The need to understand mental health in environmental as well as individual terms is just beginning to take hold in the higher education sector, influenced by ideas in the field of health promotion. The notion of the health promoting university (Tsouros *et al.*, 1998) has been developed, based on the ‘settings approach’ to mental health.

‘The inter-relationship between social, environmental and political influences, and their effect on individual and community health, is increasingly being recognised. As a result mental health promotion requires a co-ordinated approach, bridging these boundaries, directed at specific settings where problems arise, aimed at improving the health of whole communities’ (Department of Health, 2001, p. 129).

Disabled people have argued for a move away from what they term the medical model of disability, which sees impairment as the main source of disablement, towards the social model, which states that people are disabled by barriers which exist in society. From this perspective, disabled people face barriers because they are negotiating an environment which was not designed for them, and if they are to enjoy equality of access it is this deficit in the environment which must be overcome (Oliver, 1996). For people with mental health difficulties it is essential to examine how the environment is creating or exacerbating difficulties, as well as looking at

ways to support people to deal effectively with the environment within which they are operating.

This article draws on case studies of five students experiencing mental health difficulties who took part in our research project to illuminate some of these issues from the student perspective. The students clearly describe how the environment of higher education is creating and exacerbating their difficulties. Three of the students were studying at an institution in which an innovative model of support had been set up, alongside the counselling service, to support students with mental health difficulties. This system is described and discussed. Finally, the article draws on the students' experiences and the model of provision described to re-visit the medical vs. social model debate with respect to students with mental health difficulties.

The research project

The project from which the case studies are drawn was carried out between 2001 and 2003. Its aim was to research policy and provision for disabled students in higher education in Scotland and England. It involved reviews of relevant policy, research and legislation; interviews with key informants; a survey of further and higher education institutions and case studies of 48 students in eight different institutions (four in England, four in Scotland) (more information about the project can be found at: <http://www.ed.ac.uk/ces/Disability/index.htm>).

Five of the 48 students were experiencing mental health difficulties. This article is based on their experiences. They were studying in three different institutions, one of which was in Scotland, the other two in England. The next section introduces the students, whose experiences form the basis of the rest of the article. Each student was interviewed in depth for up to an hour and a half in 2002. They were also asked to nominate relevant members of staff, who were also interviewed. All five students nominated members of support staff at their institutions, including the disability adviser or the mental health support worker. This enabled us to gain an insight into the issues from the institutional as well as the students' perspectives. All institutional and individual names have been changed to protect the anonymity of participants. In agreeing to participate in the project, participants gave consent for their stories to be used in articles and reports arising out of the project as long as anonymity was guaranteed.

The students

Owen

Owen is now repeating his second year of a general arts degree at a traditional Scottish university. He withdrew from his second year of a geology course after what he describes as a 'nervous breakdown'. He is 21 and describes himself as having

depression. He went to an all-boys private school boarding school and says he had a really hard time there. In his own words, he describes his experiences as follows.

‘I was pretty unhappy in the sixth form at school. I went to an all-boys school and I did quite well and then I got victimised for doing well, I think. And I didn’t really fit in with the general ethos of the school . . . it wasn’t a very nice place . . . I wouldn’t bend. I’ve never been one to give way. I always tackle all problems head on really. . . there was no way I was going to give over the ground of what I thought, so I pretty much made life pretty difficult for myself when I was at school . . . And then when I came to university . . . after being at . . . boarding school for most of my life and I didn’t really have any idea who I was and I got a bit of freedom and I lost the plot really. . . this time last year, I just totally lost it and my parents wouldn’t really accept that there was anything wrong with me, so that made it more difficult. And eventually I just had a nervous breakdown. I . . . don’t really remember quite large chunks of last year . . . I spent most of my time in bed really. I didn’t go to any lectures in the last term . . . which nobody noticed . . . I did the exams, the Christmas exams. I did really badly and then I came back and just tried to struggle on . . . I went home for Easter and it was awful. But my mum and dad just sent me back and then I took, not really an overdose. I took sort of an overdose and then went out to a stag party. At the party I had far too much to drink with the intention of—probably just a cry for help. I wasn’t trying to do myself damage. I just wanted people to realise that there was something wrong with me. And I ended up in an ambulance on the way to hospital and my mum and dad arrived the next morning. They drove up from [home town] and said they wanted to take me home and I refused to go home so they tranquillised me then took me home. So I ended up at home and there I was 6 months and for the first couple of months at home I didn’t really talk to anyone or—I had panic attacks pretty badly like about seven, like five to 10 times a day really . . . I was thinking about what I’d say to you today and the only way to describe it is: when there’s so much you want to say that you can’t open your mouth, like you can’t physically do it’ (Owen).

He says he really had to persuade the university to take him back onto a different course, on the strength of his A level performance.

He also has dyslexia and he feels this contributed to his difficulties when he was studying geology. He got through his A levels, on the strength of his ability to learn facts. However, this did not work at university. Also geology involves a lot of formulae and chemical processes, which he found difficult because he has difficulty sequencing. With hindsight he says he was taking the wrong subject. He had come to this university partly because of parental pressure and the only subject he could get into with his grades and subjects was geology. His predicted grades at school were three Ds and he ended up with an A and two Bs. He didn’t really consider other alternatives. He says his reasons for coming here were other people’s reasons rather

than his own. Since his return to university, he has received a lot of support from the disability adviser. He sees her once a week to talk about how he is doing and how his course is going. He says she has been tremendously supportive. He did attend the counselling service at the university at one stage, however, they were only able to offer him a few sessions and this had not been sufficient.

Chloe

Chloe is studying business information technology part-time by distance learning at a new university in England. She is provided with module folders, which she works through at her own pace. She gets one to one tuition once a week at the university through the disability support office. She applies to sit the exams whenever she feels ready. She's halfway through her second year and expects to be studying for 4½ years. She is a mature student. She has a borderline personality disorder (BPD) and lives in a supported housing project specifically for people with BPD. She is expected to attend individual psychotherapy once a week, group psychotherapy in the house twice a week and house meetings at the end of every day. She feels this has slowed down progress on her course. Some of the groups have been added since she joined the house, and she says she may not have moved in if she had known the extent of the time commitment required.

‘Wednesdays I generally go into university. I do tend to go into university on a Monday as well. I don't actually have to go, but I do go in and use the computers in the library and stuff and get, just really to get myself out the house because it can get really sort of stressful in the house, so I try to spend some time away . . . sometimes it helps just to go out for a few hours and have some time to yourself’ (Chloe).

She says she is fed up with the house at the moment because they have asked her to attend more meetings and she feels she doesn't have time, but is being told that if she will not attend them she will have to leave the house.

‘I think it has been helpful but . . . the project's in the early stages now and there's a lot of inconsistencies and problems’ (Chloe).

House staff are always available to discuss anything at all that residents might need to talk about. The project has been going about 2 years. She expects to stay there for 2 years. Her time will be up in a few months, but she has a month's extension because of exams.

She has problems with concentration and has been advised to do more than one thing at a time. She often studies while watching the TV. This helps her to remember things in exams because she tries to recall what she was watching at the time and it helps her to retrieve the relevant information. She prefers coursework to exams. She

gets extra time in exams, sits them in a separate room using a computer and has one of her project workers go with her, because she gets very anxious.

She decided to study by distance learning because she felt it would suit her better.

‘I have had problems in the past with dealing with having to go into places like college or uni everyday and dealing with people . . . because a lot of personal problems tend to get in the way. I get very angry very easily and when I get like that I can’t learn and . . . when I get in that frame of mind that’s it and there’s no point . . . rather than finding a hundred and one excuses to not go to lectures or seminars or whatever, I’d rather just do it at home when I feel like I’m up to doing it, which is, it generally works out pretty much all the time now because I really enjoy doing it’ (Chloe).

Rena

Rena is in her fourth and final year, studying microbiology and computing at a new university in England. She came straight to university from school. Her degree will be a unique combination, because of the flexible range of options available to students. She has a diagnosis of clinical depression.

‘The depression is there all the time, but it’s not so bad at the moment. It kind of gets worse and then gets better. I’ve had to go on anti-depressants recently . . . as I had a tiny relapse, nothing so major as it was when it first started’ (Rena).

She fell so far behind in her second year because of depression that she decided to take a year out and repeat the year.

‘. . . it was a bit of a trek to get in here to uni and it was just more of the fact that I couldn’t really be bothered to get up and take the bus’ (Rena).

Eventually she decided to drop out and repeat the year. The depression has been with her all the way through university, but ‘came to a head’ about a year ago. Her tutor ‘virtually frog marched’ her to the doctor, where she was prescribed anti-depressants.

She feels she was expected to go to university by her school and family. She went to an all-girls state school, where most students went to university. Her parents support her financially by paying her rent, food and tuition fees. But she still struggles to survive on her student loans (she gets the minimum). She has recurrent kidney infections, which leave her tired, sometimes for months.

She was diagnosed with dyslexia at 8 and formally assessed at 12. She says neither of her schools really knew what to do about this. She did have the support of a specialist dyslexia tutor, however. She was put into the bottom groups for her

GCSEs, but when she came to do her A levels, she was in the top group for maths, middle group for English and achieved quite good GCSE marks. She wanted to do engineering at university, but being in the bottom group for maths meant the best she could hope for was a D. She needed a higher mark than that, so her Mum 'went on the warpath' and got her moved up to the top group and she managed a B.

She had attended counselling at her university at one stage but had found the number of sessions available insufficient for her needs. Through the disability adviser, who she had been seeing about her dyslexia, she was put onto the university's mental health support worker, who now provides her with ongoing support (this model of support is described in detail below).

Ellie

Ellie is studying conservation and countryside management. She is repeating her first year at a new university in England. She is a mature student with a young daughter. She experiences anxiety and depression. In her own words, she says:

'I've suffered from stress. I've had a lot of stress in my life over the years. My Dad was an alcoholic and his central nervous system had been destroyed by chemicals earlier on, so he suffered from depression and anxiety quite badly you know and living with that is very hard. So I've always had quite a high level of stress and I do get anxious about being around people and have become quite reserved over the years, I find those kind of things ... a struggle you know just basically being around people' (Ellie).

She was the first generation in her family to go to university. Going to university was not expected of her by her family. She went to 'a standard secondary school', not a grammar or public school. She says about half the students from there went to university. She left school at 16, went back to do re-takes, but dropped out after a month. She then went into youth training to be a mechanic and after that tried childcare.

She says:

'When I went back into education I'd had my daughter and stayed home for the first few years and then decided that I needed to get some qualifications. I ended up taking two A levels and a GCSE with the hope to get into university to do this. I decided that this was my ... subject area according to what meant most to me and wanting to be able to provide for my daughter and sort of made a plan from there really. After not studying since I was 17 ... taking two A levels and a GCSE in 1 year was a bit ambitious ... That year flew by; I knew I couldn't take it all in ... so had resigned myself to the fact that a year of re-take of one A level was great as it meant that after all

that time not studying, I had achieved an A level and a GCSE in 1 year. I had no idea that the university would take me on with just this. I didn't think that I would come so I made no plans and then later on it was about 2 weeks before I was due to be here that they sent me the thing saying "you're accepted" (Ellie).

She was living in her home city at that point. She tried to find accommodation in the new city, but didn't manage it, so started off staying in a B&B with her daughter through the week and travelling back home at weekends.

'I moved in November in the end and then there was the move . . . and over Christmas I was sort of settling in and there was just so much going on that I couldn't keep up and then I lost my father in April and that sort of ended the year really and I sort of suspended my studies from there' (Ellie).

She started the year again, staying in the same place, which is 'quite a trek' every day. She's hoping to move again with her daughter. She says she's finding it easier to keep up this time around and that having things organised, like being registered with a doctor, already has made things easier.

Pete

Pete is in his final year of a civil engineering degree at an English new university. He was supposed to finish last year, but has taken an extra year because of difficulties that he has encountered. He transferred from another university in 1999, after taking an HND in business finance there. He is a mature student. He has depression and is taking anti-depressant medication. He is married and has a family. The reason he transferred to this university was because his wife had a medical condition and she moved here for treatment. He found transferring really difficult because he didn't know anybody. He is black and came from what he describes as a poor family in Nigeria. He chose civil engineering on the advice of a careers adviser, because he had done well in maths previously and had experience of building materials from work in Nigeria. He is receiving ongoing support from the mental health support worker at his institution.

An innovative model of support

Rena, Ellie and Pete are studying at the same English university, which has an innovative model of support for students with mental health difficulties. In addition to the university counselling service, money from the Disabled Students Allowance (DSA) is being used to fund the post of a mental health support worker (MHSW). His work differs from that of the university counselling service in that he works with students specifically on how their mental health difficulties affect them in undertaking their education and his focus is on supporting students to get through their

studies. He meets all three students on a weekly basis. He tailors his work to individual student's needs. His work might involve helping them to develop organisational and time management skills, teaching them assertiveness skills and supporting their communication with staff, either through direct liaison, three-way meetings or generally backing up their requests for extra time or extensions. He helps students to tackle negative thinking, build and maintain motivation and to identify and build on their achievements and strengths. He encourages them to look after themselves better, for example, tackling fragmented sleep patterns, setting up exercise routines, having rests and taking time out for themselves. He helps them to apply structure to their workloads and provides a continuous point of contact. He understands their mental health difficulties and listens to them without judgement. He also works with staff to explain the implications of mental health difficulties.

All three students were overwhelmingly positive about their experiences with the MHSW.

'I think it really, really work. I had a really, really hard time—really hard ... They [MHSW and his predecessor] are people that, even if I leave this university ... I will never, never, never forget them ... These two people they are just great ... The reason why there is a lot of change for me is just because of ... [them]. Before these people—even before I come to the university, suffering things I cannot tell anyone ... they are there to help me, they are there to listen to me. I think this programme is really, really effective. If this programme is being ... for every university, there would be low drop-out ... it's given me opportunity to have one to one ... I'm doing fine. Really, really doing fine. And actually I'm ahead of my dissertation' (Pete).

'They have helped me realise that the workload isn't the be all and end all, you know. If I don't get it done on time or exactly on time it doesn't matter so much that I need to crack up ... when you're in the throes of a depression you can't see that at all, everything is just ultra-negative' (Ellie).

Rena says that her work with the MHSW has helped her to organise and structure her work. She feels that, since working with him, she is keeping on top of the work. She feels more confident now to go and discuss her difficulties with her tutors, which she puts down to her work with the MHSW.

The MHSW scheme is part of a wider service, which aims to assist students who face barriers to academic progression. It does this in two main ways: by assisting students to find ways to manage the difficulties that they face in the academic environment and by making a large number of observations and recommendations about adjustments which might be made to the environment in order to ensure both that the students are adequately supported and that the university meets the requirements of the DDA.

The students' experiences

Stigma and alienation

All five students were well aware of the stigma attached to mental health difficulties and this made them cautious about what they would disclose to people.

'It depends who I'm talking to and why . . . if you're just talking to everyday people you don't really let them know the depths of your problems as such, do you? . . . I mean I know it's serious but I don't sort of, as I say I don't tell people really, you keep it to yourself' (Ellie).

'I try not to tell anybody, so that they don't go "oh, she needs special treatment". Which I suppose is where I've gone wrong as a lot of the time [when] I try to do it on my own, I can't cope' (Rena).

'At the end of the day, my degree's going to say I've actually got an honours degree with whatever grade . . . They're not going to know I did it through flexible learning . . . I hope it hasn't got flexible learning on it because the biggest problem I would have is in jobs. If I explain to someone where I've been for the past few years and why I haven't been working, I'm not going to get a job. But if I say to someone I've been studying part-time and I've taken time out to do some study, they're going to understand that but I know they're not going to understand—I've been on a project because I've got a personality disorder. They're going to say, alright then, bye bye, sort of thing' (Chloe).

Two of the students, Owen and Chloe, also described experiences of social alienation. Owen had had a girlfriend before his breakdown, but she left him shortly after it happened. He was then out of university for a while and she told a lot of people what had happened to him. So when he came back people kept asking him whether he was 'having a bad day' and, he felt, were quite patronising. This all came to a head when he had had too much to drink at a party and another student made one of these types of comments. He lashed out and punched the guy. This led to a complaint being brought against him by his ex-girlfriend's flatmates who said he was a threat to other students because he had 'mental problems'. This was investigated and he was subsequently let off. In addition the guy he punched has come up and apologised for taunting him. However, now he has a group of friends and does not socialise much outside of that group. He says his flatmate is his best friend because he treats him as a human being rather than someone with a problem.

Chloe, because she chose to do distance learning, has struggled to feel part of the wider body of students.

'I never feel like a proper student even though . . . when you've got your student union cards you can go anywhere in the university with it . . . but I

don't feel like a student because I just don't go in and it doesn't feel like I'm actually doing a degree' (Chloe).

Since staying in the housing project, she has begun to feel more like going out and interacting with people, but because she opted for distance learning, she has not been permitted to sit in on any classes.

'I wanted to sit in on some more lectures sometimes and I don't think they're going to be able to let me basically because of the type, unless I change my course . . . I'm not going to do that. And I would like to do that because that would actually help me and benefit me, and get me out the house and things . . . enable you to get out and meet people more. Contact with other students as well because I've had no contact with any other students unless they live here basically' (Chloe).

Non-accepting culture

Pete and Owen described how the culture of higher education did not allow for differences or for students to admit to having difficulties. Owen describes how it is 'not cool to care' among students. He thinks that people need to be more aware that others are struggling and to watch out for each other more. He thinks that student support services need a change of image to remove the stigma attached to going there. If students promoted their services, that could really help. He says they need to move from the perception that they are a place where people go who have mental health difficulties, to a place where all students can get support. He describes a situation in which a student tried to throw herself off a balcony in a student residence and nobody noticed. He also says that he more or less 'disappeared from classes' before he temporarily withdrew and that that went unnoticed and that no support network was available to him.

'... a change of ethos. People don't . . . nobody can cope with their life by themselves and the sooner people realise this, you know, the better. I mean, nobody can go through life being a one-man band . . . everyone has a weakness and everyone needs help at [some] point in their life . . . it's so frustrating, I mean, yeah, you just need a whole change of attitude towards it really but Rome wasn't built in a day, was it?' (Owen).

Pete also talked about how the culture was not accepting of difference, giving an example not related to his mental health difficulty. He has difficulties with his eyesight, which means he has trouble seeing the board in classes. He has been provided with a tape recorder to help him overcome this, but he has felt very uncomfortable about using it. He attributes this to a culture which does not accept difference.

‘This tape recorder is good—but one thing I find out with it is—I can’t use it. You know why—I felt like people will be looking at me and thinking “Oh”, you understand . . . it’s just not possible for the student to come out with “hey, this is my problem” . . . it’s not really easy . . . This year, my final year—I start understanding this is how things is, because you think that it’s you, you are the one who has problems’ (Pete).

Academic experiences

Several of the students described how the academic environment that they found themselves in at university had exacerbated their difficulties. Rena described how the modular system she was part of contributed to her distress.

‘And part of the reason I have depression is because I really, really hate the instability of university. Having to move around so much and one week is never the same as the next week. It’s taken me a while to realise that’s why I’m depressed. Well one of the big reasons . . . and it probably won’t go away until I leave and get a stable job’ (Rena).

She likes the fact that the modular system offers a lot of choice, but hates the instability. Meeting weekly with the MHSW helps to overcome this by providing some continuity.

Pete believes that his difficulties have been exacerbated by a badly designed course and incompetent and unsupportive lecturers, some of whom fail to recognise his difficulties, for example, when he asks for extensions. He says he used to feel put down for asking questions when he did not understand aspects of the course. He says that a lot of the students on his course are having difficulties. They find the workload too high. Lecturers do not communicate with each other to co-ordinate the workload or the contents of the course. There is no personal contact with the lecturers. He feels there is a lack of support for learning. He has now realised that this is not a good learning environment. He did a one-year placement, which he generally found less stressful than coming to university.

‘I went to university not having too much problem, though I did have a bit of a problem . . . but . . . instead of them helping you according to what the rules and regulations they put here . . . they give you more stress . . . at the end of the time you’re getting more problems’ (Pete).

Owen describes how he lost his role and sense of purpose in the transition from school to university. He had done well at school academically and in sports. At university he was failing academically and had not taken up sports.

‘. . . when I got to university I was just a nobody and I felt totally lost . . . I lost my purpose in the grand scheme of life . . . it just seemed that everything was, you know, ebbing away from me’ (Owen).

He describes his breakdown as the best thing that ever happened to him. He says it had to happen. His position was untenable. He realises now that he would rather not have come to university at all, but to have gone straight into the army. However, he says he let other people's expectations of him shape his destiny. He is choosing to finish his degree now, to prove to himself that he can do it. He believes that some of the subjects he was studying in first year—divinity, philosophy and anthropology—contributed to his depression.

'... these subjects ask a lot of questions of you and can, when you're already confused and disillusioned, then it's pretty ... at a vulnerable point in your life, having all these life-changing questions thrown at you ... really shakes your foundations ... So yes, very difficult to remain separate from the subject you're studying. That's what I found anyway. And I know a lot of people have ... agreed with me pretty much on that' (Owen).

Staff awareness

All of the students described difficult experiences, when staff had dismissed their problems as 'normal stress'. These examples relate to a lack of awareness and understanding on the part of the staff member concerned of the implications of mental health difficulties. Ellie describes how in her first year, her course leader dismissed her worries about getting really behind, in spite of knowing that Ellie had experienced three bereavements, two during her time at university.

'... it was getting towards Christmas ... and there were ... exams coming up at the end of the year. Well in January the exam comes, the first exam anyway and I'd already had four essays that I hadn't done and I knew that I couldn't do it all and I thought I ought to stop as I'm going to fail this year otherwise and she kept saying "oh no, you'll be fine, you'll be fine" and it wasn't until Dad died at the end of April that they suspended my studies. So there was nearly 4 months when I was struggling by, getting extra stressed about being so far behind which could have been utilised sorting out everything. We moved house ... in a rush, in late November ... into a new area, 15 miles from college, no personal transport, child in a nursery on the other side of the city to home, and not having had time to familiarise myself to the area. I still feel I should have stopped at Christmas and come back, ready, in September of the next year, as did happen anyway' (Ellie).

On another occasion a member of staff had completely misunderstood her, when she tried to explain her major anxieties about giving a presentation.

'I couldn't stand the thought of presentations and when I did finally have to do one last year, it was terrible, it was awful. I've never had such a terrible

experience and that tutor [said] ... "oh, you'll be fine ... you'll get through", but the thought of it was just turning my stomach. I also received a fairly bad mark for it. It wasn't until after the experience that I managed to get my point across. I did try and tell him before the presentation but he took it as a normal nervousness. He's accounted for that now and says he's sorry that he didn't listen in the first place, you know, which was nice to know' (Ellie).

Now she does personal presentations or a 'viva', which, she says, she 'still stutters over, but not quite as badly'. More generally, the MHSW has now intervened to add weight to Ellie's discussions with her lecturers and to provide staff with information about mental health difficulties in general.

Owen describes various experiences with lecturers when he felt badly misjudged. One example he gives is of his final fieldtrip with the geology department. He had given up geology the day before, but to avoid causing a fuss had still gone on the fieldtrip, but was not taking notes. A lecturer questioned this.

'... he asked me why I wasn't taking any notes and I said: well I'm not doing the module anymore, and he said: well, why are you here? So I said: I didn't want to cause a fuss, so I came. And he said: well why aren't you doing it anymore? And I said: because I didn't do very well on the exam. And he said: why is that? And I said: well just various reasons. And he goes: well it's not because you're bloody lazy, is it? And you know that's like people throwing opinions like that at you when they don't know anything about the situation really. And that wasn't the only experience I've had with lecturers here ... I think that's really ignorant' (Owen).

Pete feels that some lecturers take no account of his difficulties even though they have been written down and officially recognised. He feels it is a constant battle to get reasonable adjustments, such as extra time, but now he has the backing of the MHSW, who writes letters to lecturers, if necessary. When that happens, the lecturers listen.

Discussion and conclusions

It is clear that the nature of higher education had exacerbated and even created some of the students' difficulties. Lack of understanding among lecturers, a culture in which it was difficult to admit to having difficulties, a lack of support for learning and badly designed learning experiences had all contributed to the students' distress. Although the article is based on the experiences of only a small number of students, their stories accord with the findings of HUCS and the Mental Health Foundation, giving a personal insight into the more general issues raised. Higher education can be a very amorphous experience, with students expected to structure and organise their own time and workloads with little direct support. On top of this, large numbers of

students are adjusting to living away from home for the first time, making new friends and dealing with financial difficulties. It is a vulnerable time. As HUCS argued and our case studies show, this is exacerbated by the fact that there is less and less support available to students academically, given mounting pressures on staff within the higher education sector. It is a difficult system for any student to negotiate but particularly so for those who are less psychologically robust. Indeed we would argue that the experiences of students with mental health difficulties simply make the difficulties inherent in the system for all students stand out more clearly. The wider fragmentation of experience caused by modularisation, the general lack of academic support and poorly put-together learning experiences all need to be addressed. The vast majority of students are left to negotiate this system as best they can without support. Tackling flaws in the higher education environment is no mean feat, but we would argue that it would not only help to alleviate demands on student support services, but also improve the quality of the higher education experience for all students.

The social model of disability focuses on the need for environmental and societal change to remove barriers to the participation of disabled people. In the case of people with mental health difficulties, historically the emphasis has been placed on supporting individuals to negotiate whatever environment they find themselves in. For students with mental health difficulties, we would argue that, in fact, interventions at both levels are needed. Higher education institutions should be considering addressing flaws in the learning environment as well as supporting students individually to develop the skills they need to get through their courses. In general, institutions need to consider ways to improve the quality and design of courses on offer, address the reduction in academic support available, and provide more individual support for learning and help with study skills for all students. In addition, more specialised services, such as the MHSW scheme need to be available, which are tailored to individual students' needs, to support them to develop particular skills such as communication and assertiveness, tackling negative thinking and building and maintaining motivation. Furthermore, addressing the individual and the environmental in isolation is also not an adequate solution, since individual and environmental factors clearly interact. The particular MHSW scheme described in this article operated at both the individual and the environmental levels, with members of the service not only supporting individual students but also advising the university on adjustments which might be made to the environment.

The research discussed in this article refers to the experiences of five students at three institutions—one ancient and two new universities. Clearly this is not a large sample. However, staff and students in all eight institutions that we visited in the course of the wider research project said that provision for students with mental health difficulties was an area in which staff lacked awareness and in which institutional policy and direction were needed. The eight institutions included a mix of long-established and new universities (formerly polytechnics). Our key informants for the wider project also raised mental health provision as an area of concern, where there was a need for further development. The issues raised in this article clearly apply across all types of institution. Our research studied mental health

as one aspect of a larger research project, which focused on policy and provision for disabled students in higher education. It would be useful to do further research that looked at the experiences of a larger number of students in a wider range of institutional settings to explore the issues raised in this article further.

The model of support described was highly praised by the students and proved an effective means of getting them through their courses. It provides one possible approach to tackling the issues raised by this article and is a potentially useful additional service that universities and colleges could consider offering alongside more traditional counselling services.

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(Accepted 31 May 2005)