Student Perspectives on Improving Mental Health Support Services at University

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Student Perspectives on Improving Mental Health Support Services at University

Abstract

Drawing on thematic analysis of six student co-creation panels, conducted during the XXXXX, this paper elucidates students' perspectives and proposals regarding the current issues and challenges around university student mental health and wellbeing support services. In particular, panels identified existing challenges and opportunities to improve support service access, strategy, and delivery. The panels generated a series of recommendations aimed to establish a clear, coordinated, and strategic approach to delivering accessible and inclusive student mental health support services that are responsive to the diverse needs of the whole student population. Significantly, the student panels situated service reforms within a 'whole university approach' entailing holistic structural and cultural change to the university environment, in order to enrich student mental health and wellbeing and reduce demand on services. The findings of this paper can both reaffirm and specify the principles of good practice propounded by the XXXXX from a student perspective.

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KEYWORDS: *Mental Health; Wellbeing; Policy; University; Students; Counselling*

Introduction

~~Student~~ University counselling ~~support~~ services have a long tradition ~~in higher education~~ dating back to the late 1940s (LaFollette, 2009). Significant developments across the higher education sector in recent years have required these services to re-evaluate and redesign the structure and delivery of their provision in order to meet the changing needs of a growing and increasingly diverse student population (Randall & Bewick, 2016). Whilst university counselling ~~support~~ services vary according to type and size of institution and student demographic (Ruckert, 2015), their role and function now typically entails the provision of a breadth of support options, including bespoke, time-limited, individual and group student counselling both in person and online; prevention and outreach; consultation to faculty and staff; and risk assessment and management (Prince, 2015). As a result, university ~~support~~ counselling services have expanded to encompass a range of mental health teams and practitioners, including ~~counselling services, disability services,~~ university mental health advisors, ~~and~~ student wellbeing consultants, and disability services. Moreover, these student mental health services are further complemented by student support services, which provide practical support that may impact on student mental health, but which is not their primary function, such as student finance services, accommodation services, and academic advisory services).

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The data available suggests that short-term embedded counselling at university is clinically effective, with 56% of students (n=846) reporting reliable and clinical improvement following a course of short-term counselling (Connell, Barkham, & Mellor-Clark, 2008). Moreover, university counselling can

demonstrably benefit academic performance and retention, with 67% of students (n=129) that present to counselling services with academic issues experiencing reliable improvement (McKenzie et al., 2015) and 81% of students (n=1,263) reporting that counselling helped them to remain in higher education (Wallace, 2012). However, there can be significant variations in outcomes between different practitioners and services (Wampold & Brown, 2005), with some evidence that counselling and psychotherapy can be ineffective or harmful in certain circumstances (Berk & Parker, 2009). It has been estimated that approximately 3-10% of service-users experience a deterioration in symptomology (Curran et al., 2019; Jarrett, 2007), which has been linked to the potential for retraumatization, breakdown in the therapeutic relationship, delays in readiness to change, or long-term dependency (Berk & Parker, 2009). To be effective, university mental health ~~support~~ services must be safe, accessible to all, appropriately resourced, relevant to local context, and well governed (Hughes & Spanner, 2019).

Demand for university mental health ~~support~~ services has significantly increased in recent years (Broglia et al., 2018; Thorley, 2017). Indiciatively, ~~B~~between 2012 and 2017, 61% of UK university counselling services reported a 25% increase in demand, as well as more complex cases (Thorley, 2017). This increase has been attributed to a combination of factors, including increasing numbers of students experiencing psychological distress (Thorley, 2017), changes to student demographic and cuts to public mental health services resulting in increasing demand from students with long-term and complex needs (Prince, 2015), increasing student awareness of mental health difficulties and

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services (Barkham et al., 2019) and increasing use of professional support for a growing range of everyday academic and social stressors (Arie, 2017; Barkham et al., 2019; Ecclestone & Hayes, 2019). This increasing demand and complexity of need has outpaced funding and resource allocation in higher education (Macaskill, 2013; Mair, 2015; Randall & Bewick, 2016). The subsequent challenges for maintaining effective embedded counselling services with fewer resources to a growing and diversifying student population has been well documented (Broglia et al., 2018; Mair, 2015; Prince, 2015). Moreover, notwithstanding this significant increase in demand, it has been estimated that up to 75% of students experiencing psychological distress do not access professional services (Hunt & Eisenberg, 2010; Macaskill, 2013; Storrie et al., 2010).

Against this backdrop, university ~~support~~ mental health services are increasingly positioned within a whole university approach (Universities UK, 2020; 2018a). Positing 'that isolated interventions or services are inadequate to address the multifactorial challenge of multiple mental health determinants and consequences' (UUK, 2018), 'a whole university approach means not only providing well-resourced mental health services and interventions, but taking a multi-stranded approach which recognises that all aspects of university life can support and promote mental health and wellbeing' (Hughes & Spanner, p.10). XXXXX outlines principles of good practice to operationalise a whole university approach, wherein mental health support services and interventions form one dimension. Currently under pilot, XXXXX will ultimately provide a voluntary award to recognise and reward UK universities that demonstrate effective university-

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wide approaches to improving mental health and wellbeing outcomes for the whole university community.

XXXXX highlights co-production through student voice and participation as an enabling strategy to ensure that student mental health services and initiatives are attuned to the lived experience, context, and changing needs of the diverse student body (Piper & Emmanuel, 2019). To date however, few studies have examined student perspectives and proposals regarding current challenges and changes to university support service provision (Baik, Larcombe & Brooker, 2019; Batchelor et al., 2020). Analysing large scale student consultation data from XXXXX, this paper aims to contribute to the XXXXX evidence base and inform its ongoing development by elucidating students' perspectives on improving mental health support services at university.

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Materials and Methods

Design and Setting

Data are taken from six student co-creation panels discussing student mental health and support services; each comprising students from multiple institutions during XXXXX. Panels were hosted in XXXXX, XXXXX, XXXXX, XXXXX, and XXXXX.

Panel activity employed a problem-based creative ideation 'future retrospective' strategy, which asked students to imagine what the ideal approach to student mental health and wellbeing support would be in 30 years, and how this 'ideal approach' would differ from current service structure and provision. The

activity aimed to mobilise creative, collaborative, and constructive student solutions to current challenges unconstrained by 'current possibilities' (Piper & Emmanuel, 2019). Facilitation prompts were informed by a scoping review outlining relevant themes and gaps in the literature.

Participants

Panels ranged in size from 7-17, with 73 participants in total. Participants were recruited by XXXXX through an extensive network of national and local stakeholders. Participants were all current undergraduate or postgraduate students or Student Union officers, with and without lived experience of mental health difficulties, from a range of institutions, disciplines, ages, gender, and nationalities. There were no exclusionary criteria for participation. Each panel lasted approximately 30-40 minutes, providing a total of 225 minutes, and was audio-recorded and transcribed. Participants provided informed consent for their data to be used in the development of the XXXXX and production of associated documentation. Ethical approval was granted by the XXXXX Ethics Committee.

Analysis

Two reviewers [XXXXX and XXXXX] initially coded the transcripts separately, before conferring to iteratively review similarities and differences in coding structure and synthesise emergent themes. Befitting the tenets of co-production, transcripts were thematically analysed using a grounded theoretical approach wherein conceptual codes and categories inductively emerged from the data to ensure that the recommendations were grounded in student voice and experience (Glaser & Strauss, 1967). Open, axial, and selective coding was

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applied to generate and sub-categorise the main themes into current support service conditions, recommended actions, and the envisioned outcome in the ideal university (Strauss & Corbin, 1998).

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Results

Taken together, the student co-creation panels generated approximately four hours of rich and dense data interrogating challenges and changes to student support. Three main themes emerged from the data: mental health services, mental health culture, and university culture and environment. This paper exclusively presents the findings from the university mental health services theme to elucidate student's perceptions and recommendations for improving the structure and delivery of embedded mental health services at UK universities. It is critical to note that students' conceptualisation of changes to services was indissociably framed alongside wider changes to the university culture and environment. Throughout, panels emphasised the importance of engendering a proactive and preventative mental health culture at university that would facilitate early identification and supportive pastoral staff-student relationships, alongside structural changes to existing academic, social, and financial risks to the mental health and wellbeing of the whole student community.

The university mental health services theme was sub-thematised into service access, strategy, and delivery. Each sub-theme was further categorised into current support service conditions and recommended actions [see figure 1]. This paper presents each of these sub-themes in turn. The findings are subsequently contextualised alongside existing research literature.

[insert figure 1 here]

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1. Service Accessibility and Availability

Student panels highlighted service accessibility and availability as a critical challenge that compromises university mental health services. In particular, students identified structural, psychological, and physical barriers to service access.

Structural barriers pertained to service capacity limitations and waiting times. All panels noted delays for service access, and the negative implications of being '*shoved on a waiting list and expected to have to deal with it'* for symptomology, safety, and future help-seeking. Panels attributed service waiting times both to increasing student demand and disclosure, and '*really under-funded and over-stretched'* service provision. *'The problem is just the volume and access to appointments'; 'mental health services are so overwhelmed by the quantity of referrals coming through'.* Increasing demand was attributed both to '*more people actually recognising and admitting mental health problems'*, and structural academic, social, and financial pressures within the university environment. Panels highlighted that capacity limitations result in *'a reactive not proactive'* service approach that requires individuals to declare, identify, and navigate support during difficult times, leaving many unidentified and unsupported.

Psychological barriers included student unawareness of services and the stigma of accessing mental health services at university. Panels identified a lack of service awareness or understanding among students as both a practical and psychological barrier to accessing support. *'A lot of people still don't know what's*

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3 *available and what is there'*. Support services '*have all these things and then*
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5 *people just don't know about them'*. '*Fear of the unknown'* and stigma were
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7 identified as further barriers to support. *'Students are resistant to accessing*
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9 *services because of stigma'; 'people walk past and go, "Oh Jesus, they're waiting*
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11 *for Student Support. Oh God."*
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17 Physical barriers included service opening hours and location. Panels
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19 noted that term-time office-hour availability was ill-aligned to the needs of the
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21 student population '*because it's usually later in the evening that students actually*
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23 *require the help, not necessarily during the day'.* Normal working hours were
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25 perceived to be especially inaccessible for particular student courses and
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27 demographics, namely students with caring responsibilities, students on
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29 placement, and postgraduate students outside term-time.
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35 Service location and design were perceived to exacerbate unawareness
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37 and stigmatisation of services. Four panels described service sites as '*hidden*
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39 *and daunting'*, creating both a practical and psychological barrier to access*. 'The*
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41 *problem is that you know that these places exist, but you have no idea where*
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43 *they are [so] … it's completely unused'*. '*Hidden away'* services were also
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45 perceived to compound expectational uncertainties and anxieties when
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47 accessing support, and ostensibly informed perceptions regarding the
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49 approachability of services and practitioners. Some students perceived service
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51 staff to be intimidating and lack understanding or empathy towards current
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53 student challenges. '*There's no one there that's personable … They're all scary*
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55 *people who are going to tell you, "You've got mental health difficulties".* Equally
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however, overtly public and visible services where *'everyone can walk past and see exactly that you're waiting for student support'* were identified by other panellists to be '*inappropriate*' and accentuate feelings of scrutiny and shame.

Recommendations From The Student Panels

Four proposals were suggested by the student panels to '*create more access points, but also remove barriers to access'*. In particular, panels recommended institutional investment in additional services and practitioners; increased digital service accessibility; additional supplementary support before, between, and after service contact; and additional service outreach and publicity.

First, panels recommended institutional investment in a variety of additional in-house mental health ~~support~~ services, such as counselling, psychological therapies, a university GP surgery, and/or a crisis service. Additional professional services and staff were perceived as imperative to both mitigate disproportionate service supply and demand, and support a wider range of specific and complex student mental health difficulties. Panels highlighted that *'people feel more understood if it's within the university, because they can probably get more tailored advice for students, as opposed to services outside'*, whilst '*you don't actually have to be referred on*' which can improve speed and clarity of access. Panels emphasised that services should be '*funded properly*', with '*adequate level of staff to cope with the influx of students*', '*available at all times of day*' and with *'no waiting list'*. It was recommended that institutions should protect university funds for mental health services to deliver 24/7 on-site face-to-face professional support all year around, with opportunities for intensive

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long-term counselling in-house, where appropriate. To eliminate wait times, it was suggested that university mental health services maintain drop-in assessments to allow at-risk students to be '*seen immediately'* and referred to on-site services as appropriate.

Second, panels recommended increased digital service accessibility through apps, online booking, text, and social media. Panels noted that digital platforms could support timely, anonymous, and personalised service accessibility, streamline different access points, and facilitate efficient data sharing between relevant services. Students proposed a self-referral *'online booking system [that is] quick and easy to use', 'integrating access points to different wellbeing services',* whilst *'mak[ing] it more accessible for anyone to use it anytime'* to *'give 24/7 access to students'.* Moreover, '*because it's anonymous … it makes it a lot easier for people to come forward without fear of stigma'*. Digital accessibility can *'allow the individual to have the autonomy that they are asking for services that they think they need',* and provide flexibility for '*different communities with different characteristics'.* Students emphasised that support services should *'not replace human interaction with technological and digital access'*, because *'having everything online is not going to be accessible for everyone'*. Rather because *'different people want to access services in different ways'*, service referral and access pathways should be varied and diverse.

Third, panels recommended, to mitigate the detrimental impact of mental health service wait times and capacity limitations, additional access to supplementary support before, during, and after service contact. Proposals for

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support prior to service contact included '*simplifying the form'* and *'supporting drop-in sessions to help with writing forms'*. Students proposed better signposting to non-professional interim support between disclosure and appointments such as self-help materials, psycho-educational resources, or peer support groups. *'Someone can support that student until they actually get to the final stage'* of accessing professional support. Students also recommended clear and sensitive service communication regarding anticipated waiting timeframes and referral procedures, to ensure that students '*feel listened to, they feel accepted, even if they are not getting to that end point yet'*. Proposals for post-appointment support included offering follow-up contact at different timeframes to monitor recovery, alongside a streamlined service for timely re-referral if necessary.

Fourth, panels recommended more effective service publicity and outreach. Panels discussed the importance of proactive and ongoing awareness raising of support services and procedures to promote early help-seeking. Recommendations included '*effective marketing'*, *'more advertising, more campaigns, more posters'*, so that *'students are aware of the opportunities that are available and the resources that are open to them'*. Panels suggested that publicising referral routes could help to alleviate expectational uncertainty, and promote a cultural shift towards increased disclosure, de-stigmatisation, and help-seeking. Panels also endorsed information-based content to improve student literacy and clarity around the types of support available '*to explain more what help actually looks like'* and that *'a therapist cannot solve it all for you, you do have to do the work as well'*. To increase student engagement with services, panels advocated active student co-creation of resources such as *'creating an*

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online resource pack, collaboratively with the union, university, and other local charities and providers'.

Students also proposed that *'increasing the visibility of where the support services are'* can have both practical and psychological benefits for student help-seeking.

> *It's so important that in an ideal university there would be Student Support in the central hub. It needs to be private, but that initial drop-in needs to be happening somewhere really open [where] you know exactly where to go.*

2. Service Policy and Strategy

The absence of a coherent policy strategy was raised as an additional barrier to efficient and effective university mental health and support services. Panels identified a fragmentation of support, inconsistency between providers, and lack of procedural clarity among students and academic staff.

First, panels highlighted a lack of coordination and communication both within and between university services, and with external providers. Students emphasised the distressing implications of ineffective data sharing between services, resulting in multiple case formulations, conflicting support plans, and multiple referrals with additional wait times. '*What often happens is a student will go and have conversations with each of those different services and keep repeating the same story'* because *'it takes six weeks to transfer your records'*.

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This duplication of '*funding, time and effort*' was identified as inefficient and exacerbating student confusion and unawareness of service procedures; '*there's so much going on, it's like where do you even go or send someone to'* with some students falling through the gaps between services. Students also identified existing service data collection methods as a practical and psychological barrier; *'if you have gone through a severe period of poor mental health, you don't want to be worrying about paperwork'*.

Second, panels identified inconsistency and incontinuity between institutional support procedures. '*There doesn't seem to be one uniform thing'* meaning '*there's no way to easily navigate that system because everything is completely different'.* Students also identified inconsistencies within and between academic departments and student mental health and support services that compromise academic adjustments for extenuating circumstances.

Third, panels identified a lack of procedural and role clarity. Panels noted that service fragmentation, inconsistency, and duplication left students confused about which service to access, when, and how, and uncertain about *'the limitations of each staff member and what they can and can't provide for you'*. '*I've tried looking it up on the website and I don't know where I'm meant to go, and I'm confused as to who I'm meant to speak to'.* Panels noted that lack of clear specification and differentiation between mental health and wellbeing support can obfuscate roles and service responsibilities, which exacerbate student expectational disjuncture regarding an appropriate level of support. *'Wellbeing is used as a bit of a buzz word and there's maybe not always an understanding of*

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what our different services do'. Academic staff were reported to be equally confused about their role in supporting students; they '*don't have an understanding of student mental health*' to provide consistent and appropriate support, and *'don't even know where to send students'*, often advising all students to seek counselling irrespective of individual circumstance or context '*because they have no idea where you're meant to go'*. This can lead to frustration, further delays, and discourage future help-seeking; *'you go to counselling, you're put on a six-week waiting list'* '*and they're like, "well, you're just stressed, everyone at uni is stressed, you don't really need to be here"*.

Recommendations From The Student Panels

Four recommendations emerged from the panels to deliver coordinated and cohesive support: namely, institutional leadership and prioritisation; centralised triage mechanisms; consistent and comprehensive data collection and sharing; and ~~student~~ student coproduction ~~participation~~.

First, panels advocated institutional prioritisation of mental health and wellbeing, with high-level leadership commitment to coordinate an effective, coherent, and cohesive policy strategy. Panels emphasised that this strategy should provide an overarching framework with clear policies, procedures, training, and resources for all staff regarding the support services available and procedures for accessing them, to *'be able to tell students exactly how and what to do and what the service is rather than just being like, "Oh, go to counselling"'.* Panels underscored the strategic connection with educational outcomes,

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emphasising that '*universities can be the one to lead that change, because this essentially is preparing people for the future'*.

Second, panels consistently recommended a streamlined referral system to ensure that students can access suitable mental health support in an appropriate timeframe through '*a central system that's university wide but specific to the needs of [individual] students'.* Recommendations included a central '*one stop shop'* for needs-based assessment to facilitate *'joined up support'* and centralised data sharing.

> *'services would be condensed so there is one central appointment contact as opposed to one for each service. Instead of being bounced around from service to service, you can go in and speak to one person and be directed to where you need to be, with the support of a centralised case management system'.*

Panels proposed that a centralised system could ensure *'consistent information and support'* where all services would have *'access to the same information and the same data'*, with students *'only having to make disclosures once and the systems would be there, and the processes would be in place for that to then go across the university'*. Information management would support '*internal communication*' and coordination between faculties and support services, and between institutional and external support, *'collaborating with the NHS and other support services within the community'*. Two of the panels emphasised the advantages of dual GP registration at home and university to improve continuity of primary care.

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Third, students advocated the use of comprehensive data analytics to understand individual support needs and improve systemic service delivery. Accurate data was deemed important in '*work[ing] out what the best way to help you is'*, and '*tracking what services the students are using and then using that to inform what the university is doing'.* It was recommended that this data should be contextualised against educational data metrics to proactively identify students at risk. Electronic scanning of attendance was identified as a particularly illuminative indicator of both wellbeing and academic performance, given that attendance is '*the first thing that will go if you're going downhill with a mental-health issue and it's something that could be picked up so quickly'.*

Fourth, students emphasised the importance of active student engagement, consultation, and co-production at every stage of service strategy. Student voice and experience were deemed imperative to ensure that service provision is *'not what the university thinks students need, but what they really feel the key issue is for them and providing services to match that'.* Panellists recommended formalised student representation on regular staff-student liaison committee meetings and '*wellbeing partnership meetings'* where *'students feed in their experiences [to] … the university wellbeing strategy, which is jointly made between the SU, the university, service providers but also students directly'*. Panels also recommended large-scale student consultation *'surveys to really identify what the issues are'* and then '*closing the feedback loop for students*' to demonstrate institutional commitment to student wellbeing and that *'responses to mental health are evidence based'*.

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3. Service Delivery & Practice

Panels identified further challenges to service delivery and practice within university services, perceiving a '*one size fits all'* approach, characterised by universal delivery, generic signposting, and lack of adaptability to individual needs. Panels emphasised the distinctiveness and diversity of the student population and the specificity of different service needs and barriers. Four recommendations emerged: namely, wellbeing support for different levels of need; culturally sensitive support; subject-specific support, and diversification of support options.

Recommendations From the Student Panels

First, panels recommended provision of additional wellbeing support as a proactive and preventative strategy to meet the needs of the whole student population, reduce demand for university counselling services, and destigmatise support access. Students perceived that:

> *you only approach mental health services if you're at a crisis point. That's the only kind of help that our counselling is able and equipped to deal with. Whereas actually mental health and wellbeing comes at a much lower level than that. Before you get to crisis level, there should be a lot more to prevent stuff* [because] *mental health needs to be maintained rather than just cured.*

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Recommendations included a social recreational '*hub where it is about chilling for your mental health*' with canine therapy, games and crafts, refreshments, and service information. However, other panellists raised concerns that wellbeing support is inappropriate for specific mental health needs; '*do some colouring or some yoga, or we could talk to dogs?" And it's like, cool, but that's not going to deal with very complex mental health problems'.*

Second, panels underscored the necessity of '*culturally sensitive support*' tailored to the specific needs of certain groups, either through additional training, more diverse recruitment, or specifically targeted services for under-represented groups (e.g., international, male, mature, Black Asian and Minority Ethnic [BAME] and/or Lesbian Gay Bisexual and Transgender [LGBTQ+] student groups). Panels especially emphasised the importance of multi-lingual staff, and additional support during transitions where certain student groups may disproportionally experience mental health challenges.

Third, panels highlighted the importance of support *'tailored to different degrees'*. Given that different courses have different student cohorts and groups, *'all going through different things'* with *'different sets of needs and requirements' [and] different kinds of stress and expectations'*, support *'needs to be tailored for the students in the specific schools'.* Panels agreed that

> *'in an ideal world if each individual school within a university … have a staff member who is trained in mental health and specialises in the mental health of that field* [because] *if you go to Student Support and you're trying to talk to someone who's not from your field, they don't*

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> *really understand and empathise why you're so stressed that your pipette is jammed'*.

In particular, panels expressed a demand for services catered for the specific challenges of *'profession subjects with placements'* such as nursing, medicine, pharmacy, and social work. Students recommended that subject specific support should be provided both in academic departments and support services.

Fourth, panels identified the importance of '*personalising the approach for different students'* and offering a diverse variety support on '*different platforms'*. Hence, in addition to digital opportunities to streamline access, students advocated e-therapy and '*different modes of contact'* where *'the counselling itself can take place over email, instant messenger, text, skype, or in person'*.

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Discussion

This paper identified student priorities to improve the accessibility and effectiveness of embedded university mental health support services. In particular, panels advocated a clear, coordinated, and strategic approach to delivering accessible student services that respond to the diverse needs of the student body. Strikingly, these proposals centred on improving existing service access and delivery rather than innovating new service provision, and were situated alongside wider structural issues. Indeed, student recommendations were indissociably framed alongside holistic, structural and cultural change within the university environment. Students' recommendations largely aligned with the XXXXX and a whole university approach (UUK, 2018; 2020).

Consistent with existing literature, student panels identified practical and psychological barriers to accessing mental health support services, including long wait times (Batchelor et al., 2020; Thorley, 2017), unsuitable opening hours (Gatti, Brivio & Calciano, 2016) inappropriate location (Sanders & Lehman, 2018), unawareness of services (Hunt & Eisenberg, 2010) and stigma (Eisenberg et al., 2009). Where longer wait times have been negatively associated both with treatment outcomes (Clark et al., 2018) and attendance (DiMino & Blau, 2012), these findings ostensibly reaffirm the importance of streamlining triage procedures. The recurrence of stigma and lack of service awareness raise critical questions about the effectiveness of awareness raising campaigns (Arie, 2017). The panel recommendations indicate that services should work more closely with the student body to co-design effective communication strategies and outreach activities (Piper & Emmanuel, 2019).

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Consistent with adopting a whole university approach, student panels advocated clear leadership, strategy, and policy to enable cohesiveness of support (Hughes & Spanner, 2019; UUK, 2018a; 2020). Corroborating national student (n=10, 227) surveys (Neves & Hewitt, 2020), panels emphasised leadership responsibility to make mental health a strategic priority, allocate sufficient resource, and coordinate services across a whole university approach. In the absence of coordinated strategy and policy, panels identified that fragmentation and inconsistency of information between services and staff can create gaps and/or delays that put students at risk and deter help-seeking (Hughes & Spanner, 2019; Hughes et al., 2018). Panels echoed recommendations that universities should ensure cohesion, collaboration, and coordination between different ~~support~~ services, to ensure effective signposting, triage, and data sharing between support services (Hughes & Spanner, 2019, p.34). Panels also echoed concerns regarding the fragmentation of public and university mental health service provision (Batchelor et al., 2019; Randall & Bewick, 2016; Storrie et al., 2010; UUK, 2018b) and recommendations for dual GP registration (Brown, 2016).

Student panels mirrored University UK (2018a) recommendations that services should be evidenced and grounded in an audit of need through consultation with the student body (Hughes & Spanner, 2019; Piper & Emmanuel, 2019). The absence of consistent and reliable data in and across university ~~counselling~~ mental health services has been previously documented, with Broglia, Millings and Barkham (2017) finding that approximately a third of

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sampled counselling services (n=61) did not use a validated outcome measure. This can create difficulties in comparing outcomes, informing service development, demonstrating effectiveness, and building evidence to support bids for institutional funding (Barkham et al., 2019). Finally, panels consolidated recommendations to align learning analytics with student wellbeing to coordinate proactive and data-driven policies (Universities UK, 2018a).

Consistent with XXXXX recommendations (Hughes & Spanner, 2019), students identified the importance of diverse delivery and access to respond to the needs of the student population. Existing research has identified that a perceived lack of diversity and cultural competency among counselling practitioners is a barrier for BAME (Arday, 2018), LGBTQ+ (Smithies & Byrom, 2018) and international (Prince, 2015; Ruckert, 2015) students. Furthermore, given that approximately 92% of students (n=129) approaching counselling services experience academic problems (McKenzie et al., 2015) and approximately 56% of academic staff (n=224) have been approached by students for mental health support (Gulliver et al., 2018), staff training to deliver subject-specific support may be particularly impactful (Hughes et al., 2018). Whilst panels recommended additional wellbeing services, concerns have been raised across the sector about the suitability and evidence base of these services that may conflate different levels of need, place clinical resources under strain, and reduce capacity for coping (Arie, 2017; Barkham et al., 2019; Ecclestone & Hayes, 2019).

Preliminary evidence has indicated that e-therapy can be effective in reducing student stress, anxiety, and depression (Harrer et al., 2019; Sander et

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al., 2016). The findings echo evidence that students value the privacy, accessibility, and anonymity of online therapy (Mitchell & Gordon, 2007), with preliminary evidence indicating that 32% of adolescents (n=217) prefer online therapy to traditional face-to-face support (Sweeney et al., 2015). Furthermore, Broglia, Millings, and Barkham (2019) found that guided use of a mobile wellbeing app alongside face-to-face counselling is feasible, acceptable, and more effective in reducing the clinical severity of anxiety compared to counselling alone (n=38). Thus, e-therapy may provide an appropriate supplement to existing services and support recommendations for additional interim support.

This paper illuminates student expectations, perspectives, and recommendations regarding the design and delivery of student mental health services. The findings demonstrate that XXXXX recommendations closely align with the student voice and perspective. The findings also offer specific strategic recommendations to meet these principles. However, where the XXXXX acknowledges the implementation of its principles ‘is likely to be very different’ for each institution which adopts it (XXXXX, p.74), services should seek to engage the local student perspective to ensure that provision is attuned to students’ needs. Furthermore, drawing on large scale student consultation data, the findings improve knowledge in the field with potential implications for sector wide development.

Strengths and Limitations

The national dataset is a particular strength of this paper, although the student sample is relatively small and self-selective. The commitment to co-production is

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3 another strength, which ensures that recommendations are relevant to student experience (Baik, Larcombe & Brooker, 2019; Hughes & Spanner, 2019). However, students may not perceive or experience salient issues for other stakeholders. For example, despite evidence of increasing demand for counselling services among academic staff (Morrish, 2019), increasing caseloads for university counsellors (Randall & Bewick, 2016), and student attrition (Mair, 2016) these issues were scarcely acknowledged by student panels. Moreover, the student perception may not represent current conditions and can be distorted by emotional and cognitive recall biases. At times, panels also demonstrated unclear or inconsistent understandings of mental health, mental wellbeing, and mental illness, which resulted in some conceptual inconsistency around support needs (Barkham et al., 2019). This was encapsulated by conflated perceptions of counselling services and crisis teams, whereby some students described stress as a 'crisis', whilst service procedures determine crisis as an immediate and severe risk of harm to oneself or others. Future research could therefore triangulate the findings with clinical evidence and support dialogue between academic and university support staff (Baik, Larcombe & Brooker, 2019; Hughes & Spanner, 2019; Piper & Emmanuel, 2019).

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Conclusion

This paper presented student perspectives and proposals regarding the access, strategy and design of student mental health and wellbeing support services across UK universities. Taken together, the student panels generated recommendations to establish a clear, coordinated, and strategic approach to delivering accessible and inclusive student mental health support services that

respond to diverse student need. Students emphasised the importance of streamlining support services to address barriers to accessing and receiving support. Student recommendations for university mental health services were indissociably framed alongside changes to the wider university culture and environment. The findings largely affirm that the principles of good practice within the XXXXX align with the student voice and can provide specificity to institutions on how to respond to students' mental health needs.

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Acknowledgments

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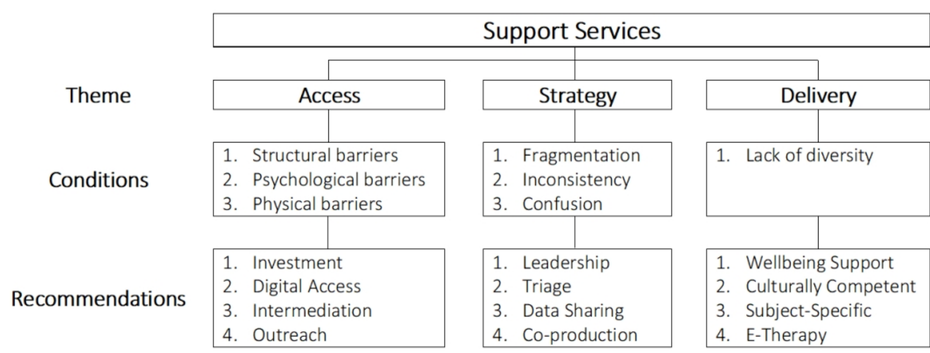

Figure 1: Summary of Student Challenges and Recommendations

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